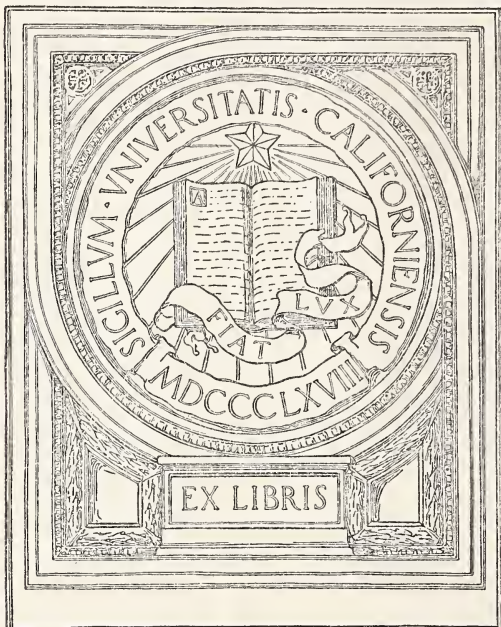
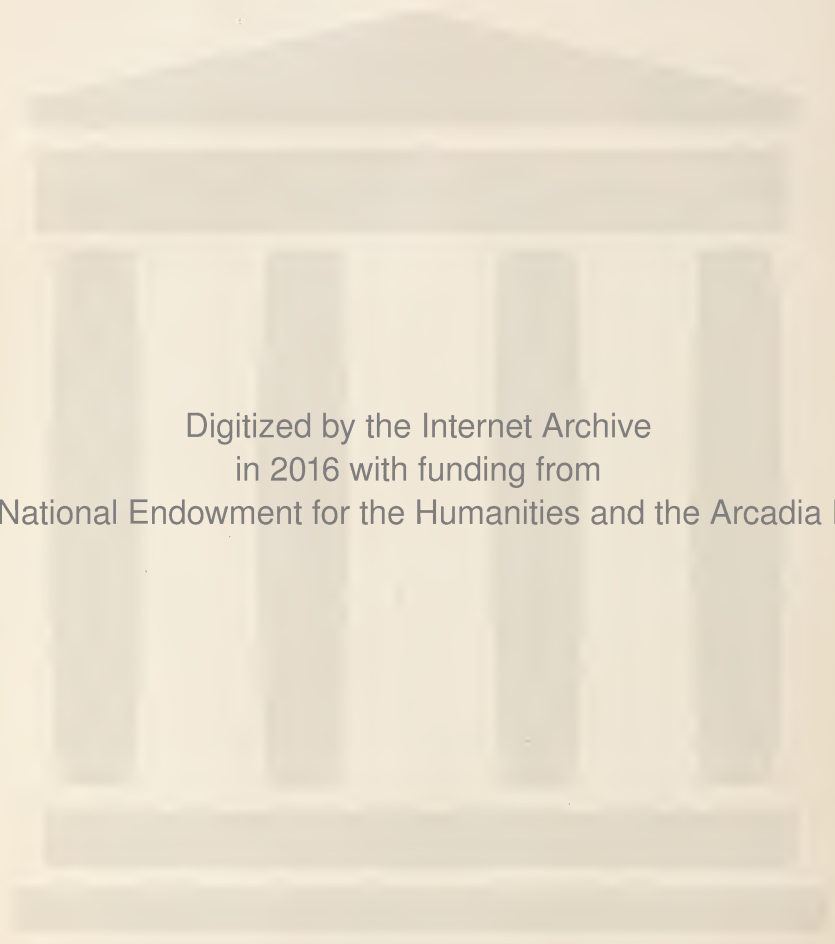


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Articles are, in many instances, listed in this Index under more than one head. All important business items of the annual meeting, as recorded in our August and September Journals, will be found under the heading, "Transactions of the House of Delegates." 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." "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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THE ONE HUNDRED AND FORTY-THIRD
ANNUAL MEETING
OF THE
MEDICAL SOCIETY OF NEW JERSEY
AT
CAPE MAY, JUNE 23-25, 1909

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THE PANCREAS AS A POSSIBLE FIELD FOR SURGERY.*

BY EDWARD MILTON FOOTE, M. D.

Visiting Surgeon to the New York City Hospital, etc.; Lecturer on Surgery to the New York Polytechnic Medical School.

It is a remarkable fact that an organ of the greatest importance to the body, and situated in the very centre of our bodily consciousness, should so long have eluded our exact knowledge. Whether or not the pancreas itself may justly be considered the seat of courage, its free blood supply and abundant secretion when in health leave no doubt as to the important part it plays in giving a feeling of vigor; while the collapsed feeling that exists when anything is wrong in this vicinity makes it probable that the old expression—"the pit of the stomach"—has its true anatomical and physiological explanation in the pancreas, lying as it does in the centre of the horseshoe formed by the stomach and duodenum. The importance, therefore, of diseases of the pancreas must be very great, and many men have been striving in the last few years to add to our knowledge of the subject. I think that one may safely predict that within a few years a large part of the obscure cases of indigestion now variously attributed to faulty action of the stomach or intestine, or liver, will be definitely found to be due to faulty action of the pancreas. However, in the few minutes which your patience allows me, I am compelled to pass by the fascinating field of speculation, and turn to review what has already been accomplished in the way of surgical treatment of the pancreas and what seems easily within reach when sufficiently clear diagnosis indicates the aim of surgical treatment.

First, let us consider the anatomical difficulties in reaching the head of the pancreas, which is undoubtedly the most important part of the organ. Perhaps we can best understand them by reconstructing the portion of the abdominal cavity lying directly in front of the last dorsal and first two lumbar vertebrae. A hasty sketch shows us the outline of the costal margin, these three vertebrae with their intervertebral discs, the right and left

crura of the diaphragm, the aorta emerging between them with its two branches important for our purposes, i. e., the celiac axis and the superior mesenteric artery. Between these two branches is our field of operation. The upper one supplies the stomach, the liver, the duodenum, the pancreas and the spleen; and the lower one supplies the transverse colon as well as the small intestine. To the right of the aorta lies the vena cava, its upper portion passing through the liver, and with right and left branches to the kidneys. None of this venous structure, however, concerns us, as it and the aorta are covered by a layer of fascia called "fascia of Treitz," which is considered to be the remains of the primitive meso-duodenum. Be that as it may, the separation of the duodenum and pancreas from the vena cava and aorta is an easy anatomical feat. Let us, therefore, cover these structures, and sketch in those anterior to them, merely outlining the vertebrae as before. This gives us the pancreas itself surrounded by the duodenum and pyloric portion of the stomach, bounded above by the branches of the celiac axis to the spleen, stomach, liver and duodenum, and below by the superior mesenteric artery which, with the superior mesenteric vein, passes over the third portion of the duodenum. Between the first portion of the duodenum and the head of the pancreas is the common bile duct, together with the pancreatic ducts—one or usually two—and the branch of the hepatic artery which feeds both the duodenum and the head of the pancreas. Back of these is the portal vein.

The relation of the pancreas to the duodenum is so intimate that for surgical purposes these two organs must be considered as one—at least that is the opinion of most recent investigators. This attachment all agree is most marked in the second portion of the duodenum. A second important point is the relation of the pancreas and duodenum to the transverse mesocolon. As this receives its blood supply from the superior mesenteric artery, which comes out between the pancreas and the third portion of the duodenum, the exact situation of the mesocolon is of importance; for its blood supply must be protected, otherwise gangrene will result. It is fairly well established that in the fetus the transverse mesocolon is inserted high up, even above the head of the pancreas while with advancing age it tends to assume a lower position. Sauve, who examined twenty subjects, found in

*Read before the Somerset County Medical Society at the annual meeting held in Somerville, N. J., April 8, 1909.

seventeen of them the insertion of the mesocolon as follows: It began at the angle between the second and third portion of the duodenum, and extended from there to the left and slightly upward, so that it crossed the inferior margin of the head of the pancreas. It, therefore, follows that an incision of the peritoneum along the outer side of the duodenum will permit the mobilization of the duodenum and the pancreas without any disturbance of the mesocolon.

The relations of the common duct have long been studied with great exactness. It sometimes passes through a tunnel in the pancreas to reach the duodenum; sometimes it lies in a groove on its posterior side. In spite of this fact it does not adhere intimately to the gland and can easily be separated from it if the duodenum and head of the pancreas are freed posteriorly. The superior mesenteric vein and the common duct are separated from the aorta and vertebral column by the fascia of Treitz; nor is the vein intimately adherent to the pancreas except at such points as it receives veins from the substance of the pancreas. When these are ligated and divided the separation of the vein from the pancreas is not difficult.

We will refer to these anatomical relations again in a few minutes when we consider how the head of the pancreas has actually been removed by different operators. It is not necessary to go further into detail than to establish the fact that the pancreas is accessible when the need for surgical operation shall be shown to exist. I recently had a friend who spent some years in the mines of Alaska. He was speaking rather contemptuously of the unsuccessful attempts made by explorers, with their elaborate equipment, to reach the North Pole. He said: "Let it once be shown that there is gold there, and within a few months you would find that a number of miners had staked out claims and were digging for it." So I think we may safely assume that practical men will find means of access to the pancreas as soon as there are indications for surgical interference.

Up to the present time the four possible conditions of the pancreas in which surgical treatment may be required are acute pancreatitis, chronic pancreatitis, cysts of the pancreas and carcinoma of the pancreas. Acute pancreatitis, as brought to the knowledge of the public by Fitz, is a disease running a very rapid course to sup-

uration, gangrene or hemorrhage, and which terminates fatally within a few hours unless drainage is rapidly established. These were the facts gained chiefly from autopsy. More recent study has revealed the fact that there are undoubtedly many cases of acute pancreatitis which do not assume such a virulent form, just as there are many cases of acute appendicitis which do not go on to suppuration or gangrene. So far we are unable to recognize these acute attacks until their repeated occurrence has developed a condition of chronic pancreatitis. It is in this class of cases that improvement in diagnosis is most needed. When we come to think of acute pancreatitis as an infective process, either as an infection of the ducts of the pancreas itself or secondary to an infection of the biliary passages, we realize that it may be a very common disease. Mayo Robson believes that many instances of catarrhal jaundice are due to pancreatitis, the engorged pancreas producing the jaundice by pressure on the common duct. When a gall stone is present in the common duct, the evil effects of infection and obstruction to the flow through the pancreatic ducts would naturally be much increased. But gall stones are not an essential to the development of chronic pancreatitis, since they are absent in about one-half of the cases.

Chronic pancreatitis, therefore, should be looked upon as the sum total of a series of mild attacks of acute pancreatitis. The symptoms upon which we must rely at present for a diagnosis are both local and general. There will be a history of epigastric pain located to one or both sides of the median line; of tenderness in the same region; and, according to some observers, a distinct tumefaction. Jaundice is found in perhaps two-thirds of the cases, and may occur either with or without gall stones. At times the bile may be so obstructed that a distended gall bladder is palpable.

The most prominent general symptoms are loss of appetite, eructations of gas, and a feeling of fulness in the epigastrium. There may be continuous or intermittent diarrhea, and large grayish stools containing an excess of free fat. There is loss of weight. In a late stage of the disease, glycosuria is usually present. Thus far the surgical treatment which has benefited these patients is drainage of the biliary passages. Such treatment has given good results, not only when gall stones were present, but even in their absence, the in-

fective process in the ducts being overcome by the more ready escape of the fluid. This drainage may be accomplished through the common duct or the gall bladder, or by establishing a permanent anastomosis between the gall bladder and the intestine.

The surgery of pancreatic cysts has long been well established, direct drainage usually resulting in a cure. Whether or not it is possible to dissect out the lining of the cyst depends largely upon its situation in the pancreas.

Cancer of the pancreas is interesting as showing the possibilities of resection, although the disease is so fatal that the chief object for performing the operation is to relieve the patient of intense pain. The removal of the whole pancreas invariably causes death. The removal of its tail is a comparatively simple procedure—but cancer rarely occurs in this portion of the organ. The removal of its head has been accomplished successfully in cases in which the disease had not extended far enough to produce abnormal attachments. The steps in this operation consist in a median incision from the ensiform cartilage to below the umbilicus. The surgeon then notes the position of the pylorus, of the duodenum, and the insertion of the mesocolon across the duodenum and pancreas. The pylorus is exposed, the pyloric and gastro-duodenal arteries ligated and divided, the pylorus is divided and the gastric end of it sutured. Next the fascia to the right of the duodenum is divided, and by blunt dissection this portion of the duodenum and the head of the pancreas is freed from its posterior attachments as far down as the insertion of the transverse mesocolon. This dissection is made possible, thanks to the fascia of Treitz, which covers the aorta and vena cava. Dissection should be carried to the left until the superior mesenteric vessels are reached. They mark the limit to which it is possible to resect the duodenum with safety. At this point the attachment between pancreas and duodenum is slight. Beyond this point—to the left—the root of the mesocolon is likely to be injured. At this point, then, the two branches of the pancreatico-duodenal artery should be ligated and divided, and the duodenum clamped and divided. The duodenum is now entirely free except for the common bile duct. The course of the mesenteric vessels behind or through the pancreas is followed by the index finger, so

that they shall not be injured. Before the upper limit of the pancreas is reached, the superior mesenteric vein joins with the splenic vein and becomes the portal vein. The head of the pancreas is next separated from the tail, enough of the latter being left to reach into the abdominal wound if possible. The only attachment remaining is now the common duct, which is next ligated and divided.

This completes the operation *per se*, but it will be readily understood that there are three complementary operations to be performed: (1) the re-establishment of the alimentary canal by means of gastro-enterostomy, unless this has previously been performed; (2) provision for the flow of the bile by anastomosing the common duct with the intestine, or even with the stomach; or if this is not feasible by utilizing the gall bladder for such an anastomosis; (3) the treatment of the tail of the pancreas by suturing it in the abdominal wound. The fistula closes gradually, and the internal secretion of the gland suffices to preserve the life of the patient.

This operation has been performed in eleven cases. Seven of the patients survived operation—two of them for more than a year. In three of these cases the operation was performed for tuberculosis, adenoma or some other condition than cancer.

We may sum up our present knowledge as follows: Any portion of the pancreas may safely be exposed, and can be resected if necessary.

Resection of the head implies resection of a part of the duodenum. This is a serious operation and should be reserved for cases of carcinoma.

Chronic pancreatitis is best treated by drainage of the bile ducts.

Severe acute pancreatitis should be treated surgically as early as possible. Laparotomy and tamponade of the affected portion of the pancreas, combined with irrigation and drainage of the free peritoneal cavity, are the essentials of treatment. The bile ducts should be carefully examined in every case. If cholelithiasis exists, appropriate treatment should be carried out, including drainage of the gall-bladder.

Every patient who is operated upon for cholelithiasis should have his pancreas examined, even though he has had no symptoms of pancreatitis.

Whenever a laparotomy is performed for symptoms of acute peritonitis and

nothing is found in the peritoneal cavity to explain the symptoms, the gastrocolic ligament should be torn through and the pancreas examined. If pancreatitis exists, tamponade should be established.

We should make every effort to recognize slight attacks of acute pancreatitis, and treat them intelligently, in order to prevent chronic pancreatitis and cholelithiasis.

THE CANCER PROBLEM IN NEW JERSEY; NECESSITY OF EARLY DIAGNOSIS.*

By JOHN A. MCGLINN, A. B., M. D.

Assistant Professor of Gynecology in the Medical-Chirurgical College; Gynecologist to St. Agnes's Hospital, Philadelphia.

The importance of the cancer problem is such that it deserves the undivided attention of the medical profession. While one may deal with the problem in its entirety, studying the disease as it affects the whole country, more good will probably be accomplished by bringing the subject nearer home and treating it as it affects one commonwealth or special community. While it may seem presumptuous for an outsider to deal with the problem as it affects your State, my interest in the question knows no geographical restriction.

According to the census of 1900, New Jersey had the proud distinction of having the lowest death rate from cancer of any of the registration States, the cancer mortality for that year per 100,000 population being 50.4. In 1906 the death rate had risen to 66—an increase of 15.7 per 100,000 population in seven years. This increase in the death rate from the disease has not been peculiar to New Jersey—practically all the States in the United States and all countries showed a similar increase. Williams has shown that, while the population of England barely doubled in fifty-five years (1850 to 1905), the cancer mortality increased more than six fold. In the United States in 1890 the cancer death rate was 47.9 per 100,000 population, and in 1906 it was 70.8.

The following table shows the death rates from cancer per 100,000 population for the various cities of New Jersey during the years 1902 and 1906, with the increases or decreases during this period:

Cities.	1902.	1906.	Inc.	Dec.
Atlantic City.....	44.1	96.0	51.9	...
Bayonne	43.8	40.8	...	3.0
Bloomfield	*...	66.3	...	...
Bridgeton	43.5	88.5	45.0	...
Camden	62.1	61.7	...	.8
East Orange.....	*...	108.1	...	...
Elizabeth	37.9	65.9	28.0	...
Hackensack	*...	61.2	...	...
Harrison	34.8	37.7	2.9	...
Hoboken	66.3	108.0	41.7	...
Jersey City.....	46.6	58.4	11.8	...
Kearny	*...	28.3	...	...
Long Branch—				
White	*...	108.8	...	...
Colored	*...	212.9	...	...
Millville	99.0	41.2	...	57.8
Montclair	60.3	77.1	16.8	...
Morristown	68.9	194.8	125.0	...
New Brunswick...	51.8	58.9	7.1	...
Newark	63.8	77.0	13.2	...
Orange	64.2	90.6	26.4	...
Passaic	37.6	45.0	7.4	...
Paterson	54.8	85.1	30.3	...
Perth Amboy.....	23.8	40.0	16.2	...
Phillipsburg	46.4	72.9	26.5	...
Plainfield	42.1	89.1	47.0	...
Trenton	57.9	98.4	40.5	...
Union	56.6	40.3	...	16.3
West Hoboken....	*...	49.5	...	...

*No record.

It will be seen from this table that all the cities in the State, with the exception of Bayonne, Camden, Millville and Union, show a marked increase in the death rate for cancer during this period.

The following table shows the death rates from cancer per 100,000 population for the various rural districts of New Jersey during the years 1902 and 1906, with the increases or decreases during this period:

Counties.	1902.	1906.	Inc.	Dec.
Atlantic	54.9	56.5	1.6	...
Bergen	52.8	49.5	...	3.2
Burlington	40.2	71.7	31.5	...
Camden	72.9	40.5	...	32.4
Cape May.....	73.9	38.4	...	35.5
Cumberland	41.3	75.2	33.9	...
Essex	51.7	46.8	...	4.9
Gloucester	51.6	54.3	2.7	...
Hudson	52.2	61.9	9.7	...
Hunterdon	61.8	84.8	23.0	...
Mercer	42.1	33.1	...	9.0
Middlesex	45.0	42.7	...	2.3
Monmouth	62.8	52.2	...	10.6
Morris	32.9	58.8	25.9	...
Ocean	69.3	61.6	...	7.7
Passaic	50.4	40.8	...	9.6
Salem	42.6	53.0	10.4	...
Somerset	58.3	59.6	1.3	...
Sussex	54.6	82.0	27.4	...
Union	52.3	48.1	...	4.2
Warren	60.6	62.5	1.9	...

This table shows that in the country districts there is more of a tendency for the disease to decrease than in the cities. It must be borne in mind, however, in study-

*Read before the Cumberland County Medical Society, Bridgeton, N. J., April 13, 1909.

ing increases and decreases of the mortality rates in cities and rural sections that the presence of hospitals in the cities tends to increase their rates and at the same time to decrease the rates in the country districts.

Of a total of 1,151 cases of cancer the division as to site of disease in reference to cities and rural districts is shown in the following table:

Site of Disease.	Cities.	Rural.
Cancer of mouth.....	32	23
Cancer of stomach and liver....	376	184
Cancer of intestines and peritoneum	132	49
Cancer female genitals.....	172	63
Cancer of breast.....	103	59
Cancer of skin.....	22	20
Cancer of other and unspecified organs	154	62
Totals	991	460

This table, expressed in percentages, is as follows:

	—Per cent.—	
Mouth	3.2	5.0
Stomach and liver.....	37.9	40.0
Intestines and peritoneum.....	13.3	10.6
Female genitals.....	17.3	13.7
Breast	10.4	12.8
Skin	2.2	4.3
Other and unspecified organs..	15.5	13.4

This table shows that cancer of the intestines and peritoneum, female genitals and other and unspecified organs is apparently more frequent in the city than country, and that cancer of the mouth, stomach and liver, breast and skin are more frequent in the country. It also shows that the stomach and liver in combination are the most frequent sites of the disease. Practically all statistics show that the stomach is the most frequent site of primary carcinoma.

The report of the Registrar General has shown that in England cancer kills more women at all ages than phthisis. It also shows that one man out of eleven past the age of 35 dies of cancer and that one woman out of eight after the age of 35 dies of cancer. The figures of the United States are closely in accord with the English statistics. In New Jersey during the year 1906 of a total death rate of 35.582 at all ages and from all causes, 1,451 died of cancer. In other words, one person out of twenty-four in this State, if the frequency of the disease remains the same, will die of cancer. Taking the various sections of the State we find that in Atlantic City cancer killed 1 in 24; Bayonne, 1 in 24; Bloomfield, 1 in 21; Bridgeton, 1 in 16; Camden, 1 in 30; East Orange, 1 in 9;

Elizabeth, 1 in 26; Hackensack, 1 in 26; Harrison, 1 in 46; Hoboken, 1 in 19; Jersey City, 1 in 33; Kearny, 1 in 61; Long Branch, 1 in 15; Millville, 1 in 32; Montclair, 1 in 19; Morristown, 1 in 11; New Brunswick, 1 in 30; Newark, 1 in 25; Orange, 1 in 23; Passaic, 1 in 38; Paterson, 1 in 20; Perth Amboy, 1 in 33; Phillipsburg, 1 in 14; Plainfield, 1 in 18; Trenton, 1 in 17; Union, 1 in 41, and West Hoboken, 1 in 25. In Cumberland County, 1 out of 15 died of cancer.

While these figures are impressive, it should be remembered that cancer is a disease of middle and advanced life. If we study the mortalities between the ages of 30 and 80, which is the period of greatest frequency of the disease, we find that out of a total of 17,328 deaths from all causes 1,336 were caused by cancer. In other words, one out of twelve people between the ages of 30 and 80 will die of cancer.

Between the ages of 30 and 40 one out of thirty-two will die of cancer; between 40 and 50, one out of twelve; between 50 and 60, one out of nine; between 60 and 70, one out of eleven, and between 70 and 80, one out of thirteen.

Between the ages of 30 and 80 we find that one out of eight died as the result of phthisis. If it were possible with the statistics available to separate the sexes we would probably find that in New Jersey, as in other sections, more women die in this period of life from cancer than from phthisis.

The relation of conjugal state in reference to cancer is shown in the following table:

Single, males 45, females 81; married, males 254, females 352; widowed, males 95, females 217.

In the absence of figures showing the total death rates in these various classes, it is impossible to state accurately the effect of married life upon cancer. It is known, however, that cancer in women is much more frequent in those who have married than in the single. This is due to the traumatism of labor and shows itself more particularly in the greater number of cases of squamous cell carcinoma of the cervix, which are found in the married over the unmarried.

The relation of parent nativity as to cancer is shown in the following table:

Birth Place.	—Deaths—	
	Total.	Cancer.
United States.....	3,309	411
Ireland	1,818	177

Germany	1,489	196
England and Wales.....	493	66
Canada	40	4
Scandinavia	102	10
Scotland	144	26
Italy	203	16
France	70	6
Hungary	53	4
Russia	124	9
Other foreign	269	25

This shows that cancer is most frequent in those whose parents were born in the United States (1 out of 8), Scotland (1 out of 6), England and Wales (1 out of 7), Germany (1 out of 7), and least frequent in those born in Russia (1 out of 13), Hungary (1 out of 13) and Italy (1 out of 13).

The relation of occupation to cancer is shown in the following tables:

MALES.

Occupation.	Deaths	
	Total.	Cancer.
Professions	272	10
Clerical and official.....	545	16
Mercantile pursuits.....	589	22
Public entertainment.....	197	4
Police and military.....	193	5
Laboring and servant.....	1,861	49
Manufacture and mechanical	2,846	96
Agriculture	1,655	67

This table shows that cancer is most frequent in those who follow agriculture (1 out of 24), professions (1 out of 27), mercantile (1 out of 27), manufacturing and mechanical (1 out of 29), and least frequent in public entertainment (1 out of 49), police and military (1 out of 38), laboring and servant (1 out of 38), clerical and official (1 out of 34).

FEMALES.

Occupation.	Deaths	
	Total.	Cancer.
Musicians, teachers	6	1
School teachers.....	25	4
Clerks	14	1
Hotels and housekeepers...	7	2
Nurses	33	1
Servants	892	58
Mill operators.....	55	2
Stenographers	60	5

While apparently cancer is most frequent in hotel-keepers, music and school teachers, the total number of cases reported is so small that no inference of value can be drawn from this table.

From this short statistical review of the ravages of cancer in your State I think it is evident that, although New Jersey occupies an enviable position in the list of States in reference to this problem, you have a condition to deal with that is entitled to your most serious thought and

endeavor. It is certainly as worthy of your consideration as tuberculosis, appendicitis and the microbic diseases. You will ask how is this problem to be solved. If we knew the cause of cancer we might be able to combat it so effectually as to completely eradicate it just the same as I believe that consumption will eventually be eradicated. Unfortunately we know but little of its predisposing factors and practically nothing of its exact cause.

Many theories have been advanced from time to time to explain its exact nature, but none have proven satisfactory. The embryonic theory of Cohnheim and the inclusion theory of Ribbert are no longer given serious consideration. Of late the parasitic theory has had many followers, and while the work of Gaylord, Jensen, Ehrlich, Hanan, Loeb and others working in the same fields have been of the utmost interest and value, the true solution of the etiology seems as far distant as ever.

In relation to predisposing factors it has been abundantly shown that the traumatism of parturition play a most important part in the causation of cancer of the cervix. Here then is a fertile field to plant our endeavors to reap a rich crop of preventive surgery. I believe that it should be the duty of every obstetrician to examine his cases after labor and if a laceration of the cervix exists repair it. Again it should be the duty of the physician to examine all women coming to him with pelvic symptoms past the age of 40, and if a laceration of the cervix is found to repair it as soon as possible.

If we then have so little knowledge of the true nature of the disease that we are powerless to prevent its occurrence except in a few cases, have we any means that will enable us to deal with it after it occurs? Undoubtedly, if we fully realize that cancer if seen early is a curable disease.

It is known that cancer begins as a local disease. Later on the disease spreads along the lymphatics, at first involving the glands in the immediate neighborhood and later spreading to distant organs. If the disease be recognized in its earliest stage, while it is still a local condition, and removed at that time, a cure will result. If, on the other hand, it is not recognized until glandular involvement has taken place, the chances of cure are very much reduced, and if distant metastasis has occurred the disease in the main is beyond the hope of cure by any known means. If these state-

ments are true the whole solution of the problem, with our present knowledge, rests entirely upon the early diagnosis. That this is the correct solution admits of no denial and every effort is being concentrated along this line of thought.

That early diagnosis is productive of good results is shown by a comparison of the German and American statistics in reference to cures after operation for cancer of the uterus. In Germany and throughout continental Europe the diagnosis is undoubtedly made earlier than in this country. While American surgeons report but $1\frac{1}{2}$ to 8 per cent. of cures following hysterectomy for cancer of the uterus, Wertheim reports $22\frac{1}{2}$ per cent. of cures of all cases regardless of the stage of the disease which come to his clinic. Other German operators report as high as 48 per cent. of cures in selected cases. This remarkable difference in results cannot be accounted for by the superior skill of the German operators. In no country has surgery advanced to the high standard as in the United States. There is only one explanation and that is that the cases are seen very much earlier in Germany than in the United States. Not only does early diagnosis pay, but it has been shown by Winter that the campaign of publicity for the early recognition of the disease is fruitful of results. Several years ago Winter began distributing circulars to his dispensary patients detailing the early symptoms of uterine carcinoma and urging immediate examination when such symptoms should present themselves. As a result of his campaign the number of operable cases coming to his clinic have increased over 80 per cent. and are seen very much earlier than ever before.

To show the necessity of early diagnosis it is only necessary to study cancer in a few organs. Bloodgood has shown in cancer of the breast when no axillary involvement was present 85 per cent. of the cases were well three years after operation. When involvement of the axillary glands had already taken place 30 per cent. of the cases were well three years after operation, and when the glands of the neck were also involved but 10 per cent. were well after the same period of time. In Halstead's clinic, from which these reports were made, $27\frac{1}{2}$ per cent. of breast cancers were found to be so far advanced as to be inoperable.

Cullen (Cancer of the Uterus) shows that in his series of 123 cases of squamous

cell cancer of the cervix, 62 came too late for any radical operation. Of the 61 cases in which hysterectomy was performed or attempted, 13—or 21 per cent.—are now living. Many of these cases were comparatively late ones, so that if they had been seen earlier the chances are that the records of cure would have been still better. Of 18 cases of adeno-carcinoma of the cervix, 6 came too late for operation. Of the 12 operated on 2—or 16 per cent.—are now known to be living.

It will be seen from a study of these two reports that if any good is to be accomplished by operation the cases must be seen early.

In the late cases surgery is of no avail and in fact it should not be practised. It does no good, it frequently cuts off life earlier than the disease would, it makes the sufferings of the patients more intense and it discredits surgery—preventing some other patient from availing himself or herself of the opportunity of cure because a friend had been unsuccessfully operated on.

It may be said that surgery is not the only means we have of treating the disease and that other means may be employed when it has advanced beyond the hope of surgery. While there may be a basis for this belief the assumption is entirely erroneous. Radium, X-rays, ionization and fulguration have undoubtedly their field of usefulness, but except in rare instances they should not be used except in connection with surgery, and if they are used primarily the best results will only be seen in the early cases.

Admitting that early diagnosis will permit of cure if the cases be treated promptly and properly, how is this end to be accomplished? Entirely by a campaign of education directed toward the public, the general practitioner and the surgeon.

While I do not apologize for the errors of omission and commission on the part of the physician in respect to the delay in bringing his cases too late for operation, too much blame is frequently laid at his door. Often the fault lies with the patient in not consulting a physician when the symptoms of the disease first appear or in refusing to follow sound advice when given. On the other hand the fault is often due to the ignorance or carelessness of the physician, usually the latter, in not studying his cases properly when presented.

The question of the education of the

public presents many difficulties. Many plans of education through the medium of the public press and magazines have been proposed, only to be vigorously attacked. The principal objection being that a state of cancer-phobia would be produced which would be worse in its end results than the disease itself. Personally I do not believe that this would be true in reference to cancer any more than it has been in regard to tuberculosis or appendicitis. No one need look further for the benefits of education than at the results in reference to these two diseases. The family physician can wield an immense power in the education of the public by removing the fallacies in reference to this disease for which his brethren in the past have been mainly responsible. He should take his patients into his confidence and educate them in respect to the scientific truths of medicine. Medicine should no longer be engulfed in a sea of mysticism. I fear we are bound too tightly by tradition. There is no longer any reason why we should not make use of every ethical means to stamp out the heresies which threaten the public.

The physician should educate himself in reference to this disease. He should realize the importance of the subject and familiarize himself with the methods of early diagnosis. When the diagnosis requires special training or instruments he should at least be always alert and refer his cases for an opinion early in the course of the disease. I believe that most of the mistakes in diagnosis are not due so much to ignorance as to carelessness. Surely it is not ignorance that will permit a physician to assure a woman at the climacteric that her uterine hemorrhage is due to the menopause and rest content with this diagnosis without ever making a physical examination. Permit me to state here that uterine hemorrhage is never normal at the period of the menopause. It should always mean cancer of the uterus until that cause can be positively eliminated by repeated and painstaking studies of the case.

When we know that 80 per cent. of breast tumors are malignant there is no excuse in waiting to make a diagnosis until there is no longer any doubt as to the correct nature of the affection. If we do, then the diagnosis is of no value, as the case will in all likelihood be inoperable by that time.

If we doctors fully realized our tremendous responsibilities, even though our pa-

tients do not appreciate our services, we would find time to better study and treat our cases.

The surgeon is not without need of education in regard to cancer. Here is a disease in which the so-called brilliant surgeon may be a positive menace. There is no place for the man who attempts to operate in the shortest possible time regardless of every other consideration. Time saving is, of course, an unquestioned advantage in any operation, but in cancer it is the surgeon who is conscientious, patient, painstaking, who realizes the responsibility of his position and who has mastered the pathology of the condition, who will achieve the best results.

113 South 20th Street, Philadelphia.

SOME OF THE NEEDS OF THE MEDICAL PROFESSION IN ESSEX COUNTY.*

BY WELLS P. EAGLETON, M. D.,
NEWARK, N. J.

In the time allotted me I wish to address you on a few medical matters pertaining to our duties as members of this society.

It is a generally recognized fact that the medical profession as a whole plays no part in our political life. Now and then a physician has attained political prominence, but the exactions of our profession make it impossible for any practitioner to devote sufficient time or thought to any subject outside the immediate domain of medicine.

This is so evident that the public is apt to look with suspicion on the physician in politics, while our legislators often regard us as a body with something approaching contempt, and to a certain extent with justice, for one of the most conspicuous positions which the profession has occupied in the eyes of the public has been in the capacity of so-called medical experts. And it is the profession's misfortune that it has too frequently appeared as if a medical man of repute can always be found to testify as desired, providing there be a large fee obtainable. The influence of this has been most damaging.

Your council instituted a movement with the hope of correcting this by legislation,

*Address delivered by Dr. Eagleton, the retiring president, at the annual meeting of the Essex County Medical Society, April 6th, 1909.

and while it did not progress far, I hope that it will be a part of their work next year.

If we were to-day to obtain the honest opinion of a majority of legislators regarding our profession it would, I think, be about as follows:

"My family physician is one of the best of men—he is honest—he is capable—I trust my life and that of my family to him without question. He is so honest that he is poor, but he does not represent the profession of medicine. The medical profession, excepting a few like him, is made up of a narrow-minded, jealous body of men who backbite each other constantly, the majority of whom are willing to testify to anything, and while they prate a great deal about their charity work in hospitals, they devote such time in reality only to increase their own knowledge and experience."

This, I think, is a fair estimate of what is in the hearts of many of the legislators and of the public, and the saddest part of it is, that our outward acts often justify such an interpretation.

Are you aware how little consideration is given us at Trenton? If not, let me call your attention to the fact that our present Governor holds us as a body in such small consideration that when he appointed the present State Board of Health, of six members, he appointed five laymen and only one physician (the law requiring at least one physician), and this latter, while a most excellent man, is one who has never been in affiliation with our medical organization.

Let us recognize the fact that we have very little general influence, and ask ourselves why not? In my opinion it is largely because of our absolute lack of organization. We are organized almost entirely for scientific purposes, and not as we should be for the furtherance of the interests of the whole profession and of the public.

We think here in New Jersey we have an organization because we have a State and county societies, but in reality these are most ineffectual. In demonstration of this I would call your attention to the history of the formation of the present law regulating the practice of medicine in this State.

Before investigating this I thought the present law was the result of an effort to better the whole profession by our State Society. To my surprise I found it to be

entirely the work of individuals; our medical organizations, as far as I could find, rendered no assistance in its enactment or enforcement. A few individual medical men, out of their own personal resources, at a sacrifice of their time and money, did it all, and until the past four years no medical organization gave them any assistance.

In 1890 Mr. John R. Hardin, at the request of Dr. James T. Wrightson, drew up the bill that created the first board of medical examiners, with the object of requiring a high educational standard of medical men beginning practice in the State. On the board were homeopaths and an eclectic. This was necessary because such constituted a part of our body politic and no legislation could have been enacted without a just recognition of them. The expense incidental to the preparation of the act and its passage by the Legislature was borne personally by Dr. Wrightson, Dr. W. Perry Watson and a few medical associates, one of whom was a homeopath. They did not ask any compensation, would not have accepted it if offered, but no compensation or support was offered them by our organization, and, as remarkable as it may seem, in the following year the Medical Society of New Jersey refused to cooperate with the first Board of Medical Examiners in attempting "to rid the State of quacks and mountebanks," simply because on the board were homeopaths and an eclectic—men who did not hold the same ideas as the regular profession regarding the treatment of disease.

In 1894 the law was revised, and in 1903 it was again amended; the expense of the legislation necessary being borne entirely by the members of the State Board of Medical Examiners.

Again: For eight years the osteopaths have every year introduced into the Legislature a measure to give them a separate board of examiners, the enactment of which would make it possible to flood the State with legally qualified practitioners whose educational requirements would be far below that now demanded of physicians. For the first four years the expense and work incidental to the defeat of this measure was furnished by the members of the State Board of Medical Examiners without assistance from any organization. During the last four years assistance has been rendered by our State Society.

In 1907 the osteopathic bill was prob-

ably defeated by the introduction by the medical profession of a measure called the Fremming-Jensen bill. This bill was constructed, paid for, and given to the profession by the Plainfield Clinical Society—ten men, paying for it out of their own pockets. In 1908 another osteopathic bill was presented, and practically the same measure again this year, which during the early days of the present Legislature had considerable support from among its members.

The profession was now reminded by members of the Legislature that it had repeatedly promised a bill dealing fairly with the osteopaths. The legislative committee of the State Society then furnished your council with a copy of an amendment to the medical law, which they proposed to introduce and which created a sub-committee of osteopaths. Your council, on examining this, seeing that it made, in their opinion, no adequate provision for the permanent settlement of the question, and feeling that an injustice to the profession was being done by not so doing, had an act prepared which, with some slight alterations, is the act that later was approved and introduced by the New Jersey State Medical Society, known as Senate Bill No. 231. It passed the Senate, but was defeated in the House by a vote of 14 to 30.

I say all this, not in criticism of the State Society, but in criticism of the whole State and County Society organizations. We have no efficient organization and we never will have as long as the county societies do not perfect their own organizations. A county society should be at least willing and anxious to pay the expenses of one or more of its members so that it might be kept in touch with legislation affecting the profession, and of the attitude of the members of its county legislators on such. If the members of the Legislature were but made aware that their acts on medical matters were being individually observed, and that they would be held personally accountable for such by all the physicians in their constituency, irrespective of party, the humiliation of the profession as seen in the last Legislature would probably not be repeated.

What should be the aims of this county society to make its work of real service to the profession?

In my opinion its chief policy should be: First, to attempt to consolidate the whole profession in this county, and, secondly, to

so regulate medical matters in the county that facilities to improve themselves scientifically may be available to every member.

It has been the society's policy in the past to calmly wait for candidates to apply for membership. The result is that, while we have 330 members in the society, there are 161 physicians in this county who are not members of the society. It should be the duty of your council to see that at least all regular, reputable physicians be personally visited and urged to become members.

Many of the States are fully alive to the need of this consolidation and have incorporated it into their constitutions—following the scheme submitted by the American Medical Association, which defines one of the duties of the Board of Trustees thus: "They shall systematically endeavor to promote friendly intercourse among physicians in the same locality and shall continue these efforts until every physician in the State who is or can be made reputable is brought under the Medical Society's influence."

An examination of the requirements for admission to membership in the different State and county societies shows that they are divided into three classes:

First—Those societies which admit to membership only physicians who are graduates of regular medical colleges.

Second—Those which interpret regular as meaning recognized by the State, thus including homeopathic and eclectic colleges, but who insist that such graduates disclaim their adhesion to any sectarian system of practice.

Third—Those which ask no questions regarding medical faith or antecedents providing they be legally qualified to practice medicine and are reputable, thus allowing all to believe or practice what they will.

I have in my possession letters from the officers of many of the different State societies, of which the following are extracts:

An official of the Vermont State Society writes me: "A good many of the county societies admit to membership physicians who are not allopaths, but who are of good and legal standing in the community."

Wyoming's official writes: "Graduates of other than regular schools can become members of our State and county societies."

Kentucky's states: "In a large majority

of our societies homeopaths and eclectics are admitted. Under our plan it is easy for any reputable physician to get into the society and difficult for him to get out."

Nebraska's states: "County societies admit to membership other than regular school graduates, and in some instances they are officers in our organizations."

Massachusetts writes: "We admit any one to the society who comes up to the standard of the examination and signs the by-laws, without regard to his dogmas, medical or otherwise."

Philadelphia's County Medical Society writes: "We have admitted some six or seven new members—homeopaths."

I know the proposition to admit homeopaths to our society without renunciation of their faith would meet with tremendous objections by our members, but I personally am convinced that its adoption would be of great advantage to the whole profession.

The homeopathic and other schools have in their membership many earnest, capable, conscientious men who would welcome any sincere overture toward consolidation. It is for us to go to such, not in a spirit of proselytism, but as an older brother, asking them to join us, and receiving any overtures that they may make as a compliment, not as a concession from them. Concessions should come from us, the older and stronger branch of the profession.

Why not let every physician practice medicine, believing in what he will, providing he does so with due regard to amenities?

Besides an effort at consolidation, there are certain questions that affect the profession in this county, that it should be the duty of the county society to consider. Prominent among these is what action shall be taken against those physicians who are practising illegally?

I know this is the question that some of the younger men demand action upon more than any other. I firmly believe that if such a step be taken it should emanate, not simply from an attempt to drive out competitors, but from a desire to do our duty toward the public in protecting them against quackery and incompetency.

We practice medicine by virtue of a license issued by the State Board of Medical Examiners. An examination of the law under which the board exists will show that it is simply an examining board—it is not a prosecuting board. So loose is

the law in this respect that to-day any one may come to Essex County and practice medicine—probably without interference. The county prosecutor or a private individual may regard it as his duty to begin action against such for illegal practice, but there is no person or body who is directly responsible for the institution of such an action. This is wrong and should be remedied, and one of the provisions of the medical law prepared by your council gave an incentive to county societies to act by allowing them a proportion of the fines imposed by the court on those convicted of illegal practice.

What can be done to better the condition of our members individually?

Two things can and should be attempted: 1. They should be assisted in the developing of their scientific work. 2. They should be protected against civil suits from blackmailers.

As regards the first, we should have a pathological laboratory where microscopic examinations of specimens may be made at little or no expense to the profession and where physicians may have the opportunity to increase their pathological knowledge. A laboratory conducted along the general liberal lines regulating the present Newark Board of Health bacteriological laboratory would be of inestimable assistance to every physician, and to the body politic. The Newark Board of Health has rendered a tremendous service to the whole community by its liberal policy toward physicians in the conduct of its bacteriological laboratory.

Another way in which the county society could be of service would be by using its influence toward making the clinical material in the different hospitals of the city and county more accessible to the general profession than is now the case. The number of physicians directly connected with the hospitals is, in proportion to the number practising, relatively small, while the amount of clinical material in the hospitals of Essex County that is not being utilized to the best is enormous.

There are in Essex County fifteen hospitals, with a total capacity for patients of 1,304 beds, as follows:

Babies' Hospital, 31 beds; Beth Israel Hospital, 70 beds; City Hospital, 320 beds; German Hospital, 68 beds; Home for Crippled Children, 45 beds; Homeopathic Hospital, 26 beds; Hospital for Women and Children, 30 beds; Mountain-side Hospital, 75 beds; Newark Charitable

Eye and Ear Infirmary, 34 beds; New Jersey Orthopedic Hospital, Orange, 8 beds; Orange Memorial Hospital, 115 beds; St. Barnabas Hospital, 80 beds; St. James Hospital, 75 beds; St. Michael's Hospital, 300 beds; St. Mary's Hospital, Orange, 28 beds.

All receive municipal aid except the Homeopathic Hospital and the New Jersey Orthopedic Hospital.

This does not include the insane asylums or the strictly private hospitals, and there are connected with these institutions in one capacity or another but 216 physicians.

All the knowledge to be derived from observations of the patients in the hospitals in Essex County which are supported by municipal or county funds should be available, under proper restrictions, to every physician in the county. A physician should be entitled to see such, not as a courtesy of the attending physician, but as his right as a physician.

Another question that should be decided is, Shall this county society have more frequent scientific meetings conducted on the plan of our local medical societies with papers and discussions by its own members?

We have in the county ten medical societies, with a total membership of less than two hundred, as follows:

Newark Medical Society, with 17 members, meeting monthly; Newark Medical and Surgical Society, with 25 members, meeting monthly; The Practitioners' Club, with 40 members, meeting monthly; The Orange Mountain Medical Society, with 30 members, ten meetings during the year; The Physicians' Club, with 25 members, meeting monthly; The Doctors' Club, with 14 members, meeting monthly; The Newark Medical League, with 40 members, meeting monthly; The Practitioners' Club of Orange, with 20 members, meeting monthly; The William Pierson Library Association, with from 60 to 75 members, giving a course of from 5 to 6 medical lectures during the year, free to the profession; The Alumni Association of the Newark City Hospital, with 40 members, meeting annually; Clinical Society of Orange, with 7 members, meeting monthly.

It would seem to me that as there are so few local societies, the county society could successfully hold monthly meetings by which much might be accomplished.

Lastly, the county medical society should stand behind its members when

they are threatened by civil suits in the legitimate practice of their profession, at least until the scheme of medical defense is adopted by the State society. A patient suing a member of the county medical society, provided the suit is not a morally just one, should have for his opponent not an individual with possibly very limited resources, but the whole county society. The society should assume all the financial responsibility of the defense of the case.

In conclusion let me appeal to each of you to help make this society represent in its outward acts the dignity and high standing of our profession, and to maintain the spirit of lofty fraternalism, untiring devotion and self-sacrifice; loving our work for the work's sake—in the incalculable blessings it confers upon humanity.

THE PHYSICIAN IN POLITICS.*

BY WILLIAM E. RAMSAY, M. D.,
PERTH AMBOY, N. J.

After a careful analysis of the criticisms made by those opposed to the medical man's activity in politics, I find that these opponents always open their argument with the statement that they do not care to interfere with the physician in meeting the obligation he owes to the community, the State and good citizenship. They apparently have no desire to disfranchise him, but they say that his education in medicine is incompatible with the education necessary in politics. They also tell us that the physician is compelled to associate with those who are undignified; that he is compelled to neglect his legitimate work; that at election times the people refuse to pay their bills, because they have worked or voted for him, and in one severe criticism made by a physician that he actually heard the Mayor use "cuss words" when a man entered his office and asked for a quarter because he had voted for him. I have been somewhat surprised that he did not slap his wrist. The contention is also made that the physician should only hold by appointment such positions as health officers, coroner, sanitary inspector, or such other offices as required his professional knowledge, and not aspire to or accept elective or appointive offices such as United States Senator, Congressman, Governor, State Senator, As-

*Read before the Medico-Surgical Society of New York at the Manhattan Hotel, May 15th, 1909.

semblyman, Sheriff or Mayor. At the same time they complain that in these professional positions, physicians are not selected for their qualifications, but as a rule for their political standing. While in the latter offices they contend that the physician is not capable of filling them because he is not a business man. Others lay particular stress upon the undesirability of young men entering the field of politics, and are forever quoting Oliver Wendell Holmes—a gentleman whose memory is more than dear to all of us—in his famous speech to the graduating class, when he particularly cautioned them with these words:

“Young men, avoid the dirty pool of politics.” At the same time it should be remembered that Dr. Holmes took an active part in almost everything from the dissecting room to the writing of that beautiful poem “On Lending a Punch Bowl.” And again, his son has been sufficiently successful in the great political arena to land a job on the Supreme Court Bench.

But these great protectors of the medical man's dignity and safety never fail to quote: “Let the cobbler stick to his last,” but God help the cobbler who has stuck to his “last” in the vicinity of Lynn, or within the shadow of Douglas' shoe factory. Sometimes our friends outside of the profession also take an active interest in our welfare. I recall the instance of a physician, a very close friend, who had filled the office of Mayor in one of my neighboring towns with credit to himself, credit to his party, satisfaction to the people, and honor to his profession; but when this man came up for re-election, very much to the surprise of us all, in votes, he was found wanting. After the election was over, his friends told him how hard they had worked and voted for his defeat, because they considered him too good a fellow to be in politics. That very day he resigned as director of the local bank, trustee of the Country Club, member of the board of directors of the building and loan association, and such other positions as they had been active in forcing upon him. He then invited the pseudo-friends who had taken such an active interest in his welfare, to regulate his diet, prescribe his mode of life, and recommend such other details of his business as they deemed wise and compatible with the life of a physician.

Of course, all of the objections that I

have above stated need but a passing glance, but they are nevertheless the foundation for keeping out of the political field men who could well serve the people of the State without injury to themselves, were it not for the fear that “The boogy man will git yer if yer don't watch out.” They would greatly benefit their profession, to say nothing of the immeasurable value to the people their professional training would be in the enactment of sane laws governing public health, and protecting the public from the inroads of quacks and charlatans, counter-prescribing druggists, and those who do criminal practice and whom many of our uninteresting and unsuspecting legislators are ever ready to listen to. I am sorry to say that in my State this also applies to Governors.

The physician in politics in the past has occupied a prominent position. In Spanish countries he is recognized as an important factor. In Germany the physician is universally consulted in all matters pertaining to the public health, and even in governmental affairs he receives just consideration. The great Virchow was a member of the Prussian Diet, of the German Reichstag. In France we have to look at the premiers, Combes and Clemenceau, and numerous physicians in the Upper House. In Canada medical men are to be found in every branch of the government from the Upper House to the Provincial Parliament.

In the United States we must not forget that we had Benjamin Rush, Oliver Walcott, Lyman Hall, Matthew Thornton and Josiah Bartlett as signers of the Declaration of Independence. We have had one judge of the United States Supreme Bench—Justice Miller, who was a graduate of medicine, and it is well to remember that the great William Henry Harrison was at one time a medical student. We have today one member of the United States Senate who has occupied the position for over twenty years, and I understand that there is a movement in Massachusetts to-day to try to place Dr. Warren as an associate.

I am of the opinion that the sentiment is now undergoing a rapid change. The feeling that medicine and public interest are not compatible is on the wane. I believe that the medical profession is waking up to the necessity of a greater activity in public life. In my State we have had members in the Senate, Assembly, numerous mayors, sheriffs, county clerks and members of the profession who are now

willing and ready to serve on the grand jury, a very important duty he owes his profession in securing indictments against violators of medical laws by a class which has heretofore gone free, and I believe that this change of heart is not so much the outcome of a desire for political affiliation as it is a desire for self-preservation. We have come to realize the fact that the medical profession does not receive that proper recognition from our law-making bodies to which it is justly entitled, but we must admit that we are, to a large extent, responsible for it.

Our Governors trifle with us and practically say that you have no political standing, and it seems to matter not whether this applies to a bill affecting the practice act, or a matter of public health. The mere fact that it is a medical bill, seems to be sufficient cause for a careless consideration, if not for positive opposition. Let us take the case of the osteopaths who came a few years ago prepared to make an aggressive fight. It would surprise you to note the men of apparent intelligence, who were prepared to give them all the rights and privileges of practising the art of healing upon examination before their own board, even when the bill granting these rights and privileges exempted them from doing anything of a surgical nature, administering drugs, or caring for contagious diseases. To put it plainly, they asked to be exempt from doing anything that required education, skill, danger or brains. The son of the Governor of our State was their counsel, that is, the year before the father's election; but when the Governor was elected the son declared that he did not think it proper to represent them, so turned the business over to the partner while he got active in the lobby. The osteopaths were so thoroughly organized that it was a difficult matter to hold them in check. They came with literature showing endorsements of United States Senators, Congressmen and judges, which led the laymen in the Assembly to think that the medical profession had been misrepresenting facts, and that they were men of great worth. It was simply fear of competition that caused what feeble activity did exist. Several papers in the State were subsidized. Upon renewal of their fight this last year, when the New Jersey Medical Society came forward with a substitute bill which practically legalized the practice of the osteopaths, providing they would pass an

examination which was sufficient to test their ability to practice even the branches in which they claimed proficiency. It was then discovered that the truth of the old saying applied here—that birds of a feather may cultivate the affinity habit. When this substitute bill was introduced we found that the Christian Scientists came to the rescue and were working hand in hand with the osteopaths. The bill died an untimely death, having fallen victim to the absent treatment administered by doctors of medicine.

When the anti-vivisection bill was presented before the committee, I recall seeing Dr. Edward J. Ill, of Newark, mustering such men to the rescue as Professors Curtis, Flexner, Le Fevre, Lee of New York, Hare of Philadelphia, other professors and teachers from universities throughout our State and men from research laboratories from other States who came to argue the cause of medical education. After it was over I had a man come to me and ask me who they were, and then say, "Oh, my doctor said he didn't give a d— whether the bill passed or not." Now it is not surprising that under these conditions Dr. Halsey, the chairman of the Legislative Committee of the State Medical Society, in his preliminary report just published in the Journal of the State Medical Society of New Jersey, should make this comment: "It has been astonishing to the committee to see how little notice some of the societies have taken of our communications, when members of the Legislature, in sufficient numbers to have passed our bill without any question, have told me that they had never been spoken to by any physicians from the counties they represent in reference to this bill, and they have never received any communications asking support of this or any other measures advocated by your committee. At least ten members of the Assembly have told me that physicians in their counties have asked them not to vote for any bill, as the Medical Society of New Jersey did not want legislation of any character at this time." Public health measures are treated with indifference. Pure food bills are considered merely from the commercialism viewpoint.

With any or all of these experiences constantly staring us in the face, is it not time for us collectively and individually to assert ourselves? I do not claim that it is necessary for the physician to go actively into politics or feel that he must be a can-

didate for office. It is not necessary for him to be a contributor to political funds. He can vote. He can be a citizen, even though he is selfish enough to say that he is doing it in the interest of his profession or public health. He can do a little missionary work. All great corporations have a practical manner of protecting their interests. They always know or have some idea of how a candidate stands. They have men follow them on the stump, drive them into arguments, incidentally find out his attitude towards their particular interest, often without his knowledge and long before election. They draw no strong party lines—the day of strong party lines has passed. I do not care in the matter of this paper whether you are Prohibitionist or a Socialist, a Suffragette or an Anarchist, a Republican or a Democrat, but be something; find out if you can the individual on any of the tickets which best represents our common cause in medicine and public health and give him not only your moral support but active influence. The influence of a physician is far more reaching than he appreciates. A word from you in the club, on the street or wherever is most convenient, may accomplish an infinite amount of good. This may accomplish more than double the amount of work done in the lobby or in committee when the Legislature convenes. Had the medical men of New Jersey worked more before election, the trips of the before mentioned and many other medical men to Trenton to properly influence legislators on the anti-vivisection and other bills would not have been necessary. If they had taken a more active part in election, the Governor would not have held them up to ridicule as he has seen fit to do in such measures as the reorganization of the State Board of Health, his family support of the osteopaths and all other like measures.

How different it is with the legal profession. A bill introduced into the Assembly which affects them; from 25 to 50 per cent. of the members of that body are members of their profession; if the bill interferes in any way with their profession or income, it is immediately declared an undesirable bill and dies in committee. Should perchance this bill escape the committee the attorney-general—who is always a member of the bar—declares the bill unconstitutional, and should, by some unforeseen accident, the bill miss this hurdle, Governor—if he is a lawyer—vetoes it, be-

cause the word "Approved" is only spelled with one "p."

It has been said that young men should not enter the field of politics. If they are qualified for it and do so honorably, the earlier the better. The more set-backs they get, the better workers they will make. Whichever party they associate themselves with, they will find, when they are working for a measure, even though it is advocated by one of their opponents, they will not meet with disfavor by standing for their own. Old stage politicians respect the man who protects his own. Party leaders are not always as bad as they are painted. They are always as good as the community which maintains them. I do not wish it to be understood that all this is to be done by individuals, but to accomplish anything in the medico-political protection it will be necessary for us to do something.

Let the politicians know that we have had the breath of life blown into our nostrils, and that artificial respiration is not absolutely necessary. It is then, and not until then, that they will begin to recognize us and our interests. This must be done by organizations, and from organization to individual activity. First recognizing that we have a common cause and at the present time a common enemy, due to the fact that we have shown little before but the handmarks of rust. The activity should be shown before election to expect much good after. This does not require as much time as is supposed. Even when a bill is up for discussion a call from a physician in every county in the State upon his Senator or Assemblyman may be the means of accomplishing much good and will save you from the well-earned criticism of those who are compelled to work on the firing line. It is not fair or profitable to put all the work on the Legislative Committee. They work hard and accomplish much, but with your assistance they would accomplish vastly more.

In conclusion I wish to quote just a few words from Dr. Halsey's report, which I think very nicely covers the points that I have tried to emphasize:

"Your committee for a number of years has tried to impress upon the profession in the State the fact that if it was thoroughly organized and unity of action secured, we could unquestionably pass many good measures for the safeguarding of the public health, and the protection of the inhabitants of this State against the quacks and imposters."

THE MEDDLESOME DOCTOR.

BY JOHN H. BRADSHAW, M. D.,
ORANGE, N. J.

It has ever been said to the credit of the medical profession that it believes in action. The terms active practitioner, active membership in speaking of societies, active treatment in speaking of disease, have long been terms of approbation. It is not the purpose of the writer to decry the essential activities without which there would be no progress either in the arts or in the sciences. There are times, however, when action does not denote advancement, but interferes with progress, and, when applied in medicine and surgery at the wrong time or manner, may justly be termed meddlesome, and he who practices it should be termed a meddlesome doctor. Meddlesome midwifery has long been a byword of reproach and many practices of the past are justly so called. As the accepted activities of to-day may become the meddlesome activities of to-morrow, one cannot be too dogmatic or demand inflexible rules. But there are many things done to-day that our patients would be better off without—there are procedures performed that are of no benefit to the patient; unnecessary activities that may be even of direct injury to his welfare.

It seems hardly necessary to call attention to the large amount of unnecessary drugging a busy doctor is likely to give an anxious patient. How often we find a patient with a self-limited disease—say with pneumonia—taking the whole gamut of respiratory stimulants, expectorants and heart tonics before there is any real indication, and alcohol and strychnine thrown in for good measure, with oxygen gas to ward off a cyanosis there is some doubt if it really helped. All this activity often disturbed the patient's rest and that important assistant in all diseases—the stomach. In other troubles, too, we often get into the habit of giving medicine—we had done so before and the patient recovered. Why not do so again? Surely it is just as reprehensible to get into the habit of giving unnecessary drugs, even if they be all culled from the pharmacopœia, as it is to get into the habit of prescribing proprietary preparations and nostrums. The doctor who gets into the habit of giving this or that drug without a clear indication is often a meddlesome doctor.

The whole subject of healing in surgery is made up of attention to nature's methods of repair. It is here in particular that interference with her ways brings delay if not disaster. Was it strange that our laparotomies that were purged into weakness before the operation—that were vivisected by the hour, wiped and douched, irrigated and packed with iodoform gauze, then again purged the following day and withheld for days from any fluid, should have given a high mortality? We have learned, it is true, to do better work to-day, but we fed the grim reaper before we learned our lesson.

The first fecal fistula case the writer ever saw was one following an operation for gangrenous appendicitis in 1884. Great care and pains were used in wiping out the fistula daily with a bichloride solution. The fistula ran for weeks and weeks and the patient died from exhaustion. Some years ago when we were trying to quickly heal our simple fistula, following suppurative appendicitis, we used huge quantities of peroxide of hydrogen in foolish attempt to hasten the cure. Next we used to leave our gauzes so that they corked up instead of draining our wounds. Was it any wonder that our patients made slow recoveries? Such efforts were meddlesome and the doctor a meddlesome surgeon.

We have learned from the school of experience that the methods of the dissecting table are not the methods of the operating table—that too much refinement in our work is not to our patient's welfare—that it is better to "get in quickly and get out quickly" than it is to attempt to do too much. It is hard for us to learn to leave our wounds alone. Our wounds heal often not because of our activities, but in spite of them. The healing is often delayed by too much dressing. Why should a granulating wound or fistula have the discharge often and laboriously scoured away? Do we not wish that invisible pellicle of embryonic cicatrix to form? Why should we eat it up by injecting peroxide of hydrogen or roughly wiping it away? In doing this do we not often wipe germs from the surrounding skin into our sterile wound? In the case of our laparotomy wounds, do we not often invite skin suppuration and stitch abscess by too early and frequent dressing or by taking down the dressing "just to see how it looks"—palpating a scar to see if it is all right, or poking a probe—even if it be carefully sterilized—into a recess of our wound to

find if there is not a little pus? The same needless activity that squeezes a boil or wounds after pus has formed, must be checked, or delay and not progress will be seen. Open wide the vent, when necessary keep it open and do not obstruct the opening, and nature will do the work. It will surprise us often to see how quickly she will do it.

It was hard for us to learn that the milky peritoneal fluid that we often see in acute cases of appendicitis should not be laboriously wiped away. It was hard for us to learn that the temperature curve is caused by the battle of the leucocytes, who are fighting in our interests. It is hard for us to stand by and just wait. Inactivity, however, to be "masterly" must, in fact, be masterly and intelligent or it will end in neglect.

Clinical Reports.

REPORT OF CASE OF MULTIPLE FRACTURES, COMPLICATED BY RUPTURE OF THE BLADDER AND A RARE SEQUELA.

By **W. H. Lawrence, Jr., M. D.**

Surgeon, Overlook Hospital, Summit, N. J.

L. E., aged 24, brakeman, was standing in the open door of a baggage car when the train, running twenty miles an hour, was derailed. He was thrown through the open door to a high embankment at the side of the track. The car, which had been tipped against the bank, rolled him over and over until he was freed at its rear end. Found suffering greatly from shock. A temporary splint was applied to an evident fracture of the thigh and he was hurried to Overlook Hospital, ten miles distant. On admission he was still in severe shock, pulse thready and barely perceptible at the wrist. Given one-quarter grain of morphia.

Examination one hour after accident: Body covered with bruises and abrasions; wounds of scalp and face; fracture of left fibula (Potts) with dislocation of ankle; fracture of right femur, upper and middle third, compound with protrusion of lower fragment and extensive laceration of soft parts; fracture of pelvis—evident, but not clear as to location; fracture of two ribs—left side; blood dripping from the urethra; vomited large quantities of bloody fluid.

Treatment—Opening in right thigh was thoroughly cleansed and a bichloride compress applied. No attempt at reduction of the fragments, but the limb was supported by sand bags. The Potts fracture was reduced without difficulty and splints applied.

Investigation of the bleeding from the penis revealed an obstruction to the catheter in the prostatic urethra. Efforts to pass the instrument evidently caused great pain and increase of bleeding.

The general conditions becoming steadily worse and internal bleeding being suspected, I decided to open his abdomen. This was done practically without anaesthesia. Incision in median line. The peritoneal cavity free from blood or feces, but a greatly distended bladder extending above the umbilicus, was found; owing to the uniform distension and rigidity of the abdominal wall this could not be made out before operation. The peritoneal opening was closed and the bladder incised through the lower part of the incision. Its cavity was filled with free blood and clots, which were removed and search made for the bleeding point. Considerable difficulty was experienced from the steady oozing, but this was controlled by hot irrigations, and a rent in the bladder wall was found, beginning at a point on its lateral wall where there was a penetration of the bladder by a fragment of a fractured ascending ramus and extending downward into the urethra. Pressure failed to replace the fragment and the rent was tightly packed with iodoform gauze, the end of which was brought out of the suprapubic opening. During these manipulations a fracture of the ascending ramus of the opposite side could be plainly palpated. Bladder was drained by rubber tubing. While on the table the patient was several times said to be dead by doctors in the room and I was jokingly accused of performing a post-mortem. During the operative procedures the patient received oxygen, adrenalin in ten-drop doses and ergot in fifteen-drop doses hypodermatically, and salines under the skin and by rectum. He was taken from the table apparently moribund.

Post-operative History—Patient rallied under active stimulation. He was given ergot very freely, five drams in forty-eight hours, hypodermatically. Alternating with this strychnia and whiskey in liberal doses were given and high colonic injections of normal salt solution.

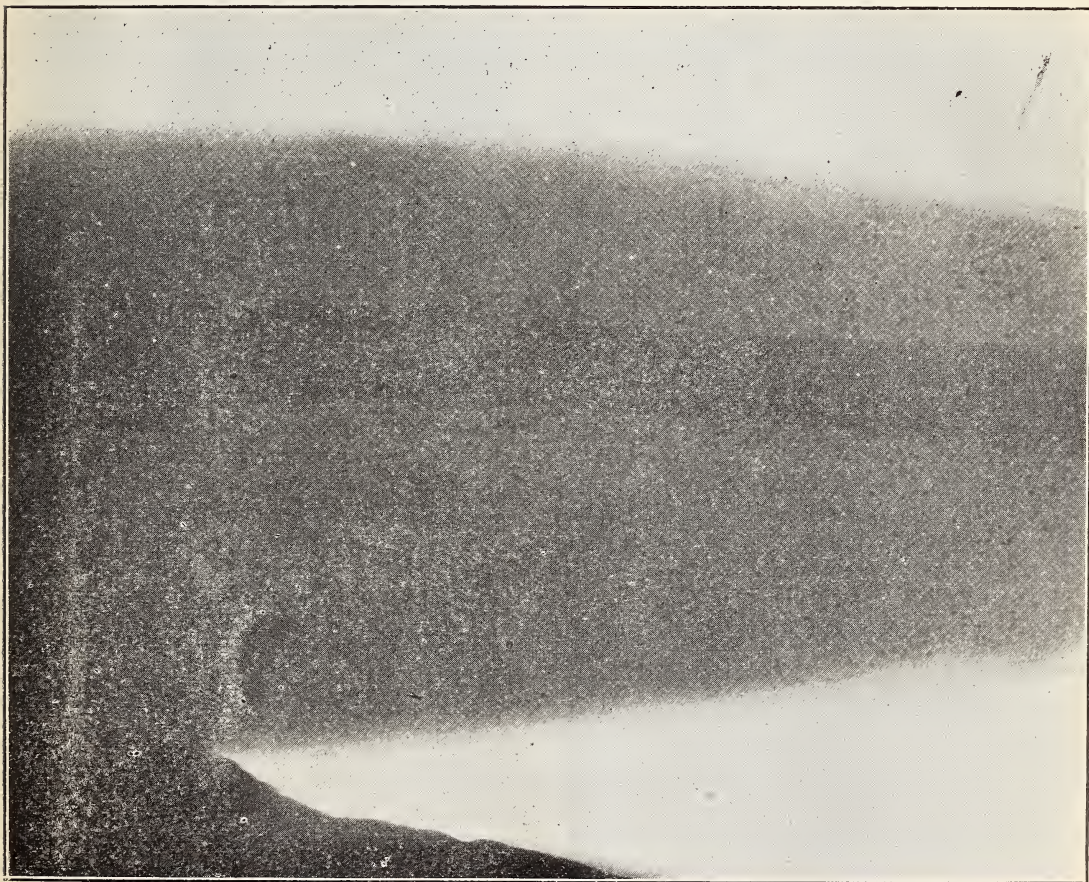
The forty-eight hours succeeding opera-

tion were very stormy. He vomited large quantities of bloody fluid frequently, and had involuntary movements of the bowels. The pulse ranged around 140, the temperature 102, respiration 30. From this point on convalescence was uninterrupted and as rapid as in the ordinary case of suprapubic cystotomy.

All drainage was removed on the third day after a metal catheter had been passed

fracture was reduced and a Buck's extension apparatus applied. In spite of all efforts there was still an apparent shortening of an inch when measurements taken from the anterior spine to tip of the internal malleolus, and from the umbilicus to the latter point, were compared with like measurements of the opposite side.

Weights were adjusted. Two days later he was moved to the X-ray room and ra-



RADIOGRAPH OF THE FRACTURE.

into the bladder. The abdominal wound healed rapidly and after two weeks was entirely closed and the patient was passing his water freely in the normal way.

The compound fracture was left alone for nine days, during which time the wound was treated with great care and it healed without the slightest sign of infection. The leg and pelvis had been supported by sand bags.

On the ninth day, under chloroform, the

diographs taken of the fracture.

After looking at the pictures it was hard to understand the inch of shortening until the patient volunteered the information that the leg had always been shorter than the other and that he always had difficulty with the trouser leg being too long on that side. Measurements were then taken and it was found that his left leg was about an inch longer from the lower border of the patella to the internal

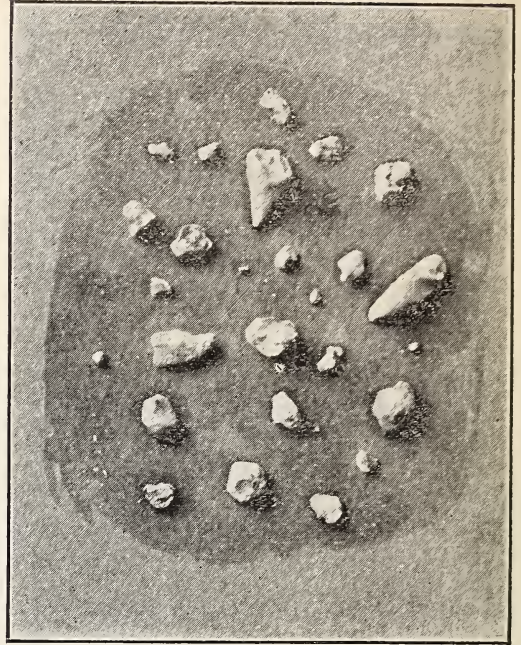
malleolus than was the right leg. Union in all of the fractures took place promptly. The splints were removed entirely from the Potts fracture at the end of four weeks and passive motion had already been commenced. The thigh fracture was taken out of supports at the end of five weeks from the date of accident, as union was found to be firm.

The patient was out of doors on the thirtieth day and on crutches without other support at the end of the sixth week. Three days later he took a few steps without crutches. He was sent home at the end of the seventh week with orders to use crutches no longer.

Nine months later he presented himself complaining of difficulty in urinating and pain in the urethra. Thinking that he probably had a cicatricial stricture, I prepared to introduce a sound, and was surprised to have it strike against a stone in the fossa navicularis. He then gave a history of having passed the stone down the urethra with great pain some months previous. By palpation it was easy to feel what seemed like a solid stone extending all the way from the meatus urinarius back to the prostatic urethra. An X-ray was taken.

Under ether the meatus was widely opened and the stones were removed by forceps one by one. There were just twenty-seven packed closely together in the urethra.

The patient is now entirely well.



THE ABOVE CUT REPRESENTS THE STONES THAT WERE REMOVED.

RECURRENT IRIDOCYCLITIS.

Histories of Patients Who Have Been Under Observation for Periods Varying from 15 to 20 Years, With Remarks on the Etiology and Treatment of the Disease.

By **Charles J. Kipp, M. D., Newark, N. J.**

(Continued from Vol. V., p. 629.)

CASE IV.

FOUR ATTACKS OF IRIDOCYCLITIS IN 15 YEARS.

M. W., 42 years of age, of spare habit, a saloon keeper, was first seen by me November 28, 1873. With exception of numerous attacks of acute inflammatory rheumatism, he has generally enjoyed good health. Denies venereal diseases. Has been confined to his room for the last four weeks by an attack of acute rheumatism. His left eye has been painful for nearly four weeks. He has a severe attack of seroplastic iridocyclitis in this eye. There is severe circumcorneal injection. Precipitates on Descemet's membrane. Iris swollen and discolored; pupil bound down nearly all around, an exudate in pupil. T-1. Counts fingers at a few feet. The right eye has now S=5/5.

December 29. Left eye is now nearly well. There is but little circumcorneal injection. Aqueous is clear. The poster-



X-RAY OF STONE IN URETHRA

ior synechia are all broken up S=6/9 Tn.

January 2, 1879. Has been free from disease of the eyes since last report. Has now a severe attack of plastic iritis of right eye. There are several posterior synechia and on central portion of anterior capsule of the lens is a greyish exudation surrounded by spots of pigment. The left eye is normal. Four weeks before this attack of iritis began, he had gout in the great toe of right foot. He was given the usual treatment, including four leeches to right temple.

January 8. The pupil is now widely dilated. The exudation in pupil has been absorbed, only the pigment spots remain. He has but little pain, but has now an erysipelas of right side of face, which started from the leech bites on right temple.

February 27. The erysipelas has entirely disappeared and the right eye is again free from disease R. E. S=5/5. There is now a slight attack of iritis in left eye. L. M. I D. S=5/8.

March 27. Both eyes are now free from disease.

August 16, 1888. Has not had one attack of iritis since last visit. Has now a slight attack of serous iridocyclitis in right eye. Under atropin and cocaine this attack passed over, in a few weeks. Since then the patient has not been seen again.

CASE V.

RECURRENT IRIDOCYCLITIS BOTH EYES.
UNDER OBSERVATION 22 YEARS.

H. B., 18 years of age, was first seen by me in September, 1886. His father has had a number of severe attacks of acute gout, but is now in good health. His mother also is in good health. He denies having had any venereal disease but had a synovitis of the right knee three years ago. He is now suffering again from the same affection. Up to two days ago his eyes were not affected. Since then he has had much pain in the left eye. On examination I found the lids of left eye edematous. The ocular conjunctiva was intensely injected and somewhat edematous. The cornea had a macula in central part, otherwise it was clear. The aqueous was muddy; the iris was swollen and discolored; the pupil was of medium size; lens was clear; vitreous very hazy. Eyeground could not be seen.

Leeches were applied to the left tem-

ple. Warm compresses were applied to the lids and instillations of a 1 per cent. solution of atropin were made every two hours.

A few days later the pain had diminished in intensity. The anterior chamber contained a spongy exudate. Otherwise there was no change. Four weeks later the iridocyclitis had subsided, but many posterior synechia remained. Since then he has had at varying intervals of time, two attacks in the same eye, and three attacks in right eye. The last attack for which I treated him was in June, 1908. The attacks have always been of about the same intensity as the first one above described. In all he had a fibrinous exudation in the anterior chamber and an abundant deposit on Descemet's membrane. In all attacks he was treated from the first of the disease, and in the same manner except that in the last attack dionin in powder was used once daily in addition. After the last attack his right eye was still apparently in an undamaged condition. The eye is emmetropic V=6/5. The left eye is damaged. The cornea has several scars in the central part, there are many old stretched posterior synechia. The lens is hazy. The patient's general health is very good. He tells me that none of his brothers or sisters have ever had an inflammatory disease of their eyes.

CASE VI.

RECURRENT IRIDOCYCLITIS BOTH EYES. HEMORRHAGE IN THE RETINA LEFT EYE.
UNDER OBSERVATION 26 YEARS.

Mrs. C. P. was first seen by me in December, 1881. At that time she was about 50 years of age. She is a large fleshy woman and has always been in good health except that she has had many attacks of muscular rheumatism. Her mother is still living and in good health. I saw her mother when she was 71 years of age; she had never had any eye disease and her vision was very good in both eyes at that time. Her father died some years ago from unknown cause. My patient is the mother of nine children all of whom are living and in good health. When I first saw her she had a very severe iridocyclitis of the left eye; the right eye was free from inflammation but numerous adhesions of the pupillary margin to the capsule of the lens showed that

this eye had also passed through an iridocyclitis. I learned from her that both eyes became inflamed and very painful about three months ago and that she had been under treatment by an eminent eye surgeon in another city. Both eyes had been fairly well for about two weeks, but since three days the left eye had again become painful and much inflamed; in fact she said it was redder and more swollen than at any time since the eye trouble began. The cornea was clear; the aqueous was perfectly clear, the iris was discolored, the pupil was widely dilated from atropin; the lens was transparent, but the vitreous was full of floating opacities. The fundus could not be seen. Under the usual treatment—leeches to the temple, warm water poultices to the lids, instillations of 1 per cent. atropin and the administration of salicylate of sodium—the attack subsided gradually. All inflammatory signs had disappeared six months later, but the opacities in the vitreous remained as before. The right eye was normal except that a few stretched posterior synechiae remained.

During the following ten years, she had a number of similar attacks in the left eye, while away from home, for which she was treated by eminent eye surgeons in Europe and here. She visited the European baths, recommended for the treatment of rheumatism and was under treatment for the rheumatism most of the time. In 1891, I discovered that she had numerous extravasations of blood in the retina of the left eye, which greatly impaired the vision of the eye. The eye at this time was free from inflammatory signs and the vitreous was much clearer than when she was last seen. The right eye was free from extravasations of blood in the retina. At the time the extravasations in the retina were observed she was apparently in her usual health and almost free from rheumatic pains. The extravasations of blood in the retina of the left eye were absorbed in the course of a year, but left the vision greatly impaired. Repeated examinations of her urine failed to discover albumen or sugar in it. During the next seventeen years she had many attacks of episcleritis and scleritis with more or less involvement of the iris and ciliary body of both eyes, but more frequently in the left eye, which yielded usually very rapidly under the use of instillations of a solution of adrenalin

chloride combined with cocaine and atropin. During the last few years of her life cataract developed in both eyes, but shortly before her death, in 1907, from pneumonia, the vision of the right eye was still equal to 6/12. The left eye had perception of light only.

CASE VII.

RECURRENT IRIDOCYCLITIS; PATIENT UNDER OBSERVATION FOR 24 YEARS.

F. K. C., 40 years of age, a well developed muscular man was first seen by me in 1884. I knew both of his parents; they were healthy people and lived to a good old age. According to his statement he had rheumatism of the joints many years ago. Is free from it now, but has soreness and stiffness of muscles of neck. He denies having had venereal diseases. Two years ago he had an attack of inflammation similar to the present one in the left eye. He is now suffering from inflammation in the same (left) eye. The attack began the day before his visit to me. I found the following condition: Moderate ciliary injection; cornea clear; aqueous not quite clear; iris somewhat discolored; numerous posterior synechiae; lens and vitreous clear; eyeground normal. Next day there was a fibrinous exudation in the aqueous and on the lens capsule. On the following day there was a marked increase in the ciliary injection and in the exudation in the pupil there was a cleft. A filiform string extended from the pupillary exudate to the posterior surface of the cornea. There was less pain. Two days later the fibrinous exudation had entirely disappeared. Ten days after his first visit all ciliary injection had disappeared. $V=5/12$.

A year later, November, 1885, he had a similar attack in the right eye. There were numerous adhesions of the iris to the lens capsule when the case came to me.

The aqueous was nearly clear. The attack passed over in about two weeks.

Four years after the attack in the right eye he had another severe attack in the left eye. It was similar to the one he had in 1884.

During the last nineteen years he has had no attack in either eye. At the last examination of his eyes for glasses, I found: Right eye, Hm. O.75D. V. 5/6. Left eye, Hm. O. 75D. V. 5/6.

Ophthalmoscopic examination of both eyes, negative.

He died in the summer of 1908, from pneumonia.

HEMORRHAGIC CYST OF THE LIVER.

Dr. J. Hitzrot, at the meeting of the New York Academy of Medicine, March 5, 1909, presented this case: A man, thirty-two years old, who had had alcoholic gastritis a number of times and had passed blood per rectum. He had had his right side severely injured. The skin became shiny and some swelling appeared over the injured area. He vomited and passed a great deal of blood per rectum. A needle was inserted into this swelling and blood was withdrawn, eighty-two ounces having been withdrawn by means of a suction bell. This was a hemorrhagic cyst of the liver, and recovery followed.

ACUTE PANCREATITIS.

Dr. Ellsworth Eliot, of New York, presented at the New York Academy of Medicine meeting March 5, 1909, the following cases, as reported in the Medical Record:

A patient, thirty-three years old, who had had several attacks of indigestion during the past year. The last attack occurred eight weeks ago, and there was slight jaundice with it. Thirty-six hours before admission to the Presbyterian Hospital the patient was seized with sharp, lancinating pains in the left epigastrium, passing anteroposteriorly into the back. Examination showed the abdomen not distended, tympany about the umbilicus, auscultatory dullness in the left flank and slight in the right, rigidity over the entire abdomen, tenderness just above and to the left the umbilicus. The temperature was 102 degrees, pulse 120, white blood cells 19,000 and polymorphonuclears 87 per cent. A serous, sterile, odorless fluid was found in the general abdominal cavity. The gastro-splenic omentum was oval, and an area of two by one inches was studded with nodules of fat necrosis. The tail of the pancreas was swollen and in the lesser cavity were several drams of clear sterile fluid. The head of the pancreas was found adherent to the greater curvature of the stomach, thus obliterating the right extremity of the lesser cavity. After a somewhat disturbed convalescence the patient made a good recovery.

CHRONIC PANCREATITIS.

Dr. Eliot also presented a man, twenty-nine years old, with a negative family history. He had had malaria, and for the past eighteen months had attacks of epigastric pain and vomiting; these attacks lasted several days, but the patient felt well between them. He had anorexia for five weeks, but no blood was vomited, and there was no jaundice. The physical examination showed the sclera distinctly icteroid. The liver dullness extended from the fifth space in the midcostal line to eight inches below the costal margin in the same line. The abdomen was a little prominent in the right upper quadrant. During the seven days the patient spent in the medical ward his temperature ranged from normal to 100.2 degrees, pulse 60 to 72, and respiration normal. The Cammidge reac-

tion was negative; the urine showed at one examination .6 per cent. sugar, at a second .2 per cent., and at a third none. At operation the gall-bladder was found to be adherent to the surrounding structures and to contain thick, dark material which proved to be sterile. The head of the pancreas was found to be much thickened, nodular and hard. There were no stones, and the gall-bladder adhesions were separated and the ducts explored for stones. Since the operation the patient had not been jaundiced, felt well and strong, and had no distressing symptoms.

TOXEMIA APPARENTLY CAUSED BY ASCARIS LUMBRICOIDES.

A child of five, mentioned by F. W. Higgs (Proc. Royal Soc. Med., Nov., 1908), was seized with acute abdominal pain and vomiting, the latter said to have been feculent. Next day she was drowsy, with sunken eyes, cold extremities, a pulse of 150, temperature of 100° F., tongue furred and dry, and abdomen retracted. The child became more and more drowsy, and lay for four or five days on her side in an attitude of general flexion and in a state of semicomatose. She exhibited irritability. The legs were held somewhat rigid and Kernig's sign was well marked. The general aspect and condition of the child very strongly suggested the diagnosis of tuberculous meningitis. Ten days after admission the drowsiness had become less, and next day the child vomited and was sufficiently conscious to complain of abdominal pain. A day later she vomited a round worm, gradually improved and had no further symptoms. The writer believes it extremely probable that all the symptoms were due to the presence in the body of a poison produced by the round worm, which directly caused acute irritation of the intestine, and by its absorption also caused collapse and, later, on, the nervous phenomena.—*American Journal Obstetrics*.

A CASE OF SPINA BIFIDA.

Dr. Sara Welt-Kakels, at the New York Academy of Medicine meeting, November 12, 1908, reported the case of a girl of three and one-half months whose family history was negative. There was no history of lues, though it was interesting that of nine pregnancies of the mother four were interrupted during the first half of gravidity. Of four children born at full term two had died—one of pneumonia and the other of measles. The tumor was noticed at the time of birth, and had not grown perceptibly since that time. The child had been breast fed, thrived, and was never ill. The infant weighed 11 3-4 pounds, was pale, but fat, and there was no hydrocephalus. The child was very quiet, but moved the lower extremities as well as the upper ones. There was, however, paralysis of the sphincters of the bladder and rectum. Pressure on the distended bladder through the abdominal walls or through the rectum expelled the urine. In the sacral region was a tumor about the size of an orange, which was covered with normal skin. The skin was traversed by numerous small vessels; on the periphery was a fatty accumulation and a small pigmented area on the skin somewhat below the middle. The tumor was small, fluctuating

and transparent. It was not sensitive on pressure and no convulsions were thus elicited. On careful palpation the vertebral arches might be felt widely open. On pressing the tumor the tension of the large fontanelle was perceptibly increased. Dr. Kakels said that the prognosis in these cases was not good; that while the patient might reach middle life, on account of paralysis of the sphincters some inflammatory process of the urinary tract might sooner or later ensue, or, through the bursting of the sac, infection of the meningeal canal might occur. Cases had been reported, however, where after one or two burstings of the sac recovery had taken place. As regards treatment, the methods used were ligation of the sac or aspiration of the contents with the injection of some astringent.—*Medical Record*.

ATROPIN POISONING IN A CASE OF INTERSTITIAL KERATITIS.

Reported by H. Freudenberger, M. D., Grand Junction, Col., in the *A. M. A. Journal*, April 10, 1909.

In the literature to which I have access it is stated that poisonous symptoms rarely occur with the instillation of 1 per cent. solution of atropin sulphate.

Patient.—A boy, aged 8, blond, fairly well developed and nourished, had been under treatment for interstitial keratitis since November, 1908. This was complicated with a posterior synechia in the left eye. Treatment consisted of instillations of one drop of a 1 per cent. solution of atropin sulphate five times daily with the administration of biniodid of mercury and potassium iodid internally. Six weeks ago the instillations were reduced to one drop three times daily. The general health and sight were improving.

Poisoning.—On February 25, 1909, I was called at noon and told that the boy was acting very queerly. It was also stated that there was muscular inco-ordination of both lower extremities and that articulation was difficult and incoherent. I saw him within an hour after these symptoms began. Rectal temperature was 98.2 F., pulse 104 and respirations 22. The pupils were widely dilated from the instillations of atropin, the face was flushed, the lips dry, the tongue moist, the throat dry but normal in color, the mucous membrane of the nose dry, no nausea or vomiting. There was considerable mental excitement with illusions, delusions and hallucinations. The patient seemed to become momentarily rational at times. During these rational moments he would protrude his tongue when asked and also stated that nothing pained him. Reflexes were exaggerated. The patient refused to take anything to drink. A tepid sponge bath was ordered and an enema given. The patient passed a small unformed stool and about a half pint of amber-colored urine which contained no albumin. The diagnosis of atropin poisoning was made and all medication discontinued. Six hours later the only change noticed was decidedly clearer articulation. The patient had passed a large quantity of urine during this time. Chloral and bromid were administered and about 10 P. M. the patient passed off into a normal sleep, not awakening until 7 A. M. the next morning, perfectly rational, with a good appetite and anxious to be up and at play.

BILATERAL OPTIC NEURITIS AFTER ETHMOIDITIS.

Dr. Arnold Knapp (*Trans. Am. Oph. Soc.*, 1908) reports the case of a woman, aged 30 years, who applied for treatment on account of loss of sight in the left eye. She had had a severe cold in the head one month before, which was followed two weeks later by headache and pain about the left eye in the afternoon, and blindness in that eye on the following morning.

On examination the left pupil was smaller than the right; irresponsive; constant hippus, no light perception, optic neuritis well marked. On examining the nose both middle turbinates were found enlarged and soggy. The patient was examined by Dr. C. G. Coakley, who removed the anterior half of the middle turbinate. It was cystic, containing muco-pus and thickened lining membrane. The vision improved the afternoon of the day of operation. On the following day saw movements of hands in temporal and lower field. Distinct central scotoma. Discharge from the nose lessened under treatment by Dr. Coakley. Gradual improvement of vision.

About one month after patient came under observation she stated that she had had headache on the right side of the head for three days, with pain in right eye and diminution of sight. The right eyeball was found to be tender, V 20/50. Para-central scotoma, optic nerve hazy and congested. There was some discharge from the right nostril. The right middle turbinate was partly removed. Gradual recovery of vision followed intranasal treatment.

The unusual features of this case were as follows: (1) Localization of the inflammatory changes in the nose to the middle turbinate and ethmoidal cells; (2) inflammatory changes in the head of the optic nerve; (3) restoration of vision and improvement in the eyegrounds coincident with intranasal treatment; (4) the order of the return of vision and changes in the fields. From no light perception to hand movements in lower and outer field, then large central scotoma, which gradually diminished, finally only for colors, then normal vision.

NERVE STRETCHING FOR THE CURE OF RAYNAUD'S DISEASE.

From the Report of a Case by Dr. G. A. Hendon, Louisville, in the *Kentucky Medical Journal*, March, 1909.

In August, 1907, Mr. E. S. Mc., aet. 37, applied to me for relief of dead finger. The forefinger, middle and ring finger on the left hand presented the typical signs of Raynaud's disease. The thumb had been affected but appeared to be almost well. The ring finger was dead up to the metacarpal articulation. The others to the first phalanx. The victim assured me he had not had over three hours' consecutive sleep in nine months and then only under the influence of drugs, opium or its derivatives. His remote history is interesting. Ten years ago while driving across the plains of Nebraska in zero weather his right arm and leg were the most exposed. After reaching the hotel and getting thawed out he noticed loss of sensation in the right extremities. Feeling gradually returned, however, and in a few days seemed normal. In a year after the great toe on the right foot went dead and was removed!

by Dr. J. B. Murphy, of Chicago, with complete healing, and it was during and by reason of Dr. Murphy's vacation last year that the case came into my hands. Dr. Murphy sent me a reprint of his work on surgery of the nervous system and pointed out the treatment therein instituted by him for the treatment of conditions identical with the one now under consideration. I followed the advice thus obtained to the letter and owe the successful issue of my case to the application of the means therein set forth. The patient was anesthetized, the nerves of the brachial plexus exposed through an incision and subjected to tension up to the limit of their tensile power. This was estimated purely upon the sense of yielding imparted to the touch upon making the pull. As a result of this maneuver the hand and arm were paralyzed during about one week's time. There resulted great hyperemia and swelling with almost immediate formation of the line of demarcation upon the dead fingers. The operative incision healed by first intention and in two weeks we amputated the dead fingers in healthy tissue. We erred here in our efforts to provide as long a finger stump as possible and our flap proved to be scant and granulation was slow and tedious. Complete healing was achieved with the aid of the Bier suction apparatus.

This is the only case that I have knowledge of in this city. I perceive how the principle involved is capable of wide application as pointed in Murphy's article, which appears in the *Journal of Surgery Gynecology and Obstetrics*, Vol. IV., Page 385-500, in which is reported eleven cases of nerve stretching for varicose ulcers, and one case of Raynaud's disease, all of which were healed except one case of varicose ulcer of left leg.

A CASE OF EXSTROPHY OF THE URINARY BLADDER.

Reported by Dr. E. O. Smith at the Cincinnati Academy of Medicine, March 9, 1909.
From the Ohio State Medical Journal

Mr. H. J., age 24 years, height 5 feet 4 inches, weight 160 pounds, well developed and enjoys perfect health but for the annoyance and inconveniences due to the absence of the urinary bladder. He has a congenital exstrophy of the urinary bladder, with only a very small rudimentary penis, a complete epispadias, and a non-union of the pubic bones. The testicles and scrotum are normal.

Three surgical attempts have been made to improve his condition. The first operation was performed when he was 3 years old, the second at 7 years of age and the third at 11. The operations have resulted in lessening the area of mucous membrane that was exposed, and the course of the urine is such now that he can collect it all in a rubber urinal when he is standing, but when in the recumbent posture the urine escapes at the sides of the urinal. He prefers to go on through life as he is than to take a chance with any other operative procedures.

He has never suffered from infection of the urinary tract, although the mouths of the ureters are almost in direct contact with the clothing.

This is an interesting case in that he has lived to the age of twenty-four years, is in good general health, has never had infection and is a very cheerful victim of his misfortune.

A CASE OF ULCER OF STOMACH IN AN INFANT OF SIX MONTHS, PROBABLY SYPHILITIC.

Reported by Robert M. Shannon, M. D., Piqua, at the Ohio State Medical Association Meeting, as Given in the Ohio State Medical Journal, April, 1909.

Primary ulcer of the stomach, Koplac says, is a very rare disease in infancy, although cases are reported in the literature as complications of infectious disease, such as scarlet fever, typhoid fever, tuberculosis, sepsis of the newborn and acute gastritis. Remier reports a case in a child three and one-half years old, Hibbard one in an infant four months old, and Rotch in a seven-months-old infant. In 226 autopsies Brinton saw it twice.

The infant in the case I report was the child of apparently robust parents, with no tuberculous history. At the time of its birth it was well nourished and healthy. The mother nursed it for a few weeks, when her milk gave out and artificial feeding was necessary. When about three months old its food began to disagree with it, and nothing could be found which it could retain, and part of the time diarrhoea existed. This condition continued until it was a mere skeleton, and general oedema developed. One day it vomited a large quantity of coagulated blood, and also passed the tarry stools. This was repeated two days afterwards.

The father had been a patient of mine for ten years previous and to my knowledge had not had syphilis. However, I felt that these symptoms must be due to an ulcer of the stomach, and that it was probably syphilitic.

On inquiry I learned that about a year before the father's marriage he had contracted syphilis, but had gone to another physician and had been treated for about one year.

I at once put the child upon inunctions of mercurial ointment. In a short time the child commenced to hold its food, and within six weeks or two months it was as plump and well nourished as any child of its age. When the stomach was in a condition to tolerate it, K. I. was added to the treatment.

If at any time the specific treatment was discontinued, the stomach symptoms would begin to make an appearance. A few months later it developed a case of pneumonia, from which it died in a very few days. I never saw the ulcer, and of course that is the weak point in the case.

I am aware that children a few days old will vomit blood from a capillary oozing in the mucous membrane of the stomach, but this child was past the age at which that would be expected.

The history of the case, the blood vomited and passed by stool, the prompt recovery on anti-syphilitic treatment, convinced both Dr. A. B. Frame, who saw the case with me, and myself that the case was one of ulcer of the stomach, of syphilitic origin, and that the ulcer was responsible for the gastritis.

To diverge from the subject in hand, I will

say that in nearly all cases in which I believe an ulcer to exist in the stomach or duodenum, I use anti-syphilitic treatment as a routine practice, if syphilis either hereditary or acquired is suspected.

I report this case because it is possible that other similar cases exist oftener than we think, in which there are no typical symptoms, and to a solution of such cases one may not be guided by the appearance of a hemorrhage as I was in this case.

THE VALUE OF TURPENTINE IN GALL STONES.

A woman of 54 years came under the care of Dr. G. Wright, who found she had fever and suppurative inflammation of the gall-bladder. Cholecystotomy was performed, and the viscus, which was full of stones, was cleaned out. A large mass of impacted stones was found lying apparently in the ductus choledochus, but, on account of the adhesions round the gall-bladder, etc., the duct could not be properly exposed. A spoon was passed three inches or so through the cystic duct, but the stones could not be removed, and they were so hard that it was impossible to break up the mass or to make any impression upon it. The author suddenly recollected the well-known solvent action of turpentine on gallstones, and determined to try it. A piece of india rubber tubing was fixed on a small glass syringe and one drachm of turpentine injected through the cystic duct on to the surface of the impaction. In a few minutes he was able to break up the impaction, and in about ten minutes all the stones were removed from the duct. The patient made an uninterrupted recovery, the opening in the gall-bladder healing up in about six weeks. From his experience in this case it seems to me that the habitual use of turpentine in connection with cases of cholecystotomy in which there is the slightest difficulty in removing the bile concretions might materially lessen the risks of the operation.—*British Med. Jour.*, December 19, 1908.

Abstracts from Medical Journals

Induction of Labor.

Herff (Munch. Med. Wochenschrift, December 15, 1908) warmly defends the induction of premature labor in cases of narrow pelvis in preference to operative procedures at term. The mortality of hebosteotomy, for instance, is 4.9 per cent. for mothers and 9.6 per cent. for the children. On the other hand, early induction of labor leads to less than one death in a hundred, so far as the mother is concerned, though the mortality of the babies is about twice that of hebosteotomy. The simplest and best method of inducing labor is the tearing of the membranes; the danger of infection is much less in this method than in any introduction of elastic bags, bougies, etc. The pains that follow the rupture of the bag of waters are usually very good and the necessity of further interference with the labor process is little more frequent than in normal labors.

Rest in Bed After Labor.

Dr. F. Hinchey, of St. Louis, Mo., gives the following conclusions in a paper in the *Inter-state Medical Journal* of January, 1909:

1.—Early rising is beneficial because the lying-down position reverses the normal curve of the utero-cervical canal, conducing to subinvolution and to retro-deviation of the uterus, consequent upon the inability to secure uniform anemia and atrophy of that organ.

2.—In the early days after labor, there is an absence of unusual tension of the pelvic floor, in the upright posture, because the uterus rests upon the pubis.

3.—Exercise favors involution of the pelvic-floor structures, so that by the time the uterus has reached the pelvis, these structures can afford the necessary aid to the internal uterine supports, thus preventing prolapsus.

4.—Hemorrhage and embolism are not to be feared.

5.—Early rising affords drainage which may prevent infection.

6.—General metabolism is often impaired by prolonged rest to such a degree that lactation is inhibited and any tendency to invalidism is encouraged.

Backache in Women.

(*A. M. A. Journal*, January 2, 1909.)

Dr. L. F. Garrigues says that backaches in women are so common and so far-reaching in their effects that their thorough understanding is of great importance to the physician, yet we find practically nothing on the subject in textbooks. Leaving out of consideration those due to rheumatism or strain, he confines himself to the subject of the pelvic backaches, and more especially those caused by disease of the internal pelvic organs and cellulitis of the uterosacral ligaments. Pelvic backache is of two kinds. In one there is pain and tenderness at the level of the fourth and fifth lumbar vertebrae, where the spinal nerve center governing the internal pelvic organs is situated. The treatment of this form, to be effective, necessitates the cure of the underlying disease. In the second variety there is a tender spot on either side of the second sacral vertebra which he contends is due to cellulitis of the uterosacral ligaments. If only the site of the pain is considered, incipient sacroiliac disease or caries of the fourth or fifth lumbar vertebrae might be mistaken for pelvic backache, but the first of these is rarely bilateral, and is accompanied by pain on compression of the iliac bone, while the other has some spinal rigidity and is especially aggravated by jars. Neuralgia is less sharply localized and usually causes a more intense, intermittent pain, instead of dull and constant ache. In rectal inflammation and fracture of the coccyx the pain is referred to the coccyx. In pendulous abdomen there is a dull, constant dragging pain, referred to the lumbar region, probably due to the traction of the mesentery, but it is relieved by lying down or the wearing of a supporter. The only variety of backache peculiar to women, Garrigues says, is that due to cellulitis of the uterosacral ligaments, characterized as stated above, by pain at the outer sides of the second vertebra, and he goes at some length into the description of the anatomy and pathology of the condition. The

symptoms in an uncomplicated case are backache, referred to the spots described, which becomes worse on exertion, and there is a distressing sense of weakness. Pain on sexual intercourse is often marked. The diagnosis by vaginal examination is easy if the normal conditions are known and the symptoms of pain on manipulation of the ligaments is brought out and their abnormal conditions recognized. The treatment is to put the patient to bed, apply an icebag to the lower abdomen, and to administer active saline cathartics; tampons dipped in a 5 per cent. solution of iodine-glycerin are useful and hot douches may be employed, though he thinks that their value is overrated. Besides this, the cause, if still present, must be removed. If suppuration occurs, or before in a severe case, vaginal incision and drainage should be employed, care being taken not to enter the peritoneal cavity. In mild chronic cases, painting of the posterior vaginal fornix with tincture of iodine, two or three times a week, also 5 per cent. ichthyl-glycerin tampons or vaginal suppositories inserted at night, are useful. If these measures do not produce sufficient absorption, pelvic massage gives fairly good results, but seldom complete cure and is somewhat tedious and painful. To overcome these objections, it occurred to Garrigues that section of the uterosacral ligament would be rational and not a dangerous treatment, and he reports two cases successfully treated in this way. In answer to possible objections that these ligaments are an important uterine support and that severing them might lead to a prolapse, he answers that the peritoneum holds the divided ends of the ligaments from dropping too far apart, and the gap must eventually be filled by a nerveless fibrous tissue.—Abst., in *Medical Record*.

Chorea.

Dr. G. Rankin, in the *British Medical Journal*, September 12, 1908, asserts that the proximate cause of chorea is probably a micro-organism similar to that of rheumatism, the toxins of which are responsible for the nervous manifestations. But in any case the direct excitant is in many instances some form of emotional disturbance. He describes the onset of an attack and points out that the characteristic movements described as purposeless are really exaggerated reproductions of voluntary movements which would be purposive if they were sufficiently under the control of the will. The disease presents no marked sensory disturbances though there may be numbness, aching pains, etc. It usually runs a chronic course of from eight to twelve weeks, but may be prolonged by exacerbations and remissions over four or six months. The most frequent complications are those with which we are familiar as appearing in association with rheumatism. No constant lesions are found in the nervous system which can be regarded as the anatomic basis of the disease, though various changes have been noticed by different authorities. The prognosis in children is favorable as regards recovery from the attack, though permanent cardiac trouble must always be borne in mind. In treatment, the children should be put to bed and kept there until all movements have ceased, in order to minimize the risk of cardiac complications and expedite the tendency to natural

recovery. There is no specific, but the best results are obtained from arsenic. He recommends Fowler's solution for children eight years old in 3-minim doses and increased until within a week the child takes 10 minims three times a day. Children bear arsenic well. To check the incessant movements and prevent exhaustion he relies on chloral hydrate. Cold douches or icebags to the spine are worthy of trial in extreme cases.—*A. M. A. Journal*.

The Uncertain Result of Suturing Nerves.

Dr. George Vaughan states that much contradictory evidence exists concerning the results in nerve suture, and there is not a unanimity of opinion regarding the definition or requirements of a good result. Contrary to the general opinion, secondary suture of divided nerves gives just as good results as immediate suture. Nerve grafting is more disappointing.

He reports five cases of nerve suture: I. Division of the median and radial nerves and other structures in the forearm. The nerves were sutured at once. Eight years later the patient had good use and sensation of all the fingers except the index and thumb. The median nerve did not functionate. II. Median nerve severed by gunshot wound. Immediate suture. While the patient obtained good use of the hand in eighteen months, the imperfect flexion and extension of the inner fingers and slight flexion of the thumb remained, indicating non-union of the nerves. III. Median nerve and brachial artery partially destroyed by gunshot wound. Suture by flap method. Three years later the result was perfect, as indicated by complete flexion, extension, pronation and supination. IV. Median nerve divided by lacerated wound. Immediate suture. Three years later the result was excellent. V. Saw wound of the axilla, dividing axillary vessels and median, ulnar, musculo-spiral and internal cutaneous nerves. Immediate suture. Gangrene of the hand and portion of the forearm followed, necessitating amputation three inches below the elbow. Enough time has not elapsed to give a fair idea of the result.—C. S. W., in *Washington Medical Annals*.

The Influence of Alcohol upon the Public Health.

F. Peterson, in *New York Medical Journal* December 26, 1908, dwells upon the disastrous effects produced on the public health by the present alcoholic excesses, and estimates the economic loss caused thereby. He considers the current notion that alcohol is a food as disastrous, for it is a poisoned food. He notes that the present view is that alcohol is a depressant rather than a stimulant. It perverts digestion, depresses heart action, lessens the capacity for muscular work, diminishes the intellectual functions, brings about slow, far-reaching anatomical changes, such as fatty heart, kidney lesions, disease of the blood vessels, muscular and nerve tissue changes, and weakens the normal defences of the body against infections, especially tuberculosis. Physicians should be missionaries for reform in the use of alcoholic drinks. The walls of French hospital wards are placarded with wise rules in this respect, and the author has placed on his own prescription blanks the following temper-

ate statements: Alcohol is a poison. It is claimed by some that alcohol is a food. If so, it is a poisoned food. The daily regular use of alcohol, even in moderation, often leads to chronic alcoholism. One is poisoned less rapidly by the use of beer than by drinking wines, gin, whiskey and brandy. Alcohol is one of the most common causes of insanity, epilepsy, paralysis, diseases of the liver and stomach, drosyia, and tuberculosis. A father or mother who drinks poisons the children born to him or her, so that many die in infancy, while others grow up as idiots and epileptics.—*Medical Record*.

The Intracranial Causes and Operative Treatment of Trigeminal Neuralgia.

Dr. J. B. Deaver, in the New York Medical Journal, enumerates some of the common causes of trigeminal neuralgia which arises within the skull. Predisposing causes are the neuropathic diathesis, exhausting maladies, loss of blood or tissue juices, anemia, cachexia, senescence, and arteriosclerosis. Cold, exposure, overexertion, and mental strain act similarly. The mineral poisons, toxins of diabetes, gout, Bright's, etc., are all included. The various infectious diseases, fracture at the base of the skull, abscess along the course of the nerve, carotid aneurysm, tumors of the Gasserian ganglion, tuberculous and syphilitic granulomata, cholesteatomata in the region of the ganglion are also causes, and that group of cases is also to be thought of in which neuralgia major, tic douloureux, epileptiform neuralgia are present and raise a doubt as to whether surgery can intervene with benefit or not. The author then traces the history of the development of surgery as applied to this affection, dwelling particularly on extirpation of the Gasserian ganglion. He says that to those who have not had the opportunity of observing cases of major neuralgia, the operation may seem somewhat heroic to employ for the relief of a condition characterized by pain without danger to life. By those, however, who have seen the abject misery it can cause, leading in not a few instances to suicide, or to the addiction to morphine, the operative treatment, with its comparatively present low mortality and not very great deformity, will be hailed as a triumphal offering of surgery to humanity.

Surgery of the Bile Passages, with Special Reference to the End Results.

Dr. J. C. Munroe, in the Boston Medical and Surgical Journal, March 25, 1909, discusses the question and gives summarized histories of six personal cases. His conclusions follow: (1) An analysis of our cases demonstrates that jaundice is present in a majority of all, even the simple gall-bladder cases, at some time, and that a very large majority of common duct cases have jaundice. (2) That the pancreas is not infrequently pathological, as determined by examination of the open abdomen. (3) That adhesions are present in a large majority of cases and may be the direct cause of symptoms rendering all medical treatment more than futile. (4) That pulmonary complications must be reckoned with in prognosis, but that they are less frequent than anticipated. (5) That chole-

cystotomy is normally a more suitable operation than cholecystectomy unless the gall-bladder is definitely functionless. (6) That recurrence of symptoms may be due to adhesions or a contracted gall-bladder as well as to overlooked stones. (7) That toxic cases are best treated medically until the acute state is passed. (8) That fatal capillary hemorrhage may be controlled to an extent not yet determined, by the use of fresh animal serum.—*Medical Record*.

Value of the Mixed Toxins of Erysipelas and Bacillus Prodigiosus in Inoperable Sarcoma, Based upon a Study of Cases Treated During the Past Sixteen Years.

Dr. William B. Coley, of New York City, in a paper read at the meeting of the Medical Association of the Greater City of New York, February 15, 1909, said that while the results of this treatment had not been as satisfactory as one who was seeking for perfection could wish, they had been sufficiently real and tangible, he thought, to be entitled to more careful consideration than they had yet received. Furthermore, they might have an important bearing upon the whole cancer problem, since, if by the administration of certain bacterial toxins we could cause the degeneration, death and absorption of living tumor cells of one variety of cancer, i. e., sarcoma, it was not unreasonable to suppose that by the use of some other forms of bacterial toxins we might succeed in destroying or inhibiting the growth of the other and more common variety, namely, carcinoma. The speaker emphasized the statement that the method rested upon a solid foundation of accepted and indisputable clinical facts, namely, that in a considerable number of cases of inoperable cancer of all varieties, and especially sarcoma, such tumors had been known to entirely disappear under attacks of accidental erysipelas, and patients had remained well for many years thereafter, and during the past two years, at the Huntington Cancer Research Fund, Dr. Martha Tracy and Dr. S. P. Beebe had shown that large multiple sarcomas in dogs rapidly disappeared under local or systemic injections with the mixed toxins of erysipelas and bacillus prodigiosus. Dr. Coley believed that the following were the indications for the use of the mixed toxins: 1. In all cases of inoperable sarcoma, excepting the melanotic, which were probably of epithelial origin. 2. In cases of sarcoma originating in the long bones, in which operation meant the sacrifice of the limb. 3. Immediately after operation (within a week or two) in all primary inoperable cases, as a prophylactic against recurrence. 4. In addition to the foregoing, after primary operations for carcinoma as a prophylactic against recurrence. The use of the toxins as a prophylactic after operation he believed offered by far the most important field of all, the proportion of recurrences in his own experience thus far being less than 25 per cent., whereas in cases in which the toxins were not used after operation the proportion of recurrences had been full 75 per cent. As regarded the dangers from the use of the toxins, he stated that personally he had found their administration practically free from dan-

ger. However, he had learned of several fatal cases in the hands of other men, which, taken together, showed that there were certain risks connected with the treatment. He believed, however, that if the precautions he had always made it a point to emphasize in former papers were observed, these risks would be reduced to a minimum. Most of the fatal cases that had occurred had been due to a neglect of those precautions. Dr. Coley said that up to the present time he had 51 cases of inoperable sarcoma successfully treated with the mixed toxins of erysipelas and bacillus prodigiosus. Of these, 35 had remained well from $3\frac{1}{4}$ to 16 years, 14 from 10 to 16 years, and 28 from 5 to 16 years. To the 36 successful cases published by him in the American Journal of the Medical Sciences, in March, 1906, he had since added 15. In the first 36 cases there was, in addition to the tumors being adjudged inoperable by leading surgeons, a careful microscopical diagnosis made in all but two instances. In connection with his paper Dr. Coley presented eight patients upon whom the treatment had been successfully used.—Reported in the Medical Record.

The Value of the Spirochaete in the Diagnosis of Syphilis, with Reference to the Primary Lesion.

B. Clarke Corbus, M. D., Chicago, Ill.

(Read before the Chicago Medical Society, January 20, 1909. Taken from the Illinois Medical Journal, April, 1909.)

It is now almost four years since the discovery of the Spirochaete pallida was announced to the world, and, like all new discoveries, it has received its full share of criticism and condemnation, a large part of which was due to the difficulty of staining and the unsatisfactory method of obtaining the organism. We regret to say that there are still many syphilographers in this country who have not accepted the Spirochaete pallida as the etiologic factor in syphilis. If they have they make no use of it in the diagnosis of the initial lesion and still wait for secondary manifestations before beginning treatment.

With the discovery of the dark ground illuminator, the observation of the different forms of the spirochaete have been resumed with renewed vigor. By this method we are able to study the organisms in their original form; here, side by side, we may observe the Spirochaete refringens, buccalis and the pallida. Note carefully their size and thickness, their windings and their motility. This was not at all possible with the staining methods. Especially is this true of the pallida, which in the stained specimen loses its characteristic windings. It is little wonder that the different forms simulated each other closely, and as a consequence the difficulty of differentiating the various forms was well nigh impossible.

The diagnosis of the chancre at the present time should be based upon a laboratory diagnosis. This consists of the immediate finding of the spirochaete in the lesions. The diagnosis of the later manifestations of syphilis should be made by the serum test of Wassermann.

The demonstration of the spirochaete by means of the different staining methods is recognized as very unreliable and should be re-

placed by the examination of the living organisms by means of the dark ground illuminator. There are still some pathologists who cling to the antiquated methods of staining for the demonstration of the organism. These men are reluctant to give up the old methods for the new. Any observer who has had the opportunity to see the demonstration of the living organism can see its vast superiority over the staining method and its immense immediate clinical value. With this method we are no longer dependent upon the skill of trained pathologists, as the finding of the organism by this method is as uncomplicated as the simple staining of the gonococcus by methylene blue. The method of obtaining the material is as follows:

After we have carefully cleansed the suspected lesion and gently irritated it by means of a cotton swab, we have an abundant exudation of serum. This is collected in capillary tubes and is ready to mount. It is but a few moments' work to prepare our slide. Mount the specimen and examine. Scarcely five minutes need be consumed in the procedure. In chancres, condylomata and mucous patches where no treatment has been given the specimen abounds in organisms. In those cases where the primary lesion has been treated with a dusting powder or salve containing hydrargyrum, it is but a simple matter to puncture the inguinal glands and demonstrate the organism.

During the past eight months we have examined 150 cases, including chancres, condylomata, mucous patches, papules and inguinal glands. In no single instance where we have demonstrated the organism has the subsequent course of the case shown our diagnosis to be wrong. So confident are we in regard to its specificity that we must reiterate our previous conclusions:

1. That the spirochaete is the true cause of syphilis, and its presence is equivalent to the diagnosis of syphilis, but its absence does not rule out syphilis.
2. By means of this method the spirochaete may be demonstrated in all primary and secondary lesions of syphilis if the search is persistent.

Since we have been making our diagnosis from the primary lesions, the question has often been asked: What is the value of the early diagnosis of syphilis, and what is the harm in waiting for the secondary eruption before beginning treatment? This answer is, indeed, obvious.

If we had a severe pus infection of the finger we would not wait for systemic invasion before attacking the primary focus. The same is equally true of syphilis, although there are some that will argue that at the time of the appearance of the primary lesion the infection is already systemic. Neisser has shown in his experiments upon monkeys, in a few cases, the presence of the spirochaete in the bone marrow with the simultaneous appearance of the primary lesion, but the majority of his experiments tend to show that the organism does not make its appearance in the blood stream until 10 to 21 days after the appearance of the chancre.

In the light of the modern investigations of syphilis, to neglect our diagnosis until the system has become invaded by the spirochaete is to do our patients an injustice. It is our duty to

make a diagnosis as soon as possible and to begin our treatment before the system is thoroughly saturated with the organisms of syphilis. Some observers contend that to begin treatment so early predisposes to the parasymphilides, as patients so treated are prone to make light of their disease, and after one or two courses of hydrargyrum to conclude that they have had sufficient treatment. This, in a measure, is true, but it is our duty to explain the condition to our patients, show them the benefits of persistent treatment after symptoms have disappeared. If such a procedure is carried out, the relapses will be less frequent.

With the discovery that the primary lesion contains such large numbers of spirochaete, the question arises, What is our disposition of the chancre? Since the time of Ricord excision of the chancre has been practised by many surgeons, some claiming that at times they are able to abort syphilis. It must be conceded by all now that this is out of the question.

But such observers as Lukasiewicz¹, Jadasohn² and others claim that by excision of the chancre, if done before the period of second incubation, our infection is attenuated. It certainly is reasonable to suppose that, if we have a large area that is constantly feeding the system with infecting organisms, that area should be removed, especially since its removal does not entail any serious effects upon the patient.

Acting under the previous conclusions, wherever it is at all possible, without undue loss of tissue, we have removed the chancre. In those cases where the lesion is so situated as its removal would cause extensive destruction of tissue, we have been satisfied with thorough cauterization and curettement. To justify our procedure, we have examined the excised chancre by means of the Levaditi method and found them all swarming with organisms.

As all the manifestations of syphilis, whether cutaneous or visceral, are characterized by the collection of colonies of spirochaete, and as it is our custom to administer hydrargyrum to cause the destruction of the same, we believe we are following a rational therapy when we remove in mass our first known collection of spirochaete, that of the chancre.

In order to get these patients under the influence of mercury as soon as possible, our practice is to begin treatment at once, our aim being to annihilate the spirochaete before they have time to become disseminated.

Conclusions.

First—The greatest value of Shaudin's discovery is that it enables us to make a positive diagnosis from the primary lesion.

Second—All primary lesions show the *Spirochaete pallida*.

Third—We believe that the diagnosis should be made from the primary lesion.

Fourth—After the spirochaetae have been demonstrated in the primary lesion, only harm can be done in waiting for other manifestations before beginning treatment.

Congenital Syphilis.

I. A. Abt, M. D., Chicago, Ill.
(Abstract from the Illinois Medical Journal, April, 1909.)

Dr. I. A. Abt, Chicago, said that a considerable number of syphilitic infants, apparently well at birth, die of marasmus before the end of the first year. Babies with congenital syphilis show a high mortality. No primary lesions occur. For this reason it is assumed that the disease very soon takes on the character of a severe general infection, and for the same reason it is thought that the virus of the disease must diffuse itself rapidly. Levaditi, Verse and others found it possible to demonstrate spirochaetae regularly and in large numbers in the organs of syphilitic infants. Many experienced clinicians doubt the occurrence of congenital syphilis years after birth without the occurrence of early symptoms, believing that the early symptoms were overlooked. Congenital syphilis is almost at once a general disease, and for this reason the lymph glands do not play the part that they do in acquired syphilis. The lymph nodes are seldom involved to any great extent, but the visceral organs in congenital syphilis are very soon involved. Hochsinger makes the point that circumscribed gummata are far less frequent than diffuse infiltration of organs in congenital syphilis. The skin lesions occur, for the most part, later than those of the internal organs. Children are not born with this skin condition. It usually occurs at the fourth week, or later, and does not occur after the first year. It is observed that the skin at the site of this lesion is smooth and glossy, due to the tension produced by infiltration of the underlying skin. The second form of skin lesion characteristic of congenital lues is pemphigus. The most frequent and characteristic localization is the palms and soles, though other parts of the body may be involved.

The author discussed the causal relation of congenital syphilis to rickets, the joint affections which belong to the early period of congenital syphilis, the muscle changes in congenital syphilis, the changes which are observed in the heart, the changes in the vascular wall in congenital lues, and the lesions of the lungs in this condition. He further pointed out how congenital syphilis attacks the mucous membrane of the nose, gastro-intestinal tract, the liver, the nervous system, kidney, testicle, spleen, the thymus, etc.

Referring to the statistics of Castens, who examined 791 cases of congenital lues, it was found that the liver was involved 597 times, the bones 496 times, the lungs 408 times, and the spleen 384 times. A considerable gap occurred at this point, showing the kidneys to be involved 150 times, the pancreas 93 times, the brain 72 times, and the female genital organs, muscles and intestinal tract each once.

Referring to the inflammatory processes, Castens found 1,671 instances of interstitial and 38 instances of gummatous inflammation, showing that interstitial inflammation is the typical pathologic change in congenital syphilis. Particularly characteristic for the syphilitic processes of the new-born infant is the fact that the changes in the various tissues and organs proceed from the vascular degenerations. This is borne out by all the histologic and statistical studies.

1. Polish Zeitschrift Dermatology and Veneriology, 1907, M. 7 and 8.
2. Archives Dermatology and Syphilis, June 19, 1907.

Conclusions Based Upon Observations of Five Hundred Cases of Fracture of the Skull.

Dr. Walter C. G. Kirchner, of St. Louis, read this paper before the Southern Surg. and Gyn. Ass'n: Linear fractures of the vault usually did not require operation unless they involved important vessels or sinuses. In depressed fractures the fragments causing depression should be elevated or removed. Experience had shown that in compound fractures, especially where there was injury to the dura or brain, drainage of the wound was usually desirable. Operation for fracture at the base was indicated where hemorrhage was extradural and where there were no signs of compression. The middle fossa was most frequently involved and drainage here could be easily instituted. The practice of examining hematomata by means of exploratory incision was practically without danger, when reasonable precautions were taken, and often gave most valuable information as an aid in diagnosis. The neurological findings were of value in determining focal symptoms, but when complex brain disturbances existed, they might be unreliable as diagnostic aids and required special interpretation. Brain compression was a positive indication for operation, and, as a rule, the sooner compression was removed, the better the prognosis. At operation shock and hemorrhage were factors that should be carefully regarded, and operation should be done as speedily as possible. In doubtful cases, where it was probable that the symptoms were caused by brain compression, exploratory operations were indicated. The expectant treatment was to be advocated in those cases in which there were no symptoms of brain compression, in which the temperature and pulse remained nearly normal, and in which the reflexes were but little altered. Unconsciousness in itself was no index of the seriousness of the trouble. Operation was contra-indicated in those cases in which the symptoms were the result of intrinsic destruction of brain tissue, when the temperature was high, where the pulse was rapid, and the blood pressure diminished. The importance of a longer period of rest in bed should be strongly emphasized, so that the danger of secondary complications might be avoided.—Reported in *Medical Record*.

Radium.

Dr. Butcher describes the application of radium in many conditions and says that its power relieving pruritus, is one of its most precious properties. He describes its use for removing cutaneous thickening after cicatrization of rodent ulcer, its power of reviving the failing action of X-ray treatment, and its use in lupus, cutaneous epithelioma and in nevus. He believes that radium irradiation would prove the ideal treatment for primary syphilis. Many patients who would object to excision of a suspicious abrasion after possible inoculation would not hesitate about a precautionary irradiation. In a case of a primary syphilitic sore, he would be inclined to irradiate indurated glands also. In secondary syphilitic infiltrations radium irradiation is of great value. He uses 10 milligrams of radium bromid from Brunswick, which is said to have a radioactivity of 1,800,000 uranias.—*A. M. A. Journal*.

A Method of Enucleating the Appendix.

Dr. L. H. Harris claims for the following method the merit of simplicity: Make a circular incision through the serous coat near the base and then introduce an ordinary blunt pointed hook, the lower end of which has been bent at a right angle, and encircle the stump in a manner similar to that in which an aneurysm needle embraces a vessel; make a gentle movement downward in the direction of the appendix and usually in a few seconds the enucleation is complete. The stump is then treated in the usual manner, and as there are no vessels to tie, the whole operation is completed in a comparatively brief period.—*British Medical Journal*.

Daily Press and Magazine Items

RUDYARD KIPLING TO DOCTORS.

(From the Newark Evening News, April 21, 1909.)

Rudyard Kipling distributed the prizes at the Middlesex Hospital and delighted his audience with a characteristic speech, writes a London correspondent of *The Medical Record*. He remarked that it might have escaped their professional observation that there were only two classes of mankind—doctors and patients. He had felt a delicacy in confessing he belonged to the latter ever since a doctor told him that all patients were great liars where their own symptoms were concerned. The average patient might regard the doctor as the non-combatant does the troops who fought for him. He had to address the army which is always fighting against death. It was unfortunate that death was bound to win in the long run. This fight is one of the most important things in the world and you who carry it on, he said, must be among the most important people. The world certainly insists on this. It long ago decided you have no leisure that any one need respect.

Nothing but extreme illness can excuse you in its eyes for refusing help to any one who thinks he needs you at any hour of the day or night. Nobody will care whether you are in your bed or in your bath—at church or a theatre. What vitality you have accumulated in your leisure will be dragged out of you again. In time of plague, pestilence, fire, battle, famine, murder and sudden death it is required of you to go on your duty at once and stay till your strength fails or your conscience relieves you, whichever be the longer period.

These are some of your obligations and not likely to grow lighter. Have you heard of any eight-hour bill for doctors? Do you know of any change in public opinion that will allow you to refuse to attend a patient who does not mean to pay? Have you heard any outcry against people who can well afford to pay but prefer to cadge around a free hospital and get advice, glass eyes and cork legs for nothing? I have not. It is required of you to save others at all moments. It is nowhere laid down that you must save yourselves.

You have been and always will be exposed to the contempt of the gifted amateur, the gent who knows by intuition everything that has cost you years of study. You have also been and always will be exposed to the attack of those

persons who consider their own undisciplined emotions more important than the world's most bitter agonies—the people who would hamper and limit and cripple research because they fear that it may be accompanied by a little pain and suffering. Such people have been against you from the beginning, ever since the earliest Egyptians erected images in honor of cats and dogs on the banks of the Nile.

But your work will go on. You remain perhaps the only class that dares tell the world that no man can get more out of a machine than he puts into it, and that if the fathers have eaten forbidden fruit the children's teeth will be set on edge.

In a day when few things are called by their right names you are joining a profession in which it pays to tell the truth. Realizing these things, I need not task your patience by talking about the high ideals and lofty ethics of that profession—so I will wish you enough work to do and strength to do the work.

A NERVE SPECIALIST TO HIS PATIENTS.

(From *Collier's Weekly*, January 9, 1909.)

To Several Women Who Seek Advice Concerning Their Nervous Children.

By Frederick Peterson, M. D.

So many letters have come to me on the same subject that I am constrained to send you a general letter which shall answer with more or less detail the various questions you ask as to the cause of nervousness in children and the best means of caring for them in order to ward off many dangers as they grow older. Whenever I receive a letter of this kind from a distressed mother or am consulted at my office by the parents who bring the little ones with them for examination, some lines of Mrs. Browning recur to me:

"Do ye hear the children weeping, O my brothers,

Ere the sorrow comes with years?

They are weeping their young heads against their mothers,

And that cannot stop their tears.

The young lambs are bleating in the meadows,

The young birds are chirping in the nest,

The young fawns are playing with the shadows,

The young flowers are blowing toward the west—

But the young, young children, O my brothers,

They are weeping bitterly!

They are weeping in the playtime of the others,
In the country of the free."

It may be centuries before the laws of heredity are so fully appreciated that the physician, the lawyer, the clergyman, and marriageable people will combine to aid in uplifting the human race instead of complacently permitting its degradation. And in all these years to come we shall have the nervous children with us. There will be children born with the blight of ancestral taint upon them, dwarfed in body and soul, idiotic and epileptic.

But it is not of these wretched and unfortunate little waifs, the driftwood of the world, that I am to speak in this place; rather of children born without apparent mark of abnormality, but destined to develop in early or adult life the seeds of a miserable heritage which lie latent in them and are not clearly manifest to the untrained eye. These are the so-called

"nervous" children. You mothers call them "nervous." They may be unduly precocious or unduly dull. They are fretful and irritable. They sleep poorly, and their sleep is often disturbed by dreams, sometimes by "night terrors" or by somnambulism. They twitch a great deal. They are emotional, too easily made to weep or laugh. Their nervous systems are unusually vulnerable, so that passionate outbursts, hysterical attacks, convulsions, St. Vitus's dance, and morbid movements of various kinds (grimaces, habit spasm, extreme restlessness, head-nodding, and head-perking) occur more readily in them than in perfectly normal children. They are subject to headaches, and when ill too readily become delirious.

They may sometimes show a moral perversion, a proneness to little or big offenses against morality out of keeping with their opportunities for moral training and the examples of their elders and playfellows, tendencies to be untruthful, to steal, to be wanton and cruel. There may be precocity of the sexual instinct. All of these and many other symptoms which there is not space to describe here are indicative of an unstable nervous system.

These are the "nervous children" that need careful guidance and skilful treatment in order to ward off the dangers that menace their later development. The earlier the symptoms are recognized and the preventive measures applied the better. The family physician should be constantly consulted, and the duty devolves upon him to make a thorough investigation into everything bearing upon the child's future. He should be fully informed upon every point in connection with the child's heredity. Nothing should be concealed from him. The whole physical make-up of the little patient requires his careful scrutiny. He should have a complete understanding of its psychology. When all this has been spread out before his scientific eyes, he should prepare a "map of life" for the little one, a schedule of existence in which every detail as to diet, exercise, baths, education, medicines, etc., should have his thoughtful consideration.

Prevention is everything. Yet how seldom it is that the parents take thought of the morrow and do these things! The nervous child requires a bringing up quite different from that of the normal child, though even a normal one would be all the better for a similar sort of care. The main features to be delineated in the nervous child's "map of life" may be briefly summarized as follows:

A "Map of Life" for a Nervous Child.

I.—No stimulants should ever be given to the little one, no tea, coffee, wine or beer. Narcotic drugs should never be employed, such as "soothing sirups" and the like.

II.—Every organ and function should be kept in the highest state of health, and the nutrition should be especially looked after. The best kind of strengthening foods should be given.

III.—The daily cold bath, physical exercise, sleeping in cold and well-ventilated rooms, thin covering, hard mattresses, life in the open air, education to endure ordinary pain; all these measures should be carried out to increase the child's vitality and resistance to physical and mental disease.

IV.—Develop the physical rather than the mental side of the child. Let there be no

schooling under the age of seven years or even later in some instances.

V.—Do not permit of indiscriminate reading, and especially avoid books which stimulate the fancy or imagination. Outdoor scientific or mechanical studies are best, such as natural history in all its bearings, carpentry, etc.

VI.—Regulate carefully the hours of rest and work.

VII.—Accustom the child to quiet obedience, and train it practically in self-control.

VIII.—A country school, when the time is ripe for it, or better, a quiet country home under the care of a tutor or medical man, and away from the indulgent influences of home, would be best.

IX.—The period of puberty needs especial supervision because of the particular dangers of that period of stress.

X.—In choosing an occupation for later life, let it be manual rather than mental, out-of-door rather than indoor, and let the life be a country rather than a city life.

OSTEOPATHY.

From the Nebraska State Journal, March 8, 1909.

Osteopathy is the art of pulling a man's leg by rubbing his back. You have a pain in your side, perhaps. As a matter of fact you know that when you eat too much the pain increases, and when you are careful not to overeat your side doesn't hurt. But you are like most other human beings, you would rather pay some one else to doctor you than doctor yourself free of charge. A friend of yours, who has been relieved of a headache by osteopathy, gives you no peace until he has led you to a door with "Dr. Thums, D. O.," on the glass, and there you are, ready for a delightful experience.

The osteopath is a pleasant fellow, and very sympathetic. Many of the old-fashioned doctors are cold and gruff, but the D. O. is friendly and interested at once as you tell him about the pain in your side. He lays you on his table, face down, and plays up and down on your spine with his agile fingers as if you were a musical instrument of some sort. After a bit he pauses and lingers over one particular vertebra as if he found the music of that key discordant.

"Dear, dear!" he says. "I wonder your stomach works at all. Do you notice how much this vertebra juts out beyond the line of the others?"

Sure enough, it does jut out, as he says, and you are astonished that you have not discovered the jog in your spinal column before. The D. O. looks grave. He tells you that this vertebra misplacement presses on nerves that supply the stomach, impairing their conductivity. He thinks he can work the bone back into place in a few treatments, and you beg him to go ahead. You thank your stars that you came to him in time to save your stomach from being completely cut off from central.

In the next few weeks you learn many interesting things from Dr. Thums. One is that the man who spends four years in college and four more in medical school and hospital, preparing himself to doctor sick folk, has wasted five or six of those years; for much of the M. D.'s laboriously acquired knowledge is tommyrot. You feel a good deal incensed over these

disclosures, you are sore at the "old school" doctors for trying to keep the world in darkness and for acting so ungraciously toward the bright young osteopaths, who have learned more in two or three years at Kirckville than can be learned at Columbia in eight. You recall with indignation the action of the family physician who turned away your patronage by telling you to get outdoors more and drink more water and stop complaining. What an ignorant old faker he was, not to have examined your spine for vertebra out of line.

Dr. Thums does you a great deal of good, you feel. He is a good talker, a good jollier and a good rubber. It is very soothing to lie on a comfortable table in a pleasantly appointed room and have your back rubbed and your mind cheerily occupied. It costs a lot, perhaps, but it is worth the price. This is a cold world, and sympathy and kindly interest and the touch of a friendly hand are never too dearly bought. Therein lies the virtue of osteopathy. It is friendly.

It is physical and material; something that an ordinary man can grasp. It does not require so much of the imagination as Christian science or mental culture. It is not such a strain on the digestion as patent medicine. It is more dignified than massage. The Emmanuel movement is much less convincing than a gentle kneading movement in the small of the back.

The D. O. may get so confidential that he will tell you how much business he is doing. He may be taking in \$300 a month; it is almost certain to be more than the ordinary doctor makes. You will observe that every minute of his time is busy, that other people are leaving as you go in, and going in as you depart; and you can do a little figuring on your own hook and make sure that Dr. Thums is getting ahead rapidly enough to satisfy almost any man. You see clearly that if the disgruntled M. D.'s would add back-rubbing to their repertoire they would have no further cause to oppose the spread of this new and wonderful cult that cures all ills so handily.

But let some sudden and violent sickness swoop down upon you, and oh! how loudly you cry for old Dr. Pills. When it comes to a show down, we are slaves to custom, the centuries have left their mark on us, and in dire peril we would no more call on the D. O. than on the d—l. Still the D. O. ought not to complain if, at critical moments, we prefer the allopathic services; he is considerably ahead of the game anyway.

Old Dr. Pills comes in, obedient to the call of duty, although you may not have spoken kindly to him for a year; poor old Dr. Pills, faithfully doing the hard, disagreeable work of his profession while other people get the top cream. His coat is a little seedy, and his hair is a little long, he might look more prosperous if there were not in his practice scores of poor people whom he has to supply with medicine, scores who can't frighten the stork away from their chimneys with all their poverty. He has to keep a horse too, and a horse in this part of the country is about as expensive as an actress. His days, and many of his nights, are spent in fighting dirt and ignorance and stupidity and cruelty; he is constantly in contact with the unnecessary sufferings of this world,

sharing it with the sufferers as a part of his work. There is no light ahead between him and the boundaries of life, he must die in the harness, working and suffering to the end. He toiled for years to fit himself for his calling, he has given the best of himself without adequate return, and will continue to give it while he has the strength.

Old Dr. Pills comes in with his discredited calomel and saves your life.

THE PHYSICIAN AND THE NURSE.

Is nursing a trade or a profession? Such is the question that has been raised in the East, owing to the differences that have arisen between the physician and the nurse. The complaint of the physicians is that the nurses have been disposed to exaggerate their functions, to criticise treatment and even to disobey orders; and, while assuming such importance to refuse to respond to any call that may come. One, it is explained, will refuse to do night work, another will decline to serve patients with contagious diseases, a third will object to going where there are children in the family and a fourth will reject service in cases of nervous affection.

The physician, on the other hand, regards it as his professional duty to go wherever and whenever he is called and to do what he can, no matter what the surroundings. His view is that the nurse should not only act as the assistant to the physician in charge, obeying directions and co-operating heartily, but should also put aside whims and prejudices and serve where there is need of her. That is a view which seems in all respects sound. The physician, if there is one, is in supreme command; the nurse, if there is one, must be his willing assistant. Moreover, it seems that the nurse, if she is to claim professionalism, must hold herself ready for service anywhere. In that attitude there is nobility; in anything short of it, there is sordid commercialism.—Exchange.

HAMPERING SCIENCE.

(From the *Fond du Lac Reporter*, October 15, 1908.)

It is typical of the obstacles that are always placed in the way of scientists that the newspapers throughout the country should have raised a howl against the eminent physician who inoculated a number of children from a Washington asylum with a tuberculin test during the sessions of the Tuberculosis Congress. All advancement in the sciences, and especially that of medicine, have been obstructed and delayed by these same howlers, and the cult that believes it is better to save the lives of a few guinea pigs and to let millions of human beings perish from a scourge seems to be growing rather than declining as the marvels of medicine and surgery that have been produced by their sacrifices have increased. It is not so long since we heard the same anathema against the men who were working to establish the theory that yellow fever was caused by mosquitos, though the health of Cuba, Porto Rico, Panama, the Philippines and the world has been guaranteed by the proving of the theory. As it happens, the children inoculated were in absolutely no danger from the experiment so that all pos-

sible objection to it should reasonably be overcome, but our so-called altruism is often but a sickly substitute, devoid of common sense in this country. Happily, science goes on with its work in spite of the criticism and obstruction and doubtless many lives among those people who are now in arms against the tuberculosis experts will be benefited and preserved as a result of these and other experiments that must be made before preventives and cures can be found. Our own people, and especially the would-be humanitarians who are opposed to these experiments, fancy themselves vastly superior to the superstitious Hindus, but it takes a fine imagination to see anything superior in the American who would penalize the inoculation of tuberculin testing and that of the Hindu who will let Bubonic plague depopulate their nation rather than kill the rats that convey it.

WHERE DOCTORS DISAGREE.

(From the Newark Evening News, May 19, 1909)

It is much to be regretted that those who assume to speak by authority, on the subject of tuberculosis and its treatment and cure, should differ so widely as to those eminent physicians and specialists who have thus far addressed the convention of the National Association for the Study and Prevention of Tuberculosis now in session at Washington.

There is everywhere a strong and growing sentiment that the new methods of treating this disease, and the crusade waged through the use of these methods, have already shown material results; but Nathan Straus, the great philanthropist and the advocate and dispenser of pasteurized milk, startled the convention by deliberately declaring that the vigorous crusade referred to had failed to check the white plague, even in New York City, which is leading the world in the fight against this disease.

Mr. Straus does not make a statement that he is not prepared to back with strong evidence, and he produced statistics which seemed to warrant his startling and discouraging assertion. His explanation was that tuberculosis comes so largely from the milk of infected cows, that the disease will be checked only when it is made a criminal offense to sell milk that is not pasteurized or taken from tuberculosis tested cows.

Dr. Darlington, the health officer of New York, contends that Mr. Straus's statistics are incorrect, and presents figures of his own in proof of his belief that the disease has been checked in New York as a result of the crusade. And Drs. Shaw and Laird, of Albany, flatly contradict Mr. Straus, and argue that if raw milk were as dangerous as he claims, it would be difficult to conceive how any children at all escaped contagion.

All this may be highly interesting to the scientist, the specialist, the bacteriologist and those who are interested in the difference, if any, between the bovine and the human types of tuberculosis bacilli. But it is exceedingly confusing and discouraging to those who are suffering from consumption and who, with their friends to aid them, are adopting the new methods that are recommended as competent to help, if not to entirely cure them.

While these eminent doctors disagree, one thing seems to be certain. In New Jersey the ratio of deaths from consumption is certainly decreasing. Mr. Straus will probably say this is

because of the freedom of New Jersey cattle from tuberculosis, he having already said that only the cattle of the Channel Islands excel those of this State in that respect. But the State health authorities have gone on record as saying that it is because of the open air treatment, the giving of proper food and exercise, and the better knowledge of what the disease is and how it should be treated. It would be well, under these conditions, to continue the crusade and to keep up the open air, nourishing food treatment. It is known that much good has resulted from this treatment in many cases, and prudence strongly suggests that it be not abandoned.

Reports of County Societies.

ATLANTIC COUNTY.

Theodore Senseman, M. D., Reporter.

A regular and largely attended meeting of the Atlantic County Medical Society was held in the Public Library building, Atlantic City, May 7, 1909. It was a meeting in the interest of Clean Milk, and the following papers were presented:

Dr. S. McC. Hamill, of Philadelphia, secretary of the Milk Commission, Philadelphia Pediatric Society, on "The Work of the Milk Commission;" Dr. Thompson S. Westcott, of Philadelphia, assistant professor of Pediatrics, University of Pennsylvania, "Clean Milk from the Viewpoint of the Pediatric and General Practitioner;" Mr. E. T. Gill, of Haddonfield, N. J., of the N. J. Live Stock Commission, on "The Production of Clean and Safe Milk;" Mr. W. B. Griscom, of Atlantic City, on "The Sanitary Distribution of Milk."

These papers were discussed by the following members: Drs. Reiley, Ridgway, Guion, Taggart and Senseman. Dr. Baily, of the Atlantic City Homeopathic Society, and of the Board of Health, also spoke on the necessity of a "Clean Milk Supply."

The society then adjourned to the Hotel Windsor, where the members and their guests enjoyed milk and other good things.

CAMDEN COUNTY.

H. H. Sherk, M. D., Reporter.

The annual meeting of the Camden County Society was held in Camden, May 12th, 1909, at 12.30 p. m., Dr. Paul Mecray in the chair. After the reading of the minutes the following visiting physicians were invited to sit as corresponding members. Dr. Jos. Tomlinson, of Bridgeton, Cumberland County; Drs. Diverty, Wilson, Edwards and Halsey, of Gloucester County. Dr. Duncan Blake resigned as a member of the society owing to change of residence. He was transferred to the Cape May Society. Dr. Blake has long been a member of the Camden County Society, and his withdrawal from our midst will be deeply felt.

The Board of Managers of the New Jersey Training School for Nurses presented to the Society, through the secretary, Dr. Strock, a beautiful mounted skeleton. Dr. J. R. Stevenson, in a few well chosen remarks, accepted it in behalf of the society. The retiring president, De Mecray, then delivered his address, which was well received, the title of which was:

"What Can We Do to Prevent Ununited Fractures?" The doctor received the thanks of the society, and a copy of his address will be forwarded to the Journal for publication. Drs. J. A. Roth, Albuquerque, N. M.; Frank Neal Robinson and E. E. DeGroff, of Woodstown, were elected honorary members of the society.

The following officers were then elected: President, Dr. Wm. B. Jennings, Haddonfield; vice-president, Dr. Joseph S. Baer, Camden; secretary, Dr. Daniel Strock, Camden; assistant secretary, Dr. Alexander S. Ross, Camden; treasurer, Dr. A. Haines Lippincott, Camden; reporter, Dr. Henry H. Sherk, Camden; historian, Dr. Alfred Cramer, Jr., Camden; censors, Drs. W. A. Davis and W. H. Pratt; trustee, Dr. Dowling Benjamin, Camden; committee on Scientific and Literary Work: Drs. P. H. Markley, Alex. McAlister and J. W. Martindale; Legislative Committee, Drs. O. W. Saunders, G. E. Kirk and W. Kensing; Committee on Arrangements, Drs. P. M. Mecray, H. H. Davis and B. I. Haines; annual delegates to the Medical Society of New Jersey, Drs. M. K. Mines, W. A. Westcott and C. H. Jennings; delegates to county societies: Gloucester County, Drs. H. H. Sharp, J. A. Smith and E. M. Richardson; Burlington, Drs. J. J. Haley, M. M. Osmun and E. B. Rogers; Salem, Drs. J. L. Nicholson, C. C. Garrison and T. B. Lee; Cumberland, Drs. J. K. Bennett, L. B. Hirst and J. E. Roberts. The following permanent delegates were nominated to Medical Society of New Jersey: Drs. H. H. Davis and H. F. Palm. Nominating Committee, Drs. W. A. Davis, Wm. Westcott and W. H. Iszard.

CUMBERLAND COUNTY.

John H. Moore, M. D., Reporter.

The annual meeting of the Cumberland County Medical Society was held, April 13, 1909, at the Cumberland Hotel. Dr. J. C. Loper in the chair.

The annual election for officers resulted as follows: President, Dr. C. W. Wilson, of Vine-land; vice-president, Dr. Alfred Cornwell, of Bridgeton; treasurer, Dr. Joseph Tomlinson, of Bridgeton; secretary, Dr. A. J. Mander, of Millville; reporter, Dr. J. H. Moore, of Bridgeton.

The scientific paper of the day was read by Dr. J. A. McGlenn, of the Medico-Chi. Hospital of Philadelphia, who took for his subject, "The Prevalence of Cancer in New Jersey." Elaborate statistics were presented, showing the distribution of this disease throughout the counties and prominent towns of the State. The paper also called attention to the great necessity for early diagnosis, particularly of cancer affecting the uterus. This paper showed great research and was listened to with close attention.

Interesting clinical cases were also reported. Dr. H. G. Miller reported a case of gall stones presenting unusual symptom.

The Committee on Legislation, through Dr. E. S. Corson, reported on the nature of the medical and osteopathic bills which were presented to the Legislature at Trenton.

The thanks of the society were voted to Senator Frelinghuysen for his efficient aid in advancing the interest of the profession.

Dr. F. F. Corson, of Bridgeton, and Dr. C. B. Neal, of Millville, were elected to membership in the society.

Dr. Mary J. Dunlap, of Vineland, so long the efficient medical superintendent of the Home for Feeble-minded Women in that city, presented her resignation, which was accepted with regret.

Drs. E. S. Corson and H. G. Miller were elected annual delegates to the State Medical Society.

Delegates to county medical societies were elected as follows: Salem County, Drs. W. P. Glendon, J. H. Moore and M. K. Elmer; Camden County, Drs. Joseph Tomlinson, C. W. Wilson and J. W. Wade; Gloucester County, Drs. E. Stites, H. G. Miller and A. J. Mander.

The next meeting of the society will be held in Millville.

HUNTERDON COUNTY.

Morris H. Leaver, M. D., Reporter.

The annual meeting of the Hunterdon County Medical Society was held in the grand jury room at Flemington, on April 27th, 1909, the first vice-president, Dr. Enoch Blackwell, of Clinton, presiding.

Drs. Sommers and Williams, of Trenton, were present as guests of the society.

Reports of sections: Surgery, Drs. Closson and Sommers reported a case of appendicitis, which after operation developed intestinal obstruction, which simulated general peritonitis. An operation evacuating the contents of the bowel was followed by recovery. Dr. Grim reported a case of appendiceal abscess in the region of the right kidney, where the symptoms were more referable to the kidney than to the appendix.

The section on obstetrics reported a case from practice of pseudocyesis in a multipara, which precipitated a general discussion of the subject, with reports of cases occurring in the practice of several of the physicians present.

The section on pathology reported a case of primary scirrhus-adenocarcinoma of the head of the pancreas with metastasis to the gall-bladder and liver.

The section on therapeutics introduced the subject of the use of aspirin in rheumatism. Several of the gentlemen present gave their experiences with it in that condition.

Dr. Isadore Topkins, of Califon, read a valuable and interesting essay on quinine, which was generally discussed by the society.

At this point the society adjourned to the Union Hotel for dinner. After dinner the society reconvened and the following officers were elected for the ensuing year:

Annual delegates to State Society, Dr. Enoch Blackwell, Clinton; alternate delegate, Dr. Isadore Topkins, Califon; president, Dr. Enoch Blackwell, Clinton; first vice-president, Dr. George Henry, Flemington; second vice-president, Dr. Isadore Topkins, Califon; treasurer, Dr. Isaac S. Cramer, Flemington; secretary, Dr. O. H. Sproul, Flemington; reporter, M. H. Leaver, Quakertown; censors, Drs. George L. Romine, Lambertville; George N. Best, Rosemont; W. E. Berkaw, Annandale; chairmen of sections: Practice, Dr. Leon T. Salmon, Lambertville; surgery, Dr. Isadore Topkins, Califon; obstetrics, Dr. M. H. Leaver, Quakertown; pathology, Dr. George L. Romine, Lambertville; therapeutics, Dr. George N. Best, Rosemont; essayist, Dr. F. A. Clark, White-

house; alternate essayist, Dr. H. M. Harmon, Frenchtown.

No further business appearing, the society adjourned, to meet again October 26th.

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 5th, with a good attendance from all parts of the county. The following officers were elected for the ensuing year:

President, J. M. Summerill, of Penns Grove; vice-president, G. W. Fitch, of Daretown; secretary and treasurer, Henry Chavanne, of Salem; reporter, John F. Smith, of Salem; censors, W. H. James, F. B. Harris and R. M. A. Davis; nominee for permanent delegate to the State Society, E. E. De Groot, of Woodstown; annual delegate to State Society, L. H. Hummel, of Salem.

Dr. B. A. Waddington read a most interesting paper, reviewing the progress of medicine in a practice of forty-four years. This was followed with remarks by Dr. John W. Ward, of Pennington, who has been practising forty-two years.

Senator Plummer and Assemblyman Schade, of Salem County, and Senator Frelinghuysen, of Somerset County, were given a vote of thanks for their favorable action on Senate Bill No. 231.

SUSSEX COUNTY.

H. D. VanGaasbeek, M. D., Reporter.

The eightieth annual meeting of the Sussex County Medical Society was held at the Cochran House, Tuesday, May 11, 1909. In the absence of the president, Vice-President Beatty presided. The attendance was very small, only six members answering to the roll call. The following officers were elected for the ensuing year: President, E. E. B. Beatty, of Newton; vice-president, F. P. Wilber, of Franklin Furnace; secretary, Shepard Voorhees, of Newton; treasurer, Ephraim Morrison, of Newton; reporter, H. D. Van Gaasbeek, of Sussex. Dr. J. G. Coleman was appointed annual delegate to the State Society meeting, and H. D. VanGaasbeek as county member of the State Legislative Committee. Dr. F. P. Wilber was elected a member of the society. Drs. J. N. Miller, of Newton, and O. J. C. Price, of Branchville, presented their resignations as members of the society, they having retired from active practice. On motion the resignations were accepted, and they were then elected as honorary members of the society. Following the routine business Dr. E. E. B. Beatty, of Newton, read a paper on Diphtheria. The paper was a very interesting and instructive one, and after a very animated discussion the society adjourned.

WARREN COUNTY.

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

The eighty-third annual meeting of the Warren County Medical Society was held in the American House, Belvidere, N. J., Tuesday, May 11, 1909. There was a large attendance, and the best of spirits prevailed among the

members and guests. Our councilor, Dr. Thomas W. Harvey, was not present to enlighten us with his paper on the "Intussusception of Bowels," which we regretted very much, as the doctor's presence is always looked for with much interest. Dr. Charles M. Williams, of Washington, N. J., read a very interesting paper on "Summer Diseases of Children," which elicited much favorable comment. Interesting cases were cited by Drs. Reese, Albertson, Cummins, Burd and others.

The following officers were elected for the ensuing year: President, Dr. E. H. Moore, of Asbury; vice-president, Dr. E. N. Brasefield, of Phillipsburg; secretary, Dr. M. J. Burd, of Belvidere; treasurer, Dr. G. W. Cummins, of Belvidere; reporter, Dr. J. H. Griffith, of Phillipsburg; member of the board of censors, for three years, Dr. F. J. LaRiew, of Washington, N. J.; delegate to the State Medical Society, Dr. F. A. Shimer, of Phillipsburg, N. J.; permanent delegates to State Society, Dr. J. M. Reese, of Phillipsburg, and Dr. G. W. Cummins, of Belvidere.

The doctors were high in the praise of the dinner given by mine host of the American House, and pronounced it among the best they have ever had in this county.

No special epidemics have occurred during the year in the county. The "Tuberculosis Exhibit" held in Washington, N. J., elicited much favorable comment from the laity as well as the profession, but we find no report thereof in the Journal.

ANTI-TUBERCULOSIS CRUSADE AT WASHINGTON.

Dr. J. H. Griffith, the reporter of the Warren County Society, sends an interesting account of the good results of the State Tuberculosis Exhibit in Washington, N. J., a town of less than 4,000 population, and adds that the good accomplished by it is far more than enough to recompense the local society for all the work and expense that the exhibit entailed.

The meetings held different afternoons and every night last week were largely attended, and there was not a night that people were not turned away from the hall because of its limited accommodations. The lectures were made additionally interesting by the explanatory lantern slides, showing different features of tuberculosis specimens.

Lectures were delivered at the various meetings by Drs. T. S. Dedrick, of Washington; R. H. Woodruff, of Hacktstown; C. M. Williams, and F. J. LaRiew, of Washington; E. M. Green, of Easton, Pa., and F. H. Robinson, D. V. S.

State Senator Cornish presided at the Saturday evening meeting.

The Washington local paper says: A great deal of credit is due the local society for the success of the campaign conducted last week, particularly in view of the fact that an unusual amount of work was imposed upon the various members. The cost of maintaining the exhibit here for a week and conducting the various lectures was met by the very ready responses from different organizations, to which the society feels duly appreciative. The officers of the local branch are Dr. C. B. Smith, presi-

dent; D. V. Wyckoff, secretary; James H. Johnson, treasurer.

The work will not be abandoned in Washington and vicinity. The local society will remain active and will presently arrange for further lectures, which will take place from time to time as suitable speakers can be secured.

State Associations.

THE NEW JERSEY ASSOCIATION FOR THE PREVENTION AND RELIEF OF TUBERCULOSIS.

The executive secretary, W. C. Smallwood reports the months of April, 1909, as one of great activity and good results. The progress of the educational work has been marked and there has been an increased interest in the exhibit in the various communities in which it has been placed. In Summit there was an attendance of 2,500, with every local association co-operating, and addresses were delivered every afternoon and evening. It opened in Orange on the 24th, where a splendid program had been arranged and the attendance was very large. It was arranged to open in Passaic May 8th—before the organization of a regular local committee. This exhibit has recently been enlarged, many charts having been added showing the mortality from dusty trades. The formation of committees has been planned for Rahway, Passaic and Egg Harbor City. A conference of secretaries or chairmen of local committees was held in Newark, April 20th, when twenty-five persons, representing fifteen communities, were present. The interest was so great that it was voted to hold two such meetings a year, one in the fall to lay out plans for work, and the other in the spring to show the results of experiments. The next meeting will be held in Paterson, October 13th. The joint resolution providing for a commission and appropriating \$1,500 passed the Legislature and was signed by the Governor. Bills were also passed requiring medical inspection in public schools, and the registration of cases of tuberculosis. The anti-spitting act was also passed, but was vetoed by the Governor. The secretary specially recognizes the good work done by Dr. Halsey and the Legislative Committee of the State Medical Society. He also recommends that State Tuberculosis Society meeting be held in November. Day camps for treatment of tuberculosis cases are under consideration in Elizabeth, Plainfield and Summit. Trenton and Morristown have made hospital provision for their consumptives; Morristown will open a clinic.

THE ANNUAL MEETING.

The annual meeting of the New Jersey Association for the Prevention and Relief of Tuberculosis was held in the Public Library building, May 20, 1909. An excellent address was delivered by Dr. Woods Hutchinson, of New York City, on "Social Responsibility of the Community for the Welfare of the Community." He spoke particularly of the community's responsibility for tuberculosis.

The following officers were elected:

President, Dr. G. K. Dickinson, Jersey City; vice-presidents, Drs. W. G. Schauffer, Lake-

wood, and W. H. Murray, Plainfield; honorary vice-presidents, Bishop J. A. McFaul, Trenton, and President Woodrow Wilson, Princeton; secretary and treasurer, Fred E. Clerk, Newark; executive committee, Drs. G. K. Dickinson, B. V. D. Hedges, T. W. Corwin, W. H. Murray, and J. A. Exton, Mrs. C. B. Alexander, F. E. Clark, Professor E. H. Loomis; directors for four years, P. La Tourette, Dr. P. Marcel, Hon. J. D. Prince, Senator J. S. Frelinghuysen, W. W. Smalley, Dr. G. B. Philhower, W. M. Daniels, Attorney-General E. Wilson, Dr. W. E. Ramsay, J. Kerney, J. W. Clark; directors to fill vacancies, A. B. Poland, Ph. D., Mrs. William Bumstead, T. H. Williams.

THE SOCIETY FOR THE RELIEF OF THE WIDOWS AND ORPHANS OF MEDICAL MEN OF NEW JERSEY.

This society held its twenty-seventh annual meeting on May 11th, 1909. Reports were presented from the officers and the board of trustees recounting the work performed during the past year and detailing the financial condition, in general demonstrating a very satisfactory condition of the society. Ten new members have been added, making the present membership number 381. A large majority of these are residents of the northern portion of the State and the society is very desirous of extending its benefits more generally throughout the southern counties. The attendance at this meeting of one of the members from Salem was very gratifying and it is hoped will be followed by increased interest from that section.

Over \$1,600 were distributed in death benefits during the year and one member was financially assisted during his last illness.

The permanent fund now amounts to \$8,875, and is rapidly approaching the \$10,000 mark, when aid may, from its proceeds, be extended to the widows and orphans of deceased members, that is, in addition to the death benefit.

With the growth of the society the duties of the officers and especially of the treasurer has become very arduous, about six thousand communications being required from him every year, and it has been deemed expedient to relieve him of some of his responsibilities and, therefore, amendments to the by-laws were introduced which, if adopted, will place the entire care of the permanent fund in the hands of a new board to be known as the custodians of the permanent fund.

This new board will be elected by the society and will be under bonds and will collect the revenues from the invested funds and distribute such relief appropriations as may be ordered.

The society has already been of great assistance to the profession, having in its twenty-seven years distributed about \$15,000 to its members, and, as its ability and influence widen, will undoubtedly be more and more recognized as a kindly help in time of trouble.

New Members of the Society.

Conover, John H. P.	Elizabeth
Costill, Henry B.	Trenton
Laird, George S.	Westfield
Luongo, Frederic	Orange
Reilly, John P.	Elizabeth
Shailer, Sumner	Newark
Wolfe, W. W.	Newark

RESOLUTIONS ON CRIMINAL ABORTION.

At a largely attended meeting of the Medical and Chirurgical Faculty, held in Baltimore, Md., May 15, 1909, Dr. G. Milton Lithicum was elected president and Dr. John Ruhrah secretary.

Dr. Howard A. Kelly offered the following resolutions, which, after several earnest speeches, were unanimously adopted with great applause:

"Resolved, That we, the members of the Medical and Chirurgical Faculty, do hereby declare that we recognize that we are in a large sense the guardians of and to hold as a sacred trust the public morals wherever they are affected by disease or influenced by our own personal relation as friends and advisers to our patients.

"Resolved, That we to-day, believing that there exists an increasing laxity in public morality and an increase in the crime of abortion, do further declare that we consider the act to be equivalent to murder in the first degree when not imperative to save the prospective mother from death or extreme illness. We hereby express our extreme abhorrence of the act at the same time that we hold the man or the woman, whether in high or low social position, as a criminal fit only for the penitentiary. Furthermore, be it

"Resolved, That we request each member of the Medical and Chirurgical Faculty to take all possible means to stamp out this vile practice and to assist in bringing every abortionist to the bar of public justice.

"Resolved, That we request all our members not only to refrain from any and every act by any possibility to be construed as complicity, but to abandon a merely negative position and sedulously strive to quicken the public conscience until the people of themselves take an aggressive attitude toward infant murder in all its forms.

"We would particularly request careful investigation at all our hospitals of each case entering for treatment, registration of the name of the previous attendant and entering up of all suspicious circumstances. Any hospital or individual attempting to shield the perpetration of this crime or making out a false death certificate is, we declare, *particeps criminis*.

"In conclusion we aver that this alert and aggressive attitude toward an inhuman and monstrous crime is fundamental in the ethics of our profession, and any infringement is suicidal to our highest interests and a grave peril to the whole body politic of which we are an integral part.

"Finally, we publicly declare that it is the bounden duty of a profession charged with the sacred trusts of human life, enjoying in an unparalleled way the confidence of men and women in their hours of trial, possessing extraordinary opportunities of advising the weak, to act in the broadest sense as guardians of the public morals. This highest privilege we recognize as only fully enjoyed while we watch and discipline ourselves and keep ourselves sedulously from every possible moral contamination."

Not all soft swellings of the axilla are to be incised. Aneurism of the axillary artery has been mistaken for abscess.—American Journal of Surgery.

THE JOURNAL

OF THE

Medical Society of New Jersey

JUNE, 1909

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

Any one failing to get the paper promptly will confer a favor upon the Publication Committee by notifying them of the fact.

All communications relating to the JOURNAL should be addressed to the Committee on Publication, 252 Main Street, Orange, N. J.

THE BOARD OF TRUSTEES

of the

MEDICAL SOCIETY OF NEW JERSEY

Will meet on Tuesday evening, June 22, 1909, in the Hotel Cape May, at eight o'clock. It is hoped that every member of the Board will be present, as business of great importance will be considered, and reports requiring the Trustees' endorsement, which are to be presented to the Society at its first session, Wednesday morning, will be acted upon.

D. C. ENGLISH, Sec'y.

THE 143d ANNUAL MEETING

of the

MEDICAL SOCIETY OF NEW JERSEY

Hotel Cape May, Cape May,

JUNE 23, 24, 25, 1909.

Let us have a large attendance, every County Society fully represented.

Every Permanent Delegate and every County Society Secretary is urged to attend. The secretaries are wanted especially at the Conference of Secretaries, Thursday morning, June 24th.

There will also be held a Conference on Legislation and it is urged that at least one member of every County Society's Legislative Committee shall be present.

We have a good program, and those who attend will be well taken care of at one of the best hotels in the country, at a reduced rate.

Let all who can do so, go to Cape May Tuesday afternoon and stay till the close of the session:

Index for Vol. 5 will be enclosed with the July number.

A. M. A. ANNUAL MEETING.

WELCOME TO NEW JERSEY.

It is our great pleasure again to welcome to our State the American Medical Association, whose sixtieth annual meeting will be held at Atlantic City, June 8-11. The House of Delegates, however, convenes at 10 A. M., June 7th, the general meeting, which constitutes the opening exercises of the scientific functions of the Association, being held at 10 A. M. on the 8th.

There is probably no city in the United States better adapted for convention purposes than New Jersey's great convention city by the sea; probably none where so many scientific societies and other organizations hold their annual meetings. Its location, attractions and abounding hospitality give it its popularity, and none appreciate its varied charms more than the medical practitioners, as is demonstrated by the fact that this Association has so frequently selected it as its place of meeting and that the attendance of its members has run well up in the thousands on these occasions. From the preparations made at Atlantic City, the excellent program of the various sections, containing the names of many distinguished men of our own and foreign countries, the coming meeting promises to exceed in numbers those of the past, while the scientific work will probably excel that of any previous meeting.

Again we say, WELCOME TO NEW JERSEY to our medical brethren; may old ocean be so captivating and invigorating and your sojourn among us so enjoyable and profitable that we shall soon have the pleasure of saying welcome again.

WELCOME TO THE A. M. E. A.

We also extend a hearty welcome to the members of the American Medical Editors' Association, who meet in the Marlborough-Blenheim Hotel, Atlantic City, June 5th and 7th, to celebrate the association's fortieth anniversary. This

association is doing excellent work in raising the standard of medical journalism. The programme this year gives promise of an exceedingly interesting and profitable meeting. The papers are on practical subjects which will be presented by able men.

We hope that the brief sojourn of its members in our State, at this most attractive seaside resort, will be exceedingly enjoyable, and that the outcome of this year's sessions will be better work, with less of the commercialistic spirit, more of the spirit of fraternity, co-operation and harmony and with the great ends ever kept in view—the advancement of the scientific attainments of the individual practitioner, the furtherance of the progress of medical science and art and the maintenance of the standing and honor of our profession. We realize the wonderful progress of the past half century, and with a justifiable optimism anticipate the still more wonderful revelations that await the vast army of able, painstaking and self-denying workers in scientific medical research. Let them have our encouragement and assistance in every possible way, and let us ever seek to maintain the *esprit de corps* of our profession that it may ever be worthy of public confidence and respect.

OUR SIXTH YEAR.

We begin with this issue of our Journal another year—Volume VI.—and we deem it proper to take both a retrospective and a prospective view of our work. We believe we have kept our promise—of endeavor, at least—to make the last year's volume better than those preceding; we are deeply conscious of the need of still further improvement. We have been greatly pleased with the kind words of commendation of our Journal spoken by our brother editors of other medical journals and by many of the members of our State Society, but that which has pleased us most, and encouraged us, has been the kindly, helpful interest manifested by those who have contributed largely to the Journal's

success by sending to the editor carefully prepared reports of medical societies' meetings, reports of clinical cases and other items of information which has enabled us to give a better account of the medical men of New Jersey and the good work they have done. The insertion of such matter is, in our judgment, one of the justifying reasons for our Journal's existence, and the value of the Journal depends largely upon the thoroughness with which that feature of our work is carried out. Of course we do not overlook the fact that the Journal is the medium of communication of the individual members with each other and the profession at large for the expression of their views on all matters affecting the profession; nor do we underestimate the importance of reporting the progress in thought and work—advancing the science and art of our profession—of medical men in other States and throughout the world. The value of our Journal to our members as to this last phase of our journalistic work will, of course, depend largely upon the number of other medical journals the individual member receives. We have to provide for those who take but few—some take none but our own—much abstracted matter from other journals, that others do not need.

There are some things we earnestly desire as the Journal enters upon its sixth year of existence, and we appeal to the proper officials in the county societies and to each member of our State Society to send to the editor appropriate matter for insertion in the Journal, and thereby help him to accomplish his one supreme desire—to make this Journal worthy the society whose name it bears. We need: (1) prompt, full reports of all county society meetings, with names in full and residences of all newly elected members, prompt notification with brief obituary notes of every death that occurs; also notice of the place, date and hour of every meeting, by the 25th day of the month preceding; (2) reports of local

medical society meetings from the secretary of each society; (3) clinical reports of interesting or unusual cases, not only from the specialists but also from general practitioners; (4) communications for our correspondence columns on important subjects in which the members of the profession are specially interested; also communications containing information concerning medical men for our columns of personal notes.

We take this occasion to thank all—Publication Committee, reporters and secretaries and other official and non-official members—who have contributed in any way to the Journal during the past year, and to assure them that their recognition of responsibility for the Journal's success and their helpfulness to the editor are most deeply appreciated; he gives them their due share of credit for the degree of success attained and the commendation the Journal has received, and we express the hope that very many more, during the coming year, may prove themselves as worthy of grateful thanks for duty done and the spirit of helpfulness generously bestowed. And we hope for this and expect it, not because we personally are worthy of it, but because The Medical Society of New Jersey is worthy of it and the Journal, as its organ, should as fully and faithfully as possible present its worth and work.

LEGISLATION.

We urge very careful consideration of the question of the position our State Society should take in reference to legislation hereafter. We believe that unless wise and united action can be secured there is little promise of success in our efforts for the protection of the public against charlatans and ignorant and unscrupulous men who are utterly incompetent to treat disease, but who are united, form combinations with every kind of medical quacks and resort to lying and desperate methods, utterly misrepresenting us and deceiving legislators and the public. The sugges-

tions made by Dr. Godfrey in his communication, which will be found on page 43, is a good one, but we think Dr. Halsey's, in his letter printed in the May Journal—for a conference to be held during the sessions of our annual meeting—the preferable suggestion. We hope our members to whom Dr. Halsey refers as advising our legislators not to vote for any medical legislation, will be well represented at the conference.

Let us not advocate the passage of any bill except such as good, sound judgment, after careful consideration, decides is needed for the saving of human life and the protection and advancement of public health, and let us oppose no bill except such as we believe is prejudicial to such beneficent ends. We need no legislation, we desire none, for the protection of the medical profession, and the charge of our enemies at the recent session of the legislature that we were endeavoring to form a medical trust to control the practice of medicine was not only absolutely false, but showed to what desperate methods they would resort and how unworthy they were of being believed or being recognized as safe men to practice the healing art.

Let us have, above all things else, UNITY IN COUNSEL AND LOYALTY IN ACTION FOR THAT WHICH IS NEEDFUL, HONORABLE AND RIGHT—that which an enlightened conscience will approve and an intelligent public will endorse. Then our legislators will be compelled to listen to sound argument rather than to false claims and misrepresentations of pretenders and deceived theorists who are working for their own enrichment. Let us also recognize the fact that we are the guardians of the public health and we have a responsibility as instructors of the public as to legislation affecting the physical and mental conditions of the people, and also the moral condition so far as it affects the physical and mental. We should rouse ourselves to action in educating the people as to that which their own highest good requires. There is no class of educated men who

ought to have so great influence with the public, and when the people are taught to discriminate between the adviser who seeks the public good even against his own pecuniary interests and the adviser who advocates measures for his own private advancement and enriching, the honorable, disinterested physicians of our State will have an influence which will be irresistible with the people and they will compel their legislators to enact good laws.

MEDICAL DEFENCE.

Another important matter that will be acted upon at our annual meeting is that of the adoption of a plan of Medical Defence, the final decision of which has been postponed for two years. Like all other matters concerning the protection of medical men and the securing of their proper position and personal rights, it is open to argument not only as to the wisdom of any action, but also as to the best method if action is deemed advisable. In reference to the main question—of its adoption—there are arguments pro and con. and they seem about evenly balanced from the theoretical viewpoint. From the practical viewpoint—the experience of other State societies where it has been tested for some years, and in some cases five or six years—the argument seems very strongly in favor of its adoption by our Society. That experience, as far as we have been able to learn, has shown that its great advantage is not so much in defending successfully physicians charged with malpractice and against whom suits have been brought and tried, as in the prevention of that far larger number of cases where the physician is liable to be unjustly charged from spiteful motives or for blackmailing purposes. The fact that the adoption of this scheme does not prevent the prosecution of a physician who is justly chargeable with gross malpractice, and does not defend him when the charge seems justifiable or reasonable, is no argument against its adoption. The medical profession is composed not only of intelligent men, but also

of honorable men who are not above the law and who claim no exemption because of their standing from the just penalties of the law; but they are—like other men—entitled to the protection of the law from the spite and malevolence of their enemies, and in such cases they should have the sympathy and support of their brethren. Whether this is the best way to give that sympathy and support is the question for decision.

As far as action on this question has been taken by the county societies, it seems favorable to its adoption, although comparatively few of them have acted definitely upon it. We give considerable space in this issue of the Journal to articles from other medical journals on this subject, in order that the delegates who will vote upon it at our annual meeting may by them be led to consider the question more fully and vote according to their best judgment.

JUDGE W. M. LANNING.

We know that we are justified in speaking in the name of the medical men of New Jersey when we extend, as we here do, our hearty congratulations to Judge William M. Lanning, of Trenton, on his appointment by President Taft as United States Circuit Judge for the Third Judicial District. It is an appointment eminently fit to have been made because of Judge Lanning's high personal character and professional ability.

The medical men of New Jersey take pleasure in recognizing not only the value of his services to the State, but also his respect for our profession and his readiness to co-operate with us in all matters for the public good. He was one of the most valued and efficient members of our former State Board of Health when composed of able scientific men, and was the author of the bill for the establishment of a State Department of Health, which our Society had introduced at the last session of our Legislature and which, in his opinion and the opinion of our members, as expressed

unanimously at our last annual meeting, should have been passed, as it is in keeping with advanced methods and would have restored, under proper appointments, the former standing of New Jersey as a leader in sanitary administration.

We are pleased to know that two essays on Exophthalmic Goitre have been submitted to the Prize Essay Committee within the time specified. They are being carefully examined by the committee. Decision will be announced and, if they are deemed worthy of the prizes offered, awards will be made at the Wednesday evening session of the annual meeting, at which time the authors are requested to be present.

"A LITTLE MORE CONFIDENCE AND RESPECT FOR OURSELVES AND OUR CALLING, A LITTLE MORE TOLERANCE FOR OUR FELLOW WORKERS, AND A RECOGNITION OF THIS ALL-IMPORTANT FACT, THAT THE PUBLIC WILL TRUST AND RESPECT US ONLY TO THE EXTENT TO WHICH WE TRUST AND RESPECT EACH OTHER—THIS IS THE SECRET OF A NEW ERA OF PROFESSIONAL PROSPERITY."

We insert the above concluding paragraph of an excellent editorial in the April issue of *American Medicine*.

Believing that truer and more timely words were never printed, we give them special emphasis, and ask for them, and also for the thoughts of similar import in Dr. W. P. Eagleton's address before the Essex County Society, printed in this issue of the *Journal*, that careful consideration which their importance demands.

I have hope and wish that the nobler sort of physicians will advance their thoughts, and not employ their time wholly in the sordidness of cures; neither be honored for necessity only; but that they will become coadjutors and instruments of the divine omnipotence and clemency in prolonging and renewing the life of man.
—Bacon.

CORRESPONDENCE.

Rallying Forces for Protection of the Public.

Dr. D. C. English, Editor:

The refusal of the Legislature to enact legislation in the interest of the public, upon the recommendation of the State Medical Society, leaves the profession in a worse plight than before such legislation was attempted.

Our forces, however, must be rallied again for the recognition of scientific medicine and the punishment of charlatans by the State. But before further legislation is attempted would it not be well for the president to appoint a committee at the first session of the June meeting of our society to act in conjunction with the Legislative Committee in the preparation of a bill and report the same for the action of the society on Wednesday afternoon or evening of the session?

Let us debate any differences that may exist before attempting further legislation.

Very truly yours,

E. L. B. GODFREY.

South Pasadena Cal., April 26, 1909.

MEETINGS OF THE HOUSE OF DELEGATES AND THE GENERAL SESSIONS OF THE MEDICAL SOCIETY OF NEW JERSEY, JUNE 23-25, 1909.

TUESDAY EVENING, JUNE 22d.

Meeting of the Board of Trustees at 8 o'clock.

FIRST DAY—WEDNESDAY, JUNE 23d.

Meeting of the House of Delegates.

Morning Session, 10:30 o'clock.

1. Calling the meeting to order.
2. Report of the Committee on Credentials, Harry A. Stout, chairman.
3. Reading of the minutes of the last annual meeting.
4. Election of permanent delegates.
5. Announcement of committees by the President.
6. Report of the Committee on Honorary Membership, H. Genet Taylor, chairman.
7. Report of Committee on Business, J. P. Hecht, chairman.
8. Introduction of business requiring early attention.
9. Report of Committee on Program, W. J. Chandler, chairman.
10. Report of Committee on Scientific Work, E. J. Marsh, Jr., chairman.
11. Report of the Judicial Council, Wm. H. Iszard, chairman.
12. Report of the Corresponding Secretary.
13. Report of Committee on Prize Essay.
14. Report of Special Committees.
15. Report of Committee on Medical Defense, Wm. G. Schauffler, chairman.
16. Report of Committee on Publication, W. J. Chandler, chairman.
17. Report of the Committee on Hygiene and Legislation, L. M. Halsey, chairman.
18. Report of the Board of Trustees.
19. Report of the Treasurer.
20. Report of the Recording Secretary.
21. Report of delegates to and reception of delegates from other societies.

22. Miscellaneous business.

Meeting of the county delegations at 1 P. M.

FIRST DAY—WEDNESDAY, JUNE 23d.

Meeting of the House of Delegates.

Afternoon Session, 2:45 o'clock.

1. Invocation.
2. Address of welcome.
3. Report of the Committee on Arrangements, Paul M. Mecray, chairman.
4. Announcement of the names of the Nominating Committee.
5. Unfinished business.
6. Miscellaneous business.

General Session, 4 P. M.

Oration in Medicine, Thomas N. Gray, East Orange.

Medical Expert Testimony, Thomas P. Prout, Summit.

The Influence of Sleep on Arterio-Sclerosis, W. W. Beveridge, Asbury Park.

FIRST DAY—WEDNESDAY, JUNE 23d.

General Session.

Evening Session, 8 P. M.

Annual Address by the President: "Some Recent Advances in Medical and Surgical Work," David St. John, Hackensack.

Oration in Surgery, George E. Brewer, New York.

Intramuscular Mercurial Injections in Syphilis, Henry A. Pulsford, Orange.

Dyspepsia a Misnomer, W. Blair Stewart, Atlantic City.

SECOND DAY—THURSDAY, JUNE 24th.

8:30 A. M.

Meeting of the County Secretaries convened by the Recording Secretary.

General Session, 9:30 A. M.

Address by the Third Vice-President, Daniel Strock, Camden.

The Indications for the Induction of Labor, Instrumental Delivery through the Vagina and Caesarian Section, Prof. Edward P. Davis, Philadelphia.

Indications for Operative Interference Arising During the Course of Labor, Simon Marx, New York.

The discussion of these two papers will be opened by J. Watson Martindale, Camden; Ellis W. Hedges, Plainfield, and H. D. Van Gaasbeek, Sussex.

Chloroform Anaesthesia in Throat Operations, Frederick F. C. Demarest, Passaic.

Discussion opened by George Edw. Tuers, Paterson.

Reading of Prize Essay, if the committee decides to award a prize.

SECOND DAY—THURSDAY, JUNE 24th.

Meeting of the House of Delegates.

Afternoon Session, 2:30 o'clock.

Report of the Nominating Committee.

Election of officers.

Miscellaneous business.

Unfinished business.

General Session, 3:45 P. M.

Pathognomonic Signs Relating to Appendix Localization, A. J. Walscheid, Union Hill.

Discussion opened by George N. J. Sommers, Trenton, and Byran C. Magennis, Paterson.

The Sterilization of Confirmed Criminals, Idi-

ots, Imbeciles and other Defectives by Vasectomy, William J. Chandler, South Orange.

Mental Hygiene and Prophylaxis, Henry A. Cotton, Trenton.

Discussion opened by Thomas P. Prout, Summit, and Alexander Marcu Jr., Riverton.

THURSDAY EVENING, 7:30 O'CLOCK.

Annual Banquet at Hotel Cape May.

THIRD DAY—FRIDAY, JUNE 25th.

General Session.

Morning Sessions, 9 A. M.

The Proper Age for Sending Children to School, Joseph Funk, Elizabeth.

Discussion opened by Joseph Tomlinson, Bridgeton.

Some Points in Infant Feeding, David E. English, Millburn.

Discussion opened by Francis H. Todd, Paterson, and Henry Chavanne, Salem.

Ophthalmia Neonatorum, T. Richard Paganelli, Hoboken.

Report on Recent Milk Commission Legislation, Henry L. Coit, Newark.

10:30 A. M.

Meeting of the House of Delegates.

Unfinished business.

Miscellaneous business.

Adjournment.

The order of papers above given is tentative, and subject to change in the final program to be issued next week.

Editorials from Medical Journals

A SURGEON'S PLEA IN BEHALF OF THE PUBLIC.

(From *Interstate Medical Journal*, Jan., 1909.)

In these latter days when many criticisms are passed on the autocratic attitude of the surgeon toward his patients, not only by the patients themselves, but by that class of doctors known as internists, the incisive remarks of Dr. John C. Munro in his paper, "The Surgical Rights of the Public," read before the Canadian Medical Association, have enough of that best of all qualities, opportuneness, to make even the unthinking part of the medical profession aware of the fact that surgery with all its shortcomings is master in the medical field. This opinion, which we express without any hesitancy, needs no bolstering by indiscriminate praise from fanatics in this special province, for its daily performances are of so high a character that its supremacy cannot be questioned. And with the thought in mind that the behests of surgical interferences are not to be relegated to secondary considerations, Dr. Munro advocates, what is clearly written across the history of modern medicine—to wit, the public is entitled to the best that surgery can offer, and for internists to carry their teachings into the province of surgery, in the hope that in that way the public will become cognizant of the importance of internal treatment in lieu of operative procedures, is an intrusion that is a wrong to the unsuspecting public, inasmuch as in many cases the delay instituted by the stubborn attitude of the internist

to operations, is often the cause of irreparable damage to the patient.

Now the question which assails the thinking mind upon reading Dr. Munro's expression of a somewhat deplorable situation in the practice of medicine, is not whether he is entirely right or entirely wrong in his contentions, but whether the public is as much the victim of the misdirected enthusiasm of the internists as he makes it out to be. Perhaps in his enthusiasm for his chosen specialty, Dr. Munro sees only the low lights of a treatment that has for its advocates quite a number of seemingly honest men. And again, since surgery stands for much in the advancement of medicine, it is possible that the immediate relief granted a patient through surgical interference, may have blinded him to the slower beneficial processes arising from internal treatment. In other words, does the internist really persist in his treatment of a case even after he realizes that surgical help is the only solution, and is his judgment so warped that a case which is purely surgical from the start and should be met with the knife at once, is made the object of experimentation simply to gratify a hobby that has all the bad points of the exploded school of empiricism?

In writing on a subject that is not merely a wrangling of the common sort, such as doctors, as well as others, indulge in, but one that involves the prolongation of the life of the patient, statistics are all important in adjudging the offenders; but since these are lacking, we must fall back on the results of the achievements in the specialties under consideration, if we would stand the test of unbiased critics. That internal medicine is striving through many difficulties to recognition as an important entity in the medical household, is a fact that should not be overlooked. Not unlike all other ambitions that are slightly frowned on because of their youth and irritating exuberance, it makes much of its successes; in fact heralds them forth with rather undignified fervor. What these successes are, in the limitations which the various other specialties in the medical profession would impose, we do not question; but what we do question is the right of its enthusiastic and somewhat unruly disciples to make inroads into a specialty, such as surgery, that has stood the test of the severest criticism, only to come out with flying colors. No matter what the charge against surgery by its scattered detractors, the fact remains that it has always held its skirts clear of the bedraggling that only too often accompanies experimentation in medicine. Its directness, its clarity of thought, its uninterrupted advances and, finally, its independence, have placed it on a higher plane than that of any other specialty in medicine for the reason, that these are qualities that make for confidence; and are not at all germane to the saying of Agathon, as related by Aristotle in his "Poetics;" "It is a part of probability that many improbable things will happen."

BUSINESS WISDOM IN MEDICINE.

(From the New York State Medical Journal.)

While medicine is a science and an art, still there are a large number of good men and their families who depend upon its practice for their daily bread. We may wisely have before us always the high ideals of our profession, but we cannot escape the grocer and the tax collec-

tor. No matter how hard the doctor works, the mortgage on his house is also at work, and the children's shoes are wearing out. In justice to his patients, it behooves him to be a good doctor, and in justice to himself and his family it behooves him to be all this and a good business man as well.

Most of our medical publications devote their pages quite exclusively to the scientific and technical side of practice. It would be desirable for some of our better journals to give more attention to the doctor himself. He is the agent through whom all of this medical knowledge must be made to reach the people. He is not only the source of medical wisdom, but the mechanism for its application. He, as well as the public, for the sake of his best efficiency, should be interested in his good condition and prosperity. It is not undignified to consider the practical business relations of the doctor to his professional work; indeed, it is a lack of wisdom not to consider them.

Some ideas concerning the practical business side of the doctor's life have been expressed by Dr. J. E. Dildy in the Texas State Journal of Medicine, in such a forceful way and with so much frankness that we take pleasure in quoting them. He says that we are professional men in every sense of the word; we have the mental labor of lawyers, the moral standing of ministers, the technical knowledge of organized artisans and the business qualifications of school children. * * *

The breezy character of these observations only adds to their value. The sapient Texan says:

"The average doctor tries to do much work. Every doctor wants everybody to patronize him. He likes to be going night and day, rain or shine, Sunday or weekday, hot or cold. This is a business mistake. It wears a doctor to a frazzle. It gives him no time for bill-collecting and business matters; no time for patients who naturally feel neglected and are slow pay as a consequence. A doctor can do better work, more good and build up a more enviable reputation if he coolly takes his time and is careful and painstaking in his examinations."

The business side of practising medicine is worthy of discussion, and general medical societies will do wisely to introduce into their programs an occasional paper such as the one above referred to.

TOO GREAT OPTIMISM IN REGARD TO TUBERCULOSIS.

(From American Medicine, March, 1909.)

Too great optimism in regard to tuberculosis is neither warranted nor wise. Noteworthy as the progress in diagnosis and treatment has been, a study of actual statistics shows that the disease still goes on collecting its deadly toll of mankind. In New York State in 1907, of the total deaths, 147,442, tuberculosis of the lungs was responsible for 14,406. This was 379 more than in 1906 and 802 more than the average for the previous five years! In November, 1908, there were 1,101 deaths from tuberculosis, 31 more than for the same month in 1907 and six more than the five years average! These statistics are not conclusive, for they do not supply details of collateral significance, but they do show beyond all doubt that tuberculosis is as

great a problem to-day as ever. Statements that the disease has been conquered or that it will totally disappear in fifteen years are little short of criminal. Indeed, the optimistic attitude has been sadly overworked and an infinite amount of harm in the further struggle with the disease will surely be done unless the truth of the situation is straightway broadly disseminated. Already the people are losing their fear of tuberculosis because of the questionable teaching that it is a curable disease. Curable is not the proper word. The disease may be controlled or arrested, but few clinicians of experience would be willing to declare any patient cured beyond possible re-ignition of the disease under certain conditions. A continuation, therefore, of unwarranted statements as to the absolute curability of tuberculosis will surely lead to a decrease of precautionary measures on the part of the people. Thus will be weakened the fundamental detail of any effective scheme of prophylaxis, a dire calamity, since it is universally conceded that in prevention rest our principal hopes of ultimately overcoming this fearful scourge. Every therapeutic measure, every detail of diet and open-air living, and every other possible aid in arresting tuberculosis in individuals afflicted should be utilized. The results that have thus far been obtained warrant reasonable confidence in our ability to save and return to useful lives a considerable proportion of those who formerly were inevitably doomed. But we should neither delude ourselves nor our patients with the belief that tuberculosis is any less serious or dangerous to-day than it ever has been. The "regiment" that New York State contributes every month of the year to the army of tuberculosis martyrs proves the fallacy of such a belief.

Medico-Legal.

A Consultation of Physician.

The Supreme Court of Oregon says, in the case of *Beard vs. Royal Neighbors of America*, that the mere fact that a physician was not sought out by Mrs. Beard, with a view of consulting him as a physician, but instead, was met on the street by Mr. Beard, who advised him of his wife's illness, and directed him to go to the house and attend her, did not prevent it from being considered a consultation by her with a physician. She approved and adopted the act of her husband as her own by accepting the services of the physician, advising him of her symptoms, and receiving aid from him, thereby making the act of her husband in summoning the physician her own act, if that were necessary—which the court thinks was not—to constitute a consultation of a physician. The material part of the facts constituting consultation, within the meaning of the contract of insurance under consideration, was having an interview with him, acquainting him with the nature of the ailment, and accepting and receiving aid, advice, or assistance from him.

For What Physicians Called as Witnesses May and May Not Charge.

The Kansas City Court of Appeals says, on the second appeal of *Burnett vs. Freeman*, that it held on the first appeal "that a witness called

to testify as an expert, whether as a physician, or in any other branch of knowledge, may be compelled to state his opinion, on hypothetical or other questions involving his professional knowledge, without compensation other than the witness fee taxed to the ordinary witness." And, further, the court held that public policy forbade him from increasing his fees for such services by contract with the party who called him. But the court said that a professional man, summoned to testify as an expert, cannot be required to specially prepare himself for that particular case, and may make such preparatory service the subject of a valid contract for compensation.

On the new trial awarded, the plaintiff, a practicing physician, endeavored to bring his cause of action within the scope of this rule. His testimony was: "I saw I was getting into something that I had not anticipated, where I would have to give extra services, and I made the statement that if I had to go to court on this matter that I would charge him \$25 if I were put on the stand and not kept over an hour. If I were detained longer than that, I would charge \$50 for my services." This, however, was nothing but an agreement for extra compensation for the service of attending court as a witness, and as such was void under the principles and rules applied in the first decision.

It was permissible for the plaintiff to contract with his patient that he should be paid for his services in making examinations of her injuries and in holding professional consultations with her and her husband, but it was not permissible for them to make the payment of such charges, or their amount, dependent on the contingency of the plaintiff being required to testify in the lawsuits. The plaintiff's duty as a citizen compelled him to appear as a witness, and give testimony without other pay than fees allowed by law, and he should not be permitted to evade that duty by the palpable excuse of a contract for a contingent fee.

Jurors Know About, and Are Competent to Determine Amounts to be Allowed for Physicians' Bills.

The Supreme Court of New Hampshire had, in the personal injury case of *Moran vs. Dover, Somersworth and Rochester Street Railway Company*, the question of whether, there being evidence that the plaintiff employed physicians to treat her for her injuries, and of the nature and extent of the treatment, but none as to the value or cost of the services, the jury should have been instructed that on the evidence there could be no recovery for medical attendance and services of the physicians who treated the plaintiff. The court holds that such instruction was properly denied.

The court says that so far as a fact in issue is one on which men in general have "a common fund of experience and knowledge," the jury may use this information in making up their minds. Such knowledge dispenses with the necessity for introducing evidence on the subject. It is also said that the scope of this doctrine is narrow. It is strictly limited to a few matters of elemental experience in human nature, commercial affairs and every-day life. It is apparent that the rule laid down can not be applied with mathematical exactness.

On the particular question involved in this case the courts are divided. A considerable number hold with more or less strictness to the theory that the value of the services of a physician must be shown by evidence. *Brown vs. White*, 202 Pa., 297; *Hobbs vs. Marion*, 125 Iowa, 726; *Nelson vs. Railway*, 113 Mo. App., 659; *Houston, etc., R. R. vs. Garsia* (Tex. Civ. App.), 90 S. W., 713. But compare with these cases the following: *Kelly vs. Mayberry*, 154 Pa., 440 (jurors allowed to estimate the value of a wife's services to her husband); *Northern, etc., Co. vs. Mullins* (Tex. Civ. App.), 99 S. W., 433 (jurors allowed to take into consideration the fact that future medical attendance would probably be necessary); *Murray vs. Railway*, 101 Mo., 236 (jurors allowed to find the value of the services of a nurse, the measure being "their own knowledge and experience").

In other jurisdictions the rule is that jurors "have some knowledge in common with men in general to the charges ordinarily made by physicians for attendance and services," and that they may avail themselves of that knowledge "for the purpose of determining what sum the plaintiff should have by reason of the expense he has properly and reasonably incurred in endeavoring to effect a cure." *McGarrahan vs. Railroad*, 171 Mass., 211, 217, 220; *Scullane vs. Kellogg*, 169 Mass., 544; *Feeny vs. Railroad*, 116 N. Y., 375; *Western Gas Co. vs. Damer* 97 Fed., 882, 38 C. C. A., 528.

The latter ruling appears the more reasonable, and is in accordance with the practice of *mis prius* (on trials) in this State.

It would be difficult to conceive of a matter with which all men are more certainly called on to deal than the employment and payment of a physician. Knowledge on the subject of physicians' bills is as general as on almost any question of every-day life. If more satisfactory proof was available, it might have been produced by the defendant, had it not preferred to allow the case to rest here; and the fact that other evidence was not introduced by the plaintiff was legitimate ground for argument that probably the bills were of small amount. *Boucher vs. Larochelle*, 74 N. H., 433.—A. M. A. Jour.

Dying Declaration Obtained in Abortion Case as Condition to Rendering Aid.

The Court of Criminal Appeals of Texas says, on the appeal of *Jackson vs. State*, that the Texas statute requires that a dying declaration, to be admissible in evidence, must be freely and voluntarily made. In this case it appeared that the girl on whom it was charged that a criminal abortion had been performed was suffering acutely, giving loud and vociferous exclamations of pain, and expressing the opinion that she was going to die. Under this condition of things, with her mind influenced in this way and by her pain, two physicians informed her that they would not do anything for her unless she told them about how her trouble came about and who performed the operation.

The testimony raised the issue that the dying declaration was not voluntary, but by overpersuasion, or duress, for that the evidence of the two physicians showed that they had declined to treat or relieve the declarant of what she thought was her dying condition, unless she gave the name of the party who had operated on her. This sufficiently presented the question, so as to

require the court to submit the issue to the jury as to the condition of her mind at the time, and if they should find that she was under duress or overpersuasion, or not under a sense of impending death, then they should disregard her statement in arriving at a verdict.

In discussing parts of an instruction given to the jury, the court says that if the defendant appealing was guilty of a criminal abortion, there was no excuse for this, nor was there any justification; and certainly from no standpoint could there arise the question of "self-defense."—A. M. A. Journal.

MEDICAL DEFENSE.

Paper Read by Hon. Edward W. Hines, Chief Counsel for the Medical Defense Branch, Kentucky Medical Society, before the Central Kentucky Society.
(Taken from the Kentucky Medical Journal, March, 1909.)

Kentucky's motto is becoming the motto of all the world. The tendency of the age is toward union, combination and co-operation. Even the doctors are getting together. In fact, they are putting the lawyers to shame. Let us hope, however, that they will not combine to raise prices.

The latest movement of the Kentucky doctors toward co-operation, as you know, is the organization of the Medical Defense Branch of your State Association. This is not an experiment as you have learned from the history of such associations given to you by Dr. Moren, the chairman of the executive committee of the Kentucky Association, and there is no reason to believe that such an organization cannot have as great success in Kentucky as similar organizations have had elsewhere.

The benefit to accrue to the doctors of Kentucky from membership in the Medical Defense Association are manifest. No doctor can afford not to be a member. The chief advantage accruing from such membership is that the knowledge that the member when sued unjustly will have the aid and support of the best members of the medical profession in the State will tend to prevent the bringing of malpractice suits which are without merit. There can be no doubt that many suits of malpractice have been suggested by thoughtless criticism of the defendant by some brother doctor, and the mere fact that a doctor is a member of the Medical Defense will keep before him the obligation which rests upon him to refrain from adverse criticism of his professional brethren, except for the purpose of ridding the profession of unworthy members after thorough investigation of the facts.

Of course, this may not tend to protect the doctor in the association from thoughtless criticism by doctors outside the association, but the larger the membership the fewer there will be outside to indulge in criticism, and the knowledge that the doctor inside the association will have the support of the best members of the profession in resisting any unjust claim will cause the outside critic to hesitate to put his criticism to the test. When it becomes known that the doctors of the State have formed an organization the object of which is to give

to every member against whom an unjust suit for malpractice is brought, the hearty co-operation and support of all the members of that organization in making his defense, any reputable lawyer who is consulted about such a case will scrutinize the facts closely and thoroughly investigate the law before undertaking to prosecute the suit, and in view of the aid and support which he knows the defendant will have in making defense he will be slow to bring the suit if he has any doubt as to the merits of the case, knowing the advantage which the defendant would have by reason of the fact that his defense would be in the hands of a strong organization which makes a business of defending such cases. There can be no doubt that many a suit would be brought against the railroads of the country which is not brought if it were not for the knowledge of lawyers and litigants that the railroad companies have lawyers who make a specialty of railroad law and are experts in defending suits against railroad companies, besides having unusual opportunities for collecting testimony and many other advantages over individual litigants. All these advantages the Medical Defense gives to its members, and their value cannot be doubted.

But conceding that every suit will be brought against the member which would be brought if he were not a member of the Medical Defense Branch, the advantage to the defendant of having a strong organization to make his defense for him instead of having to make his defense unaided and alone is so great that its value can hardly be estimated. He has attorneys already employed who have made a special study of the law applying to his case, and who have collected decisions bearing on the case, the collection of which by some lawyer then employed for the first time would require much time and labor. There are specialists in corporation law, but no lawyer unless regularly employed by a medical defense association could hope to have enough malpractice cases to justify him in making that branch of the law a specialty.

Of course it is important that the defendant should always have a local lawyer to defend him, and in the selection of that lawyer he will still have a voice. The local lawyer selected after a conference between the defendant and the general counsel of the Medical Defense Association will have all the assistance the chairman of the executive committee can give him in collecting evidence, and the general counsel will promptly furnish him the result of their special study of that branch of the law as applicable to the case in hand. The chairman of the executive committee will be in a position to know what doctors can best give such expert testimony as the defendant may need, and also in a position to impress upon them their duty to make some sacrifice of personal interests or convenience in order to testify, if that be necessary.

The result of malpractice cases must depend almost entirely upon expert medical testimony. The jurors are called upon to pass upon questions of skill and care in the treatment of injuries or disease, and only doctors can give them information as to the proper treatment. If the doctors are bound together in an organization which has for its purpose the defense of unjust malpractice suits it will be difficult for the plaintiffs in such suits to obtain expert testimony to support their unjust claims. If a doctor knows that through the Medical Defense

Association his testimony is to be subjected to the scrutiny of the best members of the medical profession in the State he will hesitate to criticize the treatment adopted by his brother doctor unless he is quite sure that his opinion is correct. The certainty of publicity tends always to make men careful in the expression of professional opinions. The existence of the Medical Defense Association gives notice to every doctor proposing to testify in a malpractice case that the opinions he is to express will be submitted to a body of experts. In the absence of such an association there is no reason to believe that the opinions expressed by the witness will ever reach the members of the profession at large, and under such conditions the witness might honestly express an opinion which he would neither express nor entertain if he had given the matter that careful consideration which he would be prompted to give it if he knew that his opinion would be submitted to the executive committee of the Medical Defense Association for their impartial judgment.

Another important consideration is the value of the advice of a specialist in the law of malpractice as to whether or not something ought to be paid by the way of compromise. There are many unjust claims which it is the part of wisdom to settle. The facts may be such that they would impress a jury unfavorably when, in fact, there was no lack of skill or care, and that being true it might be wise for the defendant not to risk an adverse verdict. Or it may be that it would become apparent in investigating the facts that false testimony would be given on plaintiff's behalf the falsity of which could not be demonstrated to a jury. Actual experience of the general counsel in the trial of a few cases will give value to their advice in such matters, and enable them to weigh the probabilities as no lawyer without experience in that particular branch of the law could do.

While there have not been many malpractice suits in Kentucky in the past year it is a significant fact that they have greatly increased in recent years, as have damage suits of all kinds, and it may be assumed that they will continue to increase. Lawyers of a certain class, unfortunately, are becoming more active in stirring up litigation of that character, and it is important for the doctors to do what they can, in a legitimate way, not only to discourage such suits, but to have them presented to the courts in such a way that the precedents in Kentucky may be as favorable to the medical profession as are the precedents in other States.

In nothing does experience profit more than in the conduct of litigation. Rarely does a lawyer go through a case that he does not see some point at which his case might have been strengthened. Opposing counsel, alert to discover the weakness of the adversary's cause, suggests defects unthought of by him, and strengthen him for the next fight of the same kind. The lawyer in the general practice, successful though he may be, may have only one malpractice case in his professional career, while the attorney for a Medical Defense Association will probably have several each year, and even though he may leave the leading part in the trial of them to local counsel he investigates the law applicable to each case and is familiar with every step taken, and is thus enabled to give local counsel in the next case the benefit of his experience thus acquired.

But aside altogether from the personal advantage to the member it seems that professional pride and interest should prompt every doctor to support such an organization. If such organizations had existed in every State from the beginning there can be no doubt that the precedents would be more favorable to the medical profession than they are. The doctors of Kentucky owe it to the profession at large to do what they can to see that the precedents in this State are just to the profession.

A consideration of the grounds upon which damages have been sought against doctors as they appear from reported cases must convince you that the most skillful and careful physician or surgeon is not exempt from suits for the breach of duties owing to his patients; and it is to be remembered that the cases based upon charges having the weakest foundation do not get into the books, as such cases either never come to trial or the plaintiff failing to convince a jury that he has a meritorious claim does not ordinarily prosecute an appeal.

A doctor owes to his patient the duties of ordinary skill and care in other respects than in the actual treatment of his disease or injury.

You are probably familiar with the old Kentucky case of *Piper vs. Menifee*, 12 B. M. 465, in which a doctor was held to be liable in damages for carrying the smallpox infection to the home of a typhoid fever patient, where he had promised not to visit smallpox patients while visiting the typhoid fever patient.

There are many cases in the books involving the liability of doctors for performing operations without the consent of the patient or without the consent of the husband, parent or guardian of the patient.

In a Minnesota case (*Mohr vs. Williams* 1 L. R. A. N. S. 439) it appeared that plaintiff decided to submit to an operation upon her right ear upon advice of defendant. She was not informed that her left ear was in any way diseased and understood that the necessity for an operation applied to her right ear only. After she was placed under the influence of anesthetics defendant made a thorough examination of her left ear, and, finding it in a more serious condition than her right one, concluded to operate upon the left ear, devoting to the right ear other treatment. The operation was in every way successful and skillfully performed, but it was claimed by plaintiff that the operation greatly impaired her hearing and, not having been consented to by her, was wrongful, constituting an assault and battery. The Supreme Court of Minnesota held that it could not say that there ought to have been a verdict for defendant; that while the methods of treatment are committed almost exclusively to the judgment of the physician, it was not aware of any rule or principle of law which would extend to him free license respecting surgical operations, but that it would not lay any rule which would prevent him from taking such measures as his judgment dictated for the welfare of the patient in a case of emergency. Although the plaintiff's family physician was present at her request the court held that that fact alone did not authorize him to consent to the operation which was performed, but that the evidence made the question one of fact for the jury to determine.

In an Illinois case (*Pratt vs. Davis*, 224 Ill. 300, 7 L. R. A. N. S. 609) the court held that the consent by a man to an operation upon his

insane wife upon taking her to a hospital was exhausted when the operation was performed and she was taken away, so as not to justify another operation upon her return to the institution, although the husband brought the wife again to the surgeon for treatment.

In a Michigan case (*Baker vs. Welsh*, 7 L. R. A. N. S. 612) the court held that failure to obtain the father's consent before administering an anesthetic to a youth 17 years old, who, in company with adult relatives had applied to defendant as a surgeon to be relieved from a small tumor, did not render a surgeon liable to the father for the death of the boy under its influence.

Another Michigan case (*Sullivan vs. McGraw*, 176 N. W. 1449) was an action to recover damages for alleged negligence of defendant in operating on plaintiff's left leg instead of his right leg. Defendant had treated plaintiff's right leg and advised an operation, but upon the statement of plaintiff's father, who came to the hospital after the right leg was prepared for operation that it was the left leg that was to be operated on defendant operated on the left leg, the Court held that it was error to direct a verdict for defendant, and that the question of negligence should have been left to the jury.

Sometimes the question arises as to the liability of a physician for refusing to attend a sick person. An Indiana case (*Hurley, Admr. &c., vs. Eddingfield*, 53 L. R. A. 135) the court held that in obtaining license from the State to practice medicine the defendant did not engage that he would practice at all or on other terms than he might choose to accept, and that he was, therefore, not liable for causing the death of plaintiff's intestate by refusing to attend her, although his refusal was arbitrary and the fee for his services was tendered.

A physician may be called upon to examine a person merely to give information and not for treatment, and may be liable for damages resulting from the opinion he gives if it turns out to be erroneous. Thus, in a Massachusetts case (*Harriott vs. Plimpton*, 166 Mass. 585,) the trouble from which a young man was suffering being incorrectly diagnosed as gonorrhoea, the physician was held liable for the breaking of a marriage engagement resulting from the report made by him, where the physician knew the purpose for which the information was asked, and there was want of ordinary care in making the diagnosis.

A Maine case (*Pennell vs. Cummings*, 75 Maine, 163) physicians were sought to be held liable for negligently making a false certificate that plaintiff was insane. The judgment was for defendants and the court held on appeal that the trial court erred in admitting evidence as to all the information upon which the defendant acted, as it was not a question merely as to whether the certificate was true but also as to whether defendants had acted with ordinary care.

A doctor when called may send another doctor in his stead, and the question may then arise as to whether or not he is liable for the negligence of the substitute. A New Jersey case (*Meyers vs. Holburn*, 56 N. J. L. 193, 30 L. R. A. 345) was of that kind. There the defendant had promised to attend plaintiff's wife, but when called for that purpose sent another physician. The Court held that he was not li-

able for the negligence of the physician whom he substituted.

Malpractice suits have been based upon the ground that the defendant did not visit the patient as often as he should have done. Whether or not the visits have been as frequent as ordinary care required depends upon the custom in similar localities.

Malpractice cases involving questions of want of ordinary skill and care in the treatment of almost every kind of disease may be found in the books. By far the larger number of cases are cases of surgery, but malpractice cases are by no means limited to cases of that kind. And the negligence complained of has assumed many different forms.

It is fortunate for doctors that the maxim *res ipsa loquitur* does not ordinarily apply to malpractice cases, and that the mere failure to effect a cure is not evidence of negligence. It was held in an Iowa case, however, (Shockley vs. Tucker, 127 Iowa, 456) that the infliction of a severe burn in the use of the X-rays in treating plaintiff for appendicitis was some evidence of negligence, and in a Kentucky case (Hickerson vs. Neely, 21 Ky. L. R., 1257) it was held that the fact that after the healing of a fracture of an ankle the foot was crooked and the ankle joint stiff was sufficient to authorize the jury to conclude that there was negligence in resetting the broken bones.

The failure to remove a sponge from the abdomen before closing it up after an operation has been complained of as an act of negligence, or as showing want of skill. In a Georgia case (Akridge vs. Noble, 41 S. E. 78) the plaintiff claimed that defendant had closed the abdomen without removing a sponge or pad which she claimed remained in the body one year, and finally passed out through a fistula caused by the sponge, and that plaintiff had been left a complete wreck. The Court held that the removal of the sponges was a part of the operation requiring skill, and that it was a question of skill as well as of care. The Court said that the operation begins when the opening is made and ends when closed in a proper way after all appliances necessary to the operation have been removed. There was a verdict for defendant which the Court held was authorized by the evidence as the defendant testified that he removed all pads and went thoroughly through the cavity and found nothing, and numerous surgeons testified that the sponge, if left, would have caused death.

In an Ohio case (Gillette vs. Tucker, 67 Ohio, St. 106) it appeared that a cheese-cloth sponge was inserted after a tumor was removed. The plaintiff claimed that the opening was closed without removing the sponge and that serious injury resulted. The trial court held that the plaintiff's right of action accrued when the opening was closed without removing the sponge, and was barred by limitations as more than the statutory period had elapsed when the action was brought. The Supreme Court of Ohio reversed the judgment, holding that there was a continuous obligation resting upon defendant to remove the sponge so long as the employment continued, and that in determining whether or not the action was barred the time must be counted from the termination of the employment and not from the time the opening was closed.

The general rule is that the physician's skill and care must be measured by that which is exercised generally. The rule is well settled. The difficulty lies in its application. In some cases the plaintiff fails so completely to establish any want of skill or care on the part of the defendant that the court can say as matter of law that the defendant is not liable, but where the facts are disputed the case is ordinarily for the jury.

Mr. Taft, when United States Circuit Court Judge, decided a malpractice case which involved some questions of interest. (Ewing vs. Goode, 78 Fed. 442). In that case the defendant operated on plaintiff's eye for cataract. Glaucoma subsequently developed, resulting in the loss of the eye. It was contended by plaintiff that defendant was negligent in failing to properly diagnose her trouble as glaucoma sooner than he did. While treating plaintiff defendant left the city, having made arrangements with another oculist to treat his patients, but plaintiff claimed that when she called, in defendant's absence from the city, defendant's office girl failed to notify her of the fact that such an arrangement had been made. The Court held that defendant was liable for the negligence of the office-girl in that respect, if she was negligent, but that such negligence did not cause the injury complained of, as an earlier treatment or operation would have done no good. The Court held that not only must plaintiff show negligence but that she must show that the injury resulted from that negligence. Judge Taft said that the extent of defendant's liability for any negligence of which the doctor whom he substituted might have been guilty was an interesting one, but that as no negligence on the part of the substitute was shown the question did not arise. The court directed the jury to find for defendant.

The citation of cases might be extended without limit, but I fear I have already trespassed upon your time and taxed your patience. While some of the statements made may tend to alarm you the rule that saves you is that you are not ordinarily liable for honest errors of judgment; but there may be such gross error of judgment as to show want of requisite skill, and in that event the doctor is held liable for want of skill and not for want of ordinary care.

(From the Wisconsin Medical Journal, December, 1908.)

So far everything has run smoothly and to the entire satisfaction of all concerned. The financial statement of the Defense Fund is as follows: Cash on hand Nov. 1908, \$1,284.40, expenses \$128.10, leaving a balance of \$1,156.30. Jan. 1st, 1909.

The A. M. A. Bulletin for November gives a summary of the experience of the other states which have adopted the plan. From this we learn that the plan is of comparatively recent origin. The Medical Society of the County of New York first took up the work seven years ago—in 1901, the Chicago Medical Society following suit in 1903. The first State Society to accept Medical Defense was New York, which adopted it in February, 1906, the Illinois State Society adopting it later in the same year. Aside from these the following states and cities have the plan in working order: Pennsylvania, Maryland, Iowa, Wisconsin, Missouri, Ken-

tucky, Nebraska, Massachusetts, and Philadelphia, Detroit and Toledo.

The plan of procedure is similar in all, since all are more or less modeled after the first two states to adopt it—New York and Illinois. In all the society undertakes to defend the applicant free of expense. None promise to pay any money for compromise or court judgments. In some states the attorney is paid a retaining fee—or an annual salary, in others—as Wisconsin—he is paid only for actual services. The annual charge to the members varies from \$1.00 to 10 cents (in Pennsylvania) which latter assessment has proven sufficient. In fact, in some states the expense is met by the general funds of the Society. Thus far, wherever tried, the verdict in favor of the plan has been unanimous and its feasibility and legality seem to have been demonstrated beyond cavil. Contrary to expectations, it has been found that suits are more frequent in the country than in the cities, while not a single clean cut judgment for damages has yet been collected. The most marked effect, thus far, is in the lessened number of threatened malpractice suits which are in the nature of blackmail, usually undertaken by some unprincipled hystler for a share of the expected damages.

The results of the plan in the various states to date are as follows: In New York State, the report of the Council at the annual meeting February, 1907, showed that 44 cases were in the hands of the Council during the year. Of these seven had been won, twelve dismissed, four were merely threatened suits which never materialized, and seventeen were still pending at that time. In the report for 1907 he stated that during the two preceding years not a single dollar by way of a verdict had been secured against any member, and that the actual number of actions had already decreased about 25 per cent. The average annual expense per member had been 50 cents.

The following is from the same Journal, issue of April, 1909:

The value of our medical defence provision was abundantly manifested last week, when two of our most valued members, neither of whom had any other protection, applied for defense against threatened malpractice suits. Without personal experience one hardly realizes what mental worry a legal summons of this sort causes, but the fact that 1,600 fellow physicians are solidly behind the defense lightens the load materially. In most cases it is found that it is sufficient to quash the proceedings at the outset. Even if we think we are in no danger personally, we ought to be glad to pay our dollar a year in defense of our fellows who are in trouble.

(From the Kentucky Medical Journal.)

Two classes of objection have been raised to the Medical Defense plan which attack it from entirely different directions, and yet, when analyzed, are both met by the same plain statement of the principles underlying the method of defense against malpractice which has been adopted by our State Association. One set of objectors write that they do their work thoroughly and conscientiously, and, therefore, fear no law suits; that they think no real good doctor should fear them; and that they do not feel any interest in the class of doctors who are

sued for malpractice. The other objection is that under this plan only "unjust" malpractice suits are to be defended, and these objectors insist with much vigor that all suits, just or unjust, should be defended.

The first objection is evidently made by guileless men who have given no thought to the subject of malpractice suits and understand neither their character, genesis, nor history, nor have they studied the Kentucky plan of defense. The committee which formulated the constitution under which the Medical Defense Branch is conducting its affairs was composed of Drs. Cuthbert Thompson, A. M. Vance and Oscar E. Bloch, of the Jefferson County Society; D. M. Griffith, of Daviess County, and F. H. Clarke, of Fayette. After careful study and prolonged research this committee, composed of five of the most careful men in the State, reported that practically all malpractice suits are mere blackmailing schemes, usually directed against a physician of the highest professional and financial standing, brought by some shrewd but unscrupulous lawyer, instigated by an ignorant or misguided doctor. We have a list of Kentucky malpractice suits and the defendant in every one of them was a man of prominence and standing in the profession. Under our plan a committee of three composed of the president of the county society, one member to be selected by the defendant doctor, and the councilor of the State Association for the district will hear the evidence of the defendant and his witnesses, and upon that hearing will decide whether the case is one which should be defended. If a doctor with his own witnesses is unable to convince three doctors who are his friends and colleagues of the justice of his cause it would surely be well nigh hopeless to put the case before a jury which will hear also the other side of the case.

The Medical Defense Branch does not absolutely defend the suit. It furnishes a strong firm of lawyers as its general counsel who will make an especial study of the expert management of malpractice suits. It furnishes the best firm of local lawyers possibly obtainable. It pays all court costs. It carries the case through all courts, if an adverse decision is rendered, and it never compromises a suit once undertaken. As a mere business matter if this is not worth a \$5 initiation fee and \$1 annual fee to you, then you simply elect to stay out. It is as plain a business proposition as life or fire insurance and is in no sense obligatory.

In this connection it is of interest to note that the Bulletin of the American Medical Association says in regard to the Illinois Medical Society's work along this same line the following:

It has always been assumed that malpractice suits were more frequent in the city than in country districts. The experience of the Illinois Medical Society in the last two years has abundantly disproved this theory, as the committee have found that malpractice suits occur more frequently in country districts than in city and are brought more frequently against the general practitioner than the surgeon or specialist, and that consequently the plan of co-operative medical defense is of more value to the general practitioner in the country than to the physician or specialist in the city, since he is more liable to suffer from this cause and, if a suit is brought against him, the injury done to his reputation and practice is greater than that which results

to the city physician. While the work of the committee has been of great value in the actual trial of cases, it has been of much greater value in checking the indiscriminate bringing of malpractice suits against physicians. The committee found that it was the custom of certain disreputable lawyers to write threatening letters to physicians, or even to bring suit in cases where they could not even state the cause of action. There was no intention whatever of trying these cases, but rather than be put to the expense of retaining a lawyer, physicians would often settle for a small sum, from \$50 to \$150, in order to dispose of the matter. Such a system was nothing less than blackmail and was one to which any physician was exposed. By putting a stop to this practice alone, the committee has saved thousands of dollars to physicians in the State."

STATE OF ILLINOIS.

Dr. H. N. Moyer, chairman of the Illinois committee says: In the year ending July, 1908, about twenty malpractice suits were disposed of, some by failure to prosecute, others stricken from the calendar; but twelve were actually tried, in every one of which we obtained a verdict of "Not guilty."

STATE OF NEW YORK.

The committee of the Medical Society of the State of New York in its statement showing the advantages of membership in the county and State societies, gives the following as the third: "Protection from malpractice suits. No practicing physician can afford to be without protection of this character.

"The protection which the Medical Society of the State of New York affords cannot be duplicated by any casualty company at any premium. (During the past three years 73 malpractice suits were brought, and every case was successfully defended.)"

STATE OF NEBRASKA.

The State Association's committee in charge of the medical defense fund is pleased to report a signal victory in its first battle against an unjust suit for malpractice against Dr. Young, of Ainsley, the jury having found for the defendant. Dr. Young and his counsel very much appreciate the services rendered by the counsel (Mr. Sundean, of Wahoo) employed by the committee. The value of expert service was especially manifest in this case, and should serve to establish general confidence, bring universal recognition, and the desirability of this department.

The committee has been greatly embarrassed by having so small a fund at its disposal, there having been but \$250 subscribed and available for the year, and therefore but this number protected, on account of a general misunderstanding last year, which caused many to withhold the dollar intended for this purpose. Also, the action of the association at the last meeting in making it optional, will serve to delay its full benefits. It will remain, therefore, for this department to make good with its limited resources, before all will be willing to contribute, and thus share its advantages.

The general commendation of this mode of defense from the States which have established this department in their associations, encouraged the committee to proceed as best it could,

with the resources at its command. The first half of the fiscal year is closed. An important suit has been won, counsel retained until June 1st, and there is a balance in the treasury. It is the desire of the committee to make its defense against unjust suits for malpractice as strong and as generally useful to our members as is possible. The members of the State Association are, therefore, urged to make their remittances for dues to their respective county societies, include an extra dollar for this fund, which will join them in a financial bulwark of defence of their professional dignity, honesty of purpose, financial security and peace of mind.

If all the doctors of our State were contributors to this fund it is safe to assume that there would be no suits. Why not lend your own financial and moral support, therefore, and increase our immunity against this contagion?

A Law Providing for the Incorporation of Medical Milk Commissions.

With the affixing of the Governor's signature on April 21st, 1909, the committee substitute for Senate Bill No. 251 became a law. This measure, popularly known as Dr. Coit's bill, which passed the Senate by a vote of 18 to 1, and the Assembly by a vote of 44 to 1, is designed to give legal status to the Medical Milk Commission and safeguard the results of its disinterested labors.

The Medical Milk Commission movement had its origin in the city of Newark in 1892—over seventeen years ago. It was planned and pushed to success by Dr. Henry L. Coit, of Newark, N. J., and the Essex County (N. J.) Medical Milk Commission designed to carry the plan into effect was organized April 13th, 1893.

Forty-eight such commissions in as many cities are now organized in twenty different States, and these associations have heretofore been voluntary bodies without legal status. The bill just passed establishes such status and safeguards the term "Certified Milk."

It seemed fitting that since the original commission had its origin in this State and had become an efficient arm of the public health, inaugurating as it did the present widespread pure milk crusade, that New Jersey should protect by legal enactment the commissions in their philanthropic and professional labors and so strengthen their influence abroad as well as conserve the public good.

The measure contains permissive and mandatory clauses and provides for the organization of Medical Milk Commissions, the appointment of their members, defines their powers, establishes standards of milk purity and protects the term "Certified Milk."

Under this act a dairyman is protected who chooses to fulfil the requirements of a Medical Milk Commission. It protects the Medical Milk Commission in its voluntary and unpaid services and it protects the public against misbranding and deception in the matter of purity of milk.

In the drawing of the bill every interest was consulted and safeguarded and in its present form is regarded as the most important and comprehensive step that has been taken in the pure milk movement since the formation of the first commission.

For the Commission,

Floy McEwen, Secretary.

THE FOLLOWING IS THE FULL TEXT OF THE
BILL.

An Act Providing for the incorporation of Medical Milk Commissions and the Certification of Milk produced under their Supervision.

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

1. Any five or more physicians duly authorized to practice medicine under the laws of this State who shall desire to associate themselves together for the purpose of supervising the production of milk intended for sick-room purposes, infant feeding and for use in hospitals, may make, record and file a certificate in writing in the manner hereinafter mentioned.

2. Such certificate shall set forth: (I) The name of such association which shall be as hereinafter designated; (II) The purposes for which the association shall be formed; (III) The names and the residences of the medical directors who shall manage the affairs of the association for the first year of its existence; (IV) The county in this State where such association shall operate.

3. Such certificate shall be proved or acknowledged and recorded as required of deeds of real estate in a book to be kept for the recording of certificates of incorporation in the office of the clerk of the county where the purposes of such association are to be carried out and, after being so recorded, shall be filed in the office of the Secretary of State; said certificate or a copy thereof duly certified by the said clerk or Secretary of State shall be evidence in all courts or places.

4. Upon making such certificate and causing the same to be recorded and filed as aforesaid, the said physicians so associating themselves together and their successors shall by virtue of this act be a body politic and corporate in fact and in law by the name stated in such certificate and by that name they and their successors shall have perpetual succession with power to sue and be sued, plead and be impleaded, answer and be answered unto in all courts and places whatsoever and to make and use a common seal at pleasure.

5. The name of such association shall be the "The Medical Milk Commission of (designating name of county) County, New Jersey," and in case more than one association shall be organized under this act or otherwise, such subsequent association or associations shall use the name designated herein, but shall indicate in such name its proper sequence in organization or incorporation by adding thereto the words: "Number Two," "Number Three," "Number Four," or as the case may be.

6. Such medical directors shall have the power from time to time to make, alter and amend by-laws not inconsistent with the Constitution and laws of the United States and of this State, fixing or altering the number of its medical directors and providing for the mode of filling vacancies and removing any member from their number and prescribing qualifications for membership in the association and the appointment of such agents and officers as shall in their judgment tend to promote or advance any purpose or purposes of such commission, and to prescribe their respective duties; and for the regulating of the conditions under which milk shall be produced by any dairyman or dairymen under contract with such commission.

Such medical milk commissions shall have power to certify to any milk produced under their supervision which shall meet the requirements hereinafter mentioned.

7. No medical director of any association organized under this act shall receive, directly or indirectly, from such association or dairyman or dairymen producing milk under agreement with such commission any salary or emolument or any compensation of any kind or character for any services rendered under the provisions of this act, and any medical director who shall receive any salary, emolument, or compensation of any kind or character for such services, shall be liable to a penalty of one hundred dollars (\$100.00), to be recovered in an action of debt by the association of which he is a member, and in addition thereto shall be removed from his office as a member of said association and thereafter disqualified from becoming a member of any association incorporated under the provisions of this act.

8. Every such association shall have power to enter into agreement in writing with any dairyman or dairymen for the production of milk under the supervision of such association for the purposes enumerated in section one hereof and to prescribe in such agreement the conditions under which such milk shall be produced, which conditions, however, shall not be below the standards of purity and quality for "Certified Milk" as fixed by "The American Association of Medical Milk Commissions," and the standards for milk now fixed or that may hereafter be fixed by the Board of Health of the State of New Jersey. In any contract entered into by any such commission with any dairyman or dairymen, it may be provided that such medical milk commission may designate any analysts, chemists, bacteriologists, veterinarians, medical inspectors or other persons who in its judgment may be necessary for the proper carrying out of the purposes of such commission for employment by such dairyman or dairymen and to prescribe and define their powers and duties, and that such persons so employed by such dairyman or dairymen may be discharged from employment whenever such medical milk commission may request such discharge or removal in writing.

9. All containers of any kind or character used in the carrying or distribution of milk produced by any dairyman or dairymen under contract with any medical milk commission shall have attached thereto or placed thereon a certificate or seal bearing the name of the Medical Milk Commission with which such dairyman or dairymen producing such milk shall be under contract, which certificate shall have printed, stamped or written thereon the day or date of the production of the milk contained in any such container and the words "Certified Milk" in plain and legible form.

10. The work and methods of any Medical Milk Commission organized under this act and of the dairies in which milk is produced under contract with any such commission, shall at all times be subject to investigation and scrutiny by the Board of Health of the State of New Jersey. The secretary of said State Board of Health shall be an ex officio member of every milk commission organized under this act.

11. No person, firm or corporation shall sell or exchange or offer or expose for sale or exchange as and for certified milk, any milk which

is not produced in conformity with the methods and regulations prescribed by and which does not bear the certification of a medical milk commission, incorporated pursuant to the provisions of this act or organized or incorporated in some other State for the purposes specified in section one hereof, and which is not produced in conformity with the methods and regulations for the production of certified milk from time to time adopted by the American Association of Medical Milk Commissions, and which is below the standards of purity and quality for certified milk as fixed by the American Association of Medical Milk Commissions; and any such person, firm or corporation violating any of the provisions of this section shall be guilty of a misdemeanor.

12. All acts and parts of acts inconsistent with this act be and the same are hereby repealed, and this act shall take effect immediately.

Married.

DUNLAP-SNYDER.—At Trenton, N. J., May 1, 1909, Dr. Marv Dunlap, of Vineland, to Clarence Snyder, of Racine, Wis.

Obituaries.

BERKAW.—At Annandale, N. J., April 29, 1909, Dr. Willard E. Berkaw, aged 52 years.

Dr. Berkaw was born at Stanton, N. J., December 27th, 1856. After attending the common school at that place he graduated from the State Model School at Trenton. He then took up the study of medicine and graduated from the University of Pennsylvania in 1881. He soon after located at Annandale, where he had resided ever since.

He was one of the county coroners for a term, was the county physician for many years, and was also a member of the Township Board of Health almost from the time of his locating there.

About a year ago his health began to fail, and about two months before his death he took a week's treatment at the Easton Hospital for heart and kidney trouble, but for the past month he had been around in apparently good health.

He became a member of the Hunterdon County Medical Society October 17th, 1882. He attended the annual meeting held in Flemington, on Tuesday, took an active part in the proceedings, and was appointed one of the censors. Wednesday was spent in New York City. Thursday morning he arose apparently in his usual health, and after spending some time in his office, walked over to the reading-room of the hotel. He greeted those present in his usual jovial manner, and sat down. Presently he sank forward in the chair and slid to the floor. He was picked up and placed on a sofa in the hotel parlor, and Drs. Miller, of Lebanon, and Blackwell, of Clinton, were summoned and arrived in a few minutes, but the doctor was dead before they arrived. They decided that death was due to apoplexy.

Dr. Berkaw's first wife died some years ago, after which he married again. He also has one brother and one sister living. He was a member of Stewart Lodge, F. and A. M., of Clinton, and of Salaam Temple, Mystic Shrine, of Newark.

The funeral was from his residence the following afternoon, conducted by the Masons. The Hunterdon County Medical Society attended. He was buried in the cemetery of the Lebanon Reformed Church, at Lebanon.

His sudden death was a profound shock to us all, and his genial countenance and cheery voice will be much missed at our future meetings.

M. H. L.

DONOVAN.—At Elizabeth, N. J., April 26, 1909, Dr. Alfred Q. Donovan.

Alfred Quin Donovan was born in Halifax, N. S., July 19th, 1856. He was the son of Michael Donovan and Susan Bossom. He received the degree of A. B. from St. Mary's College, Halifax, 1874. His medical studies were begun in Halifax; coming to New York, he graduated from Bellevue Hospital Medical College in 1882. The same year he settled in Elizabeth, N. J., where he practised his profession until his death.

Early in his professional life he became assistant to Dr. E. J. Ill at St. Michael's Hospital, Newark, N. J., thus acquiring a knowledge and technique in gynecology. Soon after the establishment of the Alexian Hospital at Elizabeth, he was selected as one of the surgical staff and at the time of his death was its president.

He was chief examiner, in Elizabeth, for the Prudential Life Insurance Company for over twenty years. He was also examiner for the Equitable.

He was a member of the Union County Medical Society, the New Jersey State Medical Society and the American Medical Association. He was also a member of the Foresters of America and the Elks Lodge. He left three sisters, two of whom made their home with him.

He died April 26th, 1909, in St. Elizabeth's Hospital, after submitting to an operation for malignant growth of the liver.

MILLER.—At Califon, N. J., May 14, 1909, Dr. Theodore Miller, aged 60 years. Dr. Miller was graduated from the medical department of the New York University in 1873.

Personals.

Dr. Henry H. Brinkerhoff, Jersey City, has been elected colonel of the Fourth Regiment, National Guard. He is said to be the youngest man who has ever held that position, though he has been identified with the National Guard since 1886.

Dr. H. F. Bushey, Camden, has been very ill with cellulitis.

Dr. R. O. Clock, of Burlington, was thrown from his carriage May 3, and severely injured.

Dr. J. Ackerman Coles, Scotch Plains, and his sister, Miss E. S. Coles, have given to the Home for the Friendless what is known as "Tower House," between Summit and the Baltusrol Golf Club links, with about thirty acres of land surrounding it, as a summer home for the children of the institution. This is one of many generous gifts bestowed by the doctor and his sister.

Dr. James H. Curts, Paterson, has settled, out of court, his claim against the Susquehanna Railroad Company, for the fracture of his leg and other injuries in the collision of his automobile and a train, for the sum of \$3,500—surely

a moderate amount considering the severity of his injuries and the long illness following.

Dr. Edward F. Denner, Newark, has been elected president of the staff of St. Joseph's Hospital, that city.

Dr. F. F. C. Demarest, Passaic, had a communication in the Medical Record, March 20th, on "Dangers Associated with Removal of the Tonsils and Adenoid Growths."

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

Dr. Mary Dunlap, Vineland, resigned in April as superintendent of the Home for the Feeble Minded at Vineland.

Dr. F. H. Glazebrook, Morristown, entertained the physicians of that city at his residence, April 28th. He read a paper which was discussed by several of his guests.

Dr. Isaac E. Gluckman, Newark, has resigned as superintendent of the City Tuberculosis Sanatorium, Verona. The patients of the institution presented him with a large silver, gold lined loving cup, with an ebony stand, as an expression of their esteem for him.

Dr. P. A. Harris, Paterson, at the thirty-fourth annual meeting of the American Gynecological Society, New York city, spoke on "The Method of Obtaining Reliable Knowledge of Exact Areas of Pain in Patients with Visceral Diseases."

Dr. B. W. Hoagland, Woodbridge, who has been ill for several weeks from appendicitis with complications, is recovering.

Dr. Edgar Holden, Newark, has, with his family, gone to their summer residence on the Heights at Chatham, N. J.

Dr. Magdaline A. Hallowell, who for two years held a position at the New Jersey Epileptic Village at Skillman, has been appointed superintendent of the Home for the Feeble Minded, at Vineland.

Dr. Fred J. Hughes, North Plainfield, who has been spending several weeks in the Adirondacks, expects to return home in July.

Dr. William H. Lawrence, of Summit, recently returned from Florida, where he spent the winter.

Dr. W. J. Lamson, Summit, city physician, has been very ill, at the Overlook Hospital.

Dr. John D. Moore, Bloomfield, has been appointed a member of that city's Board of Health.

Dr. Frank W. Pinneo, Newark, attended the dedication of Osler Hall, at Baltimore, May 14, 1909, and also the annual meeting of the National Association for the Study and Prevention of Tuberculosis, Washington, May 13th to 15th.

Dr. William G. Schaffler, Lakewood, was elected registrar at the annual meeting of the Society of Colonial Wars and spoke at the society's banquet May 7th.

Dr. M. C. Smalley, Gladstone, has been under treatment in a Newark hospital for abscess of ears.

Dr. Joseph T. Welch, Long Branch, has been elected president of the Long Branch Board of Health.

Dr. Edward E. Worl, Newark, has been appointed superintendent of the Tuberculosis Sanatorium at Verona. He has also been placed in charge of the tuberculosis clinic at the Newark City Dispensary.

atorium at Verona. He has also been placed in charge of the tuberculosis clinic at the Newark City Dispensary.

Book Reviews.

"Appendicitis and Other Diseases of the Vermiform Appendix," by Howard A. Kelly, M. D., Baltimore, with 215 original illustrations, some in colors, and three lithographic plates. J. B. Lippincott Co., Philadelphia and London.

With 215 original illustrations, some in colors and 3 lithographic plates. J. B. Lippincott Co., Philadelphia and London.

After a somewhat careful examination of this volume, we have no hesitation in saying that it is one of the best—most practical—volumes on the subjects which it treats that we have seen. It will prove especially valuable to the general practitioner, whose needs the author has specially in view in its preparation. One of the most important chapters is on the relation of the general practitioner to appendicitis and its medical treatment, containing eighteen aphorisms for his special consideration; the relation between physician and surgeon; the indications, time and preparations for operation; then the operative treatment the care of patient after operation and post-operative sequelae. The author discusses fully the history of appendicitis, its anatomy, physiology, bacteriology, pathology, etiology, clinical history and diagnosis of appendicitis, and in the closing chapters its relations to gynecology, obstetrics, neoplasms, specific infections, hernia and the medico-legal aspect of appendicitis. The colored plates and other illustrations are exceedingly good. In a double-page colored lithograph of the reconstruction of the blood supply, magnified sixteen times, the different coats of the appendix have been removed so as to show each layer and the character of its vascularization.

"General Medicine." This is Volume I. of The Practical Medicine series of ten volumes on the Year's Progress in Medicine and Surgery, issued by the Year Book Publishers, Chicago, Ill. This volume of 403 pages is edited by Drs. Frank Billings and J. H. Salisbury, of Chicago, and gives very concisely the latest knowledge concerning many diseases. It is practical and in condensed form for the busy practitioner.

New and Non-Official Remedies.

Articles accepted for N. N. R.:
 Arsacetin (Victor Koechl & Co.)
 Bile Salts (Fairchild Bros. & Foster.)
 Enzymol (Fairchild Bros. & Foster.)
 Iodone Surgical Dressing and Dusting Powder (Henry C. Blair Co.)
 Sabromin (Farbenfabriken of Elberfeld Co.)
 Soamin and Tabloid Soamin (Burroughs, Wellcome & Co.)
 Medinal Tablets, 5 grains (Schering & Glatz.)
 Pituitary Substance (Anterior Lobe) (Desiccated) Armour & Co.
 Parathyroid Gland (Desiccated) Armour & Co.
 Urethan, "Hoecht," (Victor Koechl & Co.)

Articles accepted for N. N. R. Appendix:
 Compressed Tablets Anesthesin 2½ grains
 *(Sharp & Dohme).

Elixir Duozyrna (Louisville Pharm. Works).
Solution Atoxyl 10 per cent. (Sharp & Dohme).

Solution Atoxyl 10 per cent. with Novocaine 1 per cent. (Sharp & Dohme).

Compressed Tablets Atoxyl and Quinine Comp., (Sharp & Dohme).

Compressed Tablets Benzosol 2½ grains (Sharp & Dohme).

Compressed Tablets Benzosol and Codein (Sharp & Dohme).

Compressed Tablets Blaud with Atoxyl (Sharp & Dohme).

Compressed Lozenges, Orthoform, 1 grain (Sharp & Dohme).

Compressed Tablets Pyramidon 1½ grains (Sharp & Dohme).

Articles reconsidered and rejected:
Salit (Heyden Chemical Works).

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

Monthly Statement of Mortality, April, 1909.

The number of deaths reported to the Bureau of Vital Statistics during the month ending April 15, 1909, was 3,333, an increase of 341 over the number reported during the previous month.

This increase was not limited to any particular group of affections, but was distributed among twelve of the eighteen selected causes of death which are named in the following table.

By ages there were 548 deaths among infants under one year, 324 deaths of children over one year and under five years, and 1,052 deaths of persons aged sixty years and over.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending April 15, 1909, compared with the average for the previous twelve months, the latter given in parentheses:

Typhoid fever, 27 (28); measles, 32 (19); scarlet fever, 45 (30); whooping cough, 30 (19); diphtheria, 59 (45); malarial fever, 0 (2); tuberculosis of lungs, 366 (292); tuberculosis of other organs, 49 (51); cancer, 145 (130); cerebro spinal meningitis, 20 (26); diseases of nervous system, 395 (341); diseases of circulatory system, 365 (318); diseases of respiratory system (pneumonia and tuberculosis excepted), 261 (173); pneumonia, 427 (228); infantile diarrhoea, 62 (220); diseases of digestive system (infantile diarrhoea excepted), 195 (193); Bright's disease, 252 (198); suicide, 42 (37); all other diseases or causes of death, 561 (588); total, 3,333 (2,938).

Laboratory of Hygiene, Div. of Food and Drugs.

During the month ending April 30, 1909, 611 samples of food and drugs were examined in the State Laboratory of Hygiene.

The following were all above the standard: Chocolate, 6 samples; honey, 5; cider vinegar, 22; alcohol, 14; borax, 14; cream tartar, 15; lime water, 3; witch hazel, 17, and one each of cream, lemon extract and maple sugar. There were found below the standard 30 of the 361 samples of milk; 8 of the 16 of butter; 7

of the 127 of spices, and one each of powdered chocolate, cocoa and tincture of iodine.

Twenty-one suits had been entered for adulteration, 11 for milk, 5 for butter and 5 for white pepper adulterations.

Division of Creameries and Dairies.

County.	No. of dairies inspected.	—60 Per Cent.—	
		Above.	Below.
Bergen	2	0	2
Burlington	51	28	23
Hudson	12	2	10
Hunterdon	12	1	11
Morris	1	0	1
Somerset	73	18	55
Warren	3	0	3
Totals	154	49	105

Total number of dairies inspected, 154, of which 103 were first inspections and 51 second inspections; number to which letters were sent, 23; number of samples of water collected on dairy premises, 2; total number of creameries inspected, 8, of which 2 were first inspections and 6 were reinspected; number of water samples collected from creamery premises, 3.

During the month ending April 30, 1909, 71 inspections were made in 47 cities and towns.

The following articles were inspected during the month, but no samples were taken: Milk, 352; butter, 399; foods, 1,118; drugs, 455.

Other inspections were made as follows: Milk cans, 137; milk wagons, 331; milk depots, 81; grocery stores, 322; drug stores, 80.

Bacteriological Department.

Specimens examined for bacteriological diagnosis: From suspected cases of diphtheria, 392; tuberculosis, 449; typhoid fever, 179; malaria, 14; miscellaneous, 21; total, 1,055.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the laboratory, 145; public water supplies, 40; private supplies, 27; creamery wells, 3; dairy supplies, 51; State institution supplies, 7; spring waters, 2; sewage samples, 15.

Inspections.

Public water supplies inspected at Atlantic City, Pleasantville, Bridgeton. State institution supply inspected at Morris Plains. Spring waters investigated at Taylorsville, Pa., and Howell.

Sewerage systems inspected at Jamesburg, Asyla, Glen Gardner, Morris Plains, Plainfield, Burlington, Vineland, Moorestown, Collingswood, Haddonfield. Special investigations, Bound Brook, Delanco, Somers Point, Perth Amboy, Bridgeton, Lawrenceville, Cliffside Park, Orange.

Stream inspection on Delaware, Elizabeth, Rahway and Shrewsbury rivers.

Number of persons summoned before the board, 4; number of cases referred to the Attorney-General, 10; number of persons notified to cease pollution, 85.

Sketches and advice given for private disposal plants, 46; plans for municipal disposal plants approved, 5; plans submitted and held for action, 4.

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PRESIDENT'S ADDRESS.

Delivered at the 143d Annual Meeting of
the Medical Society of New Jersey,
June 23, 1909.

"SOME RECENT ADVANCES IN MEDICAL AND SURGICAL WORK."

BY DAVID ST. JOHN, M. D.,
HACKENSACK, N. J.

The physician in making a diagnosis, in most cases, is no longer satisfied to reach a conclusion by looking at the tongue, taking the pulse, etc. Medicine like surgery is becoming an exact science; in this day we endeavor to prove things, and to that end we call to our aid microscopy, bacteriology, chemical analysis, etc. Great advances in the diagnosis and cure of some diseases have been made, while in others the results of the investigations are still in doubt.

Perhaps the most important, because of the wide prevalence of the disease, is the very general revival of the interest in the use of tuberculin for the diagnosis and cure of tuberculosis. Koch, in 1890, announced the discovery of tuberculin, by the use of which he then claimed the production of a specific reaction in persons suffering from tuberculosis, and as curative, in incipient or afebrile cases, if carefully administered over a sufficient length of time; this announcement was hailed with enthusiasm by physicians, as well as by the multitude of victims of this dreaded disease.

This preparation of Koch, or the use of

it, was very disappointing as a cure, for several reasons which are well known. Of the curative effect of the later preparation, Koch himself seems the most sanguine in saying that he believes its efficacy as a cure is completely proven, provided its application be restricted to still curable cases, that is, to those not too far advanced, and not complicated by streptococci, staphylococci, pneumococci, influenza bacilli, etc. This strong statement from so competent an authority is certainly encouraging.

The method of tuberculin therapy as practised by Trudeau, however, is largely adopted in this country. He emphasizes the danger of faulty administration, as follows: "Beginning the treatment in too large doses." "Raising the dose too rapidly, or at too short intervals." "Injecting again before all effects of a reaction, both constitutional and local, have passed away." "Increasing a dose after reaction has occurred." "Neglecting to consider malaise, headache, loss of appetite, and increased cough as evidence that the limit of the patient's tolerance has been reached, and calls for an interval of rest, and a reduction of the dose."

The Calmette ocular reaction for tuberculosis which has been generally used, is now superseded by the more modern tuberculin test of Von Pirquet. The most important factor in tuberculosis therapy, and the one upon which success or failure depends, is one of dosage, says Trudeau. Rivere, of London, considers tuberculin almost a specific for localized tuberculosis, with improvement in all varieties as threefold: "(a) Improvement in general health, including appetite, weight, general fitness and color; (b) Marked mental improvement; (c) Tendency to local healing. Of-

ten the lesion heals with the first injection, but there is generally a relapse and several injections are necessary to complete the cure."

Cancer next to tuberculosis in its prevalence, thus far, has resisted the effort of the army of research workers to combat or cure it, and the hope of its eradication is still clouded with doubt and uncertainty. Strauss, of New York, and others, have been experimenting along the line of injecting the serum of a carcinomatous animal in man. Strauss reports one case cured, but also adds that this might have been a coincidence.

Ehrlich, in his last article upon the subject, disclaims the parasitic theory. If his observation is correct, the hope for a cure in this fatal disease will still depend chiefly upon the early and radical operation, which statistics show is successful in 45 or 50 per cent. of cases. Some surgeons claim a still higher rate.

A curative agent for typhoid fever is still unproven. A serum is on trial, however, for immunizing against the disease. Walters and Eaton report a series of cases treated by the hypodermic administration of vaccines made from dead bacilli.

A mother and three children, all attacked at the same time, were infected from one boy. Typhoid fever was clearly demonstrated in all cases by the Widal reaction, leucopenia, lymphocytosis and roseola; vaccines were used in all but the youngest child, who was only slightly ill. The mother and the two children who received vaccines showed immediate abatement of clinical manifestations and in the children also a rapid fall of temperature was observed. The youngest child, however, who was not inoculated, became steadily worse, until on the fourteenth day of the disease the temperature was 104.8. It fell immediately with the administration of vaccines.

From the observation of forty cases, the authors suggest that the early administration of typhoid vaccine seems in many cases to shorten the duration of the disease and modify the severity.

Peabody and Pratt, of Boston, and Coleman and Buxton, of New York, are doing excellent work in the blood study of typhoid. They say of the 55 cases of Hirsh and themselves which showed the presence of bacilli in the blood before the serum reaction could be obtained, 23 were in the first week, 26 in the second, and 6 in the third; the diagnostic value of these in

cases in which only one or two serum tests have been made is important.

A negative serum reaction may have no significance even in the third week of the disease. Moreover, Hastings has shown in some of the cases, especially those of short duration, that a positive serum reaction may be present for only two or three days. If the serum reaction had not been tried on those days, the result would have been recorded as negative, throughout the disease. For the complete diagnosis of an obscure case by the serum reaction, this test should be made daily.

*Conclusions.—1. The typhoid bacilli is present in the blood of every case of typhoid fever throughout its course.

2. The bacillemia in typhoid fever does not constitute a true septicemia, but it represents an overflow of bacilli from the lymphopoietic organs.

3. The clinical picture of typhoid fever results only from infection of the lymphopoietic organs by the typhoid bacillus, with invasion of the blood stream and destruction there of vast numbers of bacilli.

4. The endotoxins of the typhoid bacillus are not cumulative in action and convalescence from the typhoid fever per se is established within a few days after the disappearance of the bacilli from the blood.

The Flexner treatment of acute cerebro spinal meningitis has given results sufficient to warrant its extended use; in a report of more than 400 cases by Flexner and Jobling in which the diagnosis was positively shown, the mortality was only 25 per cent.

By comparison this is remarkable, as before the use of this serum in epidemic meningitis the mortality ranged from 65 to 85 per cent. They emphasize the importance of the sub-dural method of injecting the serum which is fully described by Dunn, of Boston (*Boston Medical Journal*, Vol. 159, page 743, 1908), and close their report as follows:

"It is our belief that the analysis of histories of cases of epidemic meningitis which have been presented, furnish convincing proof that the anti-meningitis serum when used by the sub-dural method of injection, in suitable doses and at proper intervals, is capable of reducing the period of illness; of preventing, in large measure, the chronic lesions and types of the infection; of bringing about complete restoration to health, in all but a very small number of the recovered, thus lessening the

*Peabody and Pratt.

serious, deforming and permanent consequences of meningitis; and of greatly diminishing the fatalities due to the disease."

The Hiss Zinzer extract of leucocytes is being experimented with and successfully to a degree, in pneumonia. The Janeways, of New York, take a very conservative view of its value. Dr. McLaughlin, of Jersey City, is hopeful but guards his opinion as follows:

"Dr. David St. John.

"Dear Doctor: I beg to acknowledge the receipt of your letter of the 22d inst., and regret at this time I feel that there are not enough data to make an extensive report. It is my intention to continue investigations along the same lines until there are some 20 or 25 cases of lobar pneumonia in which the vaccine therapy has been used by me. So far, this number is not on hand and while the results to date are exceedingly encouraging, still it is my desire not to let my enthusiasm interfere with the scientific judgment of the work.

"With kindest remembrances, I am

"Very truly, G. E. McLaughlin."

Dr. Dickinson, of the same city, is enthusiastic as to its value, and by his courtesy I am able to refer you to a summary given of a year's use of vaccine by White and Eyre, of Guy's Hospital, London, *Lancet*, June 5, 1909; also report of Battin, Edinburgh, *Lancet* for May 22, 1909.

In the treatment of erysipelas by the so-called Polyvalant-Sera, the cocci are produced from various sources; puerperal sepsis, erysipelas, acute streptococcus abscess, are used as an antitoxic serum; this treatment is still in an experimental stage. It is also interesting to note that good results are reported from Bellevue Hospital in the use of the leucocyte extract in erysipelas.

The serum treatment of chronic nephritis is also being tried by withdrawing blood from a nephritic case, the serum is warmed and injected in a dog in increasing doses; the dog is then bled, and the serum obtained is injected in small doses until no constitutional reaction occurs.

The Wassermann serum reaction for syphilis depends upon a given bacterial substance with the specific antitoxins found in the blood of an infected animal; unfortunately the technic of the operation is difficult and, outside well-equipped laboratories, is scarcely possible; clinically the results are very promising.

Dr. Naguci, of the Rockefeller Institute,

has simplified the method of obtaining this reaction, and with his modification its practical value will be greatly increased.

The Rogers Beebe serum for the treatment of exophthalmic goitre is proving of great value; some cases under treatment by the writer are showing marked improvement in every symptom.

The advances in the surgical field are equally promising; since the remarkable report of Fisher in 1867, of 400 cases of injury to the heart, showing that frequently patients lived several days after wounds of that organ, numerous attempts and failures to successfully repair such wounds, have been made.

Rehn, in 1897, reported a case; this brilliant result in a single case gave fresh stimulus to surgeons, so that by June, 1908, 141 cases of heart wounds with 64 recoveries were collected and reported by Stewart, of New York.

This, considering the rapid work necessary, with the attending difficulties to overcome, is a most gratifying result.

Schiff in 1874, experimenting with animals, in which the heart's action had ceased by the use of chloroform, was able to start its action again by rhythmical compression.

A few years later Pruss and Battelli, by different means, were able to establish the heart's action.

Kuliabko, in 1902, was even able to re-establish pulsations for two or three hours in hearts, removed from animals and kept on ice for several hours, by filling the heart with a special fluid.

With these wonderful results, surgeons were encouraged to hope for successful experiments in the human subject, and Ricketts has reported 39 such cases with 12 recoveries.

Crile, of Cleveland, after chloroforming a dog until all action of the heart ceased for fifteen minutes, by injecting saline and adrenalin solution into the carotid artery, succeeded in again starting the heart's action.

Keen, on reviewing the brilliant operations on the heart, predicts that the results so far show that it is no dream of a surgical Utopia, but that before long "valvular disease of the heart, hitherto an absolutely incurable disease, may be dealt with surgically and with the possibility of success."

Great advances have also been made in the surgical care of wounds of the arteries and veins.

Formerly, as you know, large wounded vessels were ligated with the frequent result of producing gangrene; now, through the labors of Guthrie, Carroll and Crile, the country surgeon in the remote districts—and let me remind you that it is among this class that the genius born of necessity sometimes accomplished its most brilliant work; such was McDowell, whose centenary we have just commemorated—by familiarizing himself with the methods and by experimenting on animals, may hope to meet with success in these cases.

This method of direct and close connection of artery to vein by obviating the formation of a clot, has robbed the treatment by transfusion of its chief danger.

The former method of treating aneurysm, with the complication of gangrene so apt to follow, thanks to Matas, of New Orleans, has been wonderfully advanced. The dilated portion of the sac, after temporarily tying above, is opened and the walls sewed together, leaving a lumen through which the blood continues to flow; of the 85 operations of this kind reported to June, 1908, 78 were successful.

With pardonable pride we may mention the fact that eight-tenths of these operations were done by American surgeons.

Dr. Carrol, of the Rockefeller Institute, sewed the artery of a father to the vein of the leg of his new-born babe, in whom hemorrhage came on immediately after birth; this treatment rapidly stopped the hemorrhage, the babe quickly rallied, and became a strong, healthy child.

Downes, Crile and others have used this method successfully in preparing patients for safe operation, who by traumatism or disease had suffered loss or impairment of their blood supply.

Crile has emphasized the value of this method in saving life at the time of the operation by placing the husband by the side of the wife, connecting the artery of the husband to the vein of the wife, the supply of blood from husband to wife making safe an operation, which otherwise by shock from ether and the knife, would have resulted fatally. Crile himself says, "in some cases the results seemed nothing short of a resurrection from the dead."

These lives were saved through the lesson taught by animal experimentations; and what forceful answers they offer to the empty arguments of the shouting opponents of vivisection.

The exchange or transplanting of parts of the body of an animal with the same

parts of another animal, seem hardly less than miraculous, yet Carrol and Guthrie have done this operation successfully in a number of cases.

Removing both kidneys with their appendages from one cat and replacing the same from another cat, as well as removal of the entire leg of a dog, replacing by the leg of another dog with the preserving of the permanent function in both. These surgical magicians have also successfully removed a portion of the carotid artery of a dog and after twenty days transplanted it in the aorta of a cat, and the cat lived and thrived for several years.

Lexer, of Konisberg, has removed an entire diseased knee joint and replaced it with a healthy joint, the success being perfect. The work of this eminent surgeon in plastic surgery of the nose has also been most ingenious and remarkable.

Ollier, of France, I believe, was the first to transplant periosteum from one animal to another, thereby developing a growth of new bone. With these experiments accomplished, with all the possibilities they suggest for the replacing of lost parts, and the regrowing and replacing of parts removed by disease or traumatism, what rational answer can our friends, the enemies of vivisection, make?

Kocher, of Berne, has an ample and rich field in his own country for the surgical study of goiter, and has greatly advanced the operation for its successful removal; his latest report is that of 3,000 operations, with the surprising low mortality of only three in a thousand, or about one-third of one per cent.

Mayo Brothers also report a large number of successful operations. At first, you know, the entire gland was removed, but as serious symptoms akin to cretinism and tetany often followed, a portion of the gland was left; but while this procedure prevented the first complication, it only lessened the occurrence of the second, as tetany occasionally followed. By accident, I think, the idea came to Kocher to transplant one or more of the small parathyroid glands from the neck of the animal to the upper part of the tibia, then later remove the entire thyroid gland from this animal; the effect has proven most satisfactory, and like experiments on the human subject give promise of like results.

Kocher, the Mayos and others are meeting with flattering success in the operation for the much more serious disease, ophthalmic goiter.

With great advances already made, the future in every field is full of promise.

The various cults which are assuming a "brief hour on the stage," and which a few may view with apprehension, will only serve to stimulate you to greater and higher efforts.

Your profession was never so capable of rendering skillful, scientific care to the sick as it is to-day, and should command as its well-earned right, the respect and confidence of the people, the State and the nation, as never before.

With the matchless teaching of Welch, Brewer, Bryant, Blake, Flint, Janeway, Kelly, Crile, the Mayos and others, your young men are coming out to join your ranks, well equipped by the most exacting training of a long course. In the hands of such leaders, these recruits will maintain this standard, and press forward to more brilliant achievements.

ORATION ON SURGERY.

Delivered Before the Medical Society of
New Jersey, June 23, 1909.

BY GEORGE EMERSON BREWER, M. D.,
NEW YORK.

I desire at the outset to express my high appreciation and best thanks to the president and officers of this society, for their courtesy in extending to me the invitation to be present on this occasion and to deliver the oration in surgery.

It is, however, with mingled feelings of pleasure and hesitation that I accept; pleasure for the reason that it gives me an opportunity of being present at this interesting meeting and of listening to the discussion of many important subjects; hesitation for the reason that I feel my modest contribution will fall far short of what should be expected in such a communication.

While it is customary on these occasions for one to give a general review of the recent important advances in surgery, I see by the program that this subject is to be presented by your honored president, and I have, therefore, elected to limit myself to the consideration of two border-line topics, which have interested me greatly during the past few years, and which largely have to do with the differential diagnosis of acute abdominal infections. The two subjects to which I refer

are, first, the acute unilateral septic infarcts of the kidney, and, second, acute diverticulitis of the colon.

While both of these subjects have been discussed by the writer in previous papers, and while on this occasion I shall beg the privilege of quoting largely from my former communications, my excuse in again calling attention to them is my firm belief that their importance is not as yet adequately appreciated by the general practitioner.

When one is called to a patient suffering with acute pain in the abdomen, associated with fever, muscular rigidity, and tenderness, in the absence of a history of trauma, one's first thought is of acute appendicitis, acute cholecystitis, perforation of a gastric or duodenal ulcer, pancreatitis, or, in the case of a female, an acute infection of the uterine appendages. One must also think of acute pneumonia, diaphragmatic pleurisy, colitis, functional digestive disturbances accompanied by intestinal toxæmia and other non-surgical lesions.

The differential diagnosis of all of these conditions, while not always easy, is so well understood and appreciated by most practitioners that nothing I could say would be of any practical value. It is my belief, however, that the two conditions which I mentioned above should always be considered in this connection, and while both are comparatively rare, they occur with sufficient frequency to justify a far more careful consideration than has yet been accorded them in any of the modern text books on medicine and surgery.

Let us first take up the subject of acute septic infarcts of the kidney.

While it is a well-known and generally accepted fact that an acute blood infection of the kidney may be unilateral, and while the symptomatology of the terminal lesions following such an infection, as pyelonephritis, pyonephrosis, abscess of the kidney, or perinephritis, are well understood and generally easy of recognition; it is not generally appreciated that in some cases, the early symptoms of a severe blood infection of the kidney are so atypical and so closely resemble those of an acute pneumonia, appendicitis, cholecystitis, or even a perforative lesion of the alimentary canal, that many errors in diagnosis are made. This early stage of a severe hæmatogenous infection of one kidney, by its onset, symptomatology, and often rapid progress toward a fatal termination, forms a distinct pathological en-

tity, differing in many respects from the other types of renal infection.

That I am justified in stating that the condition is not generally recognized, is evidenced by the fact that, of nine more or less typical examples of the disease which have been admitted to my service at the Roosevelt Hospital during the past four years, only one came in with a diagnosis of a renal infection. Of the other eight, one was diagnosed acute cholecystitis, one a perforating lesion of the colon, one general sepsis, the remaining five being sent in with a diagnosis of acute appendicitis.

The condition to which I refer was first brought to my attention by the following case, which occurred in my service at the New York City Hospital some twelve years ago. The patient was a female, aged twenty years, admitted to the hospital suffering from double femoral fracture and multiple contusions of the body. After some three weeks of treatment, during which there were no evidences of disease or infection of any kind, she suddenly became violently ill, with symptoms suggesting an attack of grippe. The temperature rose to 104 degrees Fahrenheit or more; the pulse was accelerated; she complained of pain in the back and extremities. After two or three days of observation, a careful examination revealed tenderness over the right kidney, albumen and pus in the urine. Exploratory nephrectomy was advised, and refused by the patient. The symptoms increased in severity; she complained of constant aching pain in the right flank, had a number of chills, became delirious, and presented every evidence of a profound and rapidly progressive sepsis. At no time did she complain of pain or tenderness over the left kidney. Consent was finally obtained for operation. Under a general anaesthesia, the right kidney was exposed by a lumbar incision. The perirenal fat was found to be oedematous, the surface of the kidney was studded with deep red, elevated lesions. On incising the cortex, the entire parenchyma was found to be filled with minute abscesses, the largest being about 0.5 cm. in diameter. There was considerable hemorrhage from the cut surface of the kidney, which was controlled with difficulty. As the patient's condition was critical, the kidney incision was packed with gauze, and the external wound partly united and dressed. She died within twelve hours.

During the next five years two other cases were encountered, each almost identical in onset, clinical history, and pathological findings. In both of these cases the kidney was explored, incised and drained. Both died within twenty-four hours.

Up to this time I feared to perform a nephrectomy, for the reason that I believed the lesion to be bilateral, although the symptoms pointed to one side only.

The next case was, as will be seen, more carefully studied, and, the treatment being the same, the autopsy gave me my first definite conception of the true pathological lesion, and clearly pointed to more radical treatment.

The patient was a man, aged twenty-one years, who, at first, complained of general pain and fever. The symptoms temporarily subsided, but three weeks later pain occurred over the right kidney region, and was accompanied by a rapidly rising temperature and other symptoms of progressive sepsis. On examination, there was tenderness and some muscular rigidity in the right flank. The urine was albuminous, contained some pus, a few red cells, and casts. Urine from the right kidney was scanty, highly albuminous, contained many red cells, and a few white cells; that from the left was practically normal. Temperature, 105.5 degrees Fahrenheit; leucocytes, 20,000. No evidence of other septic foci could be found. The right kidney was exposed by lumbar incision, and freely opened by a cortical cut. The entire parenchyma was studded with minute abscesses. Drainage was inserted, and the wound partly closed. There was marked improvement in the symptoms, which continued for several days, but this improvement was succeeded by a gradual return of the septic manifestations, with scanty albuminous urine, delirium, and death. On autopsy, the right kidney was found to be completely destroyed by numerous abscesses. The left kidney, spleen and other organs showed the presence of very recent septic infarcts, which had not broken down. Cultures demonstrated streptococcus pyogenes. In this case the lesion was evidently unilateral at the time of the first operation; and, had the kidney been removed at that time, recovery would probably have occurred.

This case served to awaken my interest in the matter, and, taken in connection with my previous experience, conclusively

demonstrated that in these cases we have to deal with a severe type of infection, presenting an obscure symptomatology, which tends to progress rapidly to a fatal termination, unless something far more radical in the way of treatment be employed than that carried out in my earlier cases.

It is a well-known and generally accepted fact, that during the progress of any acute infectious disease a certain number of micro-organisms find their way into the blood current. It has also been shown, by numerous experiments, that many of these organisms are excreted through the kidneys. If the number of organisms is comparatively small, if their virulence is low, and if the kidneys are in a healthy condition, the transit of these organisms through the renal apparatus gives no demonstrable lesion. If, on the other hand, the number of the organisms is large, if their virulence is high, or if one or both kidneys are diseased, lesions are produced, which may vary from a slight, cloudy swelling or glomerular nephritis, to a complete destruction of the organ by purulent infiltration or necrosis.

The lesions most commonly found in these cases are due to a plugging of the smaller arteries and capillary vessels with groups of organisms. These minute emboli are later surrounded by an encircling zone of round cell infiltration. Where the larger trunks are thus involved, triangular infarcts are present; where the capillaries only are involved, minute abscesses are seen throughout the cortex and beneath the capsule. If the process is allowed to go on, the bacterial emboli are rarely recognized, only areas of necrosis and purulent infiltration are found. At a still later stage many of these collections of pus coalesce, forming larger parenchymatous abscesses, which may rupture through the capsule giving rise to a perinephritis, or into the pelvis giving the typical picture of pyelonephritis. In some of the cases, the condition has been described as an acute, purulent, interstitial nephritis. In the writer's opinion, all of these appearances are but different stages of the same process.

As Israel had already called attention to the fact that trauma, calculus disease, ureteral obstruction, and floating kidney, act as strong predisposing factors in directing a given blood infection to one kidney, a series of animal experiments were undertaken to verify these statements and to

afford an opportunity of studying the lesions thus produced.

Broth cultures of various pathogenic organisms, as the colon bacillus, bacillus typhosus, streptococcus pyogenes, staphylococcus pyogenes aureus, pneumococcus and other were injected into the ear veins of rabbits and dogs, and one kidney subjected to various forms and degrees of trauma. In other cases, conditions simulating calculus were produced by injecting bismuth paste into the pelvis and ureter; while in others, the ureter was ligated. In a large proportion of these experiments, lesions were produced in the injured kidney identical with those found in our clinical cases. A record of these experiments, together with a report of thirteen clinical cases, was published in *Surgery, Gynecology and Obstetrics* in May, 1906, to which the reader is referred for further details. Without dwelling further upon the pathology of these cases, the writer will proceed to describe the three clinical types of the infection.

First, the severe type, in which the toxæmia is so great as to obscure the comparatively mild renal symptoms. This type progresses rapidly to a fatal termination unless promptly arrested by nephrectomy. Thirteen cases of this type have come under the observation of the writer, of which five were treated by nephrotomy and drainage, death following in every instance; eight were treated by nephrectomy, all recovering. The following case will serve as an example:

A woman, aged 22 years, experienced a severe pain in the epigastrium and right side of the abdomen, with vomiting and high fever. She was sent to the Roosevelt Hospital with a diagnosis of acute appendicitis. On examination, the appendix region was free from evidence of inflammation. There was, however, pain and muscular rigidity in the right hypochondriac region, with tender points over the gall bladder and costovertebral angle. Temperature was 105 degrees Fahrenheit; pulse, 120; leucocytes, 18,000.

Cystoscopic examination was negative, urine from the right kidney scanty and slightly albuminous, few pus and blood cells; that from the left kidney was abundant and apparently normal. Widal negative; no plasmodia; no tubercle bacilli in the urine. The diagnosis rested between an acute infection of the gall-bladder or kidney. Small anterior incision; gall-bladder and liver found to be normal, but

the right kidney seemed to be enlarged. Anterior incision united, and the kidney exposed by lumbar route. The perinephritic fatty tissue was oedematous; the kidney enlarged, highly congested, and the seat of innumerable small infarcts. Nephrectomy performed. After operation, the temperature fell from 105.5 degrees Fahrenheit to 97 degrees Fahrenheit within twelve hours, and thereafter remained practically normal.

She made a satisfactory convalescence. Microscopic examination of the specimen showed it to be filled with minute embolic abscesses.

One year later this patient married and became pregnant. I had an opportunity of examining her urine before and after her confinement. It was normal in every respect. Her confinement was normal, and she presented the picture of robust health two months later.

It will be observed that in this case, and in a number of others of this group, the symptoms and signs strongly pointed to an intraperitoneal septic focus, rather than to a lesion of the kidney. In fact, in several instances, I felt so sure of the diagnosis that no cystoscopic examination was made.

The next group of cases may be classed as the intermediary type, for the reason that while the initial symptoms may be as severe, the evidences of grave and progressive toxæmia are wanting.

These cases, like the preceding group, often simulate in their symptomatology, appendicitis, cholecystitis, or abscesses of the liver. If unrecognized and unrelieved by appropriate treatment, they go on to the formation of the more definite and more easily recognized text-book lesions, as renal abscess, perinephritic abscess, pyelonephritis, or pyonephrosis.

In not a few instances, where the local pain is mild in character, or where the mind is clouded by the toxæmia, fever is the only symptom which attracts the attention of the medical attendant, and in these cases a diagnosis of typhoid fever is not infrequently made. The lesions in these cases, while the same in general character as in the severe type, are fewer and more scattered, and the amount of renal tissue involved is less. Stripping the capsule from the affected organ when the lesions are small, or combined with the opening and draining of cortical abscesses or areas of necrosis when present, constitutes the best treatment. In certain in-

stances where the treatment has been delayed too long, the suppurative process continues and a secondary nephrectomy may be necessary.

Six cases of the intermediary type have been operated upon by the writer. All were decapsulated. In two cases, in addition to the decapsulation, several cortical abscesses, or areas of softening and necrosis, were opened and drained by gauze tape. All made satisfactory recoveries, although in the drained cases the convalescence was slow, and in one the temperature persisted for several weeks.

The following example is a fair representative of this class. A female patient, aged 32 years, was sent in with a diagnosis of acute appendicitis. The attack began by a severe right-sided abdominal pain, high fever and prostration. There was marked muscular rigidity over the appendix and gall-bladder regions, with tenderness both in front and in the costovertebral angle. In this instance, the primary analysis showed no red cells, only albumin and a few leucocytes. The temperature on admission was 102.4 degrees Fahrenheit; pulse, 120; leucocytes, 20,400. Although the temperature fell to 99.5 degrees Fahrenheit during the night, she was prepared for operation. An anterior incision was made, and the gall-bladder and appendix found to be normal. This was closed and a lumbar cut revealed a large polycystic kidney, studded with minute infarcts and small abscesses. As the toxic symptoms were already beginning to subside in this case, and as there was a strong probability of there being a polycystic, and possibly imperfectly functioning kidney on the opposite side, we punctured several of the larger foci and stripped the fibrous capsule from the organ. She had a slow convalescence, complicated by an embolism of the third division of the right pulmonary artery. The recovery was, however, complete.

It remains for us to consider for a moment the mildest type of the disease, which requires no operation, and is of surgical interest, only on account of the fact that it accounts for certain cases observed by all surgeons in which, during or after a presumably typical attack of subacute appendicitis, or cholecystitis, operation reveals no lesion or sign of recent inflammation.

The following case will serve as an example:

A young lady, aged 25 years, experi-

enced an attack of right-sided abdominal pain, with fever, vomiting, tenderness and muscular rigidity over the right lower quadrant. These symptoms had been preceded by a subacute attack of follicular tonsillitis. Her attending physician regarded the case as one of appendicitis, and asked me to see her in consultation with a view to operation. At the time of my visit the temperature was 100 degrees Fahrenheit, pulse 110. There was a slight tenderness over McBurney's point, which extended nearly upward to the costal border. The muscles were moderately rigid. There was marked tenderness in the costo-vertebral angle. As no urinary analysis had been made, I declined to operate upon her, on the ground that, in my opinion, the lesion was a unilateral hæmatogenous renal infection. I ordered an examination of the urine, and predicted that a trace of albumin would be found, a few red cells, and pus, if the specimen was precipitated by the centrifuge. The analysis proved this prediction to be correct. The patient made a satisfactory recovery without operative treatment. This mild type of the disease is also of occasional interest in that it accounts for certain irregular periods of temperature occurring during convalescence from some surgical condition or infectious disease.

In these mild cases, pain is not often a prominent symptom and may be absent, the only sign being a unilateral costovertebral tenderness to pressure.

In conclusion, permit me to say a few words regarding diagnosis. The disease may or may not be ushered in by a chill. When present, it generally indicates a severe type of infection. The initial rise of temperature is high, generally 104 degrees Fahrenheit or 105 degrees Fahrenheit, pulse is frequently 120, or above. The toxæmia is marked from the first, and, with the high fever, suggests often acute grip, lobar pneumonia, or one of the exanthemata. Then follows a more or less vague pain in the abdomen or flank, corresponding to the side of the lesion. Tenderness and muscular rigidity over the region of the appendix, or gall-bladder, leads often to error in believing one of these organs to be the seat of the disease. As the urinary secretion from the infected kidney is greatly diminished, and is largely diluted by the abundant secretion from the unaffected organ, the mixed urine, when passed or drawn from the bladder, is often quite normal in appearance, and

the slight trace of albumin, blood and pus is often overlooked unless a more than ordinarily careful examination is made.

The one pathognomonic sign present in all cases is a marked unilateral costovertebral tenderness.

In May 1907, the writer presented a paper before the American Surgical Association entitled, "The Etiology of Certain Cases of Left-sided Intra-abdominal Suppuration." In this communication I reported six cases of acute left-sided intra-abdominal abscess, all originating in the left lower quadrant, and all presenting symptoms so similar to an acute appendicitis as to lead to the consideration of a possible transposition of the viscera. In two of these cases I was able to demonstrate at operation a ruptured diverticulum of the sigmoid. The following is the history of one of the cases, which will serve as an example of the disease which goes on to perforation and general peritonitis.

A. W., aged 54 years, was admitted to the Roosevelt in August, 1905, suffering with the evidences of a rapidly developing peritonitis. Four days before admission the patient had experienced a severe pain in the abdomen, which was soon followed by nausea and vomiting. The pain at first was located in the region of the umbilicus, but later shifted to the lower abdomen, and finally became localized. In the beginning of the attack there was little or no fever, the chief complaint being the irritability of the stomach, which led to the belief on the part of his attendants that the patient was simply suffering from an acute attack of indigestion. Accordingly, a cathartic was administered, and other appropriate treatment advised. On the third day the symptoms became worse; there was more pain in the lower abdomen, a gradual rise in temperature, and a progressive increase in the pulse rate. The abdominal tenderness increased and a gradual distention appeared, with a renewal of the vomiting and a rapidly advancing prostration.

When admitted to the hospital his temperature was 103 degrees Fahrenheit; pulse, 128; leucocytes, 16,000. The abdomen was greatly distended, everywhere tender, and tympanitic to percussion. Muscular rigidity was well marked, as much on the left as on the right side. Examination of the heart and lungs was negative. The urine was loaded with albumin and granular and hyaline casts.

Acting on the belief that we had to do with a perforating appendicitis with spreading peritonitis, under ether anaesthesia, an incision was made through the rectus muscle. As soon as the peritoneum was opened there escaped a quantity of thin, foul-smelling pus. The intestines were deeply injected and matted together, and in places covered with a fibrinous exudate. The appendix was sought for and found to be intact, and no more inflamed than the surrounding viscera. As the pus seemed to well up from the pelvis, the incision was enlarged, and the intestines drawn upward out of the cavity. At the bottom of this space we found an oval fecal concretion somewhat larger than a date seed; and, nearby, a deeply congested loop of sigmoid, on the free border of which was the gangrenous remains of a small perforated diverticulum. The perforation was closed with Lembert sutures, the entire cavity washed out with normal salt solution, the wound partly united, and a cigarette drain carried down to the bottom of the pelvis.

The patient rallied well from the operation, but after forty-eight hours of improvement the vomiting returned, the abdomen became more distended, the urine diminished in quantity, the temperature and pulse rose, and he became progressively weaker. All attempts to move the bowels were unavailing, and he died at the end of three days.

The following history of a patient who experienced two attacks of diverticulitis will illustrate two other types of the disease. One an extraperitoneal perforation, and the other an acute diverticulitis recognized and operated upon before rupture.

The patient was a man 45 years of age. He had always enjoyed good health; had never suffered from digestive disturbances suggesting appendicitis, gall-stone colic or peritonitis.

First Attack—In August, 1902, while at dinner, he was suddenly seized with an attack of abdominal pain, nausea and faintness, which necessitated his leaving the table and retiring to his room. The attack soon passed off and he was able to join his friends later in the evening. The following night proved a restless one, as he had more or less constant pain in the lower portion of the abdomen, which prevented sleep, and at times was accompanied by nausea and general bodily weariness. The following day he continued to feel badly, but kept up and about for the reason that

he was a guest at a country house, and did not wish to inconvenience his host. Later in the day he went for a drive and suffered acutely from the jolting of the vehicle. In the evening he was obliged to call a physician, who, after examination, pronounced the case one of colitis. He returned to the city the following day, and as the symptoms continued, he remained in bed. During five days he continued to suffer with pain in the lower left quadrant of the abdomen, fever, and general malaise.

When first seen by me the temperature was 103 degrees Fahrenheit; pulse, 110; leucocytes, 17,000. There was marked muscular rigidity of the left rectus muscle and a tender mass in the iliac fossa. He was immediately removed to the Roosevelt Hospital, and, under ether anaesthesia, an incision was made over the most prominent portion of the tumor. After dividing the tissues of the abdominal wall, a large abscess cavity was entered, which contained about 120 c.c. of foul pus, and an oblong, fecal secretion. On washing out the abscess cavity a small ulceration was seen in the wall of the sigmoid, through which escaped a small amount of fecal matter. The cavity was packed with sterile gauze, the wound partly united, and a dressing applied.

After operation the temperature and pulse rapidly declined to the normal, the pain ceased, and the appetite returned. The discharge from the abscess cavity gradually diminished, until a cathartic was administered on the fourth or fifth day. This gave rise to a very abundant fecal discharge, which continued for several days. It gradually diminished after this period, and the sinus finally closed in about six weeks from the time of operation. The patient remained in perfect health for a period of five years and four months. In January, 1908, he experienced a second attack of acute pain in the abdomen, accompanied by nausea and general malaise. The pain at first was more or less generalized over the entire abdomen, but later became localized in the left iliac region, and was so similar to his previous attack as to at once suggest to the patient's mind a repetition of his former illness. The temperature was moderately elevated, and the pulse accelerated. As I was unable on account of illness to respond to his summons, I asked Dr. Flint to see him.

At the time of Dr. Flint's first visit the pulse was 80; temperature, 101; leuco-

cytes, 15,800; 80 per cent. polynuclears. The abdomen was not distended. On palpation there was felt a well-marked muscular rigidity in the left inguinal and lumbar regions, more particularly to the outer side of the left rectus muscles. The region was sensitive to the touch, the point of greatest tenderness being midway between the anterior superior spine of the ilium and the umbilicus. On deeper palpation a distinct mass could be felt about the size of a small orange, near the anterior spine. This mass was exquisitely sensitive to the touch, and seemed to lie directly beneath the scar of the old operation. Examination of the lungs and heart was negative. The free border of the liver could be palpated about one inch below the costal margin. The spleen was not felt. There was no costovertebral tenderness. The urine was turbid, acid, 1,031, contained no albumin, sugar, pus or blood.

An ice bag was placed over the tender area and the patient passed a restless night. On the following morning the temperature was 100 degrees Fahrenheit; pulse, 82; tenderness and muscular rigidity about the same. There was, however, rather more spontaneous pain, which was of an aching character. Later in the day the temperature rose to 102.5, the pulse rate was increased, and the patient complained of more pain and tenderness. On examination the mass seemed somewhat larger, but this was difficult to appreciate on account of the fact that the muscular rigidity was considerably increased, and now involved the lower two-thirds of the rectus muscle. As it was evident that the condition was a progressive one, Dr. Flint made the diagnosis of acute diverticulitis, and ordered the patient's removal to the Roosevelt Hospital for operation.

After the usual preparation, under ether anaesthesia, an incision was made directly over the mass, which excised the scar of the previous operation. Incision was deepened until the peritoneal coat was reached. An attempt was then made to expose the sigmoid on its outer aspect, which was the seat of the previous abscess. This was, however, abandoned on account of the dense adhesions, which existed as the result of the previous infection. The peritoneum was next opened somewhat nearer the mid-line, and a small amount of turbid fluid escaped. The intestines lying in the left iliac fossa were moderately injected, and in places glued together by a fibrinous exudate. On exposing the

upper part of the sigmoid it was found to be deeply injected and oedematous. On the median side of the gut near its mesenteric border, and extending well on to the median leaflet of the mesosigmoid, was an oval inflammatory mass 8 or 10 cm. in its longest diameter. This mass was apparently made up of an acutely inflamed diverticulum covered by oedematous peritoneum, to which there was attached a number of greatly swollen appendices epiploicæ. The inflamed area was acutely red, very oedematous and covered with a number of enlarged and tortuous blood vessels. On gentle palpation the tumor was found to be fluctuating; it evidently containing a quantity of pus. The colon was exposed and examined for some distance above and below the inflamed lesion to detect the presence or absence of other diverticula. As none were found, an attempt was made to draw the loop of sigmoid through the abdominal wound with a view to treating the lesion by the extraperitoneal method. This was found to be impossible on account of the dense adhesions from the previous operation. The parietal peritoneum was then drawn tightly around the inflamed diverticulum, and held snugly in place by a few catgut sutures at its upper and lower angles. The exposed diverticulum was then surrounded by several layers of sterile gauze, which served also to press the parietal peritoneum snugly against the loop of sigmoid and its mesentery. The wound was then drawn together at its upper and lower angles and united with silk wormgut sutures. In this manner the peritoneal cavity was completely closed, leaving only the enlarged and inflamed diverticulum exposed in the bottom of the wound.

The patient made a satisfactory recovery from the anaesthetic, and with the aid of a moderate amount of morphine passed a comfortable night. In the morning the temperature was 101 degrees Fahrenheit, pulse 88. The patient passed a fairly comfortable day, there being practically no reaction from the operation. On dressing the wound at the end of forty-eight hours, it was found that two small perforations had formed, through which there exuded a moderate amount of foul-smelling pus. Later the diverticulum was freely opened, and a minute opening found, which communicated with the lumen of the bowel. From this time on the treatment consisted in daily dressing with irrigation of the wound and subsequent packing with ster-

ile gauze. The temperature rapidly fell to the normal, the pain ceased, the appetite returned, and the bowels moved. The amount of fecal discharge from the intestinal wound varied from day to day, but was never large. The fistula finally closed about three weeks after operation.

On the twenty-seventh day, as the necrotic walls of the diverticulum had entirely separated, and as the wound was well covered with healthy granulations, an attempt was made to replace the exposed portion of the intestine and to close the wound. Ether was administered, and after a thorough cleansing of the tissues, the perietal peritoneum was partly separated from its adhesions to the margin of the bowel and mesentery. The presenting structures were then pressed inward, and the separated muscles drawn together by silk wormgut sutures. The peritoneal cavity was not opened. A small drain was left in the centre of the wound on account of the possibility of a reopening of the intestinal fistula. No reaction followed the operation. Wound united by first intention, and the small central opening for the drain quickly filled with granulations.

As the patient was rather a stout individual, and as the abdominal muscles were somewhat flabby, he was not allowed to sit up until three weeks after the second operation. A few days later he was discharged from the hospital in excellent physical condition.

While congenital diverticula have been known since the early part of the eighteenth century to be the not infrequent cause of intestinal strangulation, and during the last fifty years to be the occasional cause of peritonitis from perforation, the pathological importance of the acquired diverticula in the production of intra-abdominal abscess has been practically ignored by clinicians, and barely mentioned by pathologists. Wallmann, in 1858, reported 9 cases of acquired diverticula of the colon; of which 1 was in the ascending portion, 3 in the transverse, 3 in the descending, and 2 in the sigmoid. In no instance, however, was any other pathological lesion present. Leube has described these diverticula as hernias of the mucous membrane, and stated that they occur most frequently along the mesenteric border of the bowel. Klebs called attention to the relationship between these protrusions and the blood vessels of the bowel. In 1900 Hodenpyl exhibited to the New York

Pathological Society two specimens of acquired diverticula, one of the duodenum and one of the colon. The latter presented seventy-nine distinct pouches, the majority being in the lower segment of the gut. He expressed the opinion that they were probably due to internal pressure caused by chronic constipation. Other interesting communications on the subject have been made by Max Edel and Graser.

Regarding the pathological importance of these diverticula, I have been able to glean very little from the literature. Sydney Jones, in 1858, was perhaps the first to mention it. He described a case of intestinal-bladder fistula, which he believed to be due to ulceration of a sigmoid diverticulum. Loomis, in 1877, described a case of peritonitis due to inflammation of multiple diverticula of the left colon, several of which contained concretions. Birch-Hirschfeld, in 1887, called attention to the possibility of diverticulitis with perforation and the formation of intra- or extra-peritoneal abscess. More recently Fischer has reviewed the entire subject, described four specimens, and expressed some doubt regarding the role of constipation as a causative factor. The most satisfactory and comprehensive exposition of both the pathological and clinical aspects of the subject is the paper by Edwin Beer, in the *American Journal of the Medical Sciences*, July, 1904, page 135.

It will thus be seen that from time to time during the past half century pathologists have observed and reported specimens showing inflammation, necrosis and perforation with or without the presence of fecal concretions, of these false diverticula of the left colon, and have clearly demonstrated the relationship between these lesions and a general or localized peritonitis. For the most part, however, these communications have been buried in the transactions of pathological societies, or have appeared in periodicals not largely read by clinicians. This circumstance and the rarity of the condition will easily account for the fact that the disease is not described in our clinical text books, nor generally recognized by the profession.

Since the publication of my original paper on the subject, many clinical reports have been recorded, but as yet the subject has not been extensively considered in any of the standard text books.

From my experience, acute diverticulitis, like appendicitis, may be divided into four clinical groups:

Group 1, in which there is a mild inflammation of a diverticulum, which subsides like a catarrhal appendicitis under rest and appropriate medication.

Group 2, in which the inflammation is more severe and progressive, in which the diagnosis is made and operation performed before rupture takes place. As the opening connecting a given diverticulum with the intestine may be small, the acute inflammatory process may serve to completely occlude it, and empyema of the diverticulum with or without the presence of a concretion may develop. The last attack of the patient reported in this paper would be an example of this type of the infection.

Group 3 would comprise those cases in which there has been a rupture of the diverticulum, with the formation of a localized abscess, either intraperitoneal, or, if the diverticulum is situated in a portion of the intestine not covered by the peritoneum, the entire process may be without the peritoneal cavity. The history of the first attack of the patient reported would correspond with this type of the disease.

Group 4 would include all cases in which rupture of the inflamed diverticulum into the free peritoneal cavity had taken place, with a resulting spreading or generalized peritonitis. The first case reported would be an example of this type of the disease.

In general, it may be stated that the symptoms and signs of acute diverticulitis are practically identical with those of acute appendicitis in its various forms, the only difference being that the former occurs as a rule on the left rather than on the right side of the abdomen.

Sufficient data are not available to enable one to determine what percentage of inflamed diverticula is actually perforate, and it is, therefore, not possible to state dogmatically whether a given case of acute diverticulitis with comparatively mild symptoms should be subjected to immediate operation or should be treated more conservatively. In my opinion, however, the clinical course of the disease is so similar to the various forms of acute appendicitis that the treatment should be the same. Certainly in all acute cases, with severe and progressive symptoms, safety lies in early operation. Had operation in the case reported been delayed, rupture would undoubtedly have taken place within twenty-four hours, and in all probability would have resulted in a rapidly spreading peritonitis.

Regarding the operative technic of the treatment of an inflamed or gangrenous diverticulum, my experience has been far too limited to lay down any hard and fast rules. In my judgment, however, if the diverticulum is small or attached to the bowel by a narrow pedicle, removal, with closure of the intestinal wound by purse-string or several Lembert sutures, would be indicated, providing the surrounding intestinal wall was not too much infiltrated. In the event of the diverticulum being large, attached by a broad base, or covered by a plexus of enlarged vessels, the safest method, in my opinion, would be the one employed in the case reported, that is, extraperitoneal drainage. If the situation of the lesion is such that extraperitoneal treatment cannot be carried out, I suggest packing with gauze, from the abdominal wound to the lesion, leaving this packing in place from forty-eight to seventy-two hours, or until firm adhesions have formed about the gauze column; then removal of the gauze and free opening of the abscess, allowing it to drain through the channel thus formed.

If rupture had already occurred the intestinal wound should be united by suture, if this is possible; if not, adequate drainage should be provided.

ORATION ON MEDICINE.

Delivered Before the Medical Society of
New Jersey, June 23, 1909.

BY THOMAS N. GRAY, M. D.,
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To be invited to speak on the subject of medicine is, in itself, a high honor. When the invitation is to make the address before the New Jersey State Society, the honor is not only higher than ordinarily comes to one, but carries with it a responsibility commensurate with the traditions and accomplishments of this, the oldest medical society in the United States, a history of the life of which is one of constant effort to elevate the science and the practice of medicine.

It is a long look back from this day to the beginning of the art of medicine, and well worth one's time is it to occasionally take this look backward if, in doing so, a lesson can be learned, or an incentive to still greater zeal in the profession be aroused. Fear and superstition its beginning, it came up through fetiches, alchemy,

charms, poisons and priestly function to some little knowledge of man and his ailments, having no basis except that there was pain and sickness and that sufferers demanded relief therefrom. Later, because always have there been in medicine men superlatively endowed and with a dominating query controlling them, and spurring them on in a quest for the why, there came about some small knowledge of cause and effect, as applied to the human body and its ailments. This glimmer of light, like a guiding beacon, sometimes brighter, sometimes dimmer, but never absent, led men on to a half truth here and a whole truth there, each century bringing nearer the true knowledge of the causation and the cure of disease.

All through these years have there been self denial, the assumption of great risks, the giving of life. Would that we could find the resting place of the many among our brothers of the past who have given life in search after knowledge and in the care of the sick, and mark them with that greatest of epitaphs, "Greater love hath no man than this, that a man lay down his life for his friend." And to-day, all over the civilized world, are men, yes, and women, of all races and creeds, trained to the work, delving into the secrets of nature; and to what end? Not self-aggrandizement or riches, but solely for the good of man are they giving brains, energy, time—their all. Side by side with these delvers is the great body of the profession, not engaged in experimental work, but well equipped in education to follow along the lines of this work, "proving all things, holding fast that which is good." And for what end are these in city and hamlet and in faraway places giving the best that is in them to medicine, taking no thought of self, meeting dread infection with no thought of danger, while warning others constantly? Their profession is not a money-making one; not many reach to fame.

What is it that stirs young men of all generations to take up medicine as their life calling? Other careers holding out promise of fortune and fame invite them. But they choose the calling which entails hard work in preparation and a hard life to follow this preparation. What is it that brings the son of the medical man, than whom no one knows better the self-denial, the self-forgetfulness, the uncommercialism of the physician, to follow in the footsteps of his father? The desire to help a

brother in distress is the keynote of the life of the man in the laboratory and of the man in practice; and is, in the greatest number of cases, that of the aspirant to the medical degree. How true it is that seldom is the medical man commercial!

It is the spirit of devotion to mankind on the part of the men of medicine that gives to the history of medicine its salient feature—steady advancement in knowledge and equipment.

Those of us who can look back for thirty years spent in the profession stand amazed when we compare the knowledge attained then with that which is now within reach. What a limited field was that of the microscope! Were the possibilities of its searching, illuminating powers dreamed of? What did we know of the composition of the blood? Of the urine we knew that it contained pathologically albumen, sugar and casts. We knew that our patients with tuberculosis coughed and spit and died. We saw many instances of one after the other of a large family sicken and die with it. Many present can recall with perhaps a flush of mortification the expenditure of money for an apparatus for the generation of sulphuretted hydrogen and its discharge into the colon of the consumptive, led to a hope of a cure by this means, by the enthusiastic reports of the wonderful effects of the treatment by a man who stood high in the profession. Oh, shades of amulet, fetich and incantation! We knew that organs were inflamed; how or why was a deep secret. Just a glimmer of the possibilities of bacteriology was ours. As aids in diagnosis we had hand and eye and ear and tongue.

The causes of disease were a misty etiology, heredity, violation of the laws of nature, poisons, chemicals, contagion and in a few instances infection. And how little we knew what contagion and infection meant! We attended summer after summer children by the hundreds with cholera infantum; dysentery was a common disease. Every fall there came into our hands the harvest of typhoid fever. Children were drinking polluted milk, adults this and polluted water. Diphtheria was a nightmare. How many can recall an experience which the younger generations will never have—that of leaving a home downcast, broken in spirit, with the fight all gone from our energy, because in this home we had left two, three, four, yes, five lifeless bodies, all that remained of what a short time before had been a happy,

joyful, noisy brood of children. Dead from diphtheria, in whose presence we stood as slaves before a master! Scarlet fever was a horror. We stood by and saw the little ones die by the awful death of suffocation—from membranous croup. We held up our hands and saw the victims of hydrophobia die a horrible death. In torrid countries the plague and yellow fever carried off their thousands and tens of thousands.

It would be tiresome to detail all the advance made in all departments of medicine; just a few to add emphasis. As late as 1891, Austin Flint, an authority at that time, knew only of the blood, red and white corpuscles and plasma. He had no hint of hemolysis or bacteriolysis, of hemagglutination or bacterial agglutination, or of the enzymes of the blood. Misty was his view of hemoglobin. He said of the leucocytes: "It is impossible in the present state of physiological knowledge to assign any definite use for the leucocytes of the blood and lymph. These bodies may be concerned to some extent in the development of the red blood corpuscles * * * all that can be said is that the office of the leucocytes has not been ascertained." He dreamed not of phagocytosis of lymphocyte, mono- or polynuclear leucocytes. Hazy was his knowledge of the thyroid. No mention does he make of the parathyroids, although he knew there were such bodies. Just an instance or two in pathology. Roberts Batholow, a giant in his day, discusses appendicitis in twenty-nine lines in his "Practice of Medicine." One year later William Osler is able to devote eight pages to the same disease, so much as to its causation and pathology had been discovered.

It is only within a few years that pyelitis has been included in treatises on the diseases of children, without which such a book to-day would not be standard, no matter by whom written. In diagnosis how have we received aid from the laboratory! What a commentary on the training of eye and hand and ear and the faculty to get history and more history, is the fact that we were correct in the majority of our diagnoses! Even to-day, with all the facts the laboratory gives us, we can but use it as an aid, not infallible. How often do we retain our diagnosis of typhoid, diphtheria and tuberculosis, though the laboratory examination has said "No." None the less because of the wonderful advance in biological and patho-

logical knowledge, together with that of bacteriology, do we need to keep to the higher degree of efficiency, eye and hand and ear, with an ever increasing ability to reason logically and without bias.

In this wonderful advance in scientific medicine, how have we burrowed into chemistry, biology, bacteriology, sanitation, photography, electricity and other lesser sciences! How voracious has been and is the desire to know more and more and still more, until to-day we stand on the threshold of still greater advancement. What we know already of bacteriology and natural immunity has almost opened wide the doors which now shut out the knowledge of the workings of the enemies of the human body and of the methods of nature in dealing with them. Research and experimental laboratory are knocking loudly. Starting in mist, growing to an art, to-day medicine occupies an exalted place in the world of science. How soon will the advance in therapeutics come, which is inevitable when the doors swing wide?

Some advocates of a line of treatment not based on a knowledge of scientific medicine may ask, "What have you accomplished in your researches, in your laboratories and by your vivisection?" What has medicine accomplished? Typhus fever a history; smallpox no more a scourge; the plague in chains; hydrophobia no longer a terror; yellow fever and malaria banished in the face of determined work; cholera infantum rare in occurrence; typhoid fever and dysentery no longer epidemic; diphtheria no more a nightmare; great promise in serumtherapy, in scarlet fever; tuberculosis often cured. We might say in parenthesis, surely surgery cannot claim premier honors in work accomplished or advance made.

How has preventive medicine figured in this showing, and to whom does the honor belong? Every law on the statute books which has to do with the prevention of disease had its origin with the men of medicine. Never has the medical profession required urging in this line. Ever ready to rob their pockets for the benefit of man, as soon as preventive measure is proven fact, one and all seize upon it. Jenner discovers the value of vaccination. Did the public demand this protection? No. The medical profession urged it in the face of ignorant opposition, continued to this day.

Diphtheria antitoxin is proven immunizing. Did the public demand immunity? No. The physician had to urge it upon family and all exposed. In the early days of anti-rabies serum was it an easy task to get the bitten one and the family to agree to treatment? Is the mass of the people to-day taking advantage of the knowledge of tuberculosis which the medical profession has given it? No. Every physician has experienced instances where he has failed to make the family in which there is a case of tuberculosis careful. And because of this carelessness this disease will not be controlled until the consumptive spitter is dealt with as is the insane person—as a menace to the community.

The giant strides made in scientific medicine during the last decade have been accomplished by a demand for an educational standard commensurate with each and every advance. This demand comes not from the public, but from the medical world, in this, as in its entire history, standing for what is best for the sick and injured. As a consequence, the many bogus medical colleges of thirty years ago have been diminished to a very few and the better class of schools has raised again and again the requirements for entrance and studies, so that in 1910 fifty-four medical colleges will require for entrance one or more years of college, these years to be devoted to the study of physics, chemistry, biology and language. Columbia University has appointed a committee, which is to study and report on the practicability of a department of hygiene, sanitary science and preventive medicine. It will be no matter of surprise in the near future to have the medical colleges announce that a diploma will be given only at the expiration of a year spent in hospital after graduation. The Committee of Education of the American Medical Association is imbued with tireless activity in the effort to raise the standard higher, and has done a splendid work in urging county societies to establish post-graduate courses. The State Board of Examiners is, in the majority of States, doing good work in maintaining the standard; but there is, in fact, a wide variation in the character of their examinations; and in many States the fact that the appointment is a political one prevents the examiners from acting as independently as they might.

The history of medicine carries with it a history of all sorts of isms and fads which have flourished for awhile and then faded

away. Also does it carry a history of innumerable attempts to take a short cut from ignorance to the practice of medicine. Until the State boards came on the field, this took the form of the "diploma mill." Of late years, it has taken the form of cults; and notwithstanding all the knowledge gained, which has only made stronger the facts that to administer to the sick with any prospect of benefit, all must be known that is available relating to the causation of disease and the methods of nature in dealing with it, and that to gain this knowledge anatomy, physiology, biology, chemistry, hygiene, sanitation, pathology and bacteriology must be studied, not casually, but to the full extent of knowledge in their directions, these cults are not only allowed to exist, but are encouraged by educated men. It would seem that educated, thinking men would realize that in caring for as intricate a piece of mechanism as is the human body, the highest possible attainment of knowledge should be possessed by the one proposing to do this work.

A jurist would not recognize one who called himself a lawyer who had not passed the necessary examinations. A body of clergymen would not recognize nor admit to their sacred calling one who did not meet a certain standard as evidenced by an examination. The large contractor will hire as active and consulting engineers only those who can produce credentials of the fullest knowledge of mechanical engineering. The pedagogue must have a fixed standard of education before he can teach. There is no short cut to that profession which cares for the spiritual welfare of men. The same applies to the profession which cares for man's material welfare. But when it comes to caring for his physical welfare, in the face of the erudition of this twentieth century medicine, the clergyman and the jurist, in many instances say, in effect, "It is not necessary that a man or woman shall have all the knowledge possible in scientific medicine in order to care for the sick." Indeed, in many instances, the highly educated man in his own life work says it is unnecessary to possess any of such knowledge. "Consistency, thou art a jewel!" or is it more charitable to say that only an unbalanced mind could have so distorted a vision? Because of this distorted vision among the educated, and because of the blind faith among the ignorant, psycho-therapist, electro-therapist, Christian Sci-

entist and osteopath flourish in the land.

Further, it has remained for the last mentioned cult to seek to enter by devious ways this House Beautiful, the foundations of which are laid in the ills and hurts of mankind, the walls of which have been reared by centuries of self-immolation, injured health and sacrificed lives on the part of the men of medicine, and the doors of which are opened wide to admit those who seek to enter and find that which will fit them to care for the sick and the suffering. Year after year the legislatures of various States are besieged to give these men the license to practice medicine without undergoing the examination prescribed by law; an examination to which the graduate of the high standard medical school, in which he has proved his fitness to receive his degree, makes no objection, since he is but again required to prove his fitness. The osteopath wishes the law to make himself the judge of his qualifications. Is not the fact that he seeks to evade the examination an admission of insufficient education? Did he possess the knowledge of scientific medicine, lacking which no one should be allowed to practice, he would have no objection to appearing before the appointed tribunal. His subterfuge, not argument, is that he objects to being examined by his enemies. Full well he knows that the opposition of the medical profession to sought legislation is not from a mercenary motive. It is due to the same motive that prompts the fight against anti-vaccinationists and anti-vivisectionists; the same motive which prompts the medical man to urge the full power of the law against any one who attempts to stop or interfere with the enforcement of the laws relating to preventive medicine. Only because, having the knowledge which is ours, realizing that with the possession of this knowledge we fall far short of being the best we can to the sick, we know that the sick are taking great risk in trusting any but the thoroughly educated in medicine. How shall we resist this effort to make the wonderful advance in scientific medicine as though it were not?

How shall medicine meet this situation? Unless I can offer some plan with reason in it there can be no excuse for taking up valuable time, as I have. I believe that one of the best ways to meet the onrush of psychotherapist, electrotherapist, Christian Scientist and osteopath is by the establishment in medical colleges of chairs on psychotherapy, electrotherapy and oste-

opathy, so that what there is of benefit in these lines of treatment may be had by every graduate in medicine. In line with this there should be on the statute books of every State a uniform law, defining in what the practice of medicine consists, so broad that it will cover any and every method which proposes to treat the sick. With this, a uniform standard of education, high enough to keep out all but the most desirable. I believe that this standard should include a year in hospital before conferring the degree.

The Congress of the United States passed a Pure Food Law in the line of preventive medicine. The time is not a great while in the future when it will enact a National Board of Health Law, a Preventive Medicine Act. Is it too great a dream to suggest that in time it will be possible to secure national enactment on that which concerns the public just as much as does a pure food law and a national board of health—the care of the sick and injured? Is it chimerical to take a long look ahead when, with a uniform law on the statute books of all the States, a man with a high degree of education can prove again his fitness before a National Board of Examiners, free from the taint of political appointment? Think of a Mayo, a Murphy, an Ill, a Welch, a Musser, a Flexner, a Hare, a Thoyer, a Burrell, a Roche, a Kipp or a Cabot examining men and women as to their qualifications! If this be not an impossible dream, then can we look forward to the time when only the men who have taken a long look through the wide open portals, behind which are seen the workings of nature, will be allowed to have the care of the sick and the suffering. And when this time comes, with the knowledge attained to, diseases will grow less and less virulent and infants will have a greater chance to come up through childhood, young manhood and young womanhood; and, if the laws of nature are obeyed and the preventive medicine measures are enforced, will be able to pursue their activities as men and women, until the machinery of life shall have run its normal course.

The prognosis in tuberculous diseases of bones and joints in children has been improved more by the practical application of the fresh air treatment than by any other means. The next step in surgical enlightenment is to apply the same treatment to other surgical disease.—American Journal of Surgery.

THE DIFFERENTIAL DIAGNOSIS OF SCARLET FEVER.*

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When a person is taken sick suddenly with a chill, accompanied or quickly followed by a high fever, vomiting and a sore throat without false membrane; when a punctate erythema soon appears on the face and neck and spreads over the entire body, to be followed in due course by complete desquamation, we call the disease scarlet fever. We do not know what scarlet fever is, i. e., we do not know what poison has brought the patient to this condition, but the name of scarlet fever has been given to this group of symptoms, and its sequellæ. Such a condition is easy of diagnosis; but many cases do not show this typical symptom complex in its entirety, and it is in these atypical cases that the diagnosis becomes difficult. The eruption especially is prone to variations. It may be absent, or at least not observed; it may be evanescent, or only occur in one or two limited patches on different parts of the body; or, on account of mildness, it may be so atypical in appearance as to be mistaken for the eruption of some other disease. Of all the symptoms of scarlet fever the eruption taken alone, in a mild case, is of the least value in diagnosis. For this reason, and owing to the importance of protecting others from the infection, the diagnosis should be made without the help of the eruption, and before it appears, if possible. The eruption sometimes appears within two hours of the chill, occasionally as late as forty-eight hours after, usually between twelve and twenty-four hours. Commonly it appears first on the face and neck, and spreads quickly over the entire body. In typical cases the eruption is of a bright scarlet tint, and seems to be erythematous in character, but on close inspection, especially with a glass of low power, it will nearly always be found to consist of minute red puncta on a paler erythematous ground.

Sometimes the color is paler and the puncta are more pronounced so that they may be felt by delicate palpation. W. M. Welch¹, in Stelwagon's "Diseases of the Skin," says, "the color of the rash is often

described as scarlet, but if it be compared at the bedside with a piece of scarlet flannel, a wide difference will be observed, even when the rash presents its brightest appearance. It is difficult to describe the color exactly, but it may be said to be a dull red rather than a bright red. * * * In a rash of extreme intensity minute hemorrhagic puncta may be seen, which generally disappear entirely on pressure. In such cases, as well as in many milder cases, innumerable miliary vesicles appear at the height of the eruption. They are, as the name implies, the size of a millet-seed, conic in shape, and contain the merest speck of a milky fluid. They are more frequently seen on the region of the skin in which the eruption is most intense, as upon the mons veneris and anterior axillary folds, yet they are by no means infrequently present on the abdomen and chest. A magnifying glass will often bring them into view, when they cannot be seen by the unaided eye. In certain atypical cases the rash may be so indistinct that its true nature cannot be recognized; or, indeed, it may be absent altogether."

I have not been able to find any statistics as to the comparative frequency of "scarlatina sine eruptione," but it is probably not very rare. I have seen several cases of slight fever, with sore throat, and other mild symptoms, but without eruption, in persons exposed to scarlet fever, which I could not attribute to anything else. In rare cases, of great malignancy, the patient dies, apparently before the eruption has time to appear. In other cases, I have no doubt, there is a transient eruption, occurring in the night, or at some other time, when the patient is not under observation, and lasting only three or four hours. In this way only can those cases be explained which desquamate without any eruption having been seen. When the eruption is well marked on the face the entire face will be very red, except that there will be a white line or border about the eyes and the nostrils, and especially about the mouth. This appearance seems to be peculiar to scarlet fever, but when it is seen the case is so evidently scarlet fever from the other symptoms that this sign is of little value in differential diagnosis. There are many other eruptions almost identical with that of scarlet fever, and some are followed by similar desquamation. The following diseases and conditions have all been mistaken for scarlet fever:

*Read before the Summit (N. J.) Medical Society, as part of a Symposium on Scarlet Fever, May 28, 1909.

Rashes caused by the following drugs: Acetanilid, anti-diphtheric serum, antipyrine, arsenic, aspirin, atropine, alcohol, belladonna, benzoic acid, boric acid, bromides, capsicum, carbolic acid, chloral, chloramid, cantharides, chloroform, castor oil, conium, copaiba, cubeb, digitalis, hyoscyamus, iodides, kerosene, lead acetate, mercury, opium, pilocarpine, phenacetin, phosphoric acid, potassium chlorate, quinine, salicylates, sodium benzoate, santonin, sodium borate, stramonium, sulphonal, tannic acid, tar, oil of turpentine, tuberculin, veratrum viride, and a few other rarely used drugs, used either internally or externally. Also intertrigo, eczema, erythema from crying, from fever, from bandages; erythema scarlatinoides, erythema urticans, heat rash; the rashes that sometimes accompany diphtheria, septicaemia, or acute indigestion, or are caused by eating certain articles of food to which the patient is idiosyncratic. Dermatitis exfoliativa, dermatitis exfoliativa epidemica, dermatitis exfoliativa neonatorum; measles, rotheln, and the fourth disease (Filatow-Dukes disease).

I have one patient in whom one grain of quinine will cause a red itching eruption over the entire body.

For these reasons it is unsafe ever to make a diagnosis of scarlet fever from the eruption alone. If a person who has a mild fever with a scarlatiniform eruption, and no other symptoms, a tentative diagnosis may be made, subject to confirmation, or otherwise, by the sequellæ. A careful inquiry will determine whether or not the eruption is due to drugs or food. The initial chill, sore throat, and vomiting, followed by a continuous high fever, should exclude the erythemas and various kinds of dermatitis. Dermatitis exfoliativa epidemica is excessively rare in this country, occurs almost entirely in institutions and in hot weather; does not begin with a chill, is not attended with much fever, and the eruption appears in patches on different parts of the body at the same time. Other acute skin troubles do not have the initiatory symptoms of scarlet fever, the angina especially being absent. In nearly all the other erythemas the punctate character of the scarlet fever eruption is absent, especially on the hard palate. In deciding between scarlet fever and septicaemia much dependence must be placed on the history both of exposure and invasion, and on the presence or absence of any source of septic infection. The erythema of septicae-

mia which sometimes follows labor, or surgical operation, was formerly thought to be scarlet fever. It is not followed by desquamation. The diagnosis of scarlet fever from the eruption only should never be made during the first two years of life. The age almost positively excludes that disease. In dermatitis exfoliativa there is no sore throat, and vomiting and fever are rare. "The skin is hyperemic and red, with at first usually slight and sometimes scarcely perceptible inflammatory infiltration; later it may become more pronounced, and occasionally quite marked. After a short period—several days to a week or more—the characteristic exfoliative feature presents, the exfoliation taking place as thin, variously sized flakes, or as slightly thickened imbricated scales. As a rule, however, the scales are thin and usually of a dirty gray or brownish tinge; the underlying skin is smooth, red, shiny, and later has a yellowish cast."² New scales are formed and the process goes on for weeks or months. In dermatitis exfoliativa epidemica the desquamation follows a similar course. In erythema scarlatinoides the constitutional symptoms are slight and sore throat extremely rare. Sometimes the rash looks more like measles, but usually the resemblance to scarlet fever is very marked. The bright eruption, without marked fever, sore throat, or other marked constitutional symptoms, distinguishes it from the latter disease. "In most instances the rash begins to subside in from twenty-four hours to three or four days, with desquamation, which may be branny, or may take place in large thin sheets. Exceptionally desquamation is scarcely perceptible. In extreme cases the tongue and throat may share in the eruption, and exceptionally the nails may be shed, and even the hair lost."² The erythema is rarely so general in its distribution as in scarlet fever, and the throat is not swollen, but in some cases the diagnosis will have to be deferred for several days before it can be made positive.

The age is sometimes of assistance in making an early differential diagnosis. All authorities agree that scarlet fever is extremely rare during the first year of life, and rare during the second year; that it almost never occurs after 40, and is not at all common after 10; and that it is most often seen between the second and sixth years. Koplik³ says: "Scarlet fever occurs at any age," and A. Caille⁹ asserts, "No age, sex or race is exempt." Osler⁴

says: "A large proportion of the cases occur before the tenth year," also "Adults, however, are by no means exempt," and "Very young infants are rarely attacked." Murchison⁵ states: "Over 90 per cent. occur under 10 years." Holt⁶ says, "The susceptibility is not great in early infancy, but increases until about the fifth year, after which it steadily diminishes." Also, "it may be stated that, approximately, not more than one-half of the children exposed take the disease." Kerley⁷ says, "Cases occurring in children under six months of age are rare," and relates the following: "In this ward were four nursing women, who were orderlies; each had a baby under four months of age. * * * Every one of the twenty-two older children, from 2 to 6 years of age, came down with scarlet fever, together with one of the nursing women, who nursed her own child through the period that she had the disease. Neither her own child nor the other three nurslings took scarlet fever. On the contrary, they thrived and grew fat in the atmosphere, about ten weeks being required to complete the cases."

I have never seen a case under 2 years, nor over 25 years of age.

A history of exposure to infection and the date of such exposure are helps in diagnosis. Authorities agree that in the vast majority of cases the period of incubation is from three to five days. Koplik³ says: "If eleven days elapse without the appearance of symptoms, we may with reasonable certainty say that the danger is past." C. V. Pirquet⁸, of Vienna*, thinks "the incubation is sometimes less than twenty-four hours," and relates a case in which it was fifty days. Caille⁹ asserts: "The period of incubation varies from a few hours to a few weeks." Osler⁴ says, "from one to seven days, oftenest two to four." Musser¹³ writes: "It may be a few hours, and, in exceptional cases, six days." Kerley⁷ says: "Few go by the seventh day. After the ninth day the chances of its developing are very small." In an analysis of 113 cases by Holt⁶ the period of incubation was twenty-four hours or less in six cases, or about $5\frac{1}{3}$ per cent.; from two to six days in about $73\frac{3}{4}$ per cent.; seven to nine days, $13\frac{3}{4}$ per cent.; eleven to twenty-one days, three cases, or about $2\frac{3}{4}$ per cent. A clear history of having had scarlet fever before, a positive diagnosis having been made, almost certainly excludes that disease. Holt⁶ says: "As a rule one attack of scarlatina gives immunity

through life. The exceptions are very few." Koplik³ "has met cases of a second attack." Kerley⁷ reports a case in which a second attack occurred in three months in a boy of 6 years. "The first attack was moderately severe, followed by a free desquamation. The second attack was of unusual severity, and the boy died." Many authors have reported second attacks, still they are so rare that if the patient has had one attack we should be very careful about making this diagnosis a second time. I have seen one case. This girl was 4 years old when she had her first attack, which was typical, moderately severe, and followed by complete desquamation. The second attack occurred three years later. The source of infection could be easily traced, the invasion, signs and symptoms, while not absolutely typical, were fairly so, the desquamation was not so free as in the first attack, but still considerable. A feature of this attack was the condition of the throat. The tonsils and soft palate were covered with a false membrane that seemed so typical of diphtheria that I refused to believe it was not until two careful examinations showed no Klebs-Loeffer bacilli. Diphtheria antitoxin did not have any apparent effect on the membrane and reduced the temperature to a slight degree only, for a few hours. In this attack the child was very sick, and one ear suppurated, but there was only a very slight nephritis.

The diseases that appear suddenly with chill, fever of 103 degrees F. or more, vomiting and sore throat, are scarlet fever, streptococcal tonsilitis, indigestion and malarial fever. In tonsilitis vomiting is rare, the redness of the mouth and throat is not so widely diffused, the tint is not so bright as in scarlet fever, there is no punctate appearance of the hard palate and usually the mouths of the tonsillar crypts are filled with white or gray secretion. In young children the initial symptoms of indigestion sometimes so closely resemble those of scarlet fever that time alone can make the diagnosis. Even the appearance of the throat may be strikingly similar, although the punctate character of the redness of the hard palate is never present. There may even be a fleeting erythema over the body, but it is not punctate in character. There is usually a history of indiscretion in diet, or constipation, and as a rule there will be pain, tenderness or distention of the abdomen. The little patient is more fretful than in scarlet fever,

complains more of his illness, and is much troubled over the vomiting, which is accompanied with more retching, nausea and distress than is the vomiting of scarlet fever.

In malarial fever the vomiting is usually absent, the sore throat is not so marked and often absent, the spleen may be enlarged, the surface of the body is not so warm, there may be a history of a previous chill twenty-three or forty-six hours before, and the symptoms almost entirely disappear in a few hours. The blood may be examined for the malarial organism.

The temperature is of almost no help in distinguishing between these four diseases at the beginning. It is, however, inclined to rise in scarlet fever, and to become lower in the other three within a few hours.

In examining the throat we should be careful and methodical. If the patient is a small child, roll him up tightly in a blanket so as to prevent all moving of arms and legs; have him held in the erect position, with some one else supporting the head; have good illumination; have patience, and do not hurry. Do not press down too hard on the tongue. Often the mere weight of a stout glass rod or the handle of a spoon is sufficient. If the patient cannot be persuaded to breathe through the mouth, gently close his nostrils, and show him how by panting yourself. It takes considerable tact, patience and dexterity to successfully examine a child's throat and not make an enemy. First look at the tongue. It is usually somewhat coated, with red tip and edges. Do not expect to find the so-called strawberry tongue at this stage. It is due to the desquamation of epithelium, and comes later if at all. It does not appear in all cases, and occurs in many other diseases. In the mouth and throat are found the most reliable indications of the disease in the early stages of scarlet fever. These signs are apparent at the time of the initiatory chill, and probably before.

Kerley⁷ says: "In differentiating these difficult cases I have found the throat manifestations of no little help. * * * I have seen but few cases without a distinct angina, and no cases without angina when a characteristic rash was present." Most authors state there is nothing in the appearance of the angina of scarlet fever to differentiate it from other anginas. Marcus P. Hatfield¹⁰, of Chicago, thus describes it: "The angina of scarlet fever may assume any form from simple catarr-

hal injection to extensive necrotic destruction of tissue. Ordinarily, a bright red flush, with punctate marks, such as might have been produced by a small brush dipped in red ink and dotted over the pillars of the fauces, is the earliest and one of the most characteristic symptoms of scarlet fever." C. V. Pirquet⁸ says: "The gums early have a milky appearance." To me there are several little points that are of assistance in making the diagnosis. The redness is more diffuse than in other sore throats; all the mucous membrane in sight is red even to the lips. In tonsillitis the redness sometimes extends over the posterior wall of the pharynx, but seldom forward over the mucous lining of the cheeks. The same may be said of simple acute catarrh. In scarlet fever the tint is brighter than in measles or diphtheria, and the hard palate has a distinctly punctate appearance. In measles the color is browner, the mucous membrane has a blotchy appearance in distinction from a punctate appearance, and Koplik's spots can nearly always be found. In simple catarrh, measles and diphtheria there is apt to be more mucus present than in scarlet fever. In diphtheria before the membrane appears the color of the mucous membrane is sometimes almost purple. The false membranes of diphtheria, scarlet fever, and tonsillitis cannot be distinguished from each other by appearance, situation or ability to adhere to the parts. I formerly thought differently, but have been disappointed so often that I now depend entirely on the bacteriological examination, and give diphtheria antitoxin at once in all doubtful cases. I have never seen it do any harm. Occasionally, but rarely, there is so little sore throat at the outset of scarlet fever that it is of little or no help in the diagnosis. Vomiting, also, is sometimes absent, and sometimes there is only nausea. Most authors speak of vomiting as one of the regular initial symptoms. Osler⁴ says vomiting is common. Musser¹³ states, "vomiting is the rule except in mild cases." Kerley⁷ says, "in a small proportion of the cases there is vomiting." In an analysis of over 500 cases seen by him there was initial vomiting in about 40 per cent. About one-half of my own cases have had vomiting as one of the earliest symptoms. Usually there is less nausea with this symptom than with the vomiting of indigestion, and if the patient is a child he is apt to pay but little attention to the vomiting of scarlet fever, while the vomit-

ing of indigestion seems to worry him considerably. The same thing can be said of the vomiting of meningitis as of scarlet fever, i. e., it is sudden, often projectile, and but little noticed by the little patient. The initial chill is occasionally absent or not noticed. In infants the chill may cause, or be replaced by a convulsion.

Adenitis is an early symptom of scarlet fever, occurring in nearly all cases. As it is a common symptom in other diseases, it is of little help in the early differential diagnosis, except, perhaps, that it comes a little sooner in scarlet fever, and affects first the glands at the angles of the lower jaw. It is not so general as in rubella.

Scarlet fever is sudden in its onset; the poison accumulates and ripens, so to speak, until there is an explosion. Even in mild cases the patient or the parent can state with considerable exactness the hour when the sickness began. This is a distinguishing mark between this disease and diphtheria, measles, drug eruptions, and nearly all the skin diseases. There is no slowly rising fever with an indefinite beginning, preceded by general malaise, as in diphtheria and measles. The intense catarrhal conjunctivitis with lachrymation, of measles, with catarrh of nose and throat causing a profuse secretion of mucus, are absent. The throat is more nearly dry and hot. Koplik's spots cannot be found. The brownish macules of measles, with their tendency to be arranged in groups, or crescentic masses, are very different from the punctate blush of scarlet fever. There is sometimes a preliminary eruption in measles, of a pointed nature, that may be mistaken for an atypical scarlet fever eruption, but a careful analysis of the history and constitutional symptoms will almost always exclude the latter disease.

In rubella (rotheln, German measles) the invasion, symptoms, temperature and course of the disease, and the eruption, in both color, shape and distribution resemble measles much more than scarlet fever. The illness is evidently not so severe, and there is little or no sore throat. In some cases of rubella, however, the eruption very closely resembles that of scarlet fever. The fact that in rubella the posterior lymph nodes are especially affected, while in scarlet fever the anterior nodes are first and most involved, will help to make clear the diagnosis. The so-called "fourth disease, or Filatow-Duke's disease," does not protect from scarlet fever, measles or rubella. The incubation is from nine to

twenty-one days, the invasion in severe cases is characterized by malaise, headache, anorexia, lassitude, and aching pains in the back and extremities, but in mild cases the rash is the first symptom. Vomiting is extremely rare. The catarrhal symptoms are those of measles but far less severe, and sometimes absent. There may be a slight reddening of the oral and palatal mucous membrane. Koplik's spots are absent. The eruption appears from twenty-four to thirty-six hours after the invasion, commencing on the face, and covering the entire body in a few hours. It consists of minutely punctate spots, much smaller than the papules of rubella, and less than the eruption of measles. The individual points of eruption may, at first, be somewhat discrete, but they very soon become closely agminated and are bound into large patches by a diffuse erythematous blush. The general appearance and distribution of the eruption is very similar to that of scarlet fever, and its bright tint is retained up to the time of its disappearance, which occurs in two or three days, when it disappears as quickly as it came. There is very little of the feeling of heat, itching and general discomfort common in scarlet fever. Desquamation appears quickly, and may be either fine and branny, or in large flakes, and lasts two weeks at most. The febrile movement is mild and bears no relation to the intensity of the eruption. The highest temperature recorded was 102.5 degrees F. The pulse rate is but little affected by the disease, the quick sharp pulse of scarlet fever being absent. There is nothing characteristic in the appearance of the tongue. There may be slight coating of the tongue, but the desquamation of lingual epithelium, or "strawberry tongue," does not appear. There is usually some early enlargement of the cervical and occipital glands, but nothing like the severe adenitis of scarlet fever. The course of the disease is uniformly mild, and most patients do not willingly remain in bed. The differentiation of this disease from mild scarlet fever is not always easy, a history of previous attacks of scarlet fever, measles and rubella is an aid. Other helps are the longer period of incubation; the mildness of invasion; the absence of vomiting and sore throat; the short duration, rapid appearance, and rapid disappearance of the eruption; the unaffected pulse; the absence of albuminuria; the early and very moderate glandular enlargement, the glands at the

angles of the jaw not being especially affected, and the mild and comparatively short course of the disease. It is more likely to be mistaken for rubella than for scarlet fever. (Schereschewsky¹¹.) I think I have seen three cases of Duke's disease; in two the diagnosis was uncertain, in the other fairly positive. None of the three was sick enough to be abed longer than a few hours, and there were no complications. One case, the one that seemed most certainly to be Duke's disease, attended a business college daily all through it without communicating it to any one else so far as I could discover.

In pharyngitis and tonsilitis, besides the difference in the appearance of the mouth and throat already spoken of, the general condition of the patient is different. Although the fever may be as high, and the patient may complain as much, yet he does not seem so sick as in scarlet fever. There is not the same depression of the great nervous centres, not so much prostration, more interest in what is going on around; in a sense, he is not so nearly out of the world. Also, he complains more of the throat, and there is more apt to be laryngitis, with hoarseness. There is usually more nasal catarrh, and more cough. In cases of diphtheria where there is no false membrane, or it is out of sight, and an erythema is present, the temperature will be lower, the pulse softer and usually weaker, the catarrhal symptoms more pronounced; the color of the faucial mucous membrane will be more nearly purple than scarlet, the mucous membrane of the cheeks will not be so much involved; the punctate appearance of the hard palate will be absent, and the erythema will lack the punctate character seen in scarlet fever. In cases where there has been doubt all through the course of the disease the desquamation or the sequelæ of nephritis with dropsy, or suppurating ears, or suppurating lymph nodes may finally determine the diagnosis.

Finally Pospischill¹², of Vienna, describes cases of scarlet fever in which the only symptoms are fever and prostration, with what he calls the "scarlet fever heart," and followed by desquamation. These cases occur during epidemics, and in persons exposed to infection. The scarlet fever heart occurs also in cases showing all the other symptoms of the disease. Its most striking clinical feature is the rough murmur and the split first sound; a systolic bruit may precede, or be superadded to

these. There is often a blowing, apical, or pulmonary systolic bruit, an accentuated pulmonary second sound, and arrhythmia. What is more characteristic, however, is a reduplication of the first sound with a rough grating murmur, loudest near the third costal cartilage, and audible over the whole sternum; in well-marked cases it is the same as is heard in pericarditis. These symptoms Pospischill considers due to a myocarditis, accompanied with more or less endocarditis, or pericarditis, or both.

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*Now of Baltimore, Md.

Suppurating arthritides do not always require exposure of the joint or even large incisions, irrigation and drainage. Such treatment invites mixed infection and ankylosis. If the pus be very thin—even though of streptococcic origin—thorough aspiration (which may need to be repeated) and immobilization may effect a rapid cure with perfect function. Purulent arthritis and peri-arthritis as it occurs in small children as a complication of one of the exanthemata (often in connection with trauma) is often quite amenable to conservative, and even ambulant treatment; aspiration, or irrigation and drainage, and immobilization. Judgment is needed, of course, to determine what cases are amenable to this conservative surgery, and what point in the treatment it must be abandoned in favor of more extensive intervention.—*American Journal of Surgery*.

Clinical Reports.

Arthritis Deformans in a Child.

Dr. A. S. Hershfield reports the case of a girl of ten who had always been well until five years of age, when, after sleeping on the moist ground, had pain and gradual swelling of the right ankle. After four weeks the acute condition subsided, but left the ankle enlarged and disabled. The right ankle soon followed the same course, and for three years the inflammation was frequently repeated in one or the other joint. At eight years of age both wrists became involved, as did various knuckles. The elbows and knees were painful, but not swollen. On examination the heads of the ulna and radius were enlarged. The wrists were much enlarged and crooked. There was enlargement of nearly all the joints of the fingers, and the little fingers were contracted. The case differed from those described by Still in having no enlargement of the spleen or lymph glands. The hip joints were not involved. The knees and ankles were much swollen and contained fluid. The author thinks that the history suggests a neurotic origin to the condition.—Pediatrics.

Chylous Ascites in an Infant.

Dr. Le Grand Kerr (N. Y. State Jour. Med., Jan., 1909) records a case of this rare condition in a child only sixteen days old. On the third day of life the mother noticed a slight enlargement of the infant's abdomen which progressively increased. When seen on the sixteenth day, the scrotum was distended and its aspiration yielded 16 ounces of chyle, the abdomen meanwhile becoming more lax. Five days later a second scrotal tapping was done and 8 ounces withdrawn. Seven days after this 12 ounces more were obtained. The following day a double inguinal hernia was evident. Two weeks later the child was marasmic, but the abdomen remained normal in size and appearance, and the general condition subsequently improved. As the eruption of congenital syphilis appeared at the time of the second aspiration and improvement took place when antisyphilitic treatment was instituted the inference was that there was some specific condition in the abdominal contents which caused the chylous ascites.

Diabetes in a Boy Ten Years of Age.

Dr. Henry Heiman presented this boy at the meeting of the New York Academy of Medicine, March 11, 1909.

His present trouble began about five months ago with constant feeling of thirst, increased appetite, increased frequency in urination, and loss of weight. His urine had a specific gravity of 1032. There was a faint trace of albumin with picric acid only. The amount in twenty-four hours was 5,700 c.c., sugar, 5 per cent. 285.0 in twenty-four hours, urea 46.6; acetone and diacetic acid were present. There were a few small hyaline, finely and coarsely granular casts and a few epithelial cells. When Dr. Rudisch was requested to assume charge of the patient he ordered a diet which represented proteids, 88.65; carbohydrates, 29.72, and

fats, 114.12; this represented a caloric value of 1,633.0. Atropine methylbromide, grain 1/60 t.i.d., was ordered for a time, and then atropine sulphate was substituted. He was also given bicarbonate of soda and olive oil. From November 1 to January 4 there was a steady decrease in the daily quantity of sugar, which on the latter date amounted to only 4.2 grams. The boy gained about three pounds during this period. On January 5, the sugar disappeared entirely from the urine and had remained absent except on occasions when the patient would surreptitiously take more than his allotted amount of bread. The boy was now taking care of 105 grams of bread daily without any disturbance of sugar metabolism. The prediction as to the ultimate prognosis in this case could only be given with great reserve.

Fibrosarcoma of the Eye-Lid of a Child.

Dr. C. S. Bull reported this case at the April 2, 1909, meeting of the Practitioners' Society of New York, as given in the Medical Record. He first saw the boy, aged nine years, on March 8, 1909. There was a tumor of the left upper lid, extending from the ciliary margin of the lid upward to the superior orbital margin, and involving the outer half of the lid. The skin was freely movable over the growth, but the tumor itself was firmly attached to the tarsus at its base. It was slightly lobulated, quite hard to the touch, and entirely painless and non-sensitive. The eyelid covered the entire eye and sagged outward toward the temple. The mother had noticed, when the child was about two years old, a small pimple or swelling in the lid. This remained unchanged in position and size until about eight months ago, since which time it has grown rapidly, but has occasioned no discomfort except a feeling of weight in the lid. On March 12 the tumor was removed. An incision was made horizontally through the skin and the skin and fibers of the orbicularis muscle carefully dissected from the surface of the growth. It was found to be encapsulated and firmly adherent to the tarsus at its base. It was very hard, so that a sharp hook could with difficulty be forced into it. The cavity was carefully irrigated and the wound in the skin closed by five small sutures. It healed promptly and the boy was discharged on the third day.

The tumor was given to Dr. George S. Dixon, the pathologist of the Eye Infirmary, who reported as follows: "The tumor removed from the lid of the boy proved to be a fibroma growth with a large number of spindle cells, and a little glandular tissue on one edge. The blood-vessels were comparatively few in number and all had very thin walls; even the larger ones carried but a single layer of endothelial cells. There were no signs of irritation and no indications of rapid growth present. It was encapsulated, but the capsule was very thin. Diagnosis: Fibrosarcoma; large spindle-cell variety."

Aneurysm of the Aorta.

At a joint meeting of the Chicago Gynecological and Surgical Societies, held January 22, 1909, Dr. Arthur Dean Bevan presented a patient, 28 years of age, fireman by occupation, who gave a history of a specific lesion dating

back ten or twelve years. Within the last year and a half patient has developed a large aneurysm at the junction of the ascending with the transverse part of the aorta, and patient came to him the first part of December suffering much pain. He was unable to move his right arm, he could not lie down and sleep, and there was an absence of radial pulse in the left arm. He had a good X-ray picture taken, first, to show the exact location of the aneurysm, and then, with the assistance of Dr. Dean Lewis, he wired it on the 10th of December. A gold trocar was inserted on the outside to the right of the median line, to a distance of an inch and a half, but he did not get it into the aneurysmal sac. Then he withdrew it and introduced it a little to the left of the median line, about two inches, when blood began to trickle drop by drop slowly from the trocar. He then introduced fifteen feet of gold wire through the trocar and applied about thirty cells (about 50 milliamperes) of electricity, the positive pole being applied to the wire and the negative to a large lead plate, upon which the patient rested. The current was passed through the wire for about three-quarters of an hour. The process was not very painful. When the current was first turned on the patient could only stand about thirty milliamperes; this was gradually increased to forty, and finally to fifty milliamperes. There has been a marked improvement. Pulsation is no longer noticeable in the sac. Pain has disappeared entirely. The patient can move his right arm, but was unable to do so when he came on account of pain. He can lie down in the recumbent position and sleep with comfort. In addition to this treatment, for a short time after the wiring of the aneurysm the patient was placed upon small doses of iodid of potassium.—*Illinois Medical Journal*.

A Rare Kidney Case.

Reported by Drs. H. Tuholske and W. M. Robertson, of St. Louis, Mo., in the *Interstate Medical Journal*, February, 1909.

Mrs. Ch. R., Jr., 20, married, born in the United States, came under my observation April 1st, 1908. Family history negative. Personal history: Chicken pox, diphtheria, tonsillitis, left femoral hernia, menstruation scant and delayed. Married, June, 1907.

Present Illness—Patient has always been in the best of health, with the exception of the above named diseases and what she designates as three attacks. The first attack occurred in July, 1907, and lasted three weeks; the second in September, 1907, lasting five weeks, and the third in February, 1908, lasting six weeks. These attacks came on suddenly without any premonitory symptoms, in the form of violent pain in the abdomen just left of the umbilicus. For two or three hours the pain was excruciating or, as she expressed it, so severe that she did not know what she was doing. It gradually diminished and a general pain and sensitiveness over the entire abdomen remained for several weeks, confining the patient to bed for a period of from three to six weeks. There was always nausea, sometimes vomiting and sometimes diarrhea. April 1st, 1908, when I first saw the patient, she was recovering from an attack of six weeks' duration. After a careful physical examination, the only thing found was an area the size of a man's hand, just below and to the

left of the umbilicus. This area was painful on pressure and manipulation caused a feeling of nausea. There was rigidity of the left rectus muscle, but nothing abnormal could be detected in the abdomen. The patient's general condition was good and she was rapidly regaining her flesh and strength. The urine, which was frequently examined between April 1st and May 1st, always showed the following result: Cloudy, acid, specific gravity 1018, small amount of albumin, no sugar; microscopically, much pus, epithelium, and swarms of bacteria.

May 3d—Double ureteral catheterization was made. Phloridzin 0.01 injected hypodermatically.

Right Kidney—Sugar reaction, 15 minutes; slightly red, due to traumatism from catheter; trace of albumin; blood; acid, sp. grav. 1024; microscopic exam., red blood cells; sugar 2½ per cent.; amount secured five times that of left. Left Kidney—40 minutes; faint, very pale, cloudy, resembling dirty water; albumin marked; no blood; neutral; sp. grav. (?); microscopic exam., much pus, swarms of bacteria; sugar 0.2 per cent. Mixed—Cloudy; trace of albumin; no blood; acid; sp. grav. 1018; microscopic exam., much pus and bacteria.

Patient saw Dr. Tuholske in consultation, late last spring. Physical examination revealed pelvic organs normal, nothing definite found in abdomen. Further observation advised.

X-ray picture taken by Dr. H. T. Wells showed nothing abnormal. The patient remained entirely well and free from any disturbance until October 27, when she again had a recurrence of pain at the same location. The pain was not severe and continuous, lasting only two days; a small swelling could be detected at a point where the pain had always been most intense. The swelling disappeared with the pain; at the same time the urine became very foul and contained a large quantity of thick stringy pus. An immediate operation was advised and the patient was operated on by Dr. Tuholske on November 18th.

Operation—Objects, exploration of the abdomen at the place of the recurring pain and examination of the left kidney, which, because of the findings in the examinations related, was believed to be in an advanced state of pyonephrosis. Ether anesthesia. Incision 4½ inches long through the left rectus muscle, beginning an inch above the umbilicus. On opening the peritoneal cavity, many loops of small intestine presented, of pinkish color, very vascular, highly injected, no exudate, no matting of small intestines, no adhesions. Having protected the small intestine with gauze pads, I passed by hand to the left along the parietes, leaving the descending and sigmoid colon to the right found the kidney pouch empty, spleen in normal condition, small, readily recognized by its sharp margin and fissures. Exploration of the right side demonstrated absence of the right kidney from its usual location, liver not enlarged, gall bladder normal. After much searching, the right kidney was found lying upon the right lumbar vertebrae, partially upon the bodies, partially upon the transverse processes, normal in size, no compensatory hypertrophy, one ureter. Further search for the other kidney seemed fruitless. The examination, however, had shown two ureteral openings in the bladder. The right kidney had but one ureter. A kidney may have

several ureters, which may singly empty into the bladder, or may coalesce, fuse and open by one opening into the bladder; a single ureter, starting from the kidney as such, never bifurcates. There was, therefore, somewhere, another kidney. Turning the small intestine out of the cavity to the left, we traced the mesentery to its root, extending from the left side of the second lumbar vertebra, across the vertebral column to the right iliac fossa. On palpating along the root of the mesentery and the vertebral column, I thought I felt, upon the third and fourth lumbar vertebrae, just to the left of the median line, a rather narrow mass, over which the peritoneum was movable, perhaps about three inches in length, which felt like a sac or pouch, empty and drawn out. I incised the peritoneum over it to the extent of four inches, dissected back the anterior layer of the mesentery and found the empty sac, which we thought was the kidney. It was carefully peeled out by dry gauze dissection. The ureter was small and traced a short distance; the renal artery proved to be not a branch of the aorta but of the common iliac artery; there was little bleeding, the pedicle was ligated and severed. The sac then still held by two tubular prolongations on the upper side. They were traced until they appeared lost in the perirenal tissue; they were then cut off after clamping and ligating them. We then attempted, in view of the demonstrated infection of the sac, to drain retroperitoneally through the kidney pouch. It proved impossible. A split rubber tube of large caliber carrying a gauze drain was then inserted into the retro-peritoneal space as far as possible, and then carried to the parietes transperitoneally. To atone for this, we sewed the peritoneum over the drainage tube, making a closed peritoneal canal around the retro-peritoneal drain, and drained the adjacent territory by cigarette drain. The appendix, being found diseased, was removed through the original incision, which was then completely closed in the usual way.

Examination of specimen proved it to be an empty, misshapen sac. The ureter and vessels could be readily distinguished. The sac was then cut open; there was no semblance of any kidney structure; it looked like the pale, gray, mucous membrane of the esophagus. The two tubular prolongations, in reality kidney lobules, communicated with the sac. Microscopic examination from immediately made frozen sections by Dr. Rotter, one of the hospital internes, showed distinct glomeruli, and settled every doubt as to the renal nature of the sac. Our assistant, Dr. Sandperl, also made a number of sections, in which Malpighian bodies were found. I examined the specimens and finally submitted them to Professor Tiedemann, the pathologist of Washington University, who verified our macroscopic and microscopic findings.

The post-operative history presents some points of interest. Quantity of urine averaging 30 oz. per day; temperature and pulse fairly normal; patient bright and comfortable; so far no evidence of a constitutional effect of the absence of the internal kidney secretion. On the third day after the operation, patient had a chill and rise of temperature to 104 degrees, and pulse of 138; no peritonism, nausea, or abdominal distention. An examination showed the drainage tube too large for the opening in the

parietes; the margins of the drain hole were necrotic. The tube was removed and a strip of iodoform gauze put to the bottom of the formed canal. No other trouble followed; temperature and pulse and general condition became normal within two days. There is considerable watery, flocculent drainage; fluid collected will separate into a super-incumbent clear fluid and a sediment, fibrous and purulent. The fluid has no urinous odor. If it be urine, it must come of some small remains of the lobules, remaining after the ligation and removal of the sac. It is small in quantity and will most likely stop soon.

The patient was discharged well January 30th, 1909.

We dealt, then, with two dystopic kidneys, one of which occupied a most unusual location, one of the kidneys showing the embryonic lobulation, and besides that, congenital atrophy and abnormal vascular arrangement. The site from which it was removed, practically from between the two layers of the radix mesenterii, is unique.

Stone Removed from the Pelvis of the Kidney with Primary Suture.

Dr. Joseph Wiener, at a meeting of the New York Academy of Medicine, reported the case of a married woman, 25 years old, who was admitted to the Mount Sinai Hospital on March 13, 1907. Her family history was negative. A year ago she had an attack of cramp-like pain in the right side of the back, radiating to the right labium. Since then she had had several similar attacks, each worse than the previous one. An X-ray picture, which was taken in October, 1906, showed a stone in the pelvis of the right kidney. This was subsequently verified by a second radiograph, taken just before the operation, and on March 14, 1907, the right kidney was exposed through an oblique incision. The stone was removed through a one-inch incision through the cortex. The kidney was then sutured, and the abdominal wall closed, excepting for a small gauze drain down to the kidney. When the patient left the hospital, twenty days later, she had a small discharging sinus, which soon healed. Her subsequent history was uneventful.—*Medical Record.*

Endothelioma of the Brain.

Dr. Edwin M. Hasbrouck, Washington, D. C., reported the following case, which is taken from the Washington Medical Annals.

The patient was a white farmer, age 55. His first symptoms appeared in the summer of 1908; they were headache of the right side, vertigo and vomiting, occurring periodically. He recently had an attack of grippe, following which his headaches increased and he became so ill that he had to take to his bed; his temperature became subnormal, there was ptosis of the right eyelid, the right pupil was dilated and fixed. He rapidly became worse, and when Dr. Hasbrouck first saw him he was in the condition noted above, and had become delirious, talking incoherently. He was removed to the hospital for operation on the day following Dr. Hasbrouck's first visit, and the doctor had arranged for an examination of the eye grounds, but through a misunderstanding,

morphin-hyoscin-strychnin anesthesia had begun before the ophthalmologist arrived at the hospital, and the ophthalmoscope could not be used with satisfaction. The skull was entered by an osteoplastic flap over the Rolandic area, because the symptoms pointed to a tumor involving this area and also pressing somewhere upon the optic tract or chiasm. On opening the dura, which was tense from the increased intracranial pressure, a considerable quantity of yellowish fluid escaped. He explored the region thoroughly with a probe, but had to give up without finding the tumor. The patient died; at the post-mortem examination the specimen presented was found situated in the extreme base of the temporo-sphenoidal lobe, and pressing upon the optic chiasm. It proved to be an endothelioma.

Dangers of Ophthamo-Reaction.

Several cases have been reported which show that Calmette's ophthamo-reaction in tuberculosis is not without danger. R. Poland (Wien. klin. Woch., July 9, 1908) gives three illustrative cases:

Case 1.—A woman aged 38 had a peculiar condition of the skin of the nose, which possibly was tuberculosis. The eyes and conjunctiva were perfectly healthy. Two drops of the tuberculin test obtained from the Pasteur Institute in Lille in hermetically sealed tubes were placed in the right conjunctival sac. A few hours later the eye began to water, and there were conjunctival injection and photophobia. From day to day the conjunctival irritation increased, and there was great pain, with chemosis and a mucopurulent discharge. Astringent lotions had no effect, and four weeks passed before there was any improvement. Eight weeks after the instillation of tuberculin the eye watered and became red on the slightest provocation. The cornea was not involved.

Case 2.—A woman aged 30 had extensive lupus vulgaris of the cheeks of many years' standing. The eyes were normal, although the lupus was situated not far from the lids. Two drops of the tuberculin test "Hochst" (also in sealed glass tubes) were placed in the left eye. Seven hours later there were severe laceration, photophobia, and conjunctivitis. As they persisted, astringent lotions were applied with apparent benefit. The lupus was treated with an ointment of pyrogallic acid. Care was taken to protect the eye, and the left eye bandaged. The right eye remained normal, but the condition of the left became serious. There was great chemosis, with a purulent discharge. Four weeks after the instillation of tuberculin there were ciliary injection and corneal cloudiness, with an ulcer on the inner and upper quadrant of the size of a pin's head. This enlarged in spite of treatment, and iritis occurred. The margin of the iris became adherent to the base of the ulcer. Several weeks later the ulcer healed, but the iris was permanently fixed to the cicatrix, which extended some distance over the cornea. Vision was reduced to 1/10.

Case 3.—A woman had gummata of the inguinal glands and a cervical lymphoma. To decide the nature of the latter, two drops of tuberculin "Hochst" were placed in the right conjunctival sac. An obvious but not especially

violent reaction followed, all signs of which had subsided within a week. But fourteen days later, without apparent cause, severe conjunctivitis occurred. This resisted all treatment, and finally the cornea became involved. There was a small sickle-shaped ulcer at its external margin, which healed after three weeks, and owing to the eccentric position of the scar did not impede vision.

Adams has recently analyzed a number of cases in which phlyctenules, keratitis, and ulceration followed the conjunctival instillation of tuberculin. He considers that the method is contraindicated (1) in all cases in which any ocular affection exists or has existed; (2) in young subjects; (3) if the test has recently been applied; and (4) if tuberculin is to be injected subcutaneously. Pollard would still further restrict its use to cases in which, though much depends on a correct diagnosis, a diagnosis cannot be arrived at by other methods.—Therapeutic Gazette, March 15, 1909.

A Case of Sycosis, Probably Due to the Gonococcus.

Reported by Edward F. Wright, M. D., Roysce City, Tex., in the A. M. A. Journal, June 19, 1909.

Mr. W., aged 35, weight 165, consulted me February 20, 1909, for pustular folliculitis involving the bearded part of the face, which had existed for two years. The picture was that of an ordinary sycosis. On examining hairs extracted from the infected areas I found in their sheaths, not common pus organism, but great numbers of intercellular and intracellular biscuit-shaped diplococci which were morphologically identical with gonococci. In an examination of the literature I found in Pusey's work a reference to a report by Cronquist of a case of gonococcus folliculitis of the hairy region of the abdomen of a woman who had gonorrhoea. Further observations tended to confirm my opinion that the case was one of gonococcus folliculitis. The organisms in my case were rather smaller than the cocci found in the acute stages of gonorrhoea, but did not differ from the gonococci found in the prostate in cases of long standing. I found further from my records that the barber had been under treatment for gonorrhoea at the time of this patient's infection.

Ectopic Gestation.

H. MacNaughton Jones (Proc. Royal Med. Soc., Dec., 1908) records an early case of this condition with unusual symptoms. The patient was seized with violent pain in the region of the gall-bladder and in the right shoulder and side, simulating an acute pleuritic attack or an attack of biliary colic. The pain was somewhat intermittent. There was no tenderness over the region to which the pain was referred, nor did pressure bring on a paroxysm; but the slightest manipulation internally at the seat of an adnexal tumor brought on violent pain referred to the shoulder and hypochondriac region. There were considerable restlessness and pallor, quite disproportionate to any symptoms of collapse which were present. Operation disclosed a ruptured tubal pregnancy.

Medical Literature Briefs.

Gastric Ulcer.

There is one class of gastric ulcer which is not amenable to surgical treatment. These are the actively bleeding ones. It is my experience, and that of other surgeons, that these should be treated medically altogether, as surgical interference almost invariably leads to a fatal issue. I do not include here the slowly bleeding or oozing ulcers, or those in which hemorrhage has occurred at some time previously, but only those which are actively bleeding or have done so within a short time before the surgeon sees them.—John B. Deaver in the *Detroit Medical Journal*.

Difficult Dentition.

T. J. Elterich (Pediatrics, Oct., 1908) performs what should be an unnecessary service in days of supposedly progressive medicine, but which is unfortunately still needed. He holds up to scrutiny the time-worn superstition of difficult dentition as the cause of many illnesses and deaths and challenges the adherents of this relic of barbarism and ignorance to substantiate their views. He heartily indorses the view that dentition produces nothing but teeth and that the occurrence of gastrointestinal disturbances, otitis media and other affections coincident with dentition proves no causal relation between them.

An Epidemic of Influenza Characterized by Edema of the Eyelids.

N. I. Spriggs believes that edema of the eyelids with severe frontal headache, which may or may not be followed by pyrexia and other general symptoms, may be an early expression of an influenza. Some ten cases occurring in the practice of several physicians are recorded by him. The occurrence of these symptoms in influenza is noted by Finkler in the article on "Influenza in the Twentieth Century Dictionary of Medicine." Of the group of cases here reported about half had other influenzal symptoms. Apart from the latter, a differential diagnosis would call for the consideration of a frontal sinusitis and angioneurotic edema. Cultures from the conjunctival sacs in the foregoing cases have shown variously *Bacillus xerosis*, and *Staphylococcus albus*. Some of the cases were entirely afebrile and soon subsided. No albuminuria was found. For local treatment the author found boric acid washes and cold compresses satisfactory.—*Medical Record*.

Immature Cataract.

From a consideration of his experience in 20,000 cataract extractions, Smith, in the *Indian Medical Gazette*, October, 1908, considers:

1. Extraction of immature cataract by the capsulotomy method is hardly justifiable.

2. Ripening procedures are either unsatisfactory or dangerous.

3. To wait for Nature's maturing process is highly unsatisfactory and detrimental to the patient.

His treatment of immature cataract, which he regards as the procedure of the future, and

which will make mature senile cataract a much rarer condition than it is at present, is extraction of the lens in its capsule. He describes the method he follows.

Consideration of the Mortality in One Thousand Operations for Goiter.

Dr. Charles H. Mayo, of Rochester, Minn., at the annual meeting of the Southern Surg. and Gyn. Ass'n, said the mortality from early operations was high for the number operated, as the operations were performed from great necessity after the delay of long and oft-changed medication. Operations upon colloid, simple or diffuse adenomata, as a rule, involved slight risk to life. In his series of cases he had 574 of simple, colloid, or diffuse adenomata, treated by extirpation or enucleation, with four deaths; 18 malignant, with one death; 97 cases of hyperthyroidism treated by double ligation of the superior thyroid arteries and veins, with one death, and 15 cases with single ligation, with no deaths; 295 cases where more or less of the gland was removed, with 18 deaths, seven of which were in the first 46 cases.

Aortic Insufficiency and Syphilis.

Citron relates experiences which show that the positive response to the serum test for syphilis reveals a syphilitic origin in a surprisingly large proportion of cases of pure aortic insufficiency. Even when there is congenital or other valvular or arterial trouble, specific treatment will relieve it of the burden of the superposed syphilitic lesions.—*Berliner klinische Wochenschrift*.

Intestinal Autointoxication.

(*Indiana State Medical Asso. Journal*.)

Dr. Anders presents the subject of toxins formed within organized bodies in a broadened aspect. In summarizing the known etiologic factors he would assign conspicuous positions to the following, in the order given: 1, Impaired metabolic processes; 2, errors of diet, or the ingestion of too large a quantity of proteids, and, although less commonly of fats and sugars; 3, constipation; 4, intestinal pathologic states, such as chronic appendicitis, mucous colitis and gastroptosis, with or without colop-tosis. From an etiologic standpoint the cases should be sub-divided, according to their origin, into gastric and intestinal forms of chronic autointoxication. He quotes Forchheimer's description of the chemical aspect of chronic intestinal autointoxication (*Am. Jour. Sci.*, July, 1907, abstracted in *The Journal*, Aug. 3, 1907, p. 443). His personal experience indicates an increase in the elimination of indican in nearly all cases, especially in those showing marked accumulations throughout the colon. It is obvious, he says, that in direct proportion to the renal elimination of indican will be raised the autoprotective power of the human organism. On the other hand, its disappearance from the urine does not impair the protective processes, but points to a subsidence of the putrefactive fermentative changes in the intestine. He discusses the microscopic urinary findings, acetoneuria, the nervous phenomena, emphasizing depression, dread, fear, nostalgia, melancholia, delusions, etc., but cautions against the fallacy

of making an assured diagnosis of either auto-toxic hysteria or neurasthenia without clear and convincing evidences of the presence of the etiologic conditions; for while the influence of intestinal autointoxication is undoubted, most cases of neurasthenia do not bear the stamp of an enterogenous toxicosis. Anders discusses cutaneous symptoms and says that there is no more difficult problem than the positive recognition of chronic intestinal autointoxication. He draws a practical distinction between primary chronic autointoxication of intestinal origin and that form which occurs secondarily to other acute and chronic diseases. The latter variety is more common than the former, and the alimentary autointoxication is sufficiently open to observation. In treatment, he discusses the diet, restriction of which, sometimes to fluids alone, is advisable. The lighter and more digestible albuminoids, milk, eggs, fish, oysters, fowl (except turkey) and game (in season), in moderate quantity, with wholesome fruits, green vegetables, cereals, potatoes, either mashed or baked, and a small amount of fat and sugar, are suitable. In the secondary form, particular attention must be paid to the primary affection. Milk, cocoa and hot water should replace tea and coffee. Alcohol should be used only cautiously—a small amount of acid wine, claret or Rhine, may help nutrition. Antiseptic laxatives, of which calomel is the best, are to be used; also certain of the alkaline saline mineral waters. Irrigation of the colon is useful in intractable forms. Further elimination should be aided by stimulating the sweat glands. The urinary tract is an important route of elimination. Physical exercises are recommended.

Items from the Daily Press.

"Forward!" the Doctors' Message.

(From the North American, Philadelphia, Saturday, June 2, 1909.)

A gathering of doctors to discuss matters of interest to themselves a few years ago would have meant nothing at all to the American public. There would have been much wrangling over petty "ethical" disputes, much of quarreling about polysyllabic prescriptions, much grave and dignified folderol to convey the impression that modern medicine is a mystery.

The deeper is our gratification in summarizing our observation of the proceedings at Atlantic City this week of nearly 4,000 physicians representing about every State and Territory in the United States and many foreign countries, who met to attend the sixtieth annual meeting of the American Medical Association.

Our most temperate estimate of the work of those doctors assembled is that it has been not only a distinct gain for public health, a distinct advancement of the profession of healing, but a profit and a progress for public enlightenment, for civic morality and for the civilization of the nation.

We have studied every debate, every address, every resolution presented during the Atlantic City meeting. We have failed to detect a single proposal or utterance intended to further the selfish interest of an individual or a clique or any institution or group of institutions or to exalt a

narrow doctrine or any theory not universally accepted by scientists.

We have been unable to pick out even one suggestion demanding consideration which did not have its inspiration in a broad, beneficent spirit of uplift, not for a class or a community alone, but for the whole race.

Some of the myopic contingent, with their cramped minds, may think that The North American speaks with this enthusiasm merely because the delegates representing America's 200,000 ablest medical men denounced unhesitatingly and emphatically benzoate of soda and every other form of food poisoning, and put forth a plea that we do not believe any national administration could afford to ignore against the conspiracy to discredit Dr. Wiley.

That action was gratifying to a pro-Wileyite and a pure food crusader like The North American, naturally. But it was a foregone conclusion. And we certainly shall not dwell now at length upon what we told our readers months ago—namely, that if they wished to find a duplicate for such an anti-benzoate, anti-doped-food, pro-Wiley "crank" as The North American, all they need do was to ring the office bell of any physician in the United States of high standing in his profession.

Of course we admire that stand against poisonous preservatives. But it was not a whit better than the fine declaration that "the destruction of life and wage-earning ability through communicable diseases is one of the most important economic problems of the country and century."

There was not a man in that great gathering who had a dollar or an office to gain—many had much to lose—by any pronounced stand on the liquor question. Yet these are some of the messages to their countrymen by those calm scientists:

"Study has shown that alcohol is a death-dealing agent and not the panacea that it is supposed to be. * * * Americans need stimulants less, perhaps, than any civilized people, for the climate and life, with its changeableness, uncertainty and haste, are stimulants enough without adding more artificial ones. The safest course for the American is to abstain entirely from alcoholic drinks. * * * Alcohol prescriptions and narcotics of all kinds often start incurable habits."

There was advocacy that will stir thought throughout the length and breadth of the land for a national department of public health as a means of prolonging life in America with these remarkable suggestions:

"There should be national or federal control and supervision of all streams, navigable rivers, fresh water lakes and dairies throughout the country. This would go far toward stamping out typhoid fever conditions and consumption, for it would mean a cessation of the pollution of all bodies of water and ridding of all dairies of diseased milch and beef cattle.

"Less destitution would prevail by carefully enforcing the laws of emigration. A greater amount of happiness would prevail due to a saving of from 25 to 50 per cent. in lessening the death rate of human life, and thus from an economic point of view would result in an extension of the period of life, which would in turn result in a complete evolution of the human race."

Most novel of all the proceedings was the serious discussion of a plan that physicians contract with their patients for attendance during health upon a yearly basis, with a view to preventing disease by their periodic examinations and advice. We can well imagine the dear old hide-bound 'doctor of our boyhood, a veritable Sangrado in his devotion to ethics, calomel and quinine, even though past the age of cupping and bleeding, were such a heresy to reach him in whatever good realm of the obsolete his spirit may be reaping the reward of a lifework excellent when judged by his lights. "A crazy Chinese topsy-turvy thing!" he would say, thinking that the final word of condemnation. So it is Chinese—the paying a doctor to keep you well instead of waiting to pay him to cure you when sick.

But the thought seems to have come to some of these modern men that we have borrowed some other things from the oldest civilization—among them printing, gunpowder and the principle of the telephone, not the less useful for being Chinese in origin.

The earnest consideration accorded to the suggestion for such a contract by such a body as the American Medical Association seems to us highly suggestive. We would not attribute it, as some might, to the fact that several large insurance companies are considering the advisability of entering the field of guaranteeing against illness. For the idea of such an extension of modern insurance was taken from physicians who believe that a logical development of preventive medicine eventually will bring about the retainer instead of the fee as the source of the physician's income.

But such possible results are for a distant day. We cite the discussion merely as added proof that the medical thought of America has broken from all shackles of the past.

But more impressive to us than all else—more thought-provoking even than the urging of still stronger battling against tuberculosis, bad sanitation, bad food, bad water and every other factor in the creation of disease—was the consistent striking by those doctors at the root and not the fruition of degeneracy, disease and death. Scarcely a speaker failed in the discussion of his topic to delve straight down to care of the child. The thought of all was summarized in the resolutions declaring that supervision of the health of school children is essential for the welfare of the race, and that the education of children in sanitation and the use of preventives should be made part of the studies.

These are but running comments on the proceedings of the largest and ablest society of physicians in the western world. But examine all that they did in detail and if any act or utterance be found not in harmony with the splendid impulse they gave toward the perfection of preventive medicine, we shall confess an error and an oversight. Yet every doctor who aids in the promotion of hygiene and preventive medicine is reducing disease and thereby lessening the likelihood of large professional profits.

Try to put a halo about the head of any one of those big, broad men and you will be laughed at for your pains. Call him altruist or philanthropist and you will gain no more thanks than if in your folly you called him quack or charlatan.

They are very human, these doctors—else they would not be good doctors. For they know humanity as it is given to no others to know it. Men may lie to their lawyers. To their spiritual counselors they may persist in plausible hypocrisy. But no man may keep up the mask of his soul between him and his doctor. For "when the body triumphed and the last poor shame departed, these abode our agonies and wiped our sweat away."

These are the ones who see humanity in the raw—see man's nature stripped by pain of every garment of falsity and convention. It is not of the great chemist nor the great biologist we speak; only in slight degree of the surgeon or the specialist.

But of the practising physician, who sees all sorts and conditions of men more nearly than any other fellow-man, we say that above all others he would be excusable if he became a selfish, self-centred, hardened cynic.

And when instead we see a display of such splendid humanitarianism as has been presented by the American Medical Association, we can only avow our belief that in their calling there is some subtle, intangible inspiration, which to a greater or a less degree, implants in every true physician a spirit that guides his conduct for the general above his own good—a flash of the supernal light that makes of the world's greatest. "Gods for they knew the heart of men; men for they stooped to fame."

Surgeons as Commanders.

(From the Rochester (N. Y.) Democrat and Chronicle.)

When the hospital ship Relief was dispatched from Mare Island last February, to join the battleship fleet in the South Sea, many naval officers protested against her being commanded by a surgeon. It was contended that a naval surgeon's education and experience did not fit him for supreme command of the Relief, and that the vessel should go out in charge of a regular naval officer. All sorts of gloomy predictions were indulged in, and especial attention was directed to possible typhoons which would test the skill of the most experienced sailorman.

Regardless of the wishes of Rear-Admiral Brownson, Surgeon Charles F. Stokes was given command of the Relief and it set out on its long Pacific cruise. On November 5 the vessel left Manila for the island of Gaum, at which port it was due November 20. The vessel was several days overdue, and it began to be whispered that the ambitious surgeon had lost his vessel in a typhoon.

If any of the crack sailormen of the navy joined in this apprehension, they reckoned without the medical sailor. The hospital ship did encounter the typhoon and was saved only by the skill and resourcefulness of her commander and her crew. During the typhoon of November 18, the vessel's engines were disabled, and shortly afterward fire broke out. The fire was extinguished, and such repairs were made by the crew that the Relief was enabled to put back to Manila under her own steam.

It is now in order for the critics in the navy who were afraid to risk the hospital ship in the hands of a naval surgeon to back water.

Surgeon Stokes has demonstrated, not only his skill as a commander, but his resourcefulness in times of unusual danger; for no rear-admiral in the navy could have done more than to save a vessel of an inferior class from the combined dangers of a typhoon and a fire at sea.

County Society Report.

SOMERSET COUNTY.

John P. Hecht, M. D., Reporter.

On June 10, 1909, the Somerset County Medical Society, following a precedent set a year or so ago, resolved a regular meeting into a visit in a body to the Sanatorium at Glen Gardner. The members were duly notified of the proper train to take, and the institution's stages met them at the station and conveyed them to the institution. Here they were met by Dr. English, the superintendent, and his very able assistant, Miss Robins, who at once assumed charge of the tour through the grounds and buildings. First a thorough inspection of the record and case system, showing in detail the condition of each patient at stated terms, progress or otherwise, and other notes of interest. Then through the female wards, with explanations of how and why conditions arose and were treated, and careful demonstration of the prevention of infection and destruction of germ-laden expectoration, egg room, lavatories, daily regime and all the details carefully pointed out with a word as to why or how. Then through the kitchen and dining rooms, the laundry and engine room, with its smooth-running engines, furnishing light and power. Then to the outside building with its rows of beds. A view of the pumping plant, furnishing the purest of spring water, and a view to the other extreme toward the sewage disposal plant tucked away off out of sight and smell and doing its work very satisfactorily. Then through the men's wards, exactly a duplicate of the women's, to the administration rooms, where a delightful light luncheon had been thoughtfully prepared, and to which all present did full justice. A short meeting to express thanks to the doctor and Miss Robbins, a last look at the beautiful view, a drive to the railroad and the day closed with every member feeling it had been well spent and was profitable.

Some time ago the society made a similar visit to the State Village for Epileptics at Skillman, and the impression among the members is that such visitations are of great value. Dr. English extended a hearty "Come again," and expressed a sincere wish that every society in the State would so visit them. And such a visit from each society would be not only a nice outing for its members, but would as well give a better general idea of the place, its field of usefulness and its limitations, and clear up much that is at present not clearly understood. One needs to actually see and have the work of the place explained to understand it. At any rate it would be a very pleasant change of program and a valuable experience for each society to take just that trip. As for being welcome visitors there at any time—why, just drop Dr. English a note of inquiry; he will more than do the rest.

(The reporter is indebted to Dr. J. Hervey Buchanan, of Plainfield, for this report of the visit to Glen Gardner, etc.)

AMERICAN ASSOCIATION OF MEDICAL MILK COMMISSIONS.

The American Association of Medical Milk Commissions held its third annual meeting in the Assembly Hall of the St. Charles Hotel, at Atlantic City, N. J., on Monday, June 7th, 1909, with Dr. Rowland G. Freeman, of New York, the president, in the chair. Delegates were present from 27 different commissions throughout the country and over 200 members of the association were present. In addition many accepted the association's cordial invitation to members of the profession generally to attend its meetings and participate in its deliberations.

The growth of the association has been steady, the report of the secretary showing that 56 commissions in as many different cities are now organized in 22 different States. This is a gain of 34 commissions since the association was organized two years ago. The largest share of praise for this phenomenal growth is due to Dr. Otto P. Geier, of Cincinnati, the efficient and genial secretary of the association.

The morning session convened at 10 o'clock and was occupied in receiving the reports of the delegates from the various commissions.

At the afternoon session papers were read by Dr. Henry L. Coit, of Newark, N. J., on "The Medical Milk Commission: Its Organization, Its Minimum Requirements for Certification, Its Scope of Work and Its Extension;" by Dr. William H. Park, of New York, on "Bacteriological Methods in Certified Milk Examinations;" by Dr. Floy McEwan, of Newark, N. J., on "Legislation Relating to the Production and Protection of Certified Milk;" by Professor R. A. Pearson, State Commissioner of Agriculture, Albany, N. Y., on "The Scoring of Dairies for Raising the Grade of Milk;" by Mr. Clarence B. Lane, of the United States Department of Agriculture, Washington, D. C., on "A Plan for Annual Certified Milk Contests;" by Dr. John W. Kerr, Assistant Surgeon-General of United States, on "The Bearing of the Communicable Diseases on the Pure Milk Movement;" by Dr. Thomas Darlington, Health Commissioner of the City of New York, on "Municipal Regulation of the Production and Sale of Market Milk," and by Dr. Milton J. Rosenau, of the Public Health and Marine Hospital Service, Washington, D. C., on "Bacteriological Standards."

A paper of great scientific value and widespread interest was read at the afternoon session by Dr. Joseph S. Evans, Jr., of Philadelphia, on "The Present Status of the Commercial Pasteurization of Milk." The paper was received with much favor by the conference and the conclusions very generally endorsed—that commercially pasteurized milk defeats the efforts to secure clean milk by making dirty milk marketable. It gives the public a false sense of security in the belief that they are getting a milk free from pathogenic bacteria, while in fact they are often getting a milk highly contaminated and which deteriorates much faster than raw milk ever if kept moderately cold.

The feature of the evening session was a dis-

cussion by Dr. E. C. Schroeder, superintendent of the Experiment Station, Washington, D. C., and Dr. William H. Park, director of the Research Laboratory of the New York Department of Health, on the "Transmissibility of Bovine Tuberculosis to Humans."

The New Jersey commissions represented at the conference were the Medical Milk Commission of Essex County, the Milk Commission of the Passaic County Medical Society and the Milk Commission of the Union County Medical Society.

The Essex County Medical Milk Commission was represented by Dr. Henry L. Coit, of Newark; Dr. Thomas W. Harvey, of Orange; Dr. Rowland G. Freeman, of New York, and Dr. Floy McEwen, of Newark.

The Milk Commission of the Passaic County Medical Society by Dr. Francis H. Todd, of Paterson, and Dr. Byran C. Magennis, of Paterson, and the Medical Milk Commission of the Union County Medical Society by Dr. Arthur Stern, of Elizabeth.

Officers for the ensuing year were elected as follows: President, Dr. Samuel McC. Hamill, of Philadelphia; secretary, Dr. Otto P. Geier, of Cincinnati; treasurer, Dr. Albert W. Myers, of Milwaukee.

The society adjourned Monday night to meet next year in Washington, D. C.

The pure milk movement had its origin in the city of Newark, N. J., in 1892—over seventeen years ago—and the first medical milk commission designed to carry the plan into effect was organized and pushed to success by Dr. Henry L. Coit, of that city, in 1893. From this small beginning has grown the present powerful "American Association," under the wise and able leadership of its originator and first president, Dr. Henry L. Coit.

Floy McEwen, M. D., Secretary,
Medical Milk Commission of Essex County.

NATIONAL CONFEDERATION OF STATE MEDICAL EXAMINING BOARDS.

The nineteenth annual convention of the National Confederation of State Medical Examining and Licensing Boards was held at Atlantic City on June 7th.

Representatives were present from Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania, Maryland, Ohio, Illinois, Wisconsin, Tennessee and Washington, D. C. Sessions were held in the forenoon, afternoon and evening. Reciprocity and divided examinations (part written and part oral) were stated to be the most important questions that confront the confederation.

In the symposium on State examinations, papers were read on the following subjects:

1. Practical vs. Theoretical Examinations.
2. How Can Practical Examinations Be Conducted and What Should They Include?
3. The Inadequacy of Written Examinations.
4. What Branches or Portions of Branches Should Be Included in the Written and What in the Oral Examinations?
5. Is It to the Best Interests of Students and Medical Examining Boards to Have Divided Examinations?
6. The Feasibility of Practical Examinations.
7. How Can Practical Examinations Be Graded and Recorded?

8. The Necessity of a Practical Test for Candidates in State Examinations.

9. The Need, Methods and Value of Medical College Inspection.

10. The Standing of Medical Colleges in the Light of State Board Examinations.

DAY CAMP FOR THE TUBERCULOUS.

(From the Newark Evening News,
June 28, 1909.)

Receiving its first patients to-day, the day camp established by the Newark Anti-Tuberculosis Association was opened on the grounds at the rear of the County Hospital for the Insane.

The patients were received between 7:30 and 9:30 o'clock this morning, and will remain on the grounds until excused at 5 o'clock this afternoon.

The camp has accommodations for twenty patients, though thirty can be taken care of if it is found necessary. It is under the personal charge of Miss Eleanor Aschenbach, who will have assistants to prepare the meals. A substantial dinner will be served, in addition to the lunches of milk, eggs and bread and butter.

In addition to the office building and kitchen, there are several rest tents and a large dining tent. A number of rocking chairs are furnished for the patients, and there is also a mechanical swing. They will also be supplied with plenty of reading, and the matter of supplying a graphophone is under consideration.

While the camp is intended for day patients only, it is necessary to keep watchmen on the premises, and these positions will be filled by patients, who, the management thinks, will be most benefited, and three or four will remain there all night. In this way the benefits of the camp, both day and night, will be demonstrated. It is hoped that it may grow into a camp for both day and night treatment.

NEW MEMBERS OF THE AMERICAN MEDICAL ASSO'N FROM NEW JERSEY.

Anthony M. Bacevycze, Newark.
John K. Bennett, Gloucester.
Edward C. Bullock, Columbus.
Charles Calhoun, Rutherford.
Walter E. Cladek, Rahway.
Hermann Cohn, Newark.
Charles B. Converse, Jersey City.
George M. Culver, Jersey City.
Ernest A. L. Dickinson, Trenton.
A. H. Dundan, Plainfield.
Edwin K. Dunkel, Jersey City.
Samuel B. English, Glen Gardner.
William R. R. Granger, Newark.
Albert S. Harden, Newark.
Edward S. Hawke, Trenton.
William H. Hicks, Newark.
Bruno Hoop, Newton.
John C. Loper, Bridgeton.
Frederick W. Marcy, Camden.
James P. Morrill, Paterson.
Milton M. Osmun, Camden.
Elmer D. Prickett, Mt. Holly.
William L. Pyle, Jersey City.
Orris W. Saunders, Camden.
Howard S. Smith, Newark.
Otto Wagner, Elizabeth.
A. John Walscheid, Weehawken.
Herbert H. Wilson, Bridgeton.

THE JOURNAL

OF THE

Medical Society of New Jersey

JULY, 1909

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

Any one failing to get the paper promptly will confer a favor upon the Publication Committee by notifying them of the fact.

All communications relating to the JOURNAL should be addressed to the Committee on Publication, 252 Main Street, Orange, N. J.

We send with this issue of the Journal the Index of Volume V. We have tried to make it helpful to our members by listing many items of importance under two or more headings.

The pressure of work caused by the recent annual meeting and the early insertion of papers presented there has delayed this month's issue of the Journal, and compelled us to defer till next month the insertion of the portrait of our president, Dr. B. A. Waddington, and a paper read by him before the Salem County Medical Society.

It is with deep regret we announce in the Personal Notes column the severe illness of several of our prominent members, but we are glad to add that late reports tell of the good prospects of their recovery. To these and others who may have been passing through similar experiences, of which we have not been informed, we extend deep sympathy and hope for their speedy restoration to health.

We also bid bon voyage to the many who are contemplating spending their vacation seasons abroad and hope for their return in safety with strength renewed, expressing our desire to hear from them in contributions to the Journal on any matters of interest to the profession.

OUR ANNUAL MEETING.

All honor to the medical men of New Jersey. They have shown their loyalty to the Medical Society of New Jersey. At the annual meeting the year before the belief was expressed that it would be impossible to have a well-attended meeting this year because of the meeting of the American Medical Association in this State during the same month, and, therefore, it was moved that our meeting be held for one day only for the transaction of necessary business, omitting the usual scientific, or general, meetings, and one or two prophesied utter failure if we attempted the presentation of scientific papers, but several of us argued that this grand old society was worthy of our support and that her members were loyal to it and would sustain us in deciding for the three-days' session, and by a large majority the full three-days' session was approved. Was it a wise decision? Were we overconfident as to the loyalty of our members and our ability to secure scientific papers?

Well, the meeting has been held and the results have not only fully demonstrated the wisdom of that decision, but exceeded our expectations in regard to attendance. We believe our judgment is correct and will be generally approved—that this year's annual meeting was one of the largest and one of the best that the society has ever held. There were present: All the officers of the society, 16 of the nineteen trustees, 75 permanent delegates, 30 annual delegates, 85 associate delegates and a large number of guests. There was a much larger number of ladies present than usual, and as their presence is one of the characteristic features of our annual meetings—few, if any, other State societies being so thoughtful and appreciative of the fair sex—that feature of this year's meeting was surely a success, and all will admit that their presence contributed largely to the enjoyment of our members. The business transacted by the House of Delegates, we believe, will be generally approved. The Medical Defence scheme was adopted

by a large majority vote and interests of our profession were considered, but, as has ever been characteristic of this society, the interests of the public, the welfare and uplift of humanity were recognized and emphasized as the great aim and end for which this society exists and toward which its work for the betterment of the profession should tend. We cannot now dwell on the various actions taken, we will have more to say hereafter; but it should be said, to the credit of the society—in line with its past traditions—that it was not unmindful of long and faithful service rendered to the society: Dr. Norton L. Wilson was elected third vice-president; Dr. W. J. Chandler and Dr. L. M. Halsey each received an honorarium. Few members have given more devoted service than these, and at considerable cost of time and money. The editor takes this occasion to return his sincere thanks for the generous action and the kind words spoken concerning his service and in commendation of the Journal; while believing that we were not worthy of the estimate placed on our service by the Publication Committee in its report, it is our pleasure, in gratefully accepting and highly esteeming their commendation, to bear testimony to the uniform courtesy and helpfulness of the committee which in no small degree contributed to the Journal's success and gave encouragement to its editor.

The scientific work of the annual meeting in no way suffered because of the presence and excellent program of the A. M. A. at Atlantic City two weeks before. More papers were offered than could be accepted and three prize essays on exophthalmic goitre were received. The papers were generally practical and valuable and the discussions were more extended than usual, and in a few instances had to be curtailed for lack of time.

The Oration on Medicine, by Dr. Thomas N. Gray, of East Orange, and the Oration on Surgery, by Dr. George E. Brewer, of New York City, were worthy the warm commendation they received.

We give them insertion in this issue of the Journal and believe our readers should give them careful consideration. Three prize essays were presented, and, according to the terms of the offer, two awards were made. The first award of \$100 was to Dr. E. Moore Fisher, Morris Plains; the second award (\$50) was made to Dr. Floy McEwen, of Newark. It is worthy of special notice that Dr. McEwen received the second prize at the preceding annual meeting when five essays were presented. These two essays will appear in subsequent issues of the Journal.

The Committee of Arrangements provided liberally for the entertainment of the members. The banquet and vaudeville performance were exceedingly enjoyable. The Mayor of Cape May; Professor R. C. Norris, of Philadelphia; Rev. Dr. J. M. Buckley and Dr. J. D. Bryant, of New York City, former president of the A. M. A., were the postprandial speakers. It was a cause of deep regret that previously made engagements prevented the attendance of Sir Alexander R. Simpson, formerly the distinguished professor of obstetrics of the Edinburgh University. We had hoped to have heard him at the banquet and in the discussion of papers. His expression of regret will be found in the Correspondence column. The local committee of ladies also provided a delightful tea for the lady guests at the model dairy farm, Farmstead-by-the-Sea.

Again we say that our annual meeting this year was a most successful one, for which we were largely indebted to the good work of the Committee of Arrangements—Dr. P. M. Mecray, chairman; the Committee on Scientific Work, Dr. E. J. Marsh, Jr., chairman; to Dr. W. J. Chandler, the efficient secretary, and not less to our president, Dr. David St. John, who presided with ability and dignity.

Next year we are to meet at Atlantic City; the date was not fixed; the suggestion was made that it be in September or October, and the county societies were requested, at their meetings in the fall, to

consider the question of date and report to the secretary. We shall also be pleased to receive any expressions of opinion for the Correspondence columns of the Journal.

A. M. A. ANNUAL MEETING.

The sixtieth annual meeting of the American Medical Association held in Atlantic City, June 8-11, was one of the best of the entire series. The number was not as large as on a few previous occasions, although about 4,000 were present; but the profession was well represented by many of its ablest men from all parts of our land and some from foreign countries.

The papers presented were generally of a high order of excellence and the actions taken on several important questions affecting the profession and the public, we believe, will be generally approved. The session held by the female physicians was a novel feature of this annual meeting and its success was such that it will doubtless become a permanent feature of these annual gatherings in the future.

Atlantic City, as usual, proved itself fully able to care for the comfort and entertainment of the delegates and their families, maintaining its reputation as one of the most attractive and best adapted cities in our country for large conventions. The only drawback this year was the remarkably unseasonable weather experienced, which prevented Atlantic City from appearing in her usual summer attractiveness, and doubtless lessened the numbers in attendance. We were inclined to query whether this city does not need a large convention hall better adapted to such large gatherings. The auditorium on the pier seemed spacious enough on this occasion for the general sessions, but the acoustic construction of the hall seemed faulty, or possibly the noises, avoidable and unavoidable, and the weak voices of several of the speakers prevented us—seated two-thirds of the way down the middle aisle—from hearing distinctly much that was spoken from the platform.

We are glad to print entire an editorial from the North American of Philadelphia, on page 85 of this issue, as it presents an appreciative and just estimate of the work of this annual meeting. We are always pleased when we find editors of the secular press sufficiently intelligent and honest enough to do justice to our profession in commenting upon our actions and correctly—truthfully—interpreting our motives and the spirit which actuates us. We ask nothing more and should receive nothing less.

There were present at the recent annual meeting as delegates from our State Society, representing us in the House of Delegates, Drs. C. R. P. Fisher, of Bound Brook; Alex. McAlister, of Camden, and L. M. Halsey, of Williamstown. Our president, Dr. David St. John, at the opening session, delivered an address of welcome on behalf of the Medical Society of New Jersey, which merited commendation for its brevity and appropriateness.

The medical men of New Jersey have certainly received full recognition by this great body representing our profession throughout the country, with Dr. C. J. Kipp as the second vice-president and member of the Judicial Council, and Dr. Philip Marvel as one of the Board of Trustees of the A. M. A. Dr. Alex. Marcy, Jr., is a member of the Auxiliary Board of Public Instruction, representing New Jersey, and Dr. L. M. Halsey is a member of the Reference Committee on Sections and Section Work, and of the Auxiliary Committee on Legislation.

It is a cause of special gratification to the medical men of New Jersey that Dr. Charles J. Kipp was elected second vice-president of the American Medical Association. We were aware that his name had been mentioned as worthy of consideration for the third vice-presidency, and it is, therefore, the greater honor to him and to the profession of our State that the National Association deemed him worthy of even higher position.

Dr. Kipp has served faithfully as a mem-

ber of the Judicial Council of the A. M. A. for three years, and, as a medical man eminent in his special department of practice, who has ever manifested deepest interest and zeal in all efforts for the advancement of our profession and the betterment of humanity, his nomination was one eminently fit to have been made, and his unanimous election reflects credit upon the association and does honor to the recipient, which the medical men of New Jersey appreciate as an honor to themselves. We congratulate both the association and the recipient of its honor on the election of Charles J. Kipp, M. D., as second vice-president of the American Medical Association.

STATE SECRETARIES AND EDITORS.

One of the most pleasant gatherings in connection with the annual meeting of the A. M. A. at Atlantic City this year was that of the Association of State Secretaries and Editors of State Journals, which was held in the Marlborough-Blenheim Hotel Monday evening, June 7th. About forty were present, including Dr. G. H. Simmons, editor of the A. M. A. Journal, and Dr. J. N. McCormack, who has rendered such efficient service in the work of the organization of our profession. After partaking of an excellent dinner several papers were read and discussions had on different phases of the secretaries' and the editors' work, many excellent suggestions were made to secure more thorough organization and efficiency; special emphasis was laid on the importance of more thorough organization of the county medical societies and the secretaries' and editors' part in that work was discussed. We were glad to hear many good suggestions in reference to our State Society journals calculated to make them more helpful in the work of organization and the scientific advancement of the profession, and also the suggestion that efforts be made to bring about a spirit of co-operation between the daily press and the medical pro-

fession for their mutual benefit and especially for the public good through proper education of the people on medical matters which they need to know.

We are impressed by the spirit and practical methods of work of this new association—only one year old—and we express our belief that the Association of State Secretaries and Editors of State Journals will contribute much to the advancement of our profession and the permanence and increasing value of our State medical journals.

MEDICAL EDITORS' ASSOCIATION. AND OUR JOURNALS.

It was our pleasure to welcome the Americal Medical Editors' Association to our State again this year and it was the editor's privilege to attend one of its sessions. The annual meeting this year was not as largely attended as usual, but the papers on the past progress and the future of medical journalism, and on the various phases of journalistic work, etc., were generally excellent. We were, however, surprised and pained to see in some of the papers an indication of dissatisfaction with the advent and increase of State Society journals, and an evident tendency to depreciate their value in comparison with the so-called "independent journals," as though there was a necessary antagonism between the two and the society journals were published with the intention of competing with the other journals and attempting their destruction.

We deeply appreciate the kind words that were uttered by two of the speakers concerning our Journal. We shall ever try to be just and courteous when we are compelled to disagree with others.

We have so often stated the attitude of our Journal that it does not seem necessary to disclaim any such desire on our part, and we do not believe such a feeling generally exists, though possibly there are exceptions in two or three cases where personal grievances have led to undignified and unwise if not improper attacks which

this journal has not endorsed and has not hesitated to say so. We believe there is plenty of room for both classes of medical journals; that each has its field of operation, that of the State journal being limited. Its circulation is confined almost entirely to the State in which it is published; it has taken the place of the annual volume of transactions because it is far superior, in that it is a monthly medium of communication between the members of the profession in the State; is one of the most efficient means of organizing the profession, of reporting monthly and possibly stimulating the thought and work of the county societies, and uniting the members in aggressive and harmonious actions for the profession's and the public's good, and it assists the officers and committees of the State and county societies in reaching and securing the co-operation of their members. These are some of the reasons why our State journal was established and for these purposes it is better than a journal which has a general circulation throughout a large section of our country and reaches but a small proportion of the profession of our State.

The leaders of our profession throughout our country during the past few years have been strongly impressed of the need of, and have as strongly advocated, a more thorough organization of the medical profession, and the members have generally been awakened to realize its importance, not only, or primarily, for our own protection, but also for more aggressive and successful scientific work, and wiser methods and more united action for the public's protection through the application of the laws and regulations of preventive medicine and in the overthrow of the nostrum evil and all other forms of quackery. For the promotion, perfecting and hastening of that thorough organization the medical journals were designed and are expected to do effective work. And doing this work wisely we believe they are to be a permanent factor in maintaining and advancing the profession's and the public's

highest interests. The State journals are auxiliary to the splendid Journal of the American Medical Association, which we believe stands unrivalled, and, while maintaining that each State Journal should be free and independent in its position and utterances—on disputed points where ethical men may honestly differ, they should loyally support the A. M. A. and its Journal in everything that tends to advance the profession and benefit humanity.

We shall have no strife with our brother editors of the independent journals. We wish them success in their far wider fields of circulation, while we express our belief that their success, and our's, will largely depend upon the question as to whether we merit the profession's support.

OUR JOURNAL AND THE DAILY PRESS.

Our Board of Trustees directed that a copy of our Journal should be sent monthly to every daily newspaper published in the State, and, if agreeable to the publishers, secure an exchange. We believe this was a wise action. We have for some years received in exchange the Newark Evening News and the editor has not only been pleased with its general excellence, but it has been very helpful in furnishing information concerning medical men and medical matters in Essex County and some other sections in the northern part of our State, that he would not otherwise have had. We have inserted in our Journal some excellent editorials from that journal bearing on medical matters of interest, and they have occasionally inserted items from our Journal. We would be most happy to receive similar favors from other newspaper publishers. But there are far more important reasons why we deem the trustees' action a wise one.

We regard the matter as one of great importance because it concerns both the profession and the daily press in our attempts to efficiently serve the public. The editors of the press and the medical profession should understand each other far

better than they do and work in harmony, in advocating all measures calculated to promote the public good, and in opposing every measure which would tend to lower the physical, mental or moral condition of our citizens, or would hinder the higher development of those conditions. The public needs to be educated on all these matters and the medical profession, as the body par excellence qualified, by special training and experience, to give correct instruction—whose members have ever been active at great sacrifice of time and money in so doing—but their efforts have been to too great an extent unavailing, because their motives as well as their methods have been grossly misrepresented, and we are sorry to say that some newspaper editors have—we will be generous as to motive and say—through ignorance, done serious damage, not to the profession, but to the public. Here we must, however, admit that there have been a few physicians—as in all professions—who by their peculiar political methods and self-seeking have done serious damage both to the profession and the public.

The great majority of the profession—we might correctly say almost all—is actuated by the purest motives and the most disinterested personal considerations, and they are qualified to give instruction to the civil authorities and the public on all matters coming within the scope of their special education. We need the intelligently edited newspapers as the disseminators of the knowledge the profession is willing freely to impart and which the people need to receive and act upon for their own good.

We shall endeavor to furnish from time to time in our Journal not only editorials on subjects of public interest, but also, what will be far better, articles from able men, who have given special thought, have had wide range of observation and have had practical experience, on the various subjects on which the public needs to be educated. We hope the editors of the press will use them freely in the great

work in which they share a conspicuous and effective part—as disseminators of the truth and moulders of public opinion—for the benefit of humanity.

We were exceedingly gratified to have with us at our annual meeting, participating in our scientific work or social functions, Professors Davis and Norris, of Philadelphia, and Professors J. D. Bryant, former president of the A. M. A., and George E. Brewer, of New York City, and also to have had an excellent paper by Professor Simon Marx, of the latter city, though he was not able to be with us. It was also a pleasure to welcome among us again a former faithful member, Dr. H. G. Wetherill, who for many years practised at Trenton, and is now one of the prominent surgeons of Denver, Colorado.

We were pleased last month to attend the annual meeting of the Executive Council of the New Jersey Sanitary Association, when a program was outlined for the annual meeting of the association at Lakewood in December. We shall refer to this meeting of the Council at more length in our next issue, stating now only the fact that we were most royally entertained by the chairman, Morris R. Sherrerd, C. E., of Newark, and our belief that the tentative program gives promise that the coming annual meeting will be the best, most practical, that the association has ever held.

LET PHYSICIANS DIAGNOSE AND PRESCRIBE AND PHARMACISTS DISPENSE.

(From The Druggists' Circular, May, 1909.)

What is sauce for the goose is usually pretty good dressing for the gander, and before druggists cry out against dispensing by physicians they should see that they themselves are free from the offense of prescribing without being licensed to practice medicine. There are pharmacists who do not undertake to carry on a quack doctor's business, who practice pharmacy and not near-medicine, and these are the ones who have a right to ask and expect physicians to co-operate with them. We do not see how a druggist can have the face to conduct a gonorrhoea clinic and dispensary in his back

room, fill his show windows with "consumption cure," and advertise himself as the proprietor of a rheumatism or dyspepsia remedy which "cures after physicians have failed," and then go to a "get-together" meeting and talk to doctors about the era of good feeling, and fairness between the two professions, and urge them to send their prescriptions to the drug store to be filled. Yet, we believe, there are druggists who do this. They may think they are fooling the physicians, but they are not. These druggists who do not try to carry water on both shoulders in this way should let that fact be known among physicians, and reap their reward. * * *

The shoemaker should stick to his last, and the physician to the practice of medicine. Pharmacists cannot regulate the affairs of the world or even the affairs of physicians, but each one can regulate his own business and when he has done this properly he will find that he has not only aided the cause of the better practice of medicine, but that by improving the condition of the portion of the world with which he is most intimately associated he has done something toward improving the world as a whole.

Correspondence.

Marriage of a Doctor's Daughter.

To the Editor of the Journal.

It was of interest to some of your readers to know that Miss Nellie E. Disbrow, daughter of the late Stephen M. Disbrow, M. D., of Old Bridge, Middlesex County, and a niece by marriage of your correspondent, was married on May 25, 1909, at her mother's residence in Old Bridge, to Charles Vaughn Craster, M. D., of London, England. The romance of this marriage began a few years ago while Miss Disbrow was visiting in England. Dr. Craster will settle in this State to practice his profession.

Yours very truly,

Elmer Barwis.

Trenton, N. J., June 16, 1909.

Invitation Extended to an Eminent Physician from Scotland.

Having been informed that Sir Alexander R. Simpson, M. D., Sc. D., the distinguished obstetrician and gynecologist of Edinburgh, Scotland, who occupied the chair of obstetrics in the Edinburgh University for 35 years, was a delegate to the Presbyterian Alliance meetings in New York City from June 15-28, we notified our president, Dr. St. John, and an official invitation was thereupon presented to Professor Simpson to attend our annual meeting at Cape May. The following is the correspondence.—Editor.

Sir Alexander R. Simpson, M. D.

Dear Doctor: I have been delegated by our president, Dr. St. John, to wait upon you and extend to you a most cordial invitation to attend the 143d annual meeting of the Medical Society of New Jersey, at Cape May, N. J., June 23-25, 1909. We shall be glad to welcome you as a guest of the society and would esteem your presence as an honor to the society, recognizing as we do your distinguished services in the advancement of our profession.

Our society was represented by Dr. Alex. Marcy, Jr., last year at the annual meeting of the British Medical Association, and it would afford us great pleasure to have you with us this year, representing the great body of eminent men of our profession of Great Britain.

Hoping that your sojourn in this country may be as enjoyable and profitable as is the pleasure of the members of our profession in welcoming you, and that your previously made arrangements will not prevent your acceptance of our invitation, I am, with great respect,

Yours fraternally,

D. C. ENGLISH.

New Brunswick, N. J., June 15, 1909.

DR. SIMPSON'S REPLY.

Dear Dr. English:

After much consultation with my kind host, Dr. Ross Stevenson, I have come very reluctantly to the conclusion that it is not possible for me to accept the invitation you so kindly bring me from Dr. St. John to attend the meetings of the Medical Society of New Jersey next week.

My son and I are among the delegates to the General Council of the Alliance of Presbyterian Churches now in session here. He is due to read a paper on Wednesday afternoon and I make a contribution on Friday forenoon, and Cape May is too far off for a single day's excursion there and back.

It would have been a singular pleasure to have had the opportunity of meeting so many of my professional brethren in the America to which medicine and the humanity for which medicine exists owe so much, and you will understand with how much regret I am compelled to decline the gracious invitation of your president.

Please accept the copy of an address in which I bade farewell to my university four years ago, and believe me,

Yours fraternally in the ties alike of Medicine and of Grace,

A. R. SIMPSON.

New York City, June 16, 1909.

Editorials from Medical Journals

MOSQUITO EXTERMINATION.

(From American Medicine, May, 1909.)

New Jersey's reluctance to continue mosquito extermination is a veritable disaster and shows the need of greater publicity of the wonderful results so far accomplished. In this case the money argument is the opposite of that usually made in sanitation, for it is not to prevent loss, but to increase gains. For instance, on Staten Island, the extensive and efficient system of ditching and draining, devised by Dr. A. H. Doty, State Quarantine Officer, has practically banished the mosquito as a pest and rendered habitable much waste land whose value has increased many times more than expenses of the work. In addition, malaria has practically disappeared, for though the marsh mosquitoes are not generally the anopheles, the crusade invariably takes in the breeding places in and around dwellings and disseminates knowledge as to the transmissibility of the disease, and how to avoid it. Town sites now exist where, a few years ago, no one could live. If Jersey-

ites could only be convinced of the big returns on such sanitary investments they would not hesitate to appropriate funds to enable Professor John B. Smith, the State entomologist, to continue the drainage work which has already accomplished phenomenal results.

THE PASSING OF HOMEOPATHY.

(Editorial in the Illinois Medical Journal, April, 1909.)

In our correspondence columns will be found a communication on homeopathy which should be read by every member of the State Society and every graduate of a medical school practicing in Illinois. It should, moreover, be read by every honest practitioner of osteopathy. This communication, of course, came to us unsolicited. It was written by a man who for many years was a teacher in homeopathic schools and was a firm believer in the extravagant doctrines first promulgated by Samuel Hahnemann. Later in life he took a degree at a regular medical college and got himself straight on the books. This latter degree was hardly necessary, as he had for years used all sensible therapeutic procedures in his practice of medicine and surgery. His action, excepting the taking of the second degree, has been imitated by hundreds of graduates of sectarian schools who have with him recognized the vast importance of modern discoveries influencing medical science. Happily the great body of the profession has recognized the plight of these practitioners and have admitted them as members of local medical societies without hesitation. The fact is that some of the better class of sectarian schools have been giving better instruction than some of the poorer regular schools whose graduates found no trouble passing certain venal boards of health and becoming members of local societies. We believe it is true that a number of men who have taken up with osteopathy in the belief that it really rested upon a scientific basis have found their error and are anxious to advance to a full knowledge of the science of medicine. We have been told that the present desperate efforts of osteopaths to secure recognition by the passage of a law giving them an examining board is largely due to their knowledge that osteopathy has only a minimum of truth as its basis. It is a question whether it would not be wise to admit the better qualified osteopaths into medical colleges and graduate them after a shorter course than is required of medical students who are entering on the course of study and thus hasten the extinction of this waning sect.

This ex-homeopath has made a strong case in favor of the abandonment of homeopathy; an even stronger plea could be made for the abolition of the sect of eclectics and physio medicals. From the schools of these two combined only 120 were graduates in 1907, and it certainly will only be a few years until their names and schools will be reminiscences as vague in medical history as arminianism and predestinarianism are in theological history.

Far be it from us to gloat of the decadence of sects in medicine. In the dark ages of science they seemed unavoidable. Even in the light of the past quarter of a century Christian Science and osteopathy have gained supporters from people presumed to have a sufficiency of gray matter. Rather do we hope for the day when the sunlight of truth shall so illumine the path-

way that no deviation will be possible to those outside the hospitals for the insane and feeble-minded.

The following is the communication referred to above:

To the Editor of The Journal:—Please permit me to state a few facts and to ask a few pertinent questions.

A recent publication issued by authority of the American Institute of Homeopathy gives the total number of homeopathic graduates for the year 1908 as 243. There are, I think, 18 so-called homeopathic colleges, giving an average of 13 graduates to the college. Some of these colleges, I observe, no longer dwell upon their sectarian tenets and teachings, but rather enlarge upon those branches which are generally accepted as forming the basis of every rational medical education. One institution has dropped the word "homeopathic" from its title and assumed a new name in no way suggesting sectarian teaching.

Homeopaths are entering the medical profession by the hundreds. A few years ago a strong homeopathic college was forced to close its doors because it was made public that many, possibly a majority, of its professors were sending their sons to regular institutions. There are a few scattered journals of trifling circulation and declining influence that profess to be homeopathic, but there is not one that can lay claim to anything more than mere local influence. Most of these publications are supported by some college or commercial interest.

Is there a single so-called homeopathic college in America whose income from students is sufficient to pay its running expenses? How many professed homeopaths are to-day sending their sons and others to regular colleges? How many practitioners are to-day openly proclaiming their sectarianism?

The fact is, homeopathy as a fashionable fad is worn out. It is a back number. Candid men of all schools see it and generally are free to admit it, privately if not openly. The reason for the general smashing up of sectarian medicine is easy to see. The immense strides made by the regular profession in all branches of medical science have been noted and accepted by the hard-headed, practical people of the country. In this great evolution homeopathy has been swallowed up and forgotten.

I believe there should be systematic effort made to gather in the scattered homeopaths into the ranks of the medical profession. The great stumbling block will be a so-called "homeopathic" diploma, to which some shortsighted regulars foolishly object. There ought not to be any squeamishness on this head. To every such practitioner I would say, "Come in with us; all of us have a great deal yet to learn about medicine; if you have anything good we want it; you have always been welcome to all that we have in the way of knowledge; stop running a poor side show and join us in the main tent."

I do not sign this letter because I do not wish to arouse the slightest personal feeling. In the little city where I live there are Drs. Blank, father and son. The son is a regular. The father calls himself a homeopath. Meaning no possible reflection upon the father's sincerity. I am able to see no difference whatever between his methods and those of his son. I mean no

self-compliment when I say that their medical work is fully as successful as my own. The son is kept out of the society because of his association with his father. For my part, I would take both of them into the fold, when the last would be heard of the old gentleman's "homeopathy." He would soon forget all about it.

There are, in my judgment, hundreds of capable, experienced men who would be glad if some one would say to them, "Bring on your 'pathic' sheepskin and say no more about it. The more you associate with progressive men the sooner you will forget all about past follies."

Some bright morning homeopathy will wake up and find itself dead. In the meantime I believe that its progressive elements should be warmly welcomed into the ranks of regular medicine. Not only welcomed, but urged to drop a name that means nothing, to give up no honest principle, to abandon no sincere belief, merely forsake something that has outlived its usefulness.

PHYSICIAN.

WHY KENTUCKY FIGHTS QUACKERY SUCCESSFULLY.

(From the *Kentucky Medical Journal*, April, 1909.)

A most laudable campaign against quackery was begun in Wisconsin last year, and some of the worst offenders against the law were either convicted or driven from the State. This will read like ancient history to the profession of Kentucky, as open quackery of the flagrant kind was practically abolished here sixteen years ago. There is a feature of the work in Wisconsin, however, fairly representative of methods in other States, which is not without interest to us, and which may explain why we have been more successful than they have elsewhere in the enforcement of our law.

In their campaign, the Wisconsin State Association incurred a debt of over \$3,000 for attorneys' fees, detectives, court and other expenses, and at the last meeting of the House of Delegates, a special assessment of \$2 was levied upon each member for the purpose of meeting this and to provide a fund to carry on the war and to secure additional legislation. With the exception of \$1,000 raised by voluntary subscription in 1893, to test the law, at which time Kentucky was as much quack-ridden as Tennessee, Illinois, Ohio and Missouri now are, our State Board of Health has looked after our legislation and its enforcement without asking financial assistance to the extent of one dollar from the State Association or profession. The plan adopted by our board to provide funds for this work was as original as it was praiseworthy. Except for one year when the mistake was made of dividing the fund arising under the examining law between the members, as is provided in law, and as is done in other States, after full consideration, our board decided to set this fund aside for the employment of lawyers and detectives and similar expenses, and for educational health work. While we now have only minor offenders to deal with, owing to a lack of unity and enterprise in the profession in a few counties, and the ignorance of court officials and jurors, this feature of the work seems endless, but in the organized coun-

ties this law is as well and as uniformly enforced as any other upon the statute books.

Again, one member of our board has spent a good part of every session of the Legislature for thirty years at Frankfort looking after medical and health interests without asking so much as a postage stamp from the association or profession. In order to give further efficiency to this work, this member has furnished an office for the board free of rent, with fuel, lights and janitor, upon the same terms for a quarter of a century, and for years members of his family did all the clerical work. In one other respect all of our methods for doing these things are unique. With us all of the executive activities of the profession, the State Board of Health, the State Board of Medical Examiners, the State Association and the Journal, are conducted from the same office, still free of rent or other expense, while in every other State, so far as we are advised, these activities have been so widely scattered that such co-operation as has given us the best results was impossible, and in fact, more often indifferent or antagonistic. Our plan is greatly in the interest of both efficiency and economy, and would be ideal but for the fact that it is open to the criticism that it concentrates too much authority in one office. This objection is theoretical until such power is abused, in which event the organized profession of the various counties has the remedy in its own hands and can promptly put an end to it.

But for the unfortunate veto of our legislation and appropriations last winter, our State would have at once taken the front rank in public health work that it has always occupied in the enforcement of its medical law. Even as it is, with almost the smallest appropriation in the Union, its health organization and accomplishments are at least creditable. For these results, our profession and people owe a debt of gratitude to Drs. Bailey, Mathews, Mayer, Fuller, Shirley, Coffman, Quinn, Kellar and South, named in the order of the length of their service on the board, and to others who rendered the same faithful, laborious and gratuitous service in former years, and the hundreds of members of the county boards, which will one day be appreciated.

WHAT IS THE MATTER WITH THE MEDICAL PROFESSION?

Editorial from *American Medicine*.

What is the matter with the medical profession? That something is the matter would seem to be the opinion of almost every one interested in medical affairs. The lay papers have devoted no little space to discussions concerning medical economics, and it appears to be a pretty general impression that the regular practice of medicine has fallen upon the "lean and hungry years." For a long time it has been said that the average medical income has been decreasing. This is probably a fact in a general way, for the lot of the general practitioner has been growing harder and harder. His sphere of usefulness has been contracting, until about the only thing left for him to do is "first aid" work, or to act as advance agent for his friends, the surgeon and the specialist. These words are not written in a spirit of pessimism, but if only half of what one hears is true, the situation warrants real apprehension. It is time, therefore,

for the regular medical profession to take account of stock, and learn, if possible, the reasons for the apparent decline of professional prestige, and the all too evident shrinkage of medical incomes.

Medical men themselves are certainly to blame for many of the conditions which now confront them. With an almost fatuous adherence to the archaic tenets of bygone days, we have clung to the idea that the practice of medicine is something so far removed from business or trade, that the consideration of ways and means by physicians is ignoble, if not defiling. Disregarding completely the changing psychology of the masses, we have stupidly allowed the charlatan and fakir to occupy the center of the platform, and hold the public ear. Proud of our science as we know it, we have stood in the background, foolishly believing that the people would have sense and judgment enough to recognize the false and turn to the true. But who ever knew the public to use their judgment—if they have any? We should have known that the multitude want and must have sensation. We should have known that the masses need leading, guiding and constant suggestion. We should have blazoned to all the world the real progress of medical science, and taught the people the necessity for certain fundamental qualifications in the treatment of disease. We should have come out into the open, and with our generally admitted superior knowledge and skill, driven the quack, charlatan and fakir out of business. There never was a fakir, Christian Scientist, faith curist, osteopath or any freak healer on earth that could do what an ordinary regular physician can do, if he will only do it. But no, too many of us have felt that the treatment of symptoms was a confession of weakness, that the prompt relief of pain, etc., masked conditions, and was not honest to our patient. As a consequence, we have directed our attention primarily, and too often too exclusively, to the removal of underlying causes. This has all been prompted by honest and scientific motives, but our real zeal to do our whole duty has blinded us to many things that would have advanced our own interests—if not our patients'.

* * * * *

It is humiliating, after honest, legitimate, scientific medicine has accomplished what it has, to find that years of the hardest kind of study and research have no higher standing in the eyes of the majority of people than the newest and most visionary cult. A few truths, a few magazines and newspaper articles, some lectures, a little theological endorsement, a few neurasthenic patients, a dash of feminine adoration, and lo, a new school arises and essays to take the place of scientific medicine! Carping critics seize the occasion to point out the shortcomings of the regular medical profession, to tell us what we do not know, and what we, as practitioners of medicine should, but have not done. Medicine-baiting has ever been a favorite pastime with many individuals, and dissatisfaction with some particular doctor has been enough to bring down upon the whole science of medicine maledictions and condemnation. It would seem that the people expect their physicians to be miracle workers, a good deal more than human, and only a little less than angels. When

they find out, as all must sooner or later, that the most learned physician is just an ordinary mortal who has made the human body his special field of study, and that he knows no more, and can do no more than any other man could do with like study, opportunities and application, the awakening causes a revulsion of sentiment that too often takes the form of the most violent antagonism.

The real trouble with the medical profession, after all, may be that it has overestimated the intelligence of the people. The public has asked for medical fiction, the occult, and the mystical, and we have, alas, betrayed them by telling them the truth. Incidentally, no other profession or calling has given so much of its time and labors without recompense. In nearly every town or hamlet there is a hospital today where the needy—and too often the wealthy—can get the best that the profession can give without fee or price. In every community, conscientious medical men are faithfully guarding the public health, standing like sentinels to protect their fellows against contagion and pestilence. Let a scourge but come, and the medical man never pauses, but without fear or thought of self, sails into the conflict to fight until death or victory triumphs. When famine, accident or calamity turns streets into shambles, and the strongest of men quail at the sights unfolded, there will you find a doctor easing the dying, succouring the wounded. Where he is needed, there he is. If, therefore, there is any more useful man among men than the genuine, simon pure doctor of medicine, we have yet to meet him and we doubt if he exists. The American people will doubtless have to experience some great affliction to realize the real worth of their doctors, but when the time does come, they will not be found wanting.

It may be possible, after all, that there is nothing serious the matter with the medical profession. On the other hand can it be that history is only repeating itself, and that once again the people are showing how prone they are to wander from the paths of common sense and truth?

THE BROADER USEFULNESS OF MEDICAL MEN.

There is no denying the fact that the medical profession can accomplish any worthy purpose it sets out to achieve. One has only to consider the many measures pertaining to public health and hygiene that have been passed in every State during the last decade, to appreciate the fundamental truth of this statement. The intelligent public at last realize that medical men, in spite of the "peculiarities," are a beneficent force in every community. Their collective efforts in legislative matters have ever been for the betterment of mankind, and the civilized world has no better example of real altruism than the voluntary public work of the medical profession. During the next few years, a great many questions pertaining to public health are bound to be foremost among those our legislators will be called upon to consider. Medical men of education and executive ability must necessarily play an important part, not only in the evolution of sanitary and food laws, but in their enforcement as well. No graver or more important duty, therefore, confronts the

physicians of the United States than to fit themselves for the great constructive epoch at hand, and to individually and collectively use the power they undeniably possess as a result of their education and opportunities.

In every other civilized country of the globe medical men are liberally represented in the highest branches of government, and there is a general recognition of their peculiar fitness for legislative and administrative service. That doctors have not been equally honored in this country has been due entirely to their reticence and an unfortunate general sentiment that medical men should hold aloof from politics. As the poet has written, however:

"New occasions teach new duties,
Time makes ancient good uncouth,"

and the broadening of professional opinion and opportunity has made it apparent that physicians more than almost any other class have well defined and urgent civic duties. No one thing, therefore, promises greater and more widespread gain to the American people, than the fact that from one end of the country to the other, leading physicians are actively entering the political arena. In not a single instance has it been necessary to sacrifice the professional status in the slightest, while in nearly every respect the public benefits have become as gratifying as they have been pronounced.

NATURE AND TREATMENT OF LEUKEMIA.

The *Medical Record* deals with this interesting topic as follows:

The primary diseases of the blood constitute but a lately opened chapter of human pathology, yet they have formed a subject of such interest both to the research workers and to the practical clinicians that their symptomatology and the pathological changes occasioned by them in the human organism have received much special attention. The cause of them, however, has remained undiscovered, and the treatment has been very inefficient. It may be assumed that parasitic etiology is improbable, since the attempts of Mosler and Bollinger to infect susceptible animals by the leukemic blood were completely unsuccessful, and like experiments carried out by Schupfer with patients suffering from incurable carcinomatous disease could produce no leukemic changes.

Most interesting findings in regard to the pictures of the blood seen in leukemias have been lately published by Grunberg (*Medizinisch-naturwissenschaftliches Archiv*, Vol. I). His examinations of embryos has shown that human embryonal blood answers completely to the picture of lymphatic leukemia, and even the increase of normoblastic red cells after the sixth month makes the blood quite comparable to the condition found at certain stages of the disease, when compensating processes seem to be most evident. The essence of the leukemias, therefore, is the return of the blood to its embryonal composition so far as its cellular elements are concerned. In an article in the *Berliner klinische Wochenschrift* of June 15, 1908, Grawitz indeed says that on many occasions the leukemia is nothing but the unlimited attempt at blood formation which has been called forth by some such cause as chronic inflammatory and suppurative conditions. Ziegler and Tochmann

have published a case in which a simple neutrophile leucocytosis, of 28,000 leucocytes called forth by a chronic staphylo-coccus infection changed to a leucocytosis of 240,000 cells, mostly myelocytic in character.

Grawitz reports the success he has had in the treatment of leukemias during the last three years—that is, since the x-rays have been utilized for this purpose. Ten of the twenty-six patients suffering from myelogenous leukemia recovered under treatment with the rays, the spleen diminishing to normal size and the blood assuming its usual picture. Three of the ten had relapses, but a second course of treatment again proved efficacious in curing them. Only one patient with lymphatic leukemia was cured of the disease, if freedom from the signs of the affection for the period of two years constitutes a cure. In general, this type of the disease proved quite refractory to the x-ray therapy. However, up to the introduction of this treatment the outlook for all leukemic patients was very dark indeed. If one type of the disease even can be successfully controlled, it means that a great many victims may be annually saved. It seems probable, too, that early diagnosis and the improvement of the technique of treatment will increase the percentage of the cures.

Therapeutic Notes.

Acne Vulgaris.

Dr. A. M. Cole, in the *Journal of the Indiana State Medical Society*, summarizes his valuable paper as follows:

1. Acne vulgaris is usually a pyogenic infection implanted on a skin whose functions are perverted by the influence of age, reflex disturbances or seborrhea;
2. Acne rosacea is an acne implanted upon a chronic hyperemia or rosacea which arises almost invariably from reflex influences from the gastrointestinal tract or pelvis;
3. Internal treatment in both varieties of acne is exceedingly important. Reflex disorders must be sought for and corrected, if possible, before the best results can be obtained;
4. External drug treatment in both cases is usually disappointing. Sulphur in the form of lotio alba properly made is the best external preparation, and should vary in strength suitable to the condition of the disease;
5. Mechanical treatment, such as the use of hot water, soap, massage and the dermal curette, is exceedingly valuable;
6. The opsonic method in acne vulgaris is promising;
7. The Roentgen treatment of both acne vulgaris and acne rosacea is the most valuable. In its certainty of cure and infrequency of relapse it almost approaches a specific;
8. The technic of using the X-ray, say in acne, is of paramount importance. If the ray is properly applied there should be few, if any, failures and no undesirable effects.

Basedow's Disease==Antithyroidin In.

Dr. De Waele, in the *Canadian Practitioner*, describes the case of a patient, twenty-six years old, who presented all the classical symptoms of exophthalmic goiter. After 70 cubic centimeters of antithyroidin had been employed, the subjective symptoms were considerably relieved, the pulse had dropped from 100-120 to 84, and

the thyroid swelling was diminished one-third. As soon as the serum was discontinued the old symptoms returned, showing that the drops were undoubtedly responsible for the improvement.

Boils—Abortion of.

Dr. Pouchet, of Paris, uses the following:

℞ Acidi salicylici
Emplast. saponis.....aa gr xv
Ungt. diachylon.....gr xxx

This is spread on a cloth and applied over the boil, to be renewed in twelve hours, and in twenty-four hours the result should be accomplished. Favorable results are, of course, unlooked for if pus has formed.—Medical Fortnightly.

Bowel Antiseptic

is best prescribed, according to the Journal of the American Medical Association, as follows:

I.

℞ Phenyl salicylate.....3ss;
Bismuth subnitrate.....3i.

M. et fac chartulas, 4.

Sig.: One powder every three hours.

II.

℞ Phenyl salicylate.....gr. xlv;
Bismuth subnitrate.....3iiss.

M. et fac chartulas, 10.

Sig.: One powder every two hours.

Bronchitis—Chronic.

Dr. Campanella, in the *Gazette degli Ospedali e delle Cliniche*, Milan, speaks of the efficacy of nitric acid fumes in chronic bronchitis. The treatment consists in allowing the patient to inhale the steam from boiling water containing a few drops of nitric acid. These fumes are inhaled for 5 or 10 minutes at a time and in a short time the cough was arrested and expectoration reduced. He also observed favorable results on assimilation and blood production, and the ultimate result was a complete cure.

Calomel as a Cathartic—Administration of.

Commenting on the growing practice of giving calomel in minute doses repeated at regular intervals, the *Journal of the American Medical Association* for January 23, 1909, expresses preference for single doses of the quantity deemed sufficient, the calomel being combined with sodium bicarbonate, as in the following prescription:

℞ Calomelgr. iij
Sodium bicarbonate....gr. viiss

Mix and make one powder.

Sig.: To be taken at once.

The giving of calomel in small doses, as perhaps one-tenth of a grain every half hour until one grain has been taken, which is often advised, is objected to for the reason that a troublesome diarrhoea often results when calomel is thus administered. It is pointed out, too, that patients susceptible to calomel may be salivated by small doses, when they are not affected by a single large dose.—*Cyclon. and Med. Bulletin.*

Gargle and Mouth Wash.

Robin (*Gazette medicale de Paris*, Sept. 5, 1907) advises the use of the following solution in the mouth and throat if there are enlarged glands in the neck:

℞ Betanaphtholisgr. iss;
Sodii boratis.....3iiss;
Aquae menthae piperitae.....Oj.

M. et Sig.: To be used warmed three or four times a day, to cleanse the mouth and throat.—*Journal A. M. A.*

Gargle For Quinsy.

According to *Journal de medicine de Paris* for June 27, 1908, Guisez uses the following gargle in the treatment of amygdalitis:

℞ Carbolic acid.....m xv;
Glycerin3iiss;
Mentholgr. v;
Cherry laurel water.....3v.

M.

Sig.: A tablespoonful to be dissolved in a glassful of hot water and used as a gargle morning and evening.—*N. Y. Medical Journal.*

Headache of Neurasthenia.

Bingl prescribes the following pill to be taken at bed-time:

℞ Quinine sulphate.....gr. xv
Arsenic trioxide.....gr. j
Extract of cannabis indica.gr. viij
Pulverized valerian root,
Extract of valerian, each q. s.

Mix and divide into thirty pills.—*New York Medical Journal.*

Hemorrhoids.

℞ Extracti belladonnae fol
Extracti opiiaa, gr. xv;
Antipyrinaegr. xlv;
Cerati plumbi subacetatis.....3iiss;
Unguenti3i.

M. et Sig.: Use externally as directed.—*New York Medical Journal.*

Hoarseness.

Ten drops of dilute nitric acid three or four times a day in sweetened water is recommended for this condition by Ellingwood. Singers and public speakers will find this an excellent remedy. If immediate benefit is required, use three or four drops on a square of loaf sugar and allow it to dissolve on the tongue slowly, drawing the air into the lungs over it.—*Therapeutic Record.*

Impacted Cerumen.

Three or four drops of peroxide of hydrogen in the ear, followed five minutes later by thorough syringing with boracic acid solution, will readily remove any impacted cerumen.—*American Journal of Surgery.*

Infantile Eclampsia.

Dr. Hermann, in *Munch. med. Woch.*, reports the case of a five months' old boy, who, suffering from broncho-pneumonia, developed severe attacks of eclampsia during the course of the

disease, so that his life was despaired of. Baths given during the attacks only gave temporary relief. Finally 0.0001 gm. (1-600 gr.) of atropine methylbromide was injected, and the attacks ceased almost at once. The following day it was necessary to give two more injections, after which no more convulsions were seen. Recovery then rapidly set in.

Intestinal Colic-Enema for Relieving Bowels.

At the House of Relief of the New York Hospital the following enema is given for the relief of intestinal colic:

- ℞ Oil of turpentine.....3ij
- Oil of cotton seed.....3ii;
- Tincture or green soap.....3ss;
- Water, enough to make.....Oii.

To the mixture formed by the first three ingredients add one pint of hot water, to be followed by sufficient additional cold water to make the whole measure two pints. The best results are obtained by using a bulb syringe and soft rubber rectal tube, inserting the tube high up.—N. Y. Medical Journal.

Leucorrhœa of Pregnancy.

Some women are troubled by excessive vaginal discharge during pregnancy. A treatment very effective is as follows: (1) Vaginal douche of plain water, lukewarm; (2) this is to be followed immediately by a douche containing two tablespoonfuls of dry yeast to a quart of tepid water; (3) introduction of a tampon soaked in a mixture of equal parts of yeast and warm water. Most pregnant women are better off without douching. If they insist upon a weekly douche, normal salt solution is best.—Am. Jour. of Clin. Med.

Pyelitis.

In cases of chronic pyelitis the following is recommended internally:

- ℞ Quininae tannatis.....gr. xv
- Sacchari albi.....gr. xxx

M. Ft. cap. No. vi.

Sig.: One capsule three times a day.

In calculous pyelitis due to lime or uric acid deposits the following may be used:

- ℞ Sodii phosphatis.....5j
- Sodii bicarbonatis5ij
- Lithii carbonatis.....5iiss

M. Ft. pulvis.

Sig.: One teaspoonful in a pint of water t.i.d.

In the treatment of uric acid calculi Yeo states that excellent results have been obtained by the administration of large doses of glycerine by the mouth, the good effects being due to changes produced in the urine.

The amount given is 1 to 4 ounces dissolved in an equal quantity of water taken between meals every two or three days for a period of several days. Some authors state that it renders the specific gravity such as to produce a change in the urine.

Swabbing the throat with 20 per cent. iodine in glycerine will quickly relieve a pharyngitis.

An hypertrophied lingual tonsil sometimes causes much discomfort, giving a heavy, sore feeling to the base of the tongue. It may be necessary to remove it.—American Journal of Surgery.

PREVENTION OF SOCIAL DISEASE.

(From the Pennsylvania Medical Journal.)

Symposium on "Have Our Women and Girls a Right to the Facts Regarding Social Disease? If so, How Shall They Best Obtain Them?" at the meeting of the Pennsylvania Society for the Prevention of Social Disease, held November 6, 1908, Edgar F. Smith, LL.D., presiding.

From the standpoint of the physician. Dr. Sarah H. Lockey: My only excuse for speaking is that in twenty years of professional life I have seen much of the results of these so-called social diseases. When we think that women and girls suffer more in their physical makeup from these diseases than men we naturally think that they have a right to know all the facts in our possession. Two days ago a girl of twenty-three years was operated upon for pelvic disease. She is still liable to lose her life, but if she recovers she will never be able to bear children, and all because of the impurity of her husband before marriage. Had not this woman a right to the facts regarding social disease before she became a wife? Has not every woman and girl the same right? What good would it do this physically wrecked woman now to tell her? Another instance under my observation is that of a girl strong and robust before marriage who to-day is an invalid moving about only in a rolling chair.

Naturally we think of the parents, and first, of the mothers; but, many mothers live and die without any such knowledge as this. Many girls have no mothers. Why should not the fathers assume some responsibility since they know at least that such diseases are in existence. It seems to me that we should educate the girls along these lines when we are educating them in other things, when they are young. Of course, something can be done in mothers' meetings. I believe also that good would result from talks by physicians to the girls employed in factories. I am not a pessimist. I believe the world is getting better; that it does move, and I think the existence of this society proves this to be a fact.

From the Standpoint of the Social Worker. Mrs. Esther Kelly Bradford, president of the Boys' and Girls' Club of Kensington: It appears to me that we are discussing the question upon the false supposition that women and girls are not at all informed upon this subject, and, we ask whether we shall go to women who are happy in their ignorance with the unwelcome information in our possession. I am not here to speak of a few selected, protected lives, the little class in our community which has grown up under very favorable conditions, but of the population at large, including our girls and women to the number of three quarters of a million. These girls and women know this subject. Even those girls and women who seem to be too sheltered to have such information are well posted with such information as can be given them from their acquaintances and obtained from the conditions of life under which they live. They are constant learners of falsehood and of statements which are debasing and degrading and which vitiate for them that which should be pure and beautiful. I have seen again and again the little girl standing with a group of boys in the street perhaps unnoticed as they talked together. Lat-

er on in life, in the same place (in the street) she begins to try to find her own romance, but finds her own tragedy. The conditions of the mill create a knowledge and an amount of information which a person unfamiliar with mill life can not for a moment imagine. The toilet arrangements are often abominable, and the factory inspector often knows nothing, or takes no trouble to warn the owner of the debasing conditions.

Whenever I have come close to the sufferers through ignorance of the facts concerning social disease there has been a demand that the facts be furnished. One young girl about to become a mother, who came to us very recently, when told the facts as we were able to give them to her said, "Go tell other girls," and this was her constant cry throughout her illness. As to how our women and girls are to be told the facts,—tell them individually; tell them collectively. When we can not reach them individually or collectively, reach them by the printed slip. We have been appealed to, women, by a body of earnest men, the finest type. I believe, of our American citizenship. I believe that American women can not be so craven as to stop at home and say the subject is too painful and that they would rather be excused. I believe, rather, that there are enough true women who are willing to help in so far as they are able in this work.

From the Standpoint of the Philanthropist. Miss Mary E. Richmond, secretary of the Philadelphia Society for Organizing Charity: I can not help thinking that our first point of attack in the education of women and children in these facts should be with those who, like Mrs. Bradford, have won a right to a hearing through service, whether as church workers, or social workers, or as workers through your society, giving clear statements of facts which may be depended upon. I believe also that the church must be largely a leader in this matter.

From the Standpoint of the Woman Citizen. Mrs. Martha P. Falconer, chief of the Girls' Department, House of Refuge: I do believe, of course, that women and girls have a right to this knowledge. If every child had an intelligent mother, by the mother would, of course, be the ideal way for children to be taught. I believe the instruction will have to come through the schools. Until very recently there has been very little good literature which we would recommend and I think it is one of the most hopeful signs that we have to-day such good literature and such splendid leaders in this movement.

From the Standpoint of the Mother. Mrs. Joseph P. Mumford: I believe the solution of the whole problem lies with the mothers; that when they are awake to their duty and responsibility, are ready to put aside their mawkish sensibility and silly reticence and treat the laws of God and nature with honesty and innocent simplicity, they will soon find themselves in control of the social evil and all that the term implies. The outcome rests in the mother's training of her boys, but no less in her enlightenment of her girls. The girls of naturally impure tendencies, of whom there are but few, should, of course, be warned of the evils lurking to ensnare them, but no less should the girls who are innocent and pure. The great industrial revolution has affected the communi-

ty nowhere so much as in the daily life of young girls. They are thrown out of the home by hundreds, thousands, and subjected to most subtle temptations, often from those who should have guarded their innocence. The mother of fifty years ago might be pardoned if she did not tell her daughters of the evil which is in the world, because life was domestic and shielded. The reticence of the mother to-day is worse than inanity,—it is crime.

Miss Laura Garrett of Baltimore, in discussing: In Baltimore we have held meetings of the working girls and their neighbors in churches and settlement houses. After a series of talks literature was given out which was distributed by those attending among those with whom they worked. In one class the whole subject was taught by nature work. A teachers' and parents' association has been particularly encouraging in its results.

Rev. Floyd W. Tompkins, D. D.: I think we have had shown us the possibilities of the future when we have had four or five ladies speak to a mixed audience about this matter. When Mrs. Bradford urged that we teach concerning these things, there came to me a feeling of great responsibility. There is no question but that we have been afraid, and the result of our fear has been spreading sorrow. Why may we not have our women teaching the young women and girls whom they meet? Why may we not have teachers calling their girls together in their homes? Why may we not have ministers even from time to time organizing classes taught by some woman physician? And, above all, dear, friends, why may we not have the teaching in the public schools embody this matter, with women physicians for girls, and men physicians for boys, teaching them concerning these things which must be known if we are going to save the future generation?

Dr. Charlotte Abbey: I think we should give first of all to the children a clear idea of what life is, a clear idea of natural law and the penalty attached to transgression of the law. They should be taught that the function of reproduction should be kept sacred for the purpose for which it is intended. They should be taught the penalty of the transgression of the law and this teaching be through the effect of good wholesome thought.

Rev. J. M. Hayman: I stand as a witness of one saved from drink by having in my early days seen a temperance lecture illustrated and the impression made upon my life was so profound that from that time I became a total abstainer and have since used all my influence for others. I think that if we could supplement our teaching by the use of stereopticon in public lectures the work would leap forward.

Dr. Robert N. Wilson, Jr.: I should like to call attention to a point apparently overlooked,—that our work is not altogether among the lower classes, as we misname them, but that it is fully as important when it touches the life of the most refined class, and that here the danger is fully as great from the standpoint of social disease. The work must be done by the mothers eventually, but they are not educated to it now. We get the boys and girls too late in the colleges. The work must be done in the schools, and some day in the homes before the school is entered. Large numbers of pamphlets have been distributed in department

stores and factories and it is planned to make such distribution through every department store and mill where we are allowed entrance. We usually find some objection from the manager, but gain entrance through some splendid woman who convinces the manager that the facts are true and the need real.

NEW LAW ON TUBERCULOSIS.

Chapter 250, Laws of 1909.

An act concerning tuberculosis.

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

1. Tuberculosis is hereby declared to be an infectious and communicable disease, dangerous to the public health. It shall be the duty of every physician in the State of New Jersey to report in writing, on a form to be furnished as hereinafter provided, the name, age, sex, color, occupation, place where last employed, if known, and address of every person known by said physician to have tuberculosis, to the health officer of the city, borough, town or other municipality in this State in which said person resides, within twelve hours after such fact comes to the knowledge of said physician. It shall also be the duty of the chief officer having charge for the time being of any hospital, dispensary, asylum, prison, or other private or public institution in said State of New Jersey to report in like manner the name, age, sex, color, occupation, place where last employed, if known, and previous address of every patient having tuberculosis who comes into his care or under his observation, within twelve hours thereafter.

2. It shall be the duty of every health officer of the city, borough, town, or other municipality in this State, when so requested by any physician or by authorities of any hospital or dispensary, to make or cause to be made a microscopical examination of the sputum forwarded to him as that of a person having symptoms of tuberculosis, which shall be forwarded to such officer accompanied by a blank giving name, age, sex, color, occupation, place where last employed, if known, and address of the person whose sputum it is. It shall be the duty of said health officer promptly to make a report of the results of such examination, free of charge, to the physician or person upon whose application the same is made.

3. It shall be the duty of every health officer of a city, borough, town, or other municipality in this State, to cause all reports made in accordance with the provisions of the first section of this act, and also all results of examinations, showing the presence of the bacilli of tuberculosis, made in accordance with the provisions of the second section of this act, to be recorded in a register, of which he shall be the custodian. Such register shall not be open to inspection by any person other than the health authorities of the State and of the said city, borough, town, or other municipality in this State, and said health authorities shall not permit any such report or record to be divulged so as to disclose the identity of the person to whom it relates, except as may be necessary to carry into effect the provisions of this act.

4. In case of the vacation of any apartment or

premises by the death or removal therefrom of a person having tuberculosis, it shall be the duty of the attending physician, or if there be no such physician, or if such physician be absent, or the owner, lessee, occupant or other person having charge of the said apartments or premises, to notify the health officer of said city, borough, town or other municipality in this State of said death or removal within twenty-four hours thereafter, and such apartments or premises so vacated shall not again be occupied until duly disinfected, cleansed or renovated as hereinafter provided.

5. When notified of the vacation of any apartments or premises as provided in section four hereof, the local health officer or one of his assistants or deputies, shall, within twenty-four hours thereafter, visit said apartments or premises and shall order and direct that, except for purposes of cleansing or disinfection, no infected article shall be removed therefrom until properly and suitably cleansed or disinfected, and said health officer shall determine the manner in which such apartments or premises shall be disinfected, cleansed or renovated in order that they may be rendered safe and suitable for occupancy. If the health authorities determine that disinfection is sufficient to render them safe and suitable for occupancy, such apartments or premises, together with all infected articles therein, shall immediately be disinfected by the health authorities at public expense, or, if the owner prefers, by the owner at his expense, to the satisfaction of the health authorities. Should the health authorities determine that such apartments or premises are in need of thorough cleansing and renovation, a notice in writing to this effect shall be served upon the owner or agent of said apartments or premises, and said owner or agent shall thereupon proceed to the cleansing or renovating of such apartments or premises in accordance with the instruction of the health authorities, and such cleansing and renovation shall be done at the expense of the said owner or agent.

6. In case the orders or directions of the local health officer requiring the disinfection, cleansing or renovation of any apartments or premises or any articles therein as hereinbefore provided, shall not be complied with within forty-eight hours after such orders or directions shall be given, the health officer may cause a placard in words and form substantially as follows to be placed upon the door of the infected apartments or premises:

"Tuberculosis is a communicable disease. These apartments have been occupied by a consumptive and may be infected. They must not be occupied until the order of the health officer directing their disinfection or renovation has been complied with. This notice must not be removed under the penalty of the law except by the health officer or other duly authorized official."

7. Any person having tuberculosis who shall dispose of his sputum, saliva or other bodily secretion or excretion so as to cause offense or danger to any person or persons occupying the same room or apartment, house, or part of a house, shall, on complaint of any person or persons subjected to such offense or danger, be deemed guilty of a nuisance, and any persons subjected to such a nuisance may make complaint in person or writing to the health officer of any city, borough, town, or other municipal-

ity in this State where the nuisance complained of is committed. And it shall be the duty of the local health officer receiving such complaint to investigate, and if it appears that the nuisance complained of is such as to cause offense or danger to any person occupying the same room, apartment, house or part of a house, he shall serve a notice upon the person so complained of, reciting the alleged cause of offense or danger and requiring him to dispose of the sputum, saliva or other bodily secretion or excretion, in such a manner as to remove all reasonable cause of offense or danger. Any person failing or refusing to comply with orders or regulations of the local health officer of any city, borough, town, or other municipality in this State requiring him to cease to commit such nuisance, shall be deemed guilty of a misdemeanor, and on conviction thereof shall be fined not more than ten dollars.

8. It shall be the duty of a physician attending a patient having tuberculosis to take all proper precautions, and to give proper instructions to provide for the safety of all individuals occupying the same house or apartment, and if no physician be attending such patient, this duty shall devolve upon the local health officer, and all duties imposed upon physicians by any sections of this act shall be performed by the local health officer in all cases of tuberculosis not attended by a physician, or when the physician fails to perform the duties herein specified, and shall so report.

9. It shall be the duty of the local health officer to transmit to a physician reporting a case of tuberculosis, as provided in section one of this act, a printed statement and report, in a form approved by the board of health of the State of New Jersey, naming such procedures and precautions as in the opinion of the said board of health of the State of New Jersey are necessary or desirable to be taken on the premises of a tuberculous patient. It shall be the duty of the local health authorities to print and keep on hand an ample supply of such statements and reports, and to furnish the same in sufficient numbers to all local physicians. Upon receipt of such statement and report the physician shall either carry into effect all such procedures and precautions as are therein prescribed, and shall thereupon sign and date the same, and return it to the local health officer without delay, or if such attending physician be unwilling or unable to carry into effect the procedures and precautions specified, he shall so state upon this report and immediately return the same to the local health officer, and the duties therein prescribed shall thereupon devolve upon said local health officer, who shall receive the fee hereinafter provided as payment of the services of the physician, if he comply with the duties herein prescribed. Upon receipt of this statement and report, the local health officer shall carefully examine the same, and if satisfied that the attending physician has taken all necessary and desirable precautions to insure the safety of all persons living in the apartments or premises occupied by the person having tuberculosis, the said local health officer shall issue his certificate in favor of the attending physician for the sum of one dollar, who thereupon shall become entitled to be paid the said sum of one dollar out of a fund which shall be provided by said city, borough, town, or other municipality in this

State. If the precautions taken, or instructions given by the attending physicians are, in the opinion of the local health officer, not such as will remove all reasonable danger, or probability of danger, to the persons occupying the said house or apartments or premises, the local health officer shall return to the attending physician the report, with a letter specifying the additional precautions or instructions which the health officer shall require him to take or give; and the said attending physician shall immediately take the additional precautions and give additional instructions specified, and shall record and return the same on the original report to the local health officer. It shall further be the duty of the local health officer to transmit to the physician reporting any case of tuberculosis a printed requisition, in a form approved by the board of health of the State of New Jersey and printed by the local health authorities and issued in sufficient number to supply local physicians. Upon this requisition blank shall be named the materials kept on hand by the local health officer for the prevention of the spread of tuberculosis, and it shall be the duty of the local health officer to supply such materials as may be specified in such requisition. Any physician may return a duly signed requisition to the local health officer for such of the specified materials and in such amount as he may deem necessary to aid him in preventing the spread of the disease, and all local health officers shall honor, as far as possible, a requisition signed by the attending physician in such a case. It shall be the duty of every local health officer to transmit to every physician reporting any case of tuberculosis, or to the person reported as suffering from this disease, provided the latter has no attending physician, a circular of information approved by the board of health of the State of New Jersey, and which shall be provided in sufficient quantities by the local health authorities. This circular of information shall inform the consumptive of the best methods of treatment of his disease, and of the precautions necessary to avoid transmitting the disease to others.

10. Any physician or person practising as a physician who shall knowingly report as affected with tuberculosis any person who is not so affected, or who shall willfully make any false statement concerning the name, age, sex, color, occupation, place where last employed, if known or address of any person reported as affected with tuberculosis, or who shall certify falsely as to any of the precautions taken to prevent the spread of infection, shall be deemed guilty of a misdemeanor, and on conviction thereof shall be subject to a fine of not more than one hundred dollars.

11. Upon the recovery of any person having tuberculosis it shall be the duty of the attending physician to make a report of this fact to the local health officer, who shall record the same in the records of his office, and shall relieve said person from further liability to any requirements imposed by this act.

12. Any person violating any of the provisions of this act shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished, except as herein otherwise provided, by a fine of not less than five dollars nor more than fifty dollars.

13. Any person affected with tuberculosis shall

not deposit his sputum, saliva or other infectious secretion in such a place as to cause offense or danger of contracting the disease to any person or persons.

14. It shall be the duty of every person afflicted with tuberculosis of the lungs or larynx to provide himself with a sputum flask or receptacle in which to deposit his sputum, saliva or other infectious secretion while traveling in any public conveyance or attending any public place, and the contents of said flask or receptacle shall be burned or otherwise thoroughly disinfected.

15. Upon the complaint of any responsible person of conditions tending to the spread of tuberculosis to the local board of health, it shall at once investigate the conditions complained of, and if found dangerous or detrimental to the public health, said board shall make and enforce such orders as may be necessary to abate the offense or dangers caused thereby.

16. This act shall take effect immediately.

Approved April 21, 1909.

Marriages.

ARESON—HALLETT.—In Upper Montclair, June 30, 1909, Dr. William H. Areson to Miss Florence May Hallett, both of Upper Montclair.

CASPERSON—NAUDAIN.—In New York City, June 30, 1909, Dr. Robert Casperson, of Camden, to Miss Susan Naudain, of Elkton, Maryland.

EULNER—FRENCH.—At South River, N. J., June 30, 1909, Dr. Elmer H. Eulner, of South Amboy, to Miss Kathryn M. French, of South River.

Obituaries.

HALL.—In Burlington, N. J., May 22, 1909, Dr. Walter E. Hall, aged 51 years.

MEYER.—At Newark, N. J., suddenly, on June 26, 1909, Dr. Franklin L. Meyer, in his 45th year. Dr. Meyer graduated from the Bellevue Hospital Medical College in 1887.

STANGER.—In Trenton, N. J., May 21, 1909, Dr. Samuel F. Stanger, aged 59 years. Dr. Stanger graduated from Jefferson Medical College, Philadelphia, in 1875.

Personals.

Dr. Henry O. Carhart, of Blairstown, who was severely injured and his wife was killed in a collision last January, has recently met with another accident, being thrown over an embankment in losing control of his horse. He escaped, however, serious injuries.

Dr. Henry L. Coit, of Newark, will take a trip abroad this month, and expects to attend the International Medical Congress at Buda-Pesth, Hungary.

Dr. Gordon K. Dickinson, of Jersey City, expects to take a European trip about the middle of this month for a few weeks.

Dr. Frank D. Gray, of Jersey City, has been compelled by severe illness to lay aside professional work for several months.

Dr. Herman C. H. Herold, of Newark, Collector of Internal Revenue and president of the Newark City Board of Health, who has been suffering from a slight stroke, is improving and hopes to leave soon for an extended vacation.

Dr. William L. Kelchner, of Camden, was recently elected president of the Camden City Medical Society.

Dr. Emery Marvel, of Atlantic City, who was taken ill with a severe attack of grippe some weeks ago, has suffered from serious complications, but is at last reports slowly improving.

Dr. George E. McLaughlin, of Jersey City, will attend the meeting of the International Medical Congress at Buda-Pesth, Hungary, in August. He and Dr. Coit will represent the Medical Society of New Jersey at the Congress.

Dr. D. L. Morrison, of New Brunswick, expects to take a few weeks' trip to Europe.

Dr. Ferdinand E. Riva, of New Brunswick, has been suffering for several weeks with a severe attack of otitis media, requiring operative treatment. He is now steadily improving.

Dr. George L. Romaine, of Lambertville, is spending the summer in the lake region of the north.

Dr. Charles A. Rosenwasser, of Newark, read a paper before the American Society for the Study of Alcohol and Other Narcotic Drugs. It appeared in the Medical Record of May 8th.

Dr. Sidney A. Twinch, of Newark, was elected to membership in the American Orthopedic Association at its annual meeting in Hartford, Conn., in June.

Book Reviews.

Legal Medicine and Toxicology, by Robert L. Emerson, M. D., formerly instructor in Physiological Chemistry, Harvard Univ. Med. School. D. Appleton & Co., New York and London, 1909. \$5.00.

This book contains in one volume the information necessary for the busy practitioner, who is suddenly called to testify or to defend himself in a medico-legal case. It is concise and yet quite full considering the great variety of conditions described. It contains an appendix giving free extracts from the laws of the different States regulating the practice of medicine.

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

Alypin Tablets, Farbenfabriken, of Elberfeld Co.
Helmitol Tablets, Farbenfabriken of Elberfeld Co.

Sabromin Tablets, Farbenfabriken of Elberfeld Co.

Veronal-Sodium Tablets, Farbenfabriken of Elberfeld Co.

Thyresol, Farbenfabriken of Elberfeld Co.

Novocaine Nitrate, Koechl & Co.

Holadin & Bile Salts, Fairchild Bros. & Foster.

Oxone, Roessler & Hasslacher Chem. Works.

Apinol, Apinol Chemical Co.

Articles accepted for N. N. R. appendix:

Tablets Atoxyl, $\frac{1}{3}$ gr., Sharp and Dohme.
 Tablets Novocaine, soluble, 1-14 gr., Sharp & Dohme.
 Tablets Novocaine, $\frac{1}{3}$ gr., Sharp & Dohme.
 Ampules Atoxyl Solution, 10 per cent., Sharp & Dohme.
 Ampules Atoxyl Solution, 10 per cent. and Novocaine 1 per cent., Sharp & Dohme.

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

Monthly Report of Mortality, May, 1909.

The number of deaths reported to the Bureau of Vital Statistics for the month ending May 15, 1909, was 2,955, a decrease of 378 from the previous month. The number of deaths from typhoid fever (14) is the lowest for any one month of which this department has record. By ages there were 505 deaths among infants under one year, 324 deaths of children over one year and under five years, and 883 deaths of persons aged sixty years and over.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending May 15, 1909, compared with the average for the previous twelve months, the average numbers being given in parentheses:

Typhoid fever, 14 (28); measles, 34 (20); scarlet fever, 45 (30); whooping cough, 27 (20); diphtheria, 56 (48); malarial fever, 1 (2); tuberculosis of lungs, 324 (299); tuberculosis of other organs, 66 (50); cancer, 132 (131); cerebro spinal meningitis, 21 (24); diseases of nervous system, 316 (338); diseases of circulatory system, 345 (317); diseases of respiratory system (pneumonia and tuberculosis excepted), 252 (175); pneumonia, 375 (234); infantile diarrhoea, 46 (220); diseases of digestive system (infantile diarrhoea excepted), 169 (194); Bright's disease, 213 (200); suicide, 35 (37); all other diseases or causes of death, 484 (589). Total, 2,955 (2,956).

Laboratory of Hygiene, Division of Food and Drugs.

During the month ending May 31, 1909, 401 samples of food and drugs were examined in the State Laboratory of Hygiene. Those found below the standard were: Milk, 14 of the 258 samples; black pepper, 4 of the 19; tincture opium, 4 of the 6; ground mustard, 3 of the 5; allspice, 1 of the 3; ground cinnamon, 1 of the 6; white pepper, 1 of the 8 samples. Those above the standard, of all samples examined, were: Butter, 12; chocolate, 1; ground cloves, 5; cocoa, 5; ginger, 5; honey, 3; mace, vin Mariana, oleomargarine, each 1; molasses, 5; peanut butter, 2; red pepper, 2; vinegar, 8; alcohol, 16; borax, 4; olive oil, 5; witch hazel, 19. Thirteen suits had been instituted for adulterations.

During the month ending May 31, 1909, 104 inspections were made in 47 cities and towns.

The following articles were inspected during the month, but no samples were taken: Milk, 22; butter, 426; foods, 1,510; drugs, 408.

Other inspections were made as follows: Milk cans, 718; milk wagons, 211; milk depots, 123; grocery stores, 451; drug stores, 57.

Division of Creameries and Dairies.

Dairies Inspected.

County.	Number inspected.	Scoring above 60 P. C.	Scoring below 60 P. C.
Burlington	12	10	2
Essex	7	6	1
Hunterdon	4	0	4
Middlesex	9	7	2
Passaic	1	0	1
Somerset	24	11	13
Union	4	4	0
Warren	7	1	6

The numbers in the second and third columns represent the number scoring 60 per cent. above and below the perfect mark, respectively. Total number of dairies inspected..... 68
 Number of dairies, first inspection..... 41
 Number of dairies, reinspection..... 27
 Number to which letters were sent..... 97
 Number of water samples collected on dairy premises 42

Creameries Inspected.

Andover, Annandale, Belle Meade, Blairstown, Califon, Chester, Columbus, Cranbury, Flanders (2), German Valley, Hainesburg, Hamburg, Hoffmans, Marksboro, McAfee, Middle Valley, Naughtright, New Brunswick, Price's Crossing, Roy's Crossing, Stillwater, Stockholm, Swartwood, Vails, Vernon, Warbasse, Woodstown (2).

Total number of creameries inspected..... 29
 Number of creameries, first inspection..... 1
 Number of creameries, second inspection.. 28
 Water samples collected on creamery premises 14

Bacteriological Department.

Specimens for bacteriological diagnosis examined: From suspected cases of diphtheria, 22; tuberculosis, 387; typhoid fever, 164; malaria, 24; miscellaneous, 9; total, 809.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the laboratory, 161. Public water supplies, 55; private supplies, 29; dairy wells, 42; creamery supplies, 11; State institution supplies, 3; sewage samples, 21.

Inspections.

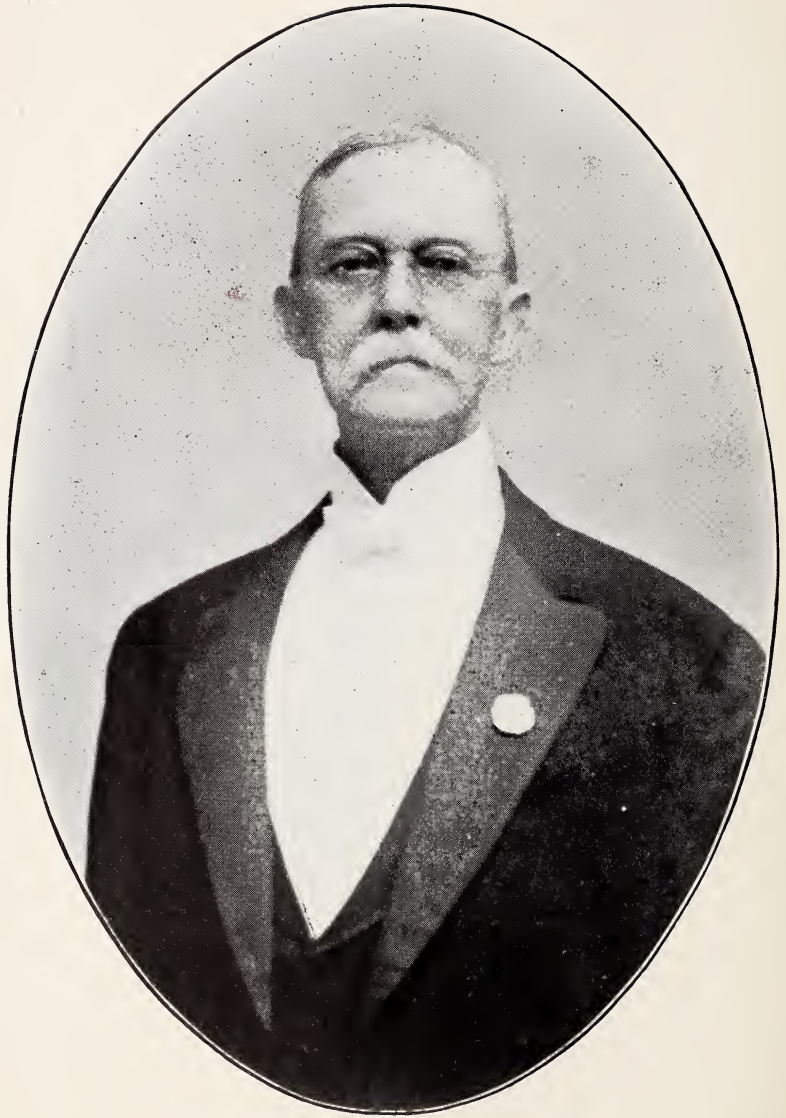
Public water supplies inspected at Gibbstown, Netcong, Gloucester, Newton.

Sewage disposal plants inspected at Freehold, Overbrook, Trenton Asylum, Essex Falls, Jamesburg, Ridgewood, Red Bank, Loch Arbor, Allenhurst, Westfield, Asyla, Flemington, Newton, Collingswood, De Laval Steam Turbine Co., Aldene.

Special inspections at Salem, Stanhope, Gloucester, Burlington, Phillipsburg, Millburn, Bay Head, Bernardsville, Collingswood, West Collingswood.

Stream inspection continuing on Rahway, Elizabeth, Raritan and Delaware rivers.

Number of persons summoned before the board, 88; notified to cease pollution, 113; cases referred to the Attorney-General, 7; number of plans for sewerage systems approved, 13.



"Sincerely Your Friend,
B. A. Haddington"

Journal of The Medical Society of New Jersey

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THIRD VICE-PRESIDENT'S ADDRESS.*

PROBLEMS CONFRONTING THE COMPONENT SOCIETIES.

BY DANIEL STROCK, M. D.,
CAMDEN, N. J.

The third vice-president's address is a function ordained by the fathers in the Medical Society of New Jersey, and perpetuated by their descendants, with the object probably of giving the aspirant to the president's chair an opportunity to demonstrate his worthiness to continue the upward steps to the throne—a novitiate, as it were, to prepare him for the greater responsibilities of the president's address.

The duty discharged, the vice-president for a period passes into a state of nominal obscurity, as his services are no longer required in the actual work of the society until he has passed a step or two higher, when he again reappears, as a participant in the deliberations of the Board of Trustees.

During the above mentioned period of rest from his labors—the interregnum—he is supposed to meditate upon what he shall say next, if the opportunity offers. At least, it would seem eminently fitting that this should be the line of conduct pursued, if—as is more likely to be the case—he has not this problem ever present with him from the moment the initial honor is conferred upon him; an honor that cannot be received in a spirit of levity—and these words are not spoken thus

—but conveys with it, I am sure, to every recipient a profound sense of grave responsibility incurred, while he must feel deeply grateful to those who have made it possible, Providence permitting, for him to attain to the highest position in the gift of the profession of this State, the presidency of this venerable medical society. Therefore it is a simple act of courtesy I owe you, to thank you for the great honor that permits me to stand thus in your presence to-day, while I obligate myself to endeavor faithfully to discharge the duties that may devolve upon me in the future.

I find nothing in the by-laws prescribing the form or substance of the third vice-president's address, and, apparently, he is left to his own devices; but the semi-authoritative character of the office permits a departure from the form of papers usually presented to a medical society, and there is precedent for the expression of opinions, or offering suggestions, that have for their ultimate object the general weal of the profession. I am well aware that nothing I can say, upon any subject, will possess the charm of novelty, and much, perhaps, may merit your disapproval; but my strong bulwark in this latter emergency is the certain knowledge that my colleagues in the component society to which I proudly owe allegiance will bear testimony that I have ever endeavored to keep the faith, and have striven to advance the interests of our medical societies and of the profession in general. In this spirit I venture to offer for your present consideration, and probably future contemplation, a few thoughts that have relevancy in our relationship as members of the component

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societies, rather than to our conduct as members of the Medical Society of New Jersey, for just as the component society is one of the units required in the building of the State and national societies, so is the individual portion—the member—necessary to the formation and maintenance of this foundation of the greater structures. Some herein contained are but reiterations of thoughts I have expressed in other capacities, but there will probably be no objection to repeating them in this presence, now that proper credit is given.

In an article kindly published in the journal of this society over a year ago I had occasion to say that "It has ever been the opprobrium of the medical profession that its members are prone to jealousies and uncharitableness toward each other, and many are the unseemly stories that this condition of affairs has given birth to and fostered. Much stress is laid upon the statement that in the other professions, as the law and the ministry, this does not obtain; and this assertion is accepted as true by the public without pausing to consider that the frailties of human nature enter into the business affairs and ambitions of those professions as it does into ours; that the contests and rivalries for place, preferment or money are just as keen, and, in event of failure, are just as disappointing as they would be in the case of any physician. That the medical profession has been compelled to bear the chief odium in this respect is not strange, when we consider how largely it outnumbers the various other professions, and how intimate is its relationship with the community at large. A large percentage of every community does not attend the churches, and a larger percentage does not have recourse to law; but practically, every one has, at some time or other, need of a physician. It is thus that the unkind word or criticism of a colleague has a much larger audience than obtains with any other calling, and in the course of time this fact has given rise to the fiction that only in the medical profession does uncharitableness prevail."

That many physicians are unkind to their brethren, cannot be gainsaid, but, happily, many forces are at work tending to bring about a changed relationship in this respect, and none, probably, are so potent as the various medical societies, and particularly the county society, which brings together the doctors from various

localities, and permits acquaintanceship between those who otherwise would never meet or know each other. It is surprising as a result of the intermingling, how the preconceived opinions that were formed—frequently unkind or antagonistic—disappear upon closer observation; traits that were unknown are discovered, unsuspected mental capabilities are revealed, a lovable character is unfolded, and the previously unknown now commands the respect and esteem that must be given to one who is recognized as capable and honest.

This is said in full realization of the deplorable fact that not all members of medical societies know how sweet it is for brethren to dwell together in unity; and the same can be said of fraternal organizations in all walks of life. Nevertheless, it is well known to you, notwithstanding the isolated cases of friction that are occasionally observed, that the argument for affiliation with medical societies is not impaired by these exhibitions of unfriendliness—rather it is strengthened—for the infrequency of serious misunderstandings between physicians can be directly traced to the fraternizing influence of medical meetings, as has been previously suggested.

In every county there are some who do not realize the loss they sustain by reason of non-membership or non-attendance upon the county society, a loss that cannot be expressed in terms of commercial exchange, but loss in the goodwill and good fellowship that is there given and received; loss of opportunity to learn from their colleagues, and loss of the privilege to instruct others. In some instances this is due to a true indifference to the companionship or society of fellow members of the profession; in other cases it may be the result of the lack of interest or lack of zeal on the part of those who are members of the county society,—the individuals never having been approached or invited to membership; and others decline membership because of a real or fancied wrong done by one who is already a member.

Whatever the motive that seems to the individual sufficiently valid to cause his absence from the society in the capacity of member, it should be combatted, and judicious efforts made to cause him to realize the mistake he is making. Cause him to appreciate the fact that it is impossible for a physician to mingle frequently with his associates in the profession without receiving benefits in all the essentials that

are considered requisite for the successful practice of his calling; and to the aggrieved one make it plain that in depriving himself of the privileges and opportunities that are thus placed at his disposal, he is doing himself a greater injury or injustice than may ever be visited upon him by a colleague. We have all observed the enthusiasm with which members of various fraternal organizations strive to augment the membership, and would it not be well for physicians to profit by the example thus set, knowing thereby that they are going about doing good?

In every component society there are a few members who endeavor to be faithful in their attendance upon the sessions of the State Society, and there are others who will attend if given an opportunity to do so in an official capacity—that is, as delegates; but, as the number of delegates is a definite percentage of the membership, all cannot be accommodated in this manner. It should be a self-imposed duty of the officers, and the zealous members as well, to endeavor to prevail upon this lukewarm element to realize the mistake of this policy, and cause them to understand that just as the non-member of the County Society is a loser, so is the habitual absentee from the meetings of the State Society, and much that can be said about the mistake of the one applies to the other.

Among the many questions that confront the component societies at the present time, few are of greater importance or more far-reaching in the possible future effect upon the welfare of the societies and of the profession of medicine, than that of eligibility to membership. Until within a very few years past, the question offered no difficulties of solution. The line of demarcation was so distinct that the most obtuse medical society experienced no embarrassment in selecting the proper candidates. The act consisted, simply, in separating the regular from the irregular. And it was rarely that there was necessity for appeal from the decision, because the one was always regular and the other necessarily was always irregular; and his irregularity was irrevocably fixed by the fact that he graduated from a college that exclusively taught this irregular system of practice—a college whose course of instruction was arranged by its own teachers, who were not compelled to consult the wishes or accept the dictation of others.

To-day the practice of medicine in this State is based upon the successful passage

of an examination before an official board, which, in turn, prescribes the course of instruction that must be imparted by the various colleges—the regular and the irregular also. No longer does the college decide for itself. The license issued by this board is by authority of the State, and is granted in like form to all successful candidates. Thenceforth they are physicians, simply. Thus the hitherto distinctive title of regular or irregular physician has been lost; and at the same time, the component societies are confronted with a situation that is more or less embarrassing, for it has now become difficult for them to decide who is the ineligible candidate. And the proposition can be further narrowed down to the question, should any be ineligible to membership who have received license to practice from a board that, out of a total membership of nine, contains five that are members of this society?

Writing upon this subject in April, 1908, I had occasion to say: "That the class distinctions in the practice of medicine are rapidly disappearing, is apparent to every observant individual. We hear less of the claim for an exclusive system of practice; there is less outward manifestation of this claim; the social intercourse between the members of the various so-called schools of medicine is more friendly; and they now meet on common ground for the suppression of fraud and to support measures to conserve the public good. Unquestionably, the tendency is to that ideal condition when all who engage in the practice of medicine shall be known only by the title of physician; when examining boards will be uniform in their requirements, medical colleges uniform in their courses of instruction, and medical societies will not have to define what is non-sectarian medicine."

Since that was written I have been informed by one of the canvassers of the association that there are at present more so-called homeopathic physicians in affiliation with the American Medical Association than there are members of the American Institute of Homeopathy—the national association of that school. In view of these statements, can there longer be reason to debar any physician from the component society who has met the requirements of the State Medical Examining Board?

One of the problems that can properly be discussed in this connection, is the atti-

tude the component societies should assume in the event of a member becoming a candidate for a political office, particularly for the Legislature or Congress. The subject of the doctor in politics is really a burning question, and should engage our earnest attention, and what I may say on this topic is addressed more particularly to the organized profession as embraced in the various component societies.

It is only in recent years that the medical profession has realized the desirability of having representation in the law-making bodies of the various States and in Congress. It is true that in all stages of this country's colonial and independent growth physicians have been members of the State assemblies and of the Congress; but they were selected to serve in those capacities because they were politically or socially prominent in their neighborhoods, or as a party reward.

Within very recent times it has come to be understood that an important political duty confronts the profession—really a mission—that has for its object the conserving of the public health and the safeguarding of the people from the charlatan and unskillful. The profession realizes, as the public cannot, the possibilities for harm that are present in bills that have for their object the enactment of statutes providing for the licensing of practitioners of various so-called healing cults, and have sought, and will continue to seek, to protect the people from this danger. In pursuance of this policy, this society and the various component and local societies of the State have, from year to year, appointed committees whose duty it was to be present at the sessions of the Legislature, and endeavor to prevent the passage of those measures that, in the judgment of the profession, were inimical to the public's interests, and to advocate the enactment of laws that would safeguard the lives and health of the people.

The more persistent the profession has been in sending delegations to the State Capitol, the more has it become evident that this alone is not sufficient—that if the profession would accomplish the good it strives for, it must have representation in the law-making bodies. In advocating medical representation in the various Legislatures and Congress, the profession is not actuated by selfish motives, as will be claimed by some who may be affected by this attitude. In thus endeavoring to have a voice in the enactment of the laws of the

State or the country, it is with the purpose of benefiting the people at large—not the members of the profession as a whole, or as individuals. The State Board of Health, the Medical Examining Board, the Sanatorium for tuberculosis patients, the law controlling the practice of midwifery, are instances where physicians influenced legislation in this State, and the most narrow-minded cannot claim that the laws establishing these public safeguards are in the interests of physicians, and not primarily intended for the benefit and protection of the entire people.

If any argument was required to justify the presence or emphasize the importance of the physician in the Legislature, it would be furnished by the history of attempted legislation during the past few years in this State, when members of the profession, acting in their capacity as members of the law-making bodies of the State, have used the influence of their positions in opposition to the passage of bills that would have been prejudicial to the interests of the public; and by so doing have merited and received the thanks of this society. It is a laudable ambition for a physician to desire to represent his constituency in the Legislature, and one who has attained to this position is honored, and through him the profession at large is honored. Unquestionably, if a physician desires to enter politics, and can secure the nomination of his party for an office, that is his right; and if it should chance that the office sought is that of a congressman, state senator or assemblyman, and he is elected, the profession should rejoice, for, no matter what his party affiliations may be, he would still be a doctor, and one who has been placed in a position to advance the work to which the profession is pledged.

Heretofore, there has been no concerted effort on the part of this society or the various component societies to secure representation in the Legislature, but it has occurred, in isolated instances, that societies have, by vote, endorsed the candidacy of a member, and this action has occurred even when the membership of such societies constituted a majority of the opposite political faith. This but demonstrates that such societies realize the desirability of having medical men in the Legislature, even though they thus mistakenly endeavor to secure the result.

Assuming that the profession of this State adopts the policy of encouraging its

members to further its work in the interests of the people, by seeking positions in the law-making bodies, then it becomes the duty of the various component societies to give practical force to this policy, by properly directing their efforts in suitable instances. It cannot be assumed, by any method that may be pursued, that every county in the State can secure a medical representative. This assumption will only result in failure and disappointment, and perhaps the movement would ultimately end in ridicule. On the other hand, it may not be desirable to make any effort to secure this result in certain counties, for the reason that the representatives from such counties, being in sympathy with the objects sought by the profession, may be in a position to accomplish greater results than any physicians who might supplant them could do. Therefore, good judgment and sound discretion must be exercised by any component society that seeks a solution of the problem of legislative representation.

To enable the profession to attain a position of influence in the Legislature, or to secure representation in Congress, it is essential that candidates should be selected for these positions with due consideration of the forces that must be utilized to secure their election. To secure an election, the candidate must receive a majority of the votes cast; and it is quite evident that only in very isolated instances can this result be obtained if a candidate is a member of the minority party in the community or district where the balloting occurs. Therefore, the first requirement is for the profession to select as a candidate one who is also a member of the dominant or majority party of the county or district in which he resides. There are enough suitable members in every county society who are in sympathy with the purposes and policies of the majority in their community, to render it unnecessary that the experiment be made of striving to elect one who cannot, because of his political affiliations, hope to be successful at the polls. The fact must be recognized that there are political factors in the various counties or districts, and their co-operation or antagonism cannot be ignored.

While the profession desires the physician-legislator that he may be of service to the public in this position, the leaders of the political party to which he is accredited will want him only as they will want any other party man, and he will be ex-

pected to act in that capacity. As the profession is not seeking partisan legislation, this attitude on the part of the physician who is elected to the Legislature cannot be objected to. The element of practical politics enters into this movement, and it is foolish and unprofitable to ignore it. It is also a mistake to expect that if a member of the minority party has been nominated for office, a resolution of endorsement by a county society will secure his election. Probably the only result that can be expected from this action is to antagonize those who may be of service to the profession, though they are not doctors. If the minority party doctor is not elected, notwithstanding his county society's endorsement, his successful opponent is not likely to take his seat with increased good will to the interests that tried to defeat him. That this is self-evident, I am sure none will deny. Therefore, the profession should get away from theory, and apply itself to practice; and a definite course of action, maintained by the various county societies, should supersede the individual efforts heretofore made by members. This policy, in a few words, would consist in selecting a member, who is also a recognized member of the majority party of the county or district, for the candidacy, and endeavor to secure the party nomination for him; and if successful in this, with the very probable result that his election would follow.

Very few subjects are of greater importance to the individual members of the profession than that of contract or lodge practice—an evil of constantly increasing proportions, and one that should engage the earnest consideration of the component societies, particularly those within whose boundaries the larger cities are located. This is a subject that is ordinarily approached with fear and trembling, and in some societies never spoken of in a tone louder than a whisper. Why this is so, it is difficult to say, unless it be through fear of offending those engaged in this reprehensible business; and why they should be treated with such distinguished consideration, passeth understanding, as they certainly lack consideration for their brother practitioners; and by their conduct are perpetuating a wrong that tends to very materially lessen the income of their colleagues, at the same time that they themselves are inadequately compensated for the amount of service rendered. In all stages of the physician's practice, force of

circumstances compels him to render services for which he cannot hope for pecuniary reward, and in a certain proportion of his practice he cannot obtain the compensation that is his due. In the latter case he is the victim, as is the tradesman, of the dishonest classes. But, in the case of the lodge doctor, he knowingly engages in a line of practice that probably pays him but a few cents per visit, and, if the statement of some of the beneficiaries can be credited he supplies the medicine also—all for a dollar a year; and it has been further charged, that certain doctors have been known to pay the initiation fees of prospective members of lodges, that their votes could be available to aid in securing the positions of medical attendants. Whether this is true or not cannot now be shown, but it is true that many lodges are organized and secure members because, chiefly, of the liberal terms granted by physicians who are willing to do that which, among the artisan classes, earns for the individual various opprobrious titles.

The profession has always been the victim of the designing—the character of the duties devolving upon it rendering it practically at the mercy of those who wish to get something for nothing. The cry of distress, the imminence of death, the appalling emergencies of accident or disease, are all used to secure the instant response and aid of the physician, very often without any intent to offer compensation, while the abuse of the charity of the hospitals is a continuously augmented evil. But within recent years the people have been learning a new lesson, which has for its object the continued defrauding of the profession, while avoiding the charity of the hospitals and also avoiding the charge of not paying their doctors' bills. For the purpose of conducting this business, there is usually a lodge with a grandiloquent title and one or more physicians—for the physicians are the essential part of the plant.

This is what has come to be known as lodge practice, where, by the payment of a dollar to the physician, the lodge secures his services for a member and his family for one year—treating all conditions of disease or accidents; but not including cases of parturition.

That this method of practice is belittling the profession, there can be no doubt; that it tends to cheapen and lessen the self-respect of the individual member, is a natural inference; that it is unethical, is probably true. But, after all is said, it is

not illegal. The physicians engaged in this line of work are not doing anything in contravention of the laws of the State or country. Nevertheless, the practice is morally wrong and is working an injury to the profession in general, including those thus engaged. It is humiliating, that promoters of orders with pompous titles, engaged in the business for a livelihood, can procure physicians to further their schemes regardless of the fact that such physicians must understand they are doing an injustice to their brethren.

If remedy there is for this evil, it probably lies with the component society, though what the society can do to stamp it out is a debatable question, which must be decided each for itself. It can be said, in general terms, that more attention should be given to this subject at the meetings, and the sentiment of the profession made known to the public through the medium of the newspapers or otherwise, with the ultimate object that this form of practice shall be made odious. At present, probably, very few people realize that the general profession is at variance with those engaged in this practice, and they never will realize it so long as physicians keep silent. Just as other evils have been eradicated by publicity, so by the same method it may be possible to arrive at the time when to have it said that a certain individual has a lodge doctor will be a term of reproach.

Subsequently to writing what is here said upon this subject, a paper has been presented before a medical society advocating the adoption of contract practice as a policy of the profession. This recommendation has come as a surprise to very many physicians, probably, and would appear to be uncalled for and in bad taste. In view of the fact that lodge practice already assumes the proportion of a hardship, it would seem that encouragement of the practice even without the intermediary of the lodge, is an uncalled for extension of the privilege of the physician to labor without adequate reward. All that can be said for this proposition is that it is gratuitous, uncalled for, and simply calculated to embarrass or retard the movement to correct what is generally acknowledged to be an evil.

There are many other problems that readily suggest themselves, and could with benefit, perhaps, be considered at this time, but must be omitted, for already, I fear, your patience is sorely tried. But it can

be said, in conclusion, it was the county society that first gave force and direction to our individual zeal, that first revealed the possibilities of co-operation, that first taught us to better know each other; and to that society, as physicians, we owe unflinching allegiance. It is in that society that we all have the greatest opportunity for doing the greatest good, and while it may have fallen to the lot of some members to be called to a larger or wider field for a time, it can be asserted, with truth, that the impress made by such member in the seemingly restricted capacity of the local society, has frequently become more widely known, and redounded more surely to his fame, than was his endeavor elsewhere. Then let us anew pledge ourselves to the work and to the solution of the problems that confront us in the component society, knowing thereby that we shall surely have our reward; if not in great honors, at least in the respect, the esteem, and probably the love, of our fellow members; and ultimately possess the satisfying consciousness that in this relationship we have been enabled to do some good to the general public and to the profession of medicine at large.

THE INFLUENCE OF SLEEP ON ARTERIO-SCLEROSIS.*

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Some time ago I read a paper before the County Society on the relation of nutrition to cardiovascular disease, and my observations since that time on this same class of cases seem to strengthen my conclusion expressed at that time on the relation of sleep to the so-called secondary degenerations, among which arterial-sclerosis seems one with which we are perhaps more familiar.

When I say arterial-sclerosis, I speak of it, and shall describe it as simply typical of the changes taking place with age. Thus the subject matter of this paper will be dealt with in the most general way possible. What I shall say in a descriptive way about the pathological changes or degenerative changes taking place in one organ or tissue or set of cells, I believe to

hold true of the organism as a whole. I mention more especially the changes taking place in the vascular system, not because they are exclusively characteristic in the circulatory organs, but by reason of the general distribution of blood vessels these changes are so admirably shown. It might be easy to demonstrate a structural change in the liver tissue, but as the damaged hepatic cell is not found elsewhere in the body, it could not be deduced that the process was a general one, so that structural change described in the vascular system is only assumed to serve as an illustration of changes taking place in all of the tissues of the body.

With advanced age, anatomical changes are noted in the entire vascular system. These changes are mostly noted in the heart and arteries, though they are also seen in the capillaries and veins as well.

It is easy to understand that a heart that has been doing its work for sixty or seventy, or eighty years, or even longer, cannot maintain the same integrity of structure that it had in youth. The muscular elements are pale, flabby or fibrous; the valves close with a mechanical sound indicating a lack of tone and elasticity that is noted in a normal heart. By physical signs it may not be easy to demonstrate any organic lesion. However, it is a degenerated heart, but it is a normal heart for an individual of advanced age. At the same time a sclerotic condition usually exists in the arteries. This is a natural physiological change. It may be called physiological degeneration.

There is a similar condition with more marked structural change, and perhaps more marked functional derangement often occurring quite early in life that is not due to advanced age. It is certainly not a physiological change, but a pathological one. This class of cases is usually referred to in the literature as myocarditis, arterial-sclerosis, and perhaps might be included gout, rheumatism and the lithemic condition generally. It is to this class of degenerations that this article refers especially.

That these conditions occur much earlier in life, and very much more frequently in these days than they did a century ago; that they are noted especially in certain classes of individuals, in countries of the highest civilization and among people of the highest mental and social attainments, are facts that have been noted in all text books and medical literature.

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Many cases of arterial-sclerosis are recorded in individuals at the age of thirty. Chronic rheumatoid conditions are seen in early life. I have seen a well marked case of arthritis deformans in a woman twenty-three years of age. This case, by the way, gave a history of the same condition occurring in a number of her ancestors. Until recently these conditions were thought to result entirely from faulty elimination—that the waste products of metabolism were not diverted and carried off through the proper excretory channels, and that it was a catabolic failure entirely, rather than a perversion of the building up process—but such an explanation of these conditions is now rejected. The true cause is not known. That it has to do in some way with nutrition is quite probable. Faulty metabolism is not a solution. It tells us nothing of the force or forces that operate in the living body to produce these changes.

No attempt at classification will be made, and my rehearsal of the pathology will be very brief.

Of the changes that occur in the heart, or what is commonly called myocarditis, there are different varieties. This condition is generally described as fibroid or fatty. Unquestionably, the process is practically the same. In the one case fat is deposited or interposed for the parenchymatous cell; while in the fibroid, a change of structure takes place without the substitution of adipose tissue. The process would almost seem to be inflammatory in some cases at least, the exudate being small new connective tissue or scar tissue, which constitute the fibroid change. The process is always preceded by an arterial-sclerosis.

That this degeneration in the cardiovascular system begins in the arteries first, is suggestive of nutritional inadequacy. While the heart itself unquestionably suffers more as a result of these changes, nevertheless the condition is always secondary and is incidental to the great work the heart has to do. The fact that at no time from early foetal life until death takes place in the individual does the heart stop its ceaseless activity might seem to emphasize the likelihood of priority in degenerative change. The fact that a heart will beat continuously for eighty or ninety years or longer, while nearly all other organs of the body have regular periods of rest, would naturally entitle it to wear out first.

A corresponding change takes place no doubt in every tissue of the body, but as functional disturbances in the other tissues are not so noticeable, and in most cases are detected with such difficulty, they seem to elude observation. For example—a complete cessation of glandular activity in a certain organ for a long period of time may escape our notice, while under close observation, even a slight change in arterial tension or the stoppage of an artery, however small, may readily be detected. While this is a matter of actual knowledge in the one case, by inference the facts are established in the other. There is no reason why we may not infer that the tissue of the sclerotic coat of the eye does not suffer just as much from nutritional disturbances as does the inner or median coat of an artery. As a matter of fact we know that secondary changes do take place in the sclerotic covering of the eye simultaneously with the degeneration of the arterial system, from purely physiological causes, so that the contour of the eye is changed, with the result that the angle of vision is altered. We know that the same change takes place in the muscular system, and that a man in robust health at forty or fifty years of age is not so nimble as a youth of twenty, though he may be apparently just as strong. Therefore, it is only fair to assume that a corresponding change may take place in the nutritional system itself whereby metabolism is interfered with. By nutritional system, reference is not made to any anatomical division. I do not mean simply those organs that have to do with the reception and preparation of food materials—as the stomach, the lacteals and the like—but I include all the ways and means whereby the complex process of the repair to the physiological waste takes place.

It is the experience of every physician to find cases in which sudden death occurs in an individual only past middle life, with advanced arterial-sclerosis, a fibroid heart, and with evidences of poor nutrition. An illness of this kind is usually of short duration, ordinarily only a few days, accompanied by marked praecordial pain, dyspnoea and feeling of impending danger. While death is usually sudden and without warning, it is frequently preceded by a cessation of the uncomfortable feeling perhaps for some hours.

Such a patient will complain of premonitory symptoms for perhaps only a few weeks or months, and will often not seek

the advice of a physician till the occurrence of the neuralgic pain or the discovery is made accidentally. On the examination of such a patient, the sounds of the heart seem usually very close to the ear. In the absence of endocardial involvement, the click of the valves is very sharp and well defined. The valvular element is the most pronounced sound that is heard. It has often reminded me of an imaginary fancy that might be produced by an artificial heart, constructed purely for anatomical demonstration. Exactly the same sound is produced in a senile heart to a greater or less degree.

In all of these individuals the functions of the body are poorly performed. Aside from the actual lesions present, bad nutrition is the most striking feature of the case. Even though the body seems well nourished, the muscles are small, weak and flabby.

As a process of involution arterial-sclerosis is an accompaniment of old age purely, and should be an expression or index of the wear and tear to which the individual has been subjected. In this sense, longevity is a vascular question. To a great majority of men, death comes primarily or secondarily through its agency.

I will not mention the many causes enumerated in text books that enter as etiological factors in premature secondary degenerations. With these we are already familiar, but aside from the already recognized predisposing causes, the true cause still remains in much obscurity, depending, no doubt, on factors yet undiscovered, which antedate the local lesions found in the vessels themselves, but the process seems to point distinctly to failure in nutrition.

No problem in physiology seems more difficult to solve than the phenomena associated with the reconstruction of a cell. It is my opinion that a more thorough study of these processes would lead to positive knowledge in regard to the means of preventing early secondary change. The whole pathology seems to focus on this point.

That many steps are without doubt lost in tracing the nutritive elements of food materials through the final stages of metabolism is likely true. It is not necessary that food in sufficient quantity or quality be withheld, in order that the individual cells should suffer from faulty nutrition. or is it likely that an oversupply of food or materials too rich in nitrogenous elements

may so bewilder the processes of repair as to lead to disastrous consequences. It is quite likely that from the quantity of food stuffs ingested, during the processes of absorption, only such materials and in such quantities as may be required for the economy are selected and retained for its use. It would seem to me at least more rational that lack of cellular nutrition is caused by a perversion in the process of appropriating nutrition to the cells than to assume a faulty or over supply. Of course all this is problematical, there being no actual way of tracing the materials when they leave the realm of the organic for the physiological chemistry.

It is easy to trace food materials through the digestive tract. Physiologists tell us how the peptones and parapeptones are formed. How they are absorbed through the stomach and lacteals and finally poured into the circulation through the thoracic duct, when absorption is complete. Let us consider this question a little more at length. Beginning with food material, after rehearsing our complete knowledge of digestion and absorption, we have deposited with the circulation the nutritive elements extracted from the food, modified by the processes of digestion. However, the finished product is still nutritive material. Its chemistry has been materially changed, but it is still food. There comes a time, however, when this material is no longer simply food. It is appropriated by the organism, and for the organism in some manner till it is a part of the economy itself, as though an entirely new being were created. How then can we assume that, however completely the digestive forces are functioning, that nutrition is going on in a perfectly natural way, and the worn out cells are actually being reconstructed. We know with what ease the digestive functions may be perverted. Is it not fair to believe that the final processes of metabolism may not just as easily be perfected, and by the same causes? What is more commonly met with in the practice of medicine than some form or other of digestive disturbance? The exhaustive study of the disturbances of the digestive organs emphasizes the importance with which the profession at large holds this subject of preparing chyle for absorption. While the appropriation of this finished product to the cells themselves is left almost entirely in darkness, nature, undisturbed, is permitted to manage this part almost alone. This does not

seem right. It is just as natural for a person to eat as it is for a child to grow, yet no amount of medical knowledge would ever cause a child to grow a single inch. However, an accurate knowledge of the causes that retard and interfere with nature in conducting the growth of children, constitutes one of the most useful branches of medicine. If nature unassisted, is competent to preside over the reconstruction of a cell, she is entirely competent to have charge of the preparation of those materials necessary to replace the wornout particles, but it is a matter of actual knowledge that careful investigation of those causes that pervert nature from conducting digestion and absorption completely, greatly benefits the human race. Does it not seem fair to assume that in the appropriation of this finished product, to the tissue, just as much interference may be caused by the individual habits and environment of the person as there is interference in the preparation of the materials themselves? It is so in the material world. The finest finished material in the market would never produce a garment, if the tailor were interfered with in the process of its construction.

It would be just as fair to hand over to a dyspeptic the normal amount prescribed by physiologists of meat, butter, milk and bread and say to him "You must eat this and let nature do the rest," as to hand over to the economy the products of these materials and say "nature will do the rest."

Certainly this subject is not more difficult than embryology, and, judging from the great work done in that field, good results should follow its careful study.

The physiology of sleep has always been a subject of intense interest to me. That every creature of the vertebrate kingdom should necessarily lose its individuality and activity, and lapse into a state of unconsciousness perfectly oblivious to its surroundings for a very large proportion of its natural life, seems to be most impressive.

It is also surprising to me that so little work comparatively has been done in the study and investigation of this most common phenomenon. Some work has been done by Carpenter, Ladd and a few others, but their efforts have been directed more especially to psychological phenomena. The significance of this sleeping state as a physiological function seems never to have appealed to medical men. It does seem to be accepted by the race rather as a phy-

siological inconvenience than an active force of very urgent character.

Sleep is to my mind the most important function of the living body. Just what sleep is no one as yet has been able to say, but it has long been the impression that sleep has to do, almost entirely, if not entirely with nutrition. That the couch on which we recline is the physiological repair-shop where the reconstructive forces of the body are active in repairing the wear and tear on the body during the day's activity. Whatever the condition is, it certainly is not rest, for however much one rests, it will not take the place of sleep, nor will it diminish the amount of sleep required, except in so far as perpetual rest diminishes tissue waste. Without sleep and with plenty of food one cannot live. With plenty of sleep and no food a person will live longer than with food and no sleep. Without sleep a person cannot even appropriate the food he has ingested for the repair of his waste tissue, while with sleep in abundance, an individual can actually consume the surplus adipose tissue he has stored up in the body as though for reserve purposes.

The amount of sleep required is always in direct proportion to the need of nutrition. Early in infancy, when growth is very rapid, when the need of appropriation of material is very great, not only for repair—which is then at its minimum—but for reconstruction of new cells, the child sleeps nearly all the time. Apparently, it awakens spontaneously at intervals and cries for food. When this is supplied it drops asleep and seemingly appropriates what it has ingested for individual needs. Yet sleep has only an incidental relation to growth. The fact that during infancy and early childhood an excess of nutrition is required for the growth of the child, and a correspondingly larger amount of sleep needed at this time, while in adult life less nourishment and less sleep, and in old age still less nutrition and proportionately less sleep, is a strong factor towards the establishment of sleep as purely nutritional in its function.

In all cases where the appropriation of a large amount of nutrition takes place—as in obesity—correspondingly larger amounts of sleep are taken. In fact, in the treatment of obesity cutting down the hours of repose has a much more beneficial influence than restricting the diet, while restricting both sleep and diet gives the best results of all. There is no evi-

dence that nutrition is appropriated to the cells during the wakeful hours, or when sleep is induced artificially.

Where individuals are so situated that sleep is impossible, as with soldiers on the march, or sailors, at sea in storm, an unusually long period of sleep is necessary to compensate for the long delay in repairing the much damaged cells. Not only does this pertain to the human race but to animals as well, for all know that animals well housed and worked only during regular hours, and with regular hours for sleep, require much less feeding, and do better than those otherwise treated.

A theory has economic value only in so far as it can be applied to every day life. I believe that a more thorough understanding and observance of the natural phenomena attending sleep would have definite value and application to the affairs of health. That the retrograde changes incidental to old age that are ushered into middle life long before the individual should show signs of physiological death, might be averted by a more careful study of the processes that apply the nutritional products direct to the cell. Whatever sleep is, I am convinced that it is the process, or presides over the processes, that converts food into the organic life of a cell. The life of the organism is a cellular life. The life of the cell depends entirely on the integrity of its repair.

The patients who exhibit the signs of early degeneration as a rule are nervous individuals, either by nature, occupation or habits of life. Generally they are poor sleepers or their natural slumber is very much disturbed by worry, or environments not favorable to natural repose. The tendency of our modern life is to live at a fast rate, and to reduce to a minimum the hours of repose, thus not only subjecting the organism to unnatural strain, but depriving it of its physiological repair. Necessarily, early decline results. This is clearly shown by the class of individuals who lead a more regular life. Among the agricultural classes, who retire regularly as a rule, and whose sleep is not disturbed by the noises of city life, long life is the rule, and marked secondary changes are less frequently seen in early life.

That nutrition is the key-note of organic life is beyond dispute. That the interference or perversion of the appropriation of the nutritive elements to the repair of the cell is caused almost entirely by the habits and environment of the individual, is so

strong a conviction in my mind that I feel justified in presenting the subject in the light it appeals to me.

I trust the society will deal charitably with this article, and that I will not be censured for introducing theoretical matter not susceptible of proof.

DISCUSSION.

DR. W. G. SCHAUFFLER, of Lakewood, opening the discussion, said that he was sorry that in many of his conclusions he could not coincide with Dr. Beveridge. In medicine, Dr. Schauffler said, one has to deal with facts. Theories must be proved before they can be recognized as practical. He did not think that arteriosclerosis was typical of degenerative changes in other organs, though Dr. Beveridge had put all into one class and had carried his reasoning from one to the other. Arteriosclerosis is an affection of the blood vessels of the body, and even the heart cannot be included in the degenerative changes that persistently show themselves in the vessels. Dr. Schauffler thought that it had been said that the heart wears out first, but did not consider this to be a proved fact. The theory promulgated that nutrition, which is the basis of cell regeneration, goes on best during sleep was another thing that Dr. Schauffler said was not susceptible of proof. Therefore, the conclusion of the paper that sleep should, to a certain extent, counteract arteriosclerosis, he could not agree with. The point that Dr. Beveridge evidently wished to make was that sleep, properly made use of, should counteract the degenerative changes in the arterial system and in the other organs of the body. Dr. Schauffler did not agree with this view, and said that a definition of arteriosclerosis is not possible at this time, the reason for the changes not being known; neither can the degrees of change in the arteries be definitely stated. He differed with Dr. Beveridge in thinking that arteriosclerosis is always easily diagnosed, and said that he thought the diagnosis was often mistaken when arteriosclerosis was being looked for. The recognition of this condition, he said, does not always depend on things that the medical profession has learned to look to as helps. Hypertension, which can be measured with instruments, is not always an indication of arteriosclerosis. The common forms of treatment are with medicines such as the iodides, with the Nauheim baths, with a new method devised by Dr. Finlay R. Cook, of New York, that of the X-ray flashes. Some of these seem to cause regeneration of tissue, but other methods of treatment do not act as means of regeneration. The idea that the Nauheim treatment carries off products that ought to be eliminated, so that regeneration occurs by the aid of nutrition, inferentially through sleep, Dr. Schauffler also could not subscribe to. He thought that the fallacy in the paper was the view that sleep gives the food a chance to be absorbed and changed into elements that build up cells. That this cell regeneration would theoretically cure arteriosclerosis, Dr. Schauffler inferred, was the author's conclusion. He was sorry that he could not agree to it.

DR. PHILIP MARVEL, of Atlantic City, said that Dr. Beveridge had divided his subject under two heads, the former of which Dr. Schaufler had considered in opening the discussion, and that it would seem natural that he should open the discussion of that particular part of the paper dealing with the influence of sleep upon these nutritive changes, which, if he understood the paper correctly, Dr. Beveridge had emphasized as being the fundamental principle, in his paper. If that were the case, Dr. Marvel would divide the principles emphasized in the paper as follows: (1) The reparative influence of nutrition on cell life or cell energy, and (2) the assumption that sleep is the agent that presides over the processes that convert nutritive elements into cell life or energy.

However much he should have liked to agree with Dr. Beveridge, Dr. Marvel said that the situation appeared to him in an entirely different light from that in which it had been presented in the paper. When he said entirely, he meant rather, largely. The first question that arises, he said, is What is sleep? Dr. Beveridge had very properly said in his paper that it has thus far been undefined. It is known to be a cessation of consciousness, but there are a number of other conditions, each of which we call a cessation of consciousness. Etherization is a cessation of consciousness. Mechanical injury may cause, by cerebral pressure, a cessation of consciousness. Death is a cessation of consciousness. Then, Dr. Marvel said, if one is not prepared to define what sleep is, is one prepared to deduce what sleep does? Sleep and rest are two separate entities. In order to prove this statement, one must consider the voluntary and the involuntary forces of the body. So far as the former are concerned rest is sufficient for the recuperation of the forces and the re-establishment of the energy of the muscles or the system. So far as the latter are concerned, it matters not whether a person is sleeping or awake; the involuntary forces continue, so far as is known, somewhat the same. As a matter of fact, the environments of life are such that all these forces may be, in one way or another, influenced and disturbed. If there arises a question in one's mind as to the influence of sleep upon metabolism, one must first consider the forces that are involved in metabolism—digestion, assimilation, elimination. One cannot say to what extent any one of these individual forces enters into the reparative or the recuperative influence of a cell, or to what extent the disturbance of any one of these forces may interfere with its relation to cell nutrition.

Dr. Marvel said that Dr. Beveridge had dealt so largely in generalities that it was a very difficult matter to discuss his paper with respect to specific statements and specific announcements. He had stated in his paper, in which Dr. Marvel entirely agreed with him, that the cell is undoubtedly the unit force of the body. To this statement nobody would take exception, said Dr. Marvel. The cell, however, is a composite body, just as much as any system in the body is a composite body. It is under various influences made to do various things, not only to reconstruct and repair itself, but the very forces of the body are in some way relative to the unit of the cell. It, therefore, becomes a very hard matter to draw a fine line, and say that sleep is that force which so con-

trols the forces of life that it alone adds longevity to the average individual.

The statement with reference to arteriosclerosis would certainly give rise to the assumption that it is only a phenomenon of old age. Dr. Marvel thought that Dr. Schaufler had very forcibly shown that arteriosclerosis is not merely a process of change that is incidental only to old age. If this were true, said Dr. Marvel, then autotoxins and various forms of poisons are not the occasion of these arterial changes, as various authorities teach.

In regard to Dr. Beveridge's illustration of his deductions by citing the three periods of life, youth, adult life and old age, Dr. Marvel said that it seemed to him that the early part of life is undoubtedly a developmental portion; that in adult life the forces in the body reach a standard height, which they maintain for a short time; and that then comes the retrogressive stage, or that stage of life in which neither sleep nor any other force can prevent the degenerative changes of what is called old age.

DR. JOHN H. BRADSHAW, of Orange, said that his experience had been limited to the use of the salicylates, which easily emulsify in liquid alboline, one part in ten. Fifteen minims of this very easily prepared solution can be used; and, if used with care, will not give rise to much pain. It will, however, cause some pain, and this should be explained to the patient.

One point in the technique that had not been mentioned in the paper, Dr. Bradshaw said, was that, as in the use of the diphtheritic serum by means of the syringe, one should be careful that the liquid does not ooze down on the needle while the injection is being given, thus producing subsequent urticaria, so, in using intramuscular injections of mercurial salts, if the needle is wiped clean and dry with sterile gauze before the injection is given, pain and a reaction of an inflammatory nature will be avoided.

DR. BEVERIDGE, closing the discussion, said that, according to the generally accepted view, he was aware that the paper was open to criticism. He felt that it had been very charitably received. He believed, however, that if Dr. Schaufler would re-read the paper after it had appeared in the Journal, as he probably would, he would get a very different idea of it from what he had obtained from hearing it. Dr. Beveridge had read the paper quickly, in order to get through with it in the time allowed. He thought Dr. Marvel had given a very good discussion of what seemed to himself a very hard paper to discuss. He believed, however, that the mere fact that no one knows just what sleep is need not deter one from considering what it does, when all acknowledge that at least eight hours of each day has to be spent by every individual in sleep. This is one-third of the time. This makes it important; for if any one had one-third of his income going where he did not know, only knowing that it simply disappeared, he would regard this as important. He thought that because we do not know what sleep is did not constitute a good reason for not discussing it; but he believed that something was known about sleep.

Dryness of the pharyngeal wall is usually associated with an atrophic rhinitis.—American Journal of Surgery.

"CHLOROFORM THE ANESTHETIC IN THROAT OPERATIONS."*

BY FREDERICK F. C. DEMAREST, M. D.,
PASSAIC N. J.

Since tonsilotomy, with few exceptions, leaves in the throat one-third of the free hypertrophied tonsil, that is its base which contains the largest and most vicious crypts, opening upward into the supratonsillar fossa, with their contained masses of streptococci tubercle and diphtheria bacilli, etc., and since in the imbedded or submerged form of hypertrophied tonsil the tonsilotome is of absolutely no service whatsoever, therefore, at the present time, since it is recognized that enucleation of the faucial tonsil is the only competent operation, the selection of the general anesthetic to be used in throat operations becomes, it seems to me, a matter of great importance for the convenience of the operating surgeon, and the immediate as well as the ultimate safety of the patient.

When I was notified that I was to read a paper before you at this time, I felt that I could only assume to do so in connection with my own individual work and experience. I, therefore, take the liberty of making the statement that chloroform is the best anesthetic that can be used in tonsil and adenoid operations, performed on children under twelve years of age.

Chloroform has been the anesthetic of choice in all surgical work in England, Scotland, Germany and Austria. In the United States there seems to be a superstition that ether is the only agent that can be used safely, except in obstetrics.

Statistics would seem to show that the death rate in ether anesthesia is slightly lower than that of chloroform; but as I suggest later, I believe these statistics were prepared without regard to the individual factors, viz., the competency of the anesthetist, etc., as until very lately the administration of anesthetics, as you all know, has been turned over to the junior members of the house staff of our public institutions. It has given me great pleasure, however, to note in the past ten years, the administration of general anesthetics has been recognized to be a work that requires special skill and judgment.

Ether is irritating to the whole respiratory tract, it always causes more or less oedema of the throat, and misleading congestion. It also causes a mucorrhoea and encourages capillary hemorrhage and venous oozing. It is hardly necessary to say that in throat work this is enough to embarrass any operator who must see everything that he does, from the commencement to the close of the operation.

Ether, which in my judgment, as a result of my experience, predisposes to secondary hemorrhage, can and does, as a result of its administration produce nephritis. I have myself administered ether and chloroform in general surgical cases, and I have also administered ether, chloroform, ether chloride, and nitrous oxide gas, for other operators in throat cases. I have in my own private practice and in my hospital service, had pure and fresh chloroform administered for me, by a competent anesthetist, for a sufficient number of years and to a sufficient number of patients to prove to my satisfaction that it is immediately and ultimately the safest of all anesthetics when properly administered, under my own observation, for me and my patients. During these years I have not lost a case and have not had, to quote an expression I see in the medical journals quite frequently—"A close call." I admit that I had the good fortune to have one of the first patients to whom chloroform was administered for me, turn blue. The anesthetic was stopped, the operation was performed, and I discovered that the chloroform administered was taken from a six ounce bottle that had been opened a week before and used for another case, and had not been relegated to the dispensary of the institution for the usual chloroform linament mixture, but had been carefully preserved for my discomfiture.

In my work my patients are all out of the anesthetic half an hour after the operation is completed. They do not bleed after the operation, they have no nausea the next day, they are not strangled and frightened at the commencement of the chloroform administration, as they are by that of ether. They get well. It is an undisputed fact that it takes a better man to administer chloroform than it does to administer ether, just as the enucleation of a tonsil calls for more skill and judgment than snipping a piece of it off with a tonsilotome.

Chloroform to be safe must be pure and fresh, not having stood open or exposed

*Read at the 143d annual meeting of the Medical Society of New Jersey, Cape May, June 23, 1909.

to a bright light. It must be given by a man who knows how to watch the pupil, pulse, and respiration. It must be given by the drop method and without any artificial machinery. In my work it is the invariable rule that no chloroform is used for this purpose that is not taken, at the time of using, from an unbroken half ounce bottle.

Now, why should not chloroform be used? Because a doctor gets up in Boston and says: "Gentlemen, if you have a young girl sixteen years old brought into your office, your anesthetist gives chloroform and you see her turn blue, and after an hour you succeed in getting her to turn white again, you'll never use any more chloroform." I think not! I have seen plenty of patients turn blue under ether anesthesia. Or because a doctor gets up in Atlantic City and says: "Gentlemen, let me warn you against the use of chloroform in throat work, for if you use it, it's only a question of time before you'll have a death, and then how will you feel?" Or because you see an item like the following in "The Medical Press:" "In the practice of Doctor — a patient under chloroform anesthesia died! Death being preceded by dilated pupils and shallow respirations, and then by cyanosis, then by weak pulse and finally, of course, by failure of the heart." I think not, for I submit, this was apparently a case of the anesthetist and not the anesthetic, and that the patient could have been quite as well smothered with a wet towel as by chloroform, which must have been administered in disregard of the first warning signs of all the symptoms just enumerated, namely, dilated pupils, etc. My patients are not given chloroform after their pupils are dilated, hence I do not have cyanosis and circulatory failure. Then the administration of chloroform during these operations is, necessarily, always at short intervals, with long intermissions, which naturally conduces to the safety of the patient, which is not the case in operations elsewhere on the body.

A very able specialist in warning me against the use of chloroform, said, "Doctor, let me tell you about a case I had in my throat service; I had a child that looked somewhat as if it suffered from status lymphaticus. We gave it ether and I operated. For twenty-four hours afterwards we could not succeed in fully waking the child. Now if that child had had chloroform used, it would have died, and

where would I have been with the whole profession against me?" I submit, on the contrary, that if the doctor had used pure chloroform, properly administered, the child would have awakened itself, and I regret that I failed to ask the doctor what his patient's urine showed.

In connection with the reported cases of death from status lymphaticus, I submit that status lymphaticus, like grippe and malaria, "covers a multitude of sins."

I know that our little patients—I say "little," because I do not use general anesthesia in throat operations on patients over twelve years of age—can easily die as the result of an inspired clot of blood in the larynx and trachea; if the operator is not alert, and it seems to me that this accident might account for some of the reported deaths from chloroform anesthesia in throat operations.

I am so firm a believer in chloroform as an anesthetic that if I myself should be compelled by some sort of accident in the future, to take an anesthetic—if I could be sure of the chloroform and chloroformer—chloroform and not ether would be administered in my own case.

I wish, at this time, to express my obligation to Dr. P. H. Terhune, of Passaic, who by his skillful administration of chloroform for some years has helped to place me in a position to make some of the foregoing statements.

DISCUSSION.

DR. GEORGE EDWARD TUERS, of Paterson, opening the discussion, said that he agreed with Dr. Demarest in his description of the care of the adult with the anesthetic, but disagreed with him as to the "superstition" regarding the dangers of chloroform anesthesia. Dr. Demarest, Dr. Tuers said, had simply reiterated the findings of first and second Hyderabad Commissions of 1893, and had not dwelt so much upon the dangers of the drug as upon the dangers of its administration. While he was consistent, on account of his selection of cases, Dr. Tuers felt convinced, on the contrary, that each and every case should be a case unto itself. In five different cases, if need be, he would use five different anesthetics and five different methods of administration.

Dr. Tuers then referred to the work of Dr. D. Braden Kyle, of Philadelphia, on the nose and throat, in which, speaking of anesthesia, Dr. Kyle says that in operations of a short duration (a few minutes), he would use and advise the use of nitrous oxide; but that in operations lasting longer than this, he would employ ether. He, however, preferred chloroform in conjunction with oxygen, provided its administration is in the hands of an expert anesthetist. In other words, said Dr. Tuers, Dr. Kyle instructs the surgeon to use nitrous

oxide or ether, but prefers for himself and other specialists chloroform and oxygen, provided experienced men administer them. He also shows by three stages the danger of each drug—nitrous oxide, ether and chloroform.

Dr. Tuers thought it scarcely necessary for him to go into statistics, because he could prove his contention from his own State, county and town. If the statistics of these were investigated, physicians would be astounded at the death rate due to anesthesia. It was not necessary to refer to the compiled statistics, because each and every one present, if he would recall the cases in which he had had trouble in the administration of an anesthetic and the unfortunate deaths on the operating table, would feel convinced that nine out of ten of these had been caused by chloroform—either the drug or the method of its administration. Dr. Tuers said that he would leave it to the members to judge in each individual case.

Dr. Demarest had spoken of chloroform as not being the most dangerous anesthetic. Dr. Tuers disagreed with him in this. The findings of the Hyderabad Commission had ended in nothing other than to say that death was caused suddenly by motor paralysis, cessation of respiration, and cardiac failure. Dr. Tuers did not wish to be misunderstood in regard to the use of chloroform. He thought that its field was large, and admitted that it was being used more and more every day. In regard to its being used so much abroad, however, he said that he had in his possession a postal card addressed to him as anesthetist, in which the writer said he was seeing every day resuscitation from chloroform. Dr. Tuers said that those who saw this abroad admit the men must have been either careless or lacking in some of their technique about chloroform, or else we have a dangerous drug.

Dr. Tuers also disagreed with Dr. Demarest in his conclusion. Compared with other anesthetics, Dr. Tuers regarded chloroform as the most pleasant, by far, and also the most dangerous. He said that it is the quickest to anesthetize and the quickest to kill.

DR. WALTER S. CORNELL, of Philadelphia, thought that one point mentioned in the paper should be emphasized, because it is essential to the successful administration of chloroform. This is the aerating of the chloroform vapor. Chloroform, he said, acts more quickly than ether and with less irritation to the throat, and is consequently more convenient; but Dr. Cornell had had an experience two years ago that had made him think more about the danger of chloroform than he had before. He called upon a medical friend to give chloroform for him in a minor operation for fatty tumor of the breast in a young woman. The patient was put under the anesthetic, and Dr. Cornell started to take out the tumor, when he suddenly noticed a slate-colored hue coming over her and realized that something was wrong. Glancing at the anesthetist, he noticed that this gentleman had about six thicknesses of gauze over the patient's face. He was unintentionally murdering the patient. Dr. Cornell had the gauze removed and stopped the operation until she was brought almost out of the effect of the anesthetic. He had seen probably two hundred chloroform anesthetics and had come to believe, with many others, that the administra-

tion of the anesthetic was a very minor part of the operation. After this, he realized that the death of the patient was almost at his door, and that the method of administering the anesthetic was a very important matter. He thought that one thickness, or at most, two, over a wire net should be used, or that the finger should be placed under the gauze in such a manner as to admit air.

DR. THEODORE F. LIVENGOOD, of Elizabeth, said that this subject has been under discussion a long time, and that the final word regarding it had not yet been spoken. Chloroform is coming more and more into use in throat operations, and less is being heard of deaths caused by such anesthetic, because better qualified and more careful men administer it. He had seen cases where the administration of ether was relegated to an interne vastly more interested in what the operator was doing than in the anesthetic; who did not push the jaw forward when the tongue was obstructing the larynx; who kept the cone saturated and all air excluded, thereby producing more asphyxiation than anesthesia and desisted only when he noticed that respiration had ceased. A post-mortem in search of pathological lesions in such a case now seems a paradox. Some years ago Dr. Livengood was performing the simple operation of circumcision. He had confidence in the anaesthetist and did not notice that the chloroform was being crowded, it not being the business of the operator to watch the anaesthetic, but to perform the operation—when suddenly the patient turned ashy white, respiration and heart action ceased. Quick action resuscitated the patient, who had almost lost his life through the indifference of a competent doctor. Such a mistake has many times ended more disastrously. The chloroform should be given carefully and the mask should be held two inches from the patient's face till primary anaesthesia has occurred. A sufficiently rapid anaesthesia in any case is produced by such method. Dr. Livengood had used chloroform constantly and never, except in the case cited, had any trouble. He believed it to be the ideal anaesthetic in tonsilotomy and adenoids or other operations of short duration, but thought it vastly more dangerous than ether in prolonged operations.

Ether provokes a copious secretion of mucus secretion. When chloroform is used this is not likely to occur. Its pleasant odor, and rapid action are, of course, other features that appeal to us. The old method of crowding the ether was often responsible for prolonged vomiting, post-operative ileus and a tedious convalescence. Dr. Livengood thought that the profession was about ready to admit that chloroform is the anesthetic for throat and other minor operations; though all admit that in some cases any anesthetic would be fatal. Status lymphaticus, arterio-sclerosis, heart and kidney lesions are always a great menace. The question is what to do when the catastrophe comes like a thunderbolt out of a clear sky. Dr. Livengood then referred to the manner in which the discovery was made that suspension of the body by the legs, the head being the lowest point, would rapidly resuscitate cases of chloroform narcosis, and said the discovery was made by one of Nelaton's assistants who was performing vivisection on rats. Supposing that some rats he

had chloroformed half an hour before were dead, he took them by the tails and carried them some distance to a garbage receptacle. The rats began to squirm and came to life. The experiment was repeated and showed that it was a case of putting blood into an anaemic brain. Dr. Marion Sims, who first told of this discovery, said, when he was exhibiting his famous operation for vesico-vaginal fistula in Paris, where chloroform has been used almost exclusively ever since Simpson spoke in its praise, he had scarcely begun the operation when the patient ceased to breathe. She was suspended and artificial respiration done. Reviving, she was placed on the table and Dr. Sims began again to operate. In a few minutes she had to be again resuscitated. The same thing occurred no less than five times, when Dr. Sims begged for God's sake that the operation be stopped.

Dr. Livengood considered rhythmic tongue retraction, cardiac massage, and artificial respiration the only things that promise success; though he would also use hypodermics of adrenalin and strychnia. In his case of circumcision, they were about three-quarters of an hour resuscitating the patient. After he had been resuscitated he was put on the table and immediately became cyanotic and respiration ceased. His head was again lowered and in a short time he began breathing. Dr. Livengood thought that chloroform is a better anaesthetic than ether where rapid operation is practicable, but did not think that it would ever displace, particularly in the United States, ether in cases in which prolonged anesthesia is necessary.

Ether is a sure and safe anesthetic, but in operations such as are mentioned in the paper, chloroform is the thing to use.

DR. DEMAREST, closing the discussion, admitted that chloroform is dangerous when badly handled, and said that he was glad the matter had been brought up. He felt, since his statements were made on the basis of his own personal experience and work, that he still remained in the position of Pat, when he came back to his wife with a bad eye and a broken nose, and said that he had had a scrap with a Dutchman. His wife asked whether he had done anything to the Dutchman, and Pat replied that he did nothing, as the man was dead.

Patients who show a progressive loss of vocal power should be examined most carefully for an intralaryngeal condition. An acute aphonia may be due to an inflammatory condition or paresis of one cord; alcoholism, syphilis, tuberculosis and malignant disease bring on a chronic condition. Two most important causes of chronic laryngitis are thickening due to an old inflammatory process and the presence of a small, hard nodular tumor on one of the cords, e. g., fibroma.—American Journal of Surgery.

When gas comes from an abscess which has been opened in some part of the abdomen, it must not be hastily assumed that the bowel is involved, as many of the abdominal suppurations are associated with gas-forming bacteria. This is notably the case with subphrenic abscesses.—American Journal of Surgery.

AN HISTORIC REVIEW OF THE PROGRESS OF THE PRACTICE OF MEDICINE FROM 1865 TO 1909.*

BY B. A. WADDINGTON, M. D.,
SALEM, N. J.

Who of us here to-day will be present to note the changes, advancements and discoveries, when nearly another half century of the practice of medicine and surgery shall be reckoned with the shadowy past? As I look upon those gathered here to-day, some in the first flush of youth, others with graying temples depicting them as seasoned soldiers in the fight against disease and death, and a few whose silvered heads and ageing faces designate them as scarred veterans in the battle that has gone on 'twixt men and the destroying forces of nature since man first suffered from the attacks of these forces, my mind goes back, in fancy, to the day forty-four years ago when I, a young man, took my place in the ranks of that noble body of men who, in all ages, in all nations, in all climes, have done more charity, healed more wounds, relieved more suffering, and spread balm upon more aching hearts and minds than any profession or assembly of men in the records of humanity.

As I look back through the vista of those years I marvel at the wondrous changes and enlightenment that have come to the doctors. I see in the years that have gone men grown old, careworn and bent—from what? The pursuit of glory and of golden rewards? No, a thousand times no. Do I see them laying down their lives upon the battle fields of the world for renown? No, I see them in the dark coldness of the far North, in the burning, scorching heat of the tropic South, in the pest-ridden jungles of the far East, in the wind-swept prairies and the mountain fastnesses of the great West, facing with cool bravery the pestilence that stalketh at noon-day and the destruction that makes horrible the watches of the night. Have they done this work for personal gains—for the acquisition of wealth and decorations? Decidedly not, but they have done these things—and many of them laid down their lives cheerfully and freely—that they might fathom the Pandora box of disease and drag forth from its depths the fundamental producers and causes of

*Read before the Salem County Medical Society, May 5, 1909.

so much of man's anguish, and in so doing have given to their brethren the knowledge and the weapons wherewith to prevail against the onslaughts of disease. The world in general will little note or long remember the names of these men, but to the student of the history of the medical profession, of its struggles and, at times, despairing efforts to come from darkness into light, their names will stand out as beacon lights and monuments that have blazed the pathway of man's noblest charity and love to his fellow man—the restoration to him of his health.

I think we are well within the bounds of truth in asserting that the present generation has witnessed more startling discoveries, more advances in the arts and sciences, more possibilities of attaining man's God-like, mental, moral and physical attributes, than all the millions of earth's creatures that have preceded him since first that command was given from the Almighty, "Let there be light." Certainly this is true, if our knowledge of past centuries is correct of the art medical. Here and there, along the road that stretches back to remote antiquity, in all stages of man's savagery and civilization, we catch glimpses, but at exceeding long intervals, of the evolution of some logical, intelligent contribution to the curing of man's ills or healing of his injuries. Ancient monuments, tablets, papyri that have survived the revolutions of ages, depict for us the medical beliefs, knowledge, customs, practices, drugs and therapeutics of their respective eras. We learn by them that many of the drugs derived from the vegetable kingdom employed by us to-day, and for much the same purpose, were used by people whose race and nationality were swallowed up thousands of years ago. From the same source we are cognizant of the surgical performances of the time. Hot irons, glowing coals, boiling cauldrons of oil, instruments whose very appearance is fiendish, shown on these silent records, demonstrate what terrors awaited the victim lashed to the table or even to a post. It is fashionable and part of a good education to-day to be or to have been operated on, but I doubt if such distinction was even faintly sought after in those periods when strenuousness seems to have been the greatest factor in surgery. It is curious that probably the most modern cult in medicine, psychology, and the silly vagaries modern cranks of all degrees have derived, or bastardized from it, is proven by these

records to be one of the most ancient of sciences. The legitimate, obscure, intricate and most subtle science, requiring the ablest intellects of to-day to approximately fathom, was used by those of past ages in the shape of incantations, religious fanaticism, etc., to exorcise evils and diseases from the minds and bodies of patients. Such evidence exhibits to us how primeval is humanity's credence, that the mind dominates the body and rules or abuses it relentlessly.

Practically from the time of Galen, indeed as far back as we have any authentic or even traditional information concerning medicaments down almost to the beginning of the last half of the nineteenth century, therapeutics were based upon empiricism or even individualism, by which latter term is meant the acceptance of a dictum as to the value of any given drug, or treatment by the temporarily leading man or men of the then medical fraternity. True, doctors in all ages have known that certain drugs produced, under given conditions, certain effects, but as to how or why, nothing was known; they simply were good for such and such states because they were—that was virtually the sum of human knowledge about them. But the chemico-physiological laboratory—an establishment nearly unheard of fifty years ago—has changed man's viewpoint of the action, relative value, dynamic and positive worth of drugs. In the days of yore, such a laboratory could not exist, because of the lack of the wonderful instruments of precision, which have been produced only within the last thirty years. In these later years medicine and surgery have drawn upon or modified for their peculiar purposes the instruments and apparatus of all the mechanical arts. The centrifuge, for instance, is after all but the whizzar or drying machine in miniature of the lowly laundry, and the phonendoscope is but a modified telephone, the surgeon has drawn upon the upholsterer, the weaver and the sailor for a knowledge and uses of stitches, knots, ligature and suturing materials practically unknown to the doctor of half a century ago.

Probably the first circumstance that from the days of Greece and Rome made possible, or at least pronouncedly marked, an advance in the science of medicine, was the discovery of the circulation of the blood by Harvey. The second epoch-making step was the generous demonstration of the vaccine virus by Jenner.

It is singularly demonstrative of the seeming inability of preceding generations of humanity to apply wisdom, or of their want of logical reason and deductive mentality, that they failed utterly to apply the principles evolved by Jenner to the relief or cure of other morbidities. Jenner, while he may not to-day be recognized as such, was really the father of that most modern agency of therapeutics—the serum treatment of disease. While we of to-day gather the fructification of his idea, the germ of this tree of medical knowledge, knowingly or unknowingly to him, sprang from the brain, long since turned to dust, of this old English physician.

Long years rolled away before, in the wilds of the Kentucky woods, the next really startling event happened to stir the mind medical out of its rut and open new possibilities to our profession. When McDowell, at the risk of his life at the hands of the Kentucky backwoodsman, performed the first ovariectomy, another era, particularly for suffering women, found birth. But as with Jenner's discovery, so with McDowell's monumental work, it was allowed to quietly sleep almost into the limbo of the forgotten, while men argued and quibbled over its practicability, though meanwhile women died by the thousands after agonized sufferings.

The next revolutionizing of the practice of our art came within the ken of a few who still survive. I refer to the discovery and testing out of the modern anaesthetics. The day, that in the clinic room of the Massachusetts General Hospital, it was demonstrated beyond cavil, that man might by ether sink into temporary death, so far as pain was concerned, there was given into our hands a heaven-born gift, whose value none may estimate. From that hour the medical world, slowly, at first, but as time went on, more rapidly, awakened. A radical change of thoughts in the minds of the faculty took place, original investigation instead of the acceptance of hide-bound theories and traditions became fashionable. Old beliefs, customs and practices gradually faded out to be replaced by actual provings and unquestionable facts. Ancient medical philosophies no more appealed to the bright intellects, liberalized by the training of modern methods and demonstrations. Among the first of the fundamental branches of medicine to feel the rejuvenating influences at work was pathology. The morgue became not so much the dead-house, as the

hall from which the secrets by which life might be preserved and lengthened should emanate. In the founding of the school of Virchow and his co-laborers, the old humoral pathology went to its death, to be replaced as time slipped on by the revelations worked out by the chemists, microscopists and anatomists who have since followed the path blazed out by the German savants.

Our Civil War, regarded at the time of its occurrence the greatest calamity our Nation had ever suffered, was, in the light of what has subsequently happened, probably in a general way, one of the greatest blessings ever bestowed on our country. Its requirements and contingencies awakened a spirit of invention and intimate investigations of matter and things, of causes and effects, of evils and remedies, of conditions and methods of meeting them, that has developed us into a commonwealth of thinkers, inventors and of self-reliant manhood. In common with other pursuits of life, the spirit of research seized upon the students of the medical world, with results and advancement that have almost transformed medicine into a new science. The man who attempts to practice to-day the methods of even thirty years ago would be looked upon by his brethren and the public as almost a relic of barbarism. Then lucky guesswork oft predominated as the factor in his diagnosis and treatment, now he depends on scientific findings as the factors to be reckoned with, in establishing his analyses and procedures. The result has been that, while in the second third of the last century there were but two specialties practically in our profession—medicine and surgery—now there are twenty or more in each division of the doctor's work, these divisions being necessitated by the fact that no one man can know the minute details of all or the larger part of even the great sub-divisions of either pure medicine or surgery. After the close of our Civil War, we find that the milestones of the medical and surgical pathways are so closely planted with discoveries that almost every year marks an epoch. Pasteur's discoveries in fermentation, etc., constitute the foundation stones upon which the modern temple of Aesculapius is founded. The years immediately following 1867, when Lister published his deductions as to antiseptics and their effects in surgical results, were devoted to the establishment and enlargement of his

conclusions. When Abbe in 1872 produced his immersion lens, and Weigert demonstrated the use of the aniline dyes for the purposes of section staining, then was born the science of bacteriology. So fast does advancement follow from these dates that medical discoveries seem almost to fall over one another, so quickly do they tread upon each other's heels. Between 1873 and this year of grace 1909, we have learned more as to the causes and cure of disease and injuries of all kinds to which man, animals, and plants are subject, than was learned, so far as records or traditions show, in all time before from the days of Adam and Eve. In this short period the basic causes of relapsing fever, gonorrhoea, leprosy, tuberculosis, cholera, malaria, yellow and typhoid fever, foot and mouth disease, and that terror of the East—the plague, diphtheria, dysentery and other enteric maladies, syphilis and possibly other diseases too numerous to mention, have been laid bare to us. Hand in hand with these discoveries of causes has come the finding of the means by which they may be subdued, and incidentally how by phagocytosis nature protects mankind against the ordinary inroads of disease. By serum, oft drawn from the invading enemy himself, not only is a cure provided for the victim of the onslaught of the virulent and fatal diseases, but immunity also for those who otherwise would become sure food for the destroyer. In other fields, too, in these years undreamt of possibilities have made their advent, local anaesthesia, bloodless surgery by Es-march bandage, adrenalin and similar agents, the beneficent influence of cocaine and so on, the wonders of the Roentgen and other electric and light rays, all these and more lead us to feel that truly in the time of our medical life we have lived in the golden era of medicine and surgery. We have seen and learned not alone, as did the ancients, the wonders of the great deep, but the great wonders and occult secrets of the universe.

The differentiation between a specific and tuberculous ulcer of the fauces is sometimes very difficult. As a rule the specific ulcer is shallow, grayish, with a regular margin, not very tender and does not cause dysphagia; on the other hand, a tuberculous ulcer is deeper, more sloughy, irregular in outline, has an outer inflammatory zone, is exquisitely tender and causes great pain on swallowing; laryngeal examination may reveal a tuberculous condition of the cords.—American Journal of Surgery.

Clinical Reports.

CYSTIC CARCINOMA OF A SUPERNUMERARY OVARY.

Presented at the Meeting of the Morris County Medical Society, June 8, 1909.

By FRANCIS H. GLAZEBROOK, M. D.,
MORRISTOWN, N. J.

B. W., age 18 years; single. Family history: Great-grandmother, paternal side, had epithelioma of tongue; an uncle and an aunt on paternal side had epithelioma of face; a great aunt on paternal side had some kind of abdominal cancer.

Personal history: Except for common diseases of childhood always well as a child, first menstruation at 15 years lasted four days and was not unwell again for seven months; after that regularly every 28 days, lasting six or seven days, always flowed very freely, no pain. About two years ago she was taken suddenly with pain in left side of abdomen low down, region of left ovary and tube; this was severe enough to keep her home from work for several days; there was no rise of temperature nor any other symptoms. After returning to her work in a laundry she continued having dull pain in this location; at times, however, she was entirely free from any pain, and of late has had practically none. The pain has never been influenced by menstruation.

Present history: She was due to menstruate on March 15, 1909, but she says it did not come around; she waited until April 15, 1909, when having missed two months, she consulted Dr. Douglas, not complaining of pain, but worried because she did not menstruate. Dr. Douglas got a history of sexual intercourse, and upon examination found a large mass in the region of the left broad ligament. Being suspicious of ectopic gestation, he asked me to see the case with him. I found a large fluctuating tumor to the left of uterus, the uterus being displaced to the right, slightly enlarged, cervix soft, the mass could be easily palpated above the pubes, I confirmed Dr. Douglas' diagnosis, as did Dr. Fewsmith, who also examined the case, and I decided upon immediate operation. I operated at Memorial Hospital, May 15. On opening the abdomen a dark colored cystic tumor about the size of an orange, easily seen in location mentioned. The patient was put in Trendelenburg's

position, and to my surprise the tumor gravitated with the abdominal contents well up in the abdominal cavity. Examination of the pelvic organs showed them to be perfectly normal, except that the uterus was pregnant about two months. There was no connection whatever with these organs and the tumor. I now delivered the tumor, and with it about twenty others varying in size from a grape to an egg. They presented an entangled mass with descending colon and mesentery and omentum, several of them were apparently a part of the intestinal wall. It was impossible to remove the mass completely, as it was firmly adherent to the posterior wall of the abdominal cavity, and there was a general enlargement of mesenteric glands. In order to ascertain the nature of the growth I removed two of the cysts and a mass about the size of an egg different in character, having much the appearance of a cystic ovary.

I showed the specimen to Dr. E. J. Ill, of Newark, who happened to be in Morristown that same afternoon. He was much interested, and took the specimen to Newark, had it examined for me, and reported that it was a cystic carcinoma of a supernumerary ovary. The case made an uneventful recovery from the operation, and at this time suffers no discomfort.

UNUSUAL CASE OF APPENDICITIS.

REPORTED BY FRANK M. DONOHUE, M. D.,
NEW BRUNSWICK, N. J.

In presenting a report of the following case, I am reminded of the fact that appendicitis has been so much talked about and there has been so much written about it during the past ten years that I can add little to the already voluminous matter on the subject; but the following case presents one of the unusual types of this disease, and I thought the readers of our valuable Journal might be interested in relating its history. Patrick E., age 16 years, came to St. Peter's Hospital, New Brunswick, on June 8, 1909, and gave the following history: About six weeks prior to the above date he was taken ill while away from home at college in Pennsylvania, with severe abdominal pain, not localized in any particular spot; he had temperature of 102 degrees in the evening and some pulse disturbance. This pain continued for two or three days and disappeared. Two weeks

afterward he was taken ill with the same kind of pain in the same locality attended with fever, lasting a little longer time and finally disappeared. About two weeks subsequently he was taken ill again with pains in the lower abdomen and had some bladder symptoms—frequency in passing urine and difficulty in starting the stream. He was then sent home and came to the hospital.

On entering the hospital he complained of pain in the lower abdomen; difficulty in urinating; no vomiting nor constipation; his temperature in the morning was 102 degrees, in the evening 103 degrees; pulse 110 in morning and 120 in evening. On examination a lump about the size of a cocoon was found in the hypogastric region, extending over to the left side of the umbilicus; it was fluctuating and tender to the touch. A diagnosis of post-peritoneal abscess was made and operation advised.

On June 10th the patient was etherized and it was thought best to make an incision on the left side, the same that is made for ligation of the external iliac artery, and when the peritoneum was reached to push this aside and open the abscess extraperitoneally. A free incision was made and when the peritoneum was reached, it was pushed aside and the lump was carefully examined. It fluctuated and was felt to pass over near the appendical region. By bi-manual palpation it was pretty definitely made out that it was of appendical origin. The incision was closed, sealed with collodion and dressed.

A second incision was made over the appendical site, but a little more internal and the peritoneal cavity opened. The appendix was found in an abscess cavity behind the bladder, perforated at the tip and diseased all the way up to its junction with the caecum. It was removed; the cavity was washed out and drained with a dressed tube. The patient made a smooth recovery and went to his home in five weeks, having gained ten pounds in weight and was fully restored to health.

IMPERFORATE ANUS.

REPORTED BY FRANK C. HENRY, M. D.,
PERTH AMBOY, N. J.

The case I report is that of a male baby three days old, with an imperforate anus and passing meconium through the urethra. Assisted by Dr. M. S. Meinzer, I made an

incision, about one inch long forward of the coccyx in the direction of the raphe of the perineum; then dissected through about one inch of fibro-cellular tissue and finally into the rectal pouch, then there was a copious discharge of meconium. The mucous lining of the rectum was then drawn down and attached to the skin. The baby made an uneventful recovery. The point in this case of special interest was that, notwithstanding the fact that there was a fistulous opening from the rectal pouch into the bladder, the baby made a complete recovery.

FRAGMENT OF STEEL IN THE EYE FOR THREE YEARS: SCISSORS-MAGNET EXTRACTION.

Reported in a paper on "Scissors-Magnet Extraction of Iron from Eyeball," by Edward Jackson, M. D., of Denver, read at the meeting of the Section on Ophthalmology, of the A. M. A., June, 1909, and published in the A. M. A. Journal, June 19th.

Fragment of steel in the eye three years. Partial traumatic cataract; incipient siderosis. Failure of magnet alone. Scissors-magnet extraction. Preservation of useful vision.

History—W. A. H., a man, aged 34, came to me October 18, 1907, at the suggestion of Dr. L. G. Woodson, Birmingham, Ala. Three years previously his left eye had been struck by a small piece of steel. The resulting inflammation lasted about three weeks, but it had not been sore since. During the last two months the vision had been growing worse, although there had been some temporary improvement under treatment.

Examination—The vision was R. 4/4; L. 4/15. The tension of eyeball was normal. The left iris was discolored, decidedly brownish, as compared with the right. The pupil was a little sluggish as compared with the right, slightly oval, long axis vertical. At the temporal periphery of the iris there was a small coloboma, although the scar in the limbus was not perceptible. The ophthalmoscope showed the right eye normal except that the smaller retinal vessels were slightly irregular in caliber and tortuous. In the left eye there was good fundus reflex in all directions through both the natural and the acquired pupil; but the details of the fundus were not well seen on account of the lens opacity. Under atropin this opacity was found to be net-like in appearance, situated in the deep layers of the posterior cortex, and about the posterior pole of the lens. Through it the larger retinal vessels appeared normal. In the extreme periphery of the fundus, downward and slightly inward, a black mass with a sharp edge projected into the field of view, probably the foreign body. Radiograms, made by Dr. G. H. Stover gave by Sweet's method of localization, the shadow of a foreign body located 12 mm. back from the centre of the cornea, down 9 mm. and to the nasal side of the median plane 4.5 mm., its size appearing to be 2.5 by 0.5 by 0.5 mm.

Operation—November 20. Under local anesthesia with cocain crystals an incision was made by lifting the conjunctiva on the point of the knife, dragging it toward the vertical meridian, and making the scleral cut, starting 6 mm. back from the corneal margin, and 4 mm. to the nasal side of the vertical meridian, extending from this point 5 mm. back and slightly toward the nose. There was free bleeding from chorioidal vessels. The tip of the Johnson magnet was introduced twice, first between the lips of the wound, and later in contact with the foreign body. Slight pain was produced when the current was turned on, but there was no dislodgment of the foreign body. The tip of the scissors was then introduced as close as possible to the foreign body. The first time, the current was turned on before the magnet was in contact with the scissors, which were consequently jerked out of the wound. They were reintroduced, the magnet was brought in full contact with the joint of the scissors, and the turning on of the current produced no disturbance in the position of the scissors. About four snips were made with the scissors, which were then withdrawn, still in contact with the magnet, bringing the foreign body away on the tip of the blades. The foreign body was found to be a bit of steel 2.25 by 1.5 by 0.6 mm. in size, entirely covered with rust, except one edge. The bleeding ceased promptly; the pupil was widely dilated. There was some smarting in the eye during the day, but no aching.

Postoperative History—November 22: There had been no pain. There was moderate ecchymosis. With the ophthalmoscope the black mass was gone from the lower periphery of fundus, and a white area was seen in its place. No hemorrhage was visible. Otherwise the ophthalmoscopic picture was unchanged.

November 27: Vision, L. 4/22, appearance of eye normal except ecchymosis.

The eye remained entirely quiet after that time. At the end of two months, vision had risen to 4/12+, at which it still remains, without noticeable change in the lens opacity.

In the above case I had the counsel and assistance of my colleague, Dr. E. W. Stevens.

CRURO-SCROTAL HERNIA.

Dr. Alexander Hugh Ferguson, at a meeting of the Chicago Surgical Society, reported a case of this kind occurring in a man, 47 years of age. The man had had the hernia for about thirty years. A truss failed to retain it in place, and at times the pain was so severe that it incapacitated him for all kinds of labor, mental as well as physical. On examination it was found that the mass in the scrotum was to the outer side of the cord, and that it emerged from the abdominal cavity below Poupart's ligament. No external abdominal ring could be felt. At the operation it was found that the inguinal canal on the right side, where the hernia was situated, was entirely absent. The hernia passed through the femoral canal into the scrotum. There was a cremaster muscle. The contents of the sac consisted of omentum and a small knuckle of bowel. The herniotomy was completed in the usual manner, and an inguinal canal was made through which the testis and cord were passed after having pushed back

into the abdomen through the femoral opening. The internal oblique muscle in this case was attached throughout the entire length of Poupert's ligament.—*Ill. Medical Jour.*

An Unusual Case of Traumatic Gangrene.

(Reported by Drs. H. E. McCollum and H. L. Stevens, Laramie, Wyo., to the Wyoming State Medical Society, and published in *The Western Medical Review*, March, 1909.)

On the 14th day of June, 1908, Dorrance Linscott, who was in a semi-intoxicated condition, was descending a flight of outside stairs. One of the treads was insecure and he lost his footing and slid a short distance on the side railing, and then fell a distance of about twelve feet to the ground. He did not seem badly hurt and in a short time felt no serious effects from the accident. The next day he realized that his left hand was quite unnatural and simple means were resorted to with no good results. His hand began to shrivel and became more and more discolored. At the expiration of three days he reported to Dr. H. E. McCollum of Laramie, the accident having occurred at Rock River, Wyoming, a station on the Union Pacific forty miles west. The doctor recognized the nature of the case at once and called Dr. Stevens as council.

At this date, the 17th, the entire fingers and thumb, the hand and wrist were actually mummified, being as black as a negro, dry, hard and stiff, and the entire forearm showed the same condition in a much less degree. The patient's habits were well known, but the doctor asked him if he had drunk much liquor, and the reply was, "Doctor, I have drunk enough whiskey to float you and your automobile from here to Cheyenne."

A prompt amputation was advised and consented to, and the morning of the 18th, three and a half days after the accident, Dr. McCollum, with the assistance of Dr. Miller and Dr. Stevens, amputated through the upper third of the humerus, the discoloration having by this time extended to a distance of four or five inches above the elbow. The general condition was good, considering the patient's age and habits. The operation verified the diagnosis and developed the fact that the main artery had been completely torn across at the junction of the axillary and brachial, and the serrated ends separated by a distance of three or four inches. There was no hematocoele. The lower portion of the artery was filled with a clot which, when pulled out, was fully twelve inches long and bifurcated.

Anticipating difficulty in getting union, drainage was amply provided for by the introduction of gauze into the flap. The patient rallied pretty well from the anesthetic and in time was left with the nurse, the doctors all agreeing that the chances were that the next morning the flap would be found discolored, which, of course, would be the forerunner of death. The patient, during the night, had manifested the effects of years of excessive drinking, and disarranged with his hand the dressings, which had been fastened on with unusual care and study. Upon removing them the morning following the operation we found, to our

surprise and delight, that the flap looked healthy and there was no discharge. No trouble followed. He made a rapid and uninterrupted recovery, the flap being entirely healed in six days. Now this man was fifty-two years old, showed an atheromatous condition of the arteries, no trace of sugar in the urine, but had drunk whiskey and other intoxicants to excess for more than thirty years.

Editorials from Medical Journals

Doctors and Lawyers.

(Editorial from *The Interstate Medical Journal*)

The alliances which are forming throughout the United States, between doctors and lawyers, to effect radical changes in the attitude of one profession to the other, so that oneness of thought will obtain in all medico-legal cases which heretofore have been the undignified text for much unnecessary wrangling, are undoubtedly a step in the right direction; for out of the intermixing of the best medical and legal ideas there may be brought forth a temper, in the trial of contentious cases, that will not be the undignified something it now is, when doctors and lawyers gird at each other in the court room. That the new situations arising from the complete understanding between the hitherto opposed professions would be for the ultimate good, not only of the doctors, but also of the condemned and the community at large, goes without saying; but since it is a fact that lawsuits are tried only in a manner that befits the legal mind whose distinctions are labyrinthine verbal quiddities in achieving exoneration or condemnation of the prisoner, it is well here to pause in our enthusiasm and try to justify ourselves for the undercurrent of feeling which impels us to remark, that we are fearful these alliances will be about as effective in elevating the regard lawyers have for doctors' medico-legal opinions, as the many Congresses held at The Hague have been for the peace of the world. And it is with no intention to belittle lawyers or their splendid records as "stars" in litigious cases, that we recall most humiliating scenes in various court rooms, where the really scientific opinion of the doctor was riddled by the superlatively acute legal mind, to the confusion of the doctor, the vast amusement of the jury, and the complete disrespect of all, from the judge to the human scum that frequents the court room, for the worth and value of the art of medicine.

The Tulkinghorns and the Sampson Brasses are not so rare to-day, as an unobserving and conglomerate mass of uncritical reformers would have us to believe. They abound just in the same proportions as formerly, and though there are indications of many changes in other walks of life, so decidedly adamant are the rules which govern the methods which law must pursue, and so invariably have they been followed by all its disciples, that we are not by any means proclaiming open hostility with it, when we say that the characters created by Dickens are as true to-day as when this master of the pen drew them. In sum, the idea we wish to convey is that law is but one thing, namely, the solution by hook or by crook, of all the most involved questions of casuistry.

And against this Chinese Wall of implacable hatred of all divagations, we pit the doctor's opinion fresh from the laboratory, or so technically involved that it easily becomes a maze of bewildering digressions when the legal talons shake it into that distant semblance of the truth, which is so beloved of the lawyer but so disastrous to the value of a medical statement derived from a science that, by reason of its incompleteness, can never adhere to the rigid rules of the teachings of what might be called medical positivism.

Recently Mr. Bernard Shaw delivered an address before the London Medico-Legal Society in which he advocated the "socialization" of the medical profession, so that it would be possible for the doctor when not paid by the patient but by the State, to follow the practice of the art of medicine with honesty and truth; things at present impossible on account of the insistence of patients to receive treatment when treatment is unnecessary, and, especially, inopportune because a doctor to-day is of no higher rank than a tradesman. In connection with these timely remarks we would say, that were lawyers employed and paid by the State, instead of their clients, there would take place many gratifying changes; for the State could prevent the present attitude of law to the science of medicine by making compulsory an instructive course, in its many ramifications; and could institute, by these enlightened means a better phase in all legal tilts than obtains to-day, when the irresistible plea made by money creates so great a bias for a client that no other course would seem to have any justification. Only when this happier state from a modern conception of socialism is evolved will there be the proper rapprochement between doctors and lawyers to effect a medico-legal society of far-reaching benefits.

Now though the law is remiss as regards its appreciation and understanding of what modern medicine stands for, the art of medicine itself is not blameless, judged by the manner in which its advocates attempt to introduce its teachings into the circumlocutory proceedings of the court room. Very few doctors have enough appreciation and knowledge of law to make good witnesses; and though at times their professional honesty might be impugned because of unjustifiable leanings, theirs is not so much of a case that merits severe criticism because of a defective sense of honor, as an instance warranting considerable scoring for allowing their minds to drift away from other studies than that of their chosen profession. As yet we have few, if any, medico-legists in this country, and though societies are rife throughout the length and breadth of the United States for bringing doctors and lawyers into closer apposition, the curricula of medical colleges appear, by their indifference, to make light of the matter, for who has ever heard of an American counterpart of the European graduate medicolegist? And until he arrives we will have to content ourselves with medical statements in the court room, which are not unlike Sganarelle's explanation of his daughter's (Lucinde) dumbness in Moliere's "Physician in Spite of Himself:" "Thus these vapors, of which I speak, passing from the left side, where the liver is, to the right side, where the heart is, it so happens that the lungs, which in Latin we

speak of as arnyan, communicating with the brain, which in Greek we style nasmus; by means of the venae cavae, which in Hebrew we call cubile, in their course meet the said vapors, which fill the ventricles of the omoplata; and as the said vapors—please follow this argument closely: and as the said vapors are gifted with a certain malignity—listen well to this I beseech you."

The International Tuberculosis Council.

(From *American Medicine*.)

The interchangeability between bovine and human tuberculosis, as was expected, gave rise to the most extensive discussion and the strenuous efforts of certain members to force Koch to renounce his views, bade fair to amount to almost a scandal. But wiser and calmer heads prevailed and Koch was neither annihilated nor subjected in any way to the treatment that some of his opponents would willingly have meted out to him. And after the smoke of linguistic battle had cleared away, no honest, broad-minded man could fail to admire this strong German scholar who fought so well for his beliefs. Seven long years ago Robert Koch startled the scientific world with his views on bovine and human tuberculosis, arrived at after painstaking research. From the very first he encountered the most violent opposition, and Lord Lister at the same meeting and on the same platform from which Koch delivered his famous address, took issue with him at once. But the fact that seven years afterwards, such a controversy as that which took place at Washington could possibly occur, points either to the strength of Dr. Koch's contention, or the lamentable weakness or neglect of his opponents. The great majority of scientific students of tuberculosis firmly believe that bovine and human types of the disease are interchangeable, and there are good grounds for this opinion. But history is studded with beliefs, apparently well founded, that have been proven fallacious, and it is neither immoral nor criminal to question any opinion, however settled or established it may seem to be. Experience is constantly showing that the last word has not been said on any subject, and the certainties of yesterday have the embarrassing habit of turning up as the uncertainties of to-day. Consequently when Koch raised the question of the relation of bovine tuberculosis to the human family, it was for those who believed his views to be wrong to prove them so. Until they do, however, they have no right to call him obstinate, stubborn or stupid.

The question of the transmissibility of bovine tuberculosis to human beings in the meantime, remains *in statu quo*. Not even Dr. Koch has suggested the slightest relaxation in any protective measure, and every instinct of cleanliness, esthetic as well as dietetic, urges the most stringent enforcement of pure food laws in this direction. Koch has raised an academic question, one that calls for calm, considerate discussion and systematic research. Several of our American scientists have recognized the same problem and Theobald Smith antedated Koch in more than one of his premises. But it should be remembered that there is no harmony in science and divergent opinions are the only sure means of arriving at ultimate truths. Differ as we may, therefore, with Dr. Koch,

wrong as we may believe him to be, we must nevertheless esteem him for his convictions and the steadfast courage which has led him to defend them. Would that scientific medicine had more workers of the same conservative, capable and courageous type!

Non-Medical Press Items.

A Good Word for the Doctors.

(From the North American, Philadelphia.)

"Except when they have themselves an ache or pain most men and women are prone to ridicule and decry our doctors and their pills and their bills. * * * They are a constant target for the cheap wit. It is not only that these gifted men whose time means more than that of other men, because it means not only money, but the rest of which they are constantly deprived by being at the patient's call at any hour of the day or night, sacrificed much of their precious time throughout a month by their readiness to aid with educational addresses and other unpaid work. Back of all lies the fact that these men were striving in the highest spirit of humanitarian unselfishness to bring about a condition of general health which is bound to mean a pecuniary detriment to themselves. Every doctor who helps to promote hygiene and preventive medicine is helping to reduce disease. And in like ratio the earnings of the physicians would seem likely to decrease. Yet we find the ablest and best of them working in unison in a way that should convince the most flippant scoffer that they have the true conception of the noblest of callings."

National Daylight Association.

(From The Interior, Chicago, July 22, 1909.)

Nothing in the history of epidemic crazes has seemed quite so amazing as the sober approval of able and eminent men given to the preposterous plan now advocated for the so-called "saving of daylight" in the summer time. When the idea was first sprung in England it was a thing to laugh at, but by some unexplainable contagion of absurdity it has spread steadily from the moment of the suggestion and has now become a serious proposition even in the United States. A National Daylight Association has been formed in Cincinnati. It is not so much wonder that this association has been able to get its "reform" adopted in an ordinance passed by the city council of Cincinnati—city councils are apt to do anything—but that a dozen of the most eminent men of that city have been persuaded to lend their names as directors of the society is a triumph of nonsense which nobody but an inveterate cynic would have thought possible before the fact. Of course, the association, in spite of its theatrical cry for "more daylight," has no expectation of inducing the sun to rise earlier or set later. But the society does think that people ought themselves in summer time to rise nearer to the time that the sun rises and so enjoy more daylight—to induce which it proposes that from April to October of each year all clocks shall be set forward one hour. The idea is that all people who are used to rising at 6, would then, deceived by the clock, rise

still when the clock said 6 but actually at 5. And they think all business would make the same change. The childishness of the scheme is an offense to common gumption. If people ought to get up an hour earlier in summer, let them get up. Convince them by good argument of the reason for it. But don't try to fool them into it.

Do We Overeat?

(From Good Housekeeping, July, 1909.)

The Fletcher and Chittenden theory that the majority of persons eat too freely of proteid forms of food was certain to elicit a protest from an opposing school of thought. Sir James Chichon-Browne, of England, possessor of many titles, is out with a book entitled Parsimony in Nutrition (Funk & Wagnalls Co.). This writer cites the experience of nations in their food supply. The men of northern Europe, he says, who are large of stature, have always eaten freely of meat; the Japanese, though physically strong, are a nation of small men, and they have lived for centuries on a low proteid diet. Children brought up on reduced food supplies, he avers, never make strong men and women. Persons whose diets have been reduced for a considerable length of time, as in reformatories and prisons, become thereby more susceptible to disease. Sir Chichon-Browne, therefore, is convinced that the diet advocated by the two distinguished Americans mentioned would slowly undermine the health. The opinion has been expressed by several American physicians of the first standing that it would be quite possible to push the Fletcher theory too far; yet, while the most of us perhaps do not chew our food enough, there are many people who do not eat enough nourishing food. The Fletcher and Chittenden school is teaching a valuable lesson, but its theory should not be too literally put in practice.

Admitted Cure but Disputed Cause.

(From The Interior, Chicago, Ill., July 22, '09.)

In a late issue of The Arena, the editor, B. O. Flower, breaks another lance for the Christian Scientists. He takes up the objection emphasized by medical men to claims of Christian Science cures—that there has never been any authoritative diagnosis in such cases by which it can be known what diseases were really cured—whether serious ailments or trivial. Against this Mr. Flower appeals to the case of Mrs. Oliver, of Chicago, who in The American Journal of Medicine was reported, on the word of two or three of the most eminent physicians of the city, to be suffering from well-defined systemic blastomycosis. Mrs. Oliver went to California on the advice of her physician but there abandoned medical attendance for Christian Science treatment. Now she has returned to Chicago, and it is admitted by the same physicians who made the original diagnosis that she is to-day a perfectly well woman.

The case is undoubtedly the strongest instance in favor of Mrs. Eddy's healing theories which the Scientists have been able to cite in all their experience, and it is no wonder that they are making the most of it. Yet inquiry indicates that their advantage comes by a piece

of rare good luck rather than by the slightest usefulness of the treatment which they gave Mrs. Oliver; their practitioners chanced to get charge of the case just when the suffering woman had taken a turn for the better and would have got well anyhow. At least so the physicians contend, for they are by no means ready to give the glory to Mrs. Eddy. They readily admit that they told Mrs. Oliver she would die, for the experience of the profession with this malady has been most discouraging. Systemic blastomycosis is a very rare disease; only twenty-seven cases are reported in medical records, and of these twenty-four terminated fatally. Nevertheless, the disease cannot be called incurable, for two cases besides that of Mrs. Oliver—cases quite as well defined as hers—have been cured—without Christian Science intervention. And they were cured by the same kind of treatment which was given Mrs. Oliver up to the time when she refused further medical attention.

Under this treatment she was beginning to improve even before she left Chicago. At that stage the change of climate from Illinois to California introduced a factor which had never entered into any previous case. The medical men had observed that the disease had never been reported from California, and since the source of the affliction is a vegetable germ, they argued it quite likely that the germ could not grow in the California climate. From Mrs. Oliver's experience they feel now still more confident of that theory. When another similar case comes under observation—and since the trouble is so rare, it may be a good while before another case appears—it is the intention to send the patient to California and see whether the climate will not cure him as promptly as Mrs. Oliver was cured. If it does, the value of this instance as a witness to Mrs. Eddy's doctrines of sickness and health will be entirely ruined. Under the circumstances the most that candid men even in the Christian Science ranks can ask is suspended judgment for the present. Meanwhile the one sentiment in which everybody can agree is congratulation to Mrs. Oliver on her recovery from a desperate condition and on her present excellent health.

The Governor Apologizes.

(From the Trenton Times.)

Dr. Henry A. Cotton, medical director of the New Jersey State Hospital; Dr. Paul Cort, former assistant physician at the hospital; Dr. Thomas H. McKenzie, physician at the State Prison, and Dr. Henry B. Costill, called to see Governor Fort to-day with reference to a statement made by him before the Court of Pardons last Tuesday in connection with the case against Archibald Herron, who killed the Rev. Samuel B. D. Prickett, at Metuchen. Governor Fort stated to the Court of Pardons that he understood that the four physicians in question, with three others, had congratulated Herron after the proceedings at New Brunswick, in which Supreme Court Justice Bergen granted a stay of execution on the ground that Herron was insane. There was some discussion of the matter by the members of the court.

The four Trenton physicians denied to-day that they had offered congratulations to Herron. They said there was no truth whatever

in the story and that they wanted to set themselves straight before the Governor in the matter.

Governor Fort replied that the subject was brought up informally at the meeting of the Court of Pardons because he had read it in a newspaper. Going on, he said he was glad to know that the story was untrue and he then offered an apology to the physicians for having brought the question up for discussion.

STATE BOARD OF MEDICAL EXAMINERS.

At the annual meeting of the State Board of Medical Examiners, held at Newark on July 6th, the following officers were elected:

President, Dr. Charles A. Groves, East Orange.

Treasurer, Dr. A. Ubelacker, Morristown.

Secretary, Dr. E. L. B. Godfrey, Camden.

There were fifty-seven candidates for the State medical license, of whom there were eleven per cent. rejected.

The board decided to make thorough investigation into the standing of the colleges suspected of not complying with the requirements stated in their catalogue.

SUMMIT MEDICAL SOCIETY.

On the evening of June 25th this local medical society held its first annual dinner at the Canoe Brook Country Club and it proved to be a very successful and enjoyable affair. The members present were: Drs. R. D. Baker, D. E. English, Eliot Gorton, R. H. Hamill, W. J. Lawson, W. H. Lawrence, Jr., Thomas P. Prout, R. W. Moister, T. H. Rockwell, of Summit; Wellington Campbell, of Short Hills; Joseph E. Pollard and William J. Wolfe, of Chatham; Joseph A. Stites, of Springfield, and Josiah Meigh, of Bernardsville.

Dr. Robert H. Hamill acted as toastmaster and Drs. Lamson, Lawrence, Prout and others were the speakers. This society is doing good scientific work and the success of this dinner is likely to make it an occasion of annual observance.

NEW MEMBERS OF THE A. M. A. FROM NEW JERSEY.

Arthur C. Bush, Verona.

J. M. Craig, Lakewood.

Peter B. Cregar, Plainfield.

Harry V. Day, Butler.

Peter W. Frace, Hoboken.

Frank C. Henry, Perth Amboy.

George W. King, Secaucus.

William J. Lamson, Summit.

John F. Leavitt, Camden.

John L. McDowall, Perth Amboy.

Jesse L. Mahaffey, Camden.

W. M. Mason, Atlantic City.

Augustus J. Mitchell, Newark.

Horace L. Rose, Camden.

Charles A. Rosenwasser, Newark.

Traugott J. Schuck, Hoboken.

Milton A. Shangle, Elizabeth.

George Van Vranken, Passaic.

F. Vernon Ware, Millville.

Joseph M. Wells, Trenton.

Only members in good standing in the State and county medical societies are eligible to membership in the A. M. A.

THE JOURNAL

OF THE

Medical Society of New Jersey

AUGUST, 1909

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

Any one failing to get the paper promptly will confer a favor upon the Publication Committee by notifying them of the fact.

All communications relating to the JOURNAL should be addressed to the Committee on Publication, 252 Main Street, Orange, N. J.

SPECIAL NOTICES.

We call special attention to the great importance of returning *very promptly* to the editor the stenographer's reports of discussions sent for approval or correction to those who discussed papers at the annual meeting. We have been compelled to defer insertion this month of one paper because of failure in the prompt return of copy. Again we ask and urge prompt reports of all county societies' meetings, and we will be pleased to have reports of all local medical society meetings with a copy of all papers presented at their meetings which are of special interest. We also request our general practitioners, surgeons and specialists, who have cases occurring in their practice which are of special interest, to send the editor full reports thereof. We would like to make our clinical report columns one of the special features of our Journal and shall always give our own members preference. We thank Drs. Glazebrook, Donohue and Henry for their contributions in this month's issue. We wish to hear again from them and scores of others.

Governor Fort has designated August 5 as doctor Day at the Governor's cottage, Sea Girt, and a large number of New Jersey physicians will probably be present. It is expected that Major-General Leonard Wood, of the U. S. Army, will also be there.

DATE OF OUR ANNUAL MEETING.

It was proposed at the recent annual meeting of our society, that next year's meeting be held in September or October, instead of June, and the county societies were asked to express their judgment on the change at their meetings during the coming fall months. We refer to the matter now, as it was also suggested that the matter have discussion in the columns of our Journal. It was decided that the annual meeting be held at Atlantic City. Most of those favoring a change seemed in favor of September.

There is much to be said both for and against the change from June. The principal arguments made for the change were: that nearly all the national medical societies meet either in May or June and that many of our members attend one or more of them and that it would be far more convenient for those members to attend our State Society meeting at a later date; second, that better accommodations, at more reasonable rates, could be secured at Atlantic City if our meeting did not occur when the hotels there were so full of guests. The first argument seems at first thought the more important one, and yet with the great meeting of the A. M. A. at that place in June this year, which so many of our members attended because it was near by, did not appreciably affect the attendance at our meeting two weeks later, and it should be borne in mind that next year the A. M. A. meets in May at St. Louis and some of the other national medical societies meet in September or October, as also does the American Public Health Association. In reference to accommodation, we should not forget that Atlantic City easily took care of 4,000 A. M. A. guests this June and was prepared for a much larger number. If our meeting next year should be fixed for June 15-17, or even the 22-24th, would not the accommodations be ample, and is it not usually so until about July 1st?

The arguments that have been made against the change: it would be at a time soon after many of our members will have

returned from their summer vacations and they might not wish to leave their work so soon thereafter; our educational institutions are then opening for their winter's work, and that it would occasion considerable trouble in adjusting the business affairs of our society—election of delegates, the members' dues and enrollment, etc., but we presume some method of adjustment could be adopted.

We present these points, not because we regard them as conclusive arguments—they need fuller consideration—but for the purpose of soliciting the opinions of our members in communications to our Journal.

PROFESSIONAL PRIDE.

The members of the medical profession have just and abundant cause for the manifestation of pride when they review not only what the great leaders in scientific research have accomplished during the past few years, especially in the many discoveries which have been of incalculable blessing to humanity and which have demonstrated that our profession is the most progressive of all scientific bodies; but also when we consider the great honors many have won because of their ability, devotion and achievements in public positions in this and other lands—their philanthropic work; their leadership in city, State and national affairs for the uplift of humanity, and the service of their country in the hospital marine and army and navy service.

The address of President St. John, the oration on Medicine by Dr. T. N. Gray, at our recent annual meeting, and the paper by President Waddington which we give in this issue of our Journal, ably, though necessarily to a limited extent, set forth our profession's wonderful scientific progress during the past two decades. We will not yield to the temptation to further discuss it at present, but only refer very briefly to the last mentioned cause for justifiable pride—concerning records made in hospital marine and army and navy service. We cannot even here dwell upon the wonderful achievements in Cuba and the Philippines,

to Colonel W. C. Gorgas' grand work in Panama; nor can we refer to the large number of physicians who, like Drs. Lazear and Carroll have willingly sacrificed life itself for the advancement of scientific knowledge that the world might be rescued from some of its deadliest plagues.

We will only briefly refer to two surgeons who have distinguished themselves and honored our profession. The one was a navy surgeon—referred to in our last issue in a newspaper item on "Surgeons as Commanders"—Surgeon Charles F. Stokes. He was placed in command of the hospital ship Relief, notwithstanding the protests of many naval officers against her being commanded by a surgeon. His display of great skill and resourcefulness amid unusual dangers—experiencing a typhoon and a fire at sea during the vessel's long voyage—has won highest praise from the government and the public press, as one has said, "No rear-admiral in the navy could have done more." The other case is that of an army surgeon, who, on June 2, 1909, became ranking general of the United States Army—Major-General Leonard Wood. We believe that this is not only the first time in the history of our country that a medical man has been placed in command of the military forces of the country, but that his promotion is the most phenomenal advance in our army's history. Ten or twelve years ago he was a practising army surgeon. His splendid work in Cuba and Manila won for him great fame not only as a surgeon and fighter, but also as an executive officer, administering public affairs at Santiago and Manila.

The profession that can boast of such wonderful progress and such noble men; that has displayed more self-denying and self-sacrificing service and dispensed more real charity than any other profession, or class of men, certainly ought to have little fear of the opposition, misrepresentations and insults of its enemies even though the latter be in high official positions, or are exercising a little temporary authority and influence as editors of either low-grade,

sensational or subsidized newspapers, or as political leaders of a certain type—whose ignorance or unscrupulous methods render them incapable of appreciating disinterested, self-denying and self-sacrificing service for humanity's sake.

NEW TUBERCULOSIS LAW.

We gave in full in last month's issue the law passed at the last session of our Legislature concerning tuberculosis, as it is very important that every physician should be acquainted with its provisions. It is stringent in its requirements concerning the care of the tuberculous patient and the reporting of every case to the board of health, and exacts penalties for failure to comply with its provisions. It requires the physician to be active in doing his full share in the campaign for the stamping out of this disease. Some have thought that there are some unnecessary provisions—but it is the law, and its enforcement rather than its criticism is in order. If it requires much of the physician's care and somewhat of his time, it also puts upon the health officer a considerable amount of work; among the latter's duties he is required when requested by any physician, or hospital or dispensary authorities, "to make or cause to be made a microscopical examination of the sputum forwarded to him as that of a person having symptoms of tuberculosis," and he is required to "promptly make report of the results of such examination, free of charge."

We note that this law does give some slight recognition of the value of a physician's time and service in that he is to receive, "for carrying out the procedures and precautions required and presenting a full report thereof," a fee of one dollar in each case, to be paid if the health officer is satisfied with the physician's work and the fulness of his report. For the proper enforcement of this law our cities, boroughs and towns ought to have health officers competent to pass judgment on the physician's work and to properly perform the duties which this law requires of him.

TWO IMPORTANT LESSONS.

Referring to the case of Anuria, reported by Dr. W. D. Miningham in our April issue, *The Critic and Guide*, May, 1909, in giving a lengthy abstract of it, adds the following excellent remarks which apply with equal force to the case reported by Dr. Lawrence in this issue of our Journal.—(Editor):

"This case is capable of teaching us—if we wish to be taught—two lessons. The first,—and this is a lesson which I never get tired of inculcating into my readers' minds, is—never to give up the ship, never to abandon hope. Most desperate and apparently hopeless cases do sometimes recover, and we have no right to give up treatment until the last minute. Once in a while we will be rewarded by a most happy result. The second lesson is not for the medical profession; we don't need it. But those poor deluded dupes and their knavish leaders, who rail at surgery 'all the time,' could learn something from this case if they were capable of learning anything. I would like them to answer if, in their opinion, the woman could have recovered under any other method of treatment, except that of surgery. No, neither quack Tilden's quack salads, nor Julian's uncooked bread, nor Mother Eddy's Christian nonsense, nor osteopathy, nor chiropractic, nor any other fake would have saved that woman. It seems a pity to have to spend time, ink and paper in saying these things; but what can you do, when there are so many fools in this world? Somebody must at least make the attempt to enlighten them and to neutralize the pernicious teaching of selfish charlatans."

Date of Annual Meeting.

Dear Doctor English:

You ask for an expression of opinion on the question of changing the time of meeting of the State Society. At the meeting held in Chelsea four years ago the matter was presented to a full meeting of the House of Delegates, and, after considerable discussion, it was decided by a very large majority not to change to September. I can see no good reason why we should change now. The latter part of June is as good a time as any for the doctor to leave his practice for a few days, and at this time many of us are needing a little relaxation, some of our members making it a sort of vacation.

If we change to September I think we will find a smaller attendance, as most of our members will have had their vacations, and will not feel like being absent from home so soon again even for a few days. As you have already pointed out, it will disarrange the Journal subscriptions, annual dues, etc. Personally it will make but little difference to me, but I believe it will be a more serious matter to many of our members.

The argument made in favor of a change, "that we can get better rates from the hotels in September or October than we can in June," I do not believe will hold good. We have never failed in making satisfactory terms for the meetings held in June, and why should we be unable to do so in the future? Most hotel proprietors are glad to have us hold our meetings at their hotels, and make us a reduced rate on that account.

Many of the seashore hotels are closed by the middle of September and we would find ourselves unable to be accommodated anywhere but at Atlantic City, and while recognizing the fact that there is no better place for a meeting of this sort than at this resort, yet I would not care to meet there always.

I hope this matter will be fully discussed and every one register his vote either for or against, and in order to start the ball rolling I will vote for a continuance of our long-time honored custom of holding our meeting the latter part of June.

Faternally yours,

Alex. Marcy, Jr.

Riverton, N. J., July 22, 1909.

Book Reviews.

Treatment of the Diseases of Children. By Charles Gilmore Kerley, M. D., Professor of Diseases of Children, New York Polyclinic Medical School and Hospital, etc. Second revised edition. 629 pages, illustrated. Philadelphia and London; W. B. Saunders Company, 1909. Cloth, \$5 net.

Dr. Kerley has written the best book extant on this subject. The keynote of treatment is sensible advice rather than drugs. The chapter on Gymnastic Therapeutics contains many explanatory illustrations of these exceedingly valuable methods. No other book on the treatment of children's diseases gives so much judicious information in such a plain and concise manner.

Bier's Hyperemic Treatment in Surgery, Medicine and all the Specialties: A Manual of Its Practical Application. By Willy Meyer, M. D., Professor of Surgery at the New York Post-graduate Medical School and Hospital, and Professor Dr. Victor Schmieden, Assistant to Professor Bier at Berlin University, Germany. Second revised edition. Octavo of 280 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1909. Cloth, \$3 net.

Surgeons and physicians have for several years been cognizant of the value of Bier's hyperemic treatment but have not been acquainted with the details of the method. The authors of this manual have had many years of experience under most favorable conditions in this line of work and have presented the method so fully and clearly that every general practitioner can now become familiar with it.

Tuberculosis a Preventable and Curable Disease. By S. Adolphus Knopf, M. D., Professor of Phthisio-Therapy at the New York Post-graduate Medical School and Hospital, etc. Pages, 396, with 115 illustrations; 8vo., \$2 net. Moffatt, Yard & Co., New York.

Dr. Knopf is certainly competent to speak with authority concerning this disease and in this book, which is intended for the public, he deals with his subject in a practical way that is calculated to help the afflicted and points out the ways for the ultimate eradication of the disease. We are pleased to see that he does not indulge in the mistaken enthusiasm of those who place general deliverance from this scourge as within a decade or two. Also that he empha-

sizes the great importance of early recognition and prompt treatment under a physician's guidance. The book abounds in helpful suggestions to physicians, sanitarians, municipal health authorities, legislators, employers, editors of the public press, philanthropists and others.

The Therapeutics of Radiant Light and Heat and Convective Heat. By William Benham Snow, M. D., editor of the Journal of Advanced Therapeutics, etc. Scientific Authors' Publishing Co., New York, 1909.

Since the discovery of the X-rays and their use in the treatment of disease, the therapeutic applications of light and heat have received considerable attention, and, as the literature on the use of these agents is somewhat scant, this volume will be found of service to those who desire to avail themselves of their intelligent use. The physiological effects and the practical methods of their application are ably set forth, in the treatment of simple inflammation, infection, conditions associated with faulty metabolism, the opposite effects of these agents and the Roentgen rays. The concluding section on convective heat and the application of dry and moist heat in the treatment of various diseases contains many helpful suggestions.

Personals.

Dr. William C. Albertson, Belvidere, and family have been spending a few weeks at Atlantic City.

Dr. Raymond D. Baker, of Summit, who has been enjoying his vacation in the Maine woods, returned July 18th.

Dr. William J. Chandler, of South Orange, is enjoying his vacation in the far West, taking in the Alaska-Yukon-Pacific Exposition. He expects to return about the middle of August.

Dr. George E. Galloway, of Rahway, with his wife enjoyed an auto trip to Connecticut, New York and Massachusetts last month, returning via Long Island.

Dr. Alexander M. Heron, Lakewood, has been appointed medical inspector of schools of Lakewood.

W. William G. Schaffler, of Lakewood and Spring Lake, has been appointed as a member of the Governor's staff.

Dr. Mahlon C. Smalley, of Gladstone, who was operated on in April last for acute mastoid disease and seemed to have recovered, became considerably worse soon after and is still confined to his house.

Dr. George E. Titus, of Hightstown, and wife sojourned for a short time at Saratoga, N. Y.

Married.

PAGANNELLI-REARDON—At Jersey City, N. J., April 19, 1909, Dr. Richard Pagannelli, of Hoboken, to Miss Grace Beatrice Reardon, of Jersey City.

Obituaries.

GAGE.—At Newark, N. J., June 27, 1909, Dr. Ruel Stearns Gage, aged 65 years.

Dr. Gage was born at Patriot, Indiana, April 7, 1844; was educated in the Ohio, Wesleyan University, at Delaware, Ohio; leaving the university after three years, in consequence of ill health. While recuperating he became much interested in orthopedic appliances. This led to the decision to study medicine. Coming East, he matriculated at the Long Island College Hospital, and from it received the degree of M. D. in 1875. He pursued afterward a further course of medical study at the University Medical College, New York City, from which he was graduated in medicine in 1877. He began practice in New York, but removed to the Roseville district of Newark twenty-five years ago. Here he practised his profession successfully until within a few months of his death, when failing health compelled him to relinquish his work. He died at Newark June 27, 1909.

HOLDEN.—At his summer home in Chatham, N. J., July 18, 1909, Dr. Edgar Holden, of Newark, in the 71st year of his age.

Dr. Holden was born at Hingham, Mass., November 3, 1838. His father was Asa Holden, a manufacturer of that place. His grandfather, John Holden, was an officer in the Continental Army during the Revolution, promoted for gallantry at the Battle of Bunker Hill and an original member of the Society of the Cincinnati. Dr. Holden's ancestry in this country is traced back to 1632, when Justinian Holden reached America aboard the Elizabeth.

His early education was received at the Hingham Academy and at James Hunter's boarding school, Jamaica, Long Island. He prepared for college at John F. Pingry's preparatory school, in Newark, entering Princeton University in his sophomore year. He was graduated from Princeton in 1859, when he received his A. B. degree, and then began studying medicine, attending lectures in the College of Physicians in New York. There he received his M. D. in 1861, a year later receiving the degree of A. M. at Princeton, and in 1872 that of Ph. D. at the same university.

Following his experience as interne at the Flatbush Hospital, which he entered upon graduation from the medical school, Dr. Holden entered the regular service of the United States navy in the fall of 1861 and served in his professional capacity throughout the Civil War. He was assigned to the frigate *Minnesota* as assistant surgeon, and on this vessel passed through the tragic scenes of Hampton Roads, where the Confederate ironclad *Merrimac* engaged the Union fleet. The *Minnesota* was only saved from destruction by Ericsson's Monitor. After the conflict the fleet surgeon was relieved of duty and Dr. Holden placed in charge of the work of caring for the wounded who had fought aboard the *Cumberland*, the Congress and the *Minnesota*.

At the bombardment of Sewell's Point, Dr. Holden rendered such efficient service that he was made surgeon in charge of the James River squadron hospital at Norfolk. He subsequently served aboard the steamer *Wyandotte*, and was afterward made surgeon on the ironclad

Passaic, participating in the attack on Fort McAllister, in the Ogeechee River. Following this engagement he was called to hospital duty, but at his own request was afterward assigned as surgeon on the steamer *Sassacus*. Cruising in the Atlantic for blockade runners was succeeded by service in the sounds of North Carolina, where he took part in the attack on Charleston. While serving aboard the *Sassacus* he also participated in the battle with the ram *Albemarle*, and later in the siege of Petersburg.

In the summer of 1864 Dr. Holden was placed in charge of the medical department of the James River squadron, but poor health compelled him to resign after a few months' service in this capacity, and he accepted a commission as surgeon in the army volunteer service, becoming a member of the Staff of the Ward Hospital in Newark.

At the close of the war Dr. Holden established a practice in Newark and had since been recognized as one of the leading physicians and surgeons of the State. In 1867 he became a member of the board of medical directors of the Mutual Benefit Life Insurance Company, being elected president of the board in 1870, which office he held at the time of his death. In connection with his duties as an officer in the medical department of the local insurance company, Dr. Holden continued his practice until 1891, when failing health and the encroachments upon his private time by his official duties forced him to retire as an active practitioner.

In the medical profession Dr. Holden was an acknowledged authority in the department of laryngology, in which he specialized. In the course of his studies and practice as a specialist in this branch of the medical profession he invented numerous instruments that marked a decided advance in the science of surgery. He was also a frequent contributor to medical journals and magazines, chief among his papers being that on the "Spymograph," which took the Stevens triennial prize of the College of Physicians and Surgeons of New York and was subsequently published in book form.

At the time of his death Dr. Holden, besides being president of the Association of Medical Directors of Life Insurance Companies, was a member of the American Laryngological Association, the Newark Medical and Surgical Society, the New Jersey Academy of Medicine, the New Jersey Microscopical Society, the New Jersey Historical Society, the American Author's Guild, the Military Society of the Loyal Legion and a hereditary member of the Society of the Cincinnati.

Writing principally upon medical subjects, Dr. Holden gained no small prestige by his many articles in *The American Journal of Medical Sciences*, the *New York Medical Record*, the *New York Medical Journal* and the *Boston Medical and Surgical Record*. He also contributed several war sketches to *Harper's Magazine* and to *The Century Magazine*.

Dr. Holden was medical director of the Mutual Benefit Life Insurance Company, and president of the Association of Medical Directors of Life Insurance Companies.

It was about 10:30 o'clock P. M., July 18th, when the family was preparing to retire, that he complained of feeling ill. He diagnosed his own case as angina pectoris and sent his son, Dr. Edgar Holden, Jr., in an automobile for

Dr. W. J. Wolfe, but when the physician arrived Dr. Holden was dead.

Dr. Holden was twice married. His first wife was Miss Katharine Hedden, daughter of Jotham Hedden, of East Orange, whom he married in 1862. She died in 1870, and in 1873 Dr. Holden married Helen Stewart Burgess, daughter of John Burøess, of East Orange.

For many years Dr. Holden had been a member of the board of trustees of the Second Presbyterian Church. In February, 1908, he handed in his resignation, but the board refused to accept it. Once before this he had resigned from the board, but at that time its acceptance was declined.

A widow, two sons and three daughters survive Dr. Holden.

WARD.—At Bad-Nauheim, Germany, July 19, 1909, Dr. Aaron C. Ward, of Orange, N. J., aged 48 years.

Dr. Aaron Condit Ward died in Bad-Nauheim, Germany, July 19, according to a cablegram received by members of his family in Orange. Dr. Ward had been suffering from heart trouble for several months and went abroad to consult specialists. He stopped at Bad-Nauheim for treatment, hoping for relief.

Dr. Ward left for Germany April 21 and was slightly benefited apparently by the treatment. He was accompanied by Mrs. Ward, and he engaged passage to return June 26. A relapse, from which he never rallied, caused him to change his plans at that time and his brother and sister-in-law, Mr. and Mrs. Henry C. Ward, of 330 Clinton avenue, Newark, hurried to his bedside, leaving here July 6. They entertained hopes of bringing Dr. Ward home with them, but his condition proved to be too serious to admit of the long ocean voyage. The cablegram gave no details and nothing is known of the physician's last days or of the plans of those who are with his body.

Born in Newark, in 1861, Dr. Ward lived there continuously until four years ago, when he moved to 47 Reynolds terrace, Orange, overlooking the Orange Mountains. His parents were Joseph G. and Julia S. Ward, of Newark, and he came of English stock.

His early schooling was received in the Newark Academy, from which he was graduated in 1879. In 1883 he was graduated from Princeton with honors, and three years later he graduated again with honors from the New York College of Physicians and Surgeons.

He established himself in Newark and built up a practice which he gradually relinquished as his duties with the insurance company became more arduous, until about five years ago he devoted all his time to the Prudential, of which he was one of the four medical directors.

Dr. Ward was devoted to his work and home and had little to do with public life. He never entered politics nor sought public favors nor was he associated with clubs or lodges. He loved music and art and was regarded by his friends as being well versed in both. He was a member of Central Presbyterian Church, Orange.

Twenty-two years ago he married Miss Sylvia Haskins, of Irvington, and they had two sons, Walter Lester Ward and Harold Haskins Ward, both of whom are Princeton students.

HALL.—In Burlington, N. J., May 22, 1909, Dr. Walter E. Hall, aged 52 years.

The following resolutions on the death of Dr. Hall were unanimously adopted by the Burlington County Medical Society:

Walter Eugene Hall was born at Greenwich, N. J., March 12th, 1857. He was the son of Ebenezer and Ann Maria Minch Hall. He was educated in the public school of his native village. At the age of 14 years his father died and the family moved to Philadelphia, where the doctor finished his preliminary education. In October, 1876, he matriculated at the Jefferson Medical College as a student, and graduated from that institution March 4th, 1878. During the term of 1877 and 1878 he received the R. J. Levis gold medal for the best report of the surgical clinics at the Pennsylvania Hospital. He was made a registered pharmacist in March, 1879. After his graduation he located in Burlington, N. J., opened an office in that city in May, 1878, and at once became prominent not only in medical circles, but in other walks of life. In March, 1882, he married Mary H. Rogers, of Burlington County, N. J., and the great joy of their lives was a daughter, whose sad and untimely death in Denver, Col., during the winter of 1903, while he was there in search of health for himself, was a blow from which he never recovered. He joined the Burlington County Medical Society January 14th, 1879, and was one of its most faithful members, rarely absent from its meetings, and always ready to do anything that he could to promote its best interests, his reports of interesting and unusual cases was always most instructive, and his formal papers were exceedingly well prepared.

Dr. Hall built up a large and lucrative practice and was very much beloved by his patients, as well as respected and honored by his professional brethren. In addition to his medical work, he was intensely interested in church work, was chorister of the First Baptist Church for 29 years and superintendent of the Sabbath school for 23 years. He was also intimately associated with the business interests of his adopted city. He was a member of the board of directors of the Burlington City Loan and Trust Company, a member of the sinking fund committee of the city, and at one time a member of the Board of Health.

In the death of Dr. Hall our society loses another of its honored and useful members whose places are exceedingly hard to fill. He was always sincere and conscientious in his devotion to his profession, and did much to make our society what it is. As a physician he was untiring in his efforts to serve the best interests of his patients, and he was beloved by them to a degree seldom equaled. As a man and a citizen he was exemplary, commanding respect and admiration. He was conspicuously successful in all that he undertook, and his life should be an inspiration to those of us who are left to toil and labor yet a little while. To each of us his untimely death became a personal loss, his life an example for us to emulate, and may it be said of us, as it could so well be said of him, that he was faithful to every duty imposed upon him.

Marcus W. Newcomb,
Alex. Marcy, Jr.,
E. Hollingshead,
Committee.

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

Monthly Report of Mortality, June, 1909.

The number of deaths reported to the Bureau of Vital Statistics during the month ending June 15, 1909, was 2,937, a decrease of 18 from the previous month. The deaths under one year numbered 446, over one year and under five years 268, sixty years and over 894.

The mortality for this month has been about normal and the number of deaths from each of the classified causes compares closely with the average for the past twelve months.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending June 15, 1909, compared with the average for the previous twelve months, the latter—averages—being given in parentheses:

Typhoid, 16 (26); measles, 23 (20); scarlet fever, 36 (30); whooping cough, 29 (21); diphtheria, 38 (48); malarial fever, 2 (2); tuberculosis of lungs, 332 (297); tuberculosis of other organs, 74 (51); cancer, 151 (133); cerebro spinal meningitis, 19 (23); diseases of nervous system, 359 (338); diseases of circulatory system, 402 (328); diseases of respiratory system (pneumonia and tuberculosis excepted), 165 (181); pneumonia, 292 (244); infantile diarrhoea, 51 (219); diseases of digestive system (infantile diarrhoea excepted), 169 (196); Bright's disease, 193 (201); suicide, 40 (36); all other diseases or causes of death, 546 (589); total, 2,937 (2,983).

Laboratory of Hygiene, Division of Food and Drugs.

During the month ending June 30, 1909, 803 samples of food and drugs were examined in the State Laboratory of Hygiene.

There were found below the standard 116 of the 532 specimens of milk; 6 of the 10 of butter; 7 of the 12 of lime water; 6 of the 38 of mustard; 1 each of the 39 of black pepper, the 24 of ground cinnamon, of the 35 of white pepper and both of the two specimens of tincture of opium. Three suits were instituted for adulterated milk, six for butter and one for black pepper.

Division of Creameries and Dairies.

Creameries Inspected.

- Burlington County—Columbus, Pemberton.
- Camden County—Camden 2.
- Cumberland County—Bridgeton 2.
- Essex County—Newark.
- Hudson County—Hoboken, Jersey City.
- Hunterdon County—Baptistown 2, Barbertown, Barley Sheaf, Bloomsbury, Califon, Cherryville, Clinton, Clover Hill, Everettstown, Frenchtown, Idell, Jutland, Lebanon, Little York, Locktown, Milford, Mount Pleasant, New Germantown, Oak Grove, Oak Summit, Pattenburg, Pittstown, Readington, Reaville, Ringoes 2, Rosemont, Sergeantsville, Sunnyside, Three Bridges, Wertsville, West Portal, White House.
- Monmouth County—Allentown 2.
- Salem County—Alloway, Daretown, Elmer 2,

Harmersville, Monröeville, Salem 3, Woodstown 2.

Somerset County—Bernardsville, Lyons, Montgomery, Pluckemin, Skillman.

Sussex County—Augusta, Baleville, Beemer-ville, Mulforde, Sparta, Woodruff's Gap.

Warren County—Bridgeville 2, Great Meadows, Hixon, Hope, Roxburg.

Total number of creameries inspected. 73

No. of water samples collected from creamery premises 26

Dairies Inspected.

Total number of dairies inspected. 11

No. scoring above 60 per cent. of the perfect mark 6

No. scoring below 60 per cent. of the perfect mark 5

No. of samples of water collected from dairy premises 14

The milk received at the above named creameries amounts to 251,540 quarts daily.

During the month ending June 30, 1909, 100 inspections were made in 53 cities and towns.

The following inspections were made during the month, but no samples were taken: Milk, 709; butter, 392; foods, 1,313; drugs, 45.

Other inspections were made as follows: Milk wagons, 379; milk depots, 110; grocery stores, 280; drug stores, 13; milk cans, 699.

Bacteriological Department.

Specimens for bacteriological diagnosis: From suspected cases of diphtheria, 199; tuberculosis, 361; typhoid fever, 187; malaria, 19; miscellaneous, 27; total, 793.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the laboratory, 174, as follows: Public water supplies, 66; private wells, 27; creamery supplies, 30; dairy wells, 22; sewage samples, 16; State institution supplies, 5; miscellaneous, 8.

Inspections.

Public supplies inspected at Gloucester, Woodbury, Barnegat, Camden.

State institution water supply inspected at Trenton State Hospital.

Sewage disposal plants and systems inspected at Princeton, Moorestown, Woodstown, Burlington, New Lisbon Asylum, New Lisbon Almshouse, Merchantville, Woodbury, Vine-land, Allenhurst, Loch Arbour, Asbury Park, Ocean Grove, Bradley Beach, Como, North Spring Lake, Spring Lake, Sea Girt State Camp, Manasquan, Point Pleasant, Lakewood, Glen Gardner, Plainfield, Collingswood.

Special inspections at Lambertville, Wood- bury, Pitman, Dover, Frenchtown, Riegelsville, Phillipsburg, Trenton Asylum, Mount Holly, Changewater, Lakewood, Morris County Chil- dren's Home.

Stream inspections on Delaware, Raritan, Rahway, Shark and Shrewsbury rivers, Raritan Bay.

No. of persons summoned before the board 106

No. of persons ordered to cease pollution. . 56

No. of plans for sewerage systems approved 11

No. of cases referred to Attorney-General. 16

Source of water supply approved. 1

OFFICIAL TRANSACTIONS.

Minutes of the Proceedings of the Medical Society of New Jersey at Its 143d Annual Meeting, held at the Hotel Cape May, Cape May, June 23-25, 1909.

FIRST DAY.

Wednesday, June 23, 1909.

Morning Session, 10:30.

MEETING OF THE HOUSE OF DELEGATES.

The meeting was called to order at 10.35 A. M. by the President, Dr. David St. John, of Hackensack.

The Report of the Committee on Credentials was read by Dr. Harry A. Stout, of Wenonah, Chairman, as follows:

REPORT OF THE COMMITTEE ON CREDENTIALS.

The registration books have been regularly open, and the credentials presented have been in proper form. The registration thus far indicates a well attended meeting. The enrollment of permanent delegates at the opening of the session is larger than for several years.

It was moved, seconded and carried that the report be received.

Dr. William J. Chandler, of South Orange, the Secretary, moved that the reading of the minutes of the last meeting be omitted, and that the minutes, as published in the Journal for August and September, 1908, be approved. The motion was seconded and carried.

ELECTION OF PERMANENT DELEGATES.

Dr. Chandler stated that the Committee on Credentials had already read the list of nominees who had presented credentials. There was no question, but that all except the Essex nominees were entitled to election. *Dr. Chandler* said that this county was entitled to four permanent delegates, but had sent five nominees, the question being what course the society would take in the matter.

A motion was made, seconded, and carried that the nominees of the other counties be elected by the Secretary's casting an affirmative ballot. This was done, and they were declared elected.

Dr. Charles J. Kipp, of Newark, made a motion that the last name on the list of nominees for permanent delegates from Essex County be dropped. Seconded.

Dr. Archibald Mercer, of Newark, said that he had learned from the Secretary of

Essex County that *Dr. Jesse D. Lippincott*, of Newark, was the last man named, and said that the Committee on Credentials thought that they had no right to choose which name should be omitted, so had left the matter to the Society to settle.

Dr. Richard G. P. Dieffenbach, of Newark, asked whether *Dr. Lippincott* had had the fewest votes in the Essex County Society.

Dr. Mercer said that he did not know, and that the Committee was not willing to make any distinction among the five names submitted by the Essex County Society.

Dr. Kipp said that when he had made his motion, he was not aware whose name was last on the list.

Dr. Dieffenbach said that one nominee had as much right as the other to be permanent delegate, and that he thought that unless *Dr. Lippincott* had the smallest vote, the Society ought to ballot for four out of the five. He made a motion that the Society proceed to ballot, which was seconded by *Dr. David C. English*. Motion put and lost.

The President asked if he was to understand from this that it was the wish of the Society that the fifth name be dropped. If this were so, the other four names should be put in nomination.

Dr. Ill said that some other way would have to be found to elect four out of five nominees from Essex County. He thought that the suggestion of *Dr. Dieffenbach* to ballot for four out of the five should be followed.

Dr. English said that while this seemed like a good solution of the difficulty, he thought it was not right that the State Society should say to Essex County who should represent them as permanent delegates. He suggested that the names be referred to the delegation from that county to bring in a nomination of four.

Dr. Chandler said he thought that the delegation from Essex would be unwilling to take this responsibility, and that it would be much better to put it to a vote and elect them by the Society.

Dr. Dieffenbach said that according to the by-laws the County Society has the right to only nominate permanent delegates, the State Society electing them. It would, therefore, make no difference if they had nominated twenty. He renewed his motion that the Society proceed to ballot for four of the five.

Dr. James T. Wrightson, of Newark, said he would move in favor of reconsidering the motion by *Dr. Dieffenbach* and seconded by *Dr. English*.

Dr. Wrightson's motion was seconded and carried.

It was then moved that the Society proceed to ballot. Seconded and carried. Two tellers were appointed by *Dr. St. John*.

Dr. Chandler read the list of the five Essex County nominees, from which four were to be elected. They were *William Buerman*, *William S. Disbrow* and *Wells P. Eagleton*, of Newark; *Thomas N. Gray*, of East Orange, and *Jesse D. Lippincott*, of Newark. *Dr. Chandler* also called attention to the fact that only those having red, blue, pink and brown badges would be entitled to vote, those having white or yellow badges being guests or associate members, were not entitled to vote in the House of Delegates.

While the vote was being taken *Dr. Marcy* made a motion that *Dr. Walter S. Cornell*, of Philadelphia, who was present, be invited to sit with the Society as a corresponding member and participate in the proceedings. The motion was seconded and carried.

The Report of the Committee on Honorary Membership was next on the program, and *Dr. H. Genet Taylor*, of Camden, the Chairman, said that there were no nominations to be presented.

Dr. J. P. Hecht, of Somerville, the Chairman of the Committee on Business, said that no matters had been referred to this Committee at the last session of the Society; therefore, the committee had no report to make.

The Report of the Committee on Program was read by its chairman, *Dr. William J. Chandler*, as follows:

REPORT OF THE COMMITTEE ON PROGRAM.

Partial preliminary programs have appeared in the last two issues of our Journal, and 2,500 complete booklet programs have been mailed and distributed. Copies have been sent to all of our members, to many additional physicians in this and other States, to the advertisers and exchanges of our Journal, and to many of the daily and weekly newspapers of New Jersey.

In the arrangement of the program we have stated the hours for the meetings of the scientific sessions and for those of the House of Delegates, so that all members may know when these meetings will open, and that one body may not encroach upon the time of the other. In order to consummate this arrangement it will be necessary for the sessions to open promptly at the hour set and for all participants to be ready to present their papers and reports in the order stated in the program. There should be no requests for delay nor for subsequent hearings unless the session adjourns before the program is completed.

The committee recommends a rigid enforcement of the time limit for readers and discussers of papers. It is useless to attempt to arrange a program if each and every writer is permitted to exceed his time limit. Whenever it is asked as a special privilege to violate the rule, our members are too courteous to refuse, and as a consequence the whole program is disarranged, much to the annoyance of subsequent readers and hearers. If a paper is too long to be presented within the time set, the important points can be read, and the paper as a whole appear later in the columns of the Journal. The committee is convinced that a firm ruling by the presiding officer supported by a strict and impartial adherence to the by-laws on the part of the Society, will insure not only the harmonious completion of the program, but will secure therewith far greater pleasure and satisfaction for all concerned.

Alexander McAlister,
Frederick F. C. Demarest,
William J. Chandler, Chairman.

It was moved, seconded and carried that the report be received and placed on file, and that its recommendations be concurred in.

The tellers of the election for permanent delegates from Essex County reported that forty-two ballots had been cast, as follows: *Dr. Eagleton*, 41; *Dr. Gray*, 41; *Dr. Disbrow*, 40; *Dr. Buerman*, 27; *Dr. Lippincott*, 23, and one blank.

Dr. Chandler stated that the by-laws required a majority of three-quarters to elect. Therefore, as only three of the candidates had received such a majority, the other two were not elected, and another ballot would be necessary.

A motion was made that the society proceed to elect one out of the two who had not received the required number of votes. These were *Drs. Buerman* and *Lippincott*. *Dr. Eagleton* said that the gentlemen were laboring under a misapprehension, as one of the five nominees had been chosen by the county provisionally, to be a delegate providing Essex was entitled to five delegates. He thought that if an examination was made of the credentials of these five gentlemen, those of one would state this provision.

Dr. Chandler added in explanation and

partial correction of Dr. Eagleton's statement that at the last annual meeting of the Essex Component Society its total membership warranted the election of seven nominees for permanent delegates, but as there would be some, and might be many, delinquents, it was decided to fix upon the five highest in number of votes, as positively nominated, and the two lowest, as provisionally nominated. At the time for fixing the "basis of registration" it was found that Essex County was entitled to only four nominees. Hence the present dilemma. He thought that there was no other solution of the difficulty than the one suggested, namely, balloting for one out of the two.

The motion was seconded and carried.

While the voting was going on, Dr. St. John appointed the following to fill vacancies in delegations:

Annual delegate from Essex County, Dr. Herbert W. Long, of Newark; from Somerset County, Dr. David F. Weeks, of Trenton.

Dr. Luther M. Halsey, of Williamstown, asked for the decision of the chair upon the question of filling the vacancy occasioned by the resignation of Dr. Thomas H. Mackenzie, of Trenton, as permanent delegate. Dr. Mackenzie wished to nominate someone to take his place as permanent delegate, and Dr. Halsey wished to know whether this could be done, or whether the matter must take its due course. He said that a parallel case was that of Dr. Walter B. Johnson, of Paterson, who, when elected third vice-president, had resigned as the permanent delegate from Passaic County and had nominated some one to take his position.

Dr. Chandler asked Dr. Halsey whether he was sure that these were the facts in the case.

Dr. Halsey said that he was not sure of it, but that it had been told to him.

Dr. Chandler said that his remembrance was that Dr. Johnson had not presented his resignation until after he became a fellow, and that, a year later, the vacancy was filled. A reference to the minutes would settle the question. He doubted whether Dr. Johnson's resignation and the election of his successor occurred at the same meeting. At all events, the society had no right to take such action, as it was contrary to the constitution.

Dr. Mackenzie said that he had mentioned the matter to Dr. Halsey, but that he now felt satisfied that it was better for the

matter to lay over. He would send in his resignation at once so that Mercer County Medical Society could fill the vacancy at its next annual meeting.

Dr. Halsey said he thought this principle right, and was willing to have it arranged in this way. The matter had been brought to his attention by the delegate from Mercer county.

Dr. St. John said that if an irregularity had taken place in the case of Dr. Johnson, this would not justify another in that of Dr. Mackenzie.

Dr. Halsey agreed with this view.

The tellers announced that Dr. Lippincott had received thirty-three votes, and Dr. Buerman sixteen, four blanks also having been cast, making a total of fifty-three.

Dr. St. John said that neither was elected, neither having received a three-fourths vote.

Dr. Henry H. Davis, of Camden, made a motion that the society proceed to another ballot. The motion was seconded and carried.

Dr. Wrightson said that he would like to know which candidate had received the greater number of votes in the county society. He thought that the county had a right to recommend the permanent delegates, and considered that the one having had the greater number of votes in the county society should be elected. He said that he would vote for that one, if he knew who it was, although he was a friend of both gentlemen.

Dr. St. John said that he did not see how he could declare either gentleman elected, unless he had three-quarters of the total number of votes cast.

Dr. ————— said that a great deal of valuable time was being wasted in these ballots and it was important that the matter be settled at once, one way or the other.

Dr. Eagleton asked whether it was not possible to lay the matter on the table until the next meeting.

Dr. English asked how many votes had been cast.

Dr. Chandler said that fifty-three votes had been cast, including four blank ballots.

Dr. Eagleton made a motion that the matter be laid over until the next meeting.

Dr. St. John said that a motion to take another ballot had been carried.

Dr. Davis made a motion to reconsider the motion (that the society proceed to ballot), so that the matter could be laid over until next meeting.

Dr. Davis's motion to reconsider was seconded and carried.

Dr. St. John then said that the motion of *Dr. Eagleton* that the matter be postponed to the next annual meeting could be acted upon. It was seconded and carried.

The report of Committee on Scientific Work was read by *Dr. E. J. Marsh*, of Paterson, as follows:

REPORT OF COMMITTEE ON SCIENTIFIC WORK.

To the Medical Society of New Jersey:

Your Committee on Scientific Work have the honor to report as follows: In outlining the scientific program for the present meeting, the committee early determined to cut down the number of papers to be read, and thus avoid the curtailment of discussions and the prolonged sessions which had resulted from the overcrowded programs of recent years. We decided to limit the number to twelve, which seemed sufficient for a good program, but subsequently added two more to guard against disappointment from possible failure of one of the writers to appear at the last moment. At the same time we have adhered in general to the policy adopted for the last two or three years of trying to secure men who have not previously appeared before the society, especially in preference to those who have recently been among the readers of papers. The program itself is already before you, and we trust that it will meet with your approval; we have only to express our thanks to those who, by consenting to take part, are helping to make the meeting the success we feel sure it will prove to be.

Due notice was given to the reporter of every county society of the date at which his report should be in the hands of the Committee, and of the subjects which he was expected to include in his report.

Reports were received within the required time from eleven of the twenty-one counties of the State, and these of very varied degrees of merit; a good report from Gloucester was received unfortunately too late to entitle its writer to credit. From the other nine nothing has been heard. The Committee feel that this should not be. In spite of the fact that nine of our respective counties reported, we urge the county societies, in electing reporters, to choose men qualified and ready to perform the duties of their office. At the same time we would remind reporters that the annual official report which they are required to make to the Committee on Scientific Work is entirely distinct from any reports which they may from time to time make to the Journal.

The reports received show a generally encouraging and increasing amount of organized professional activity throughout the State. The wave of new constitutions and by-laws or amendments noted last year seems to be still spreading, and is marked by a tendency toward more frequent meetings, but we note with satisfaction that our State seems to be immune to infection by the A. M. A.-machine-made-meeting bacillus. Very excellent reports, each almost a model of its kind, have been received from Essex and Sussex, the one a metropolitan county, the other a rural one, each dwelling at length on extra-society matters of interest, as

well as purely society affairs. A very good scientific report is that from Hunterdon. Of scientific or general interest through the State as a whole, there seems to be little out of the ordinary or requiring special mention.

All the reports received from the county societies accompany this report, but while they are interesting as a whole, and well worth reading, they hardly contain enough of special note to make necessary individual treatment here.

In conclusion, we hope that our work will commend itself to the approval of the Society.

Respectfully submitted,
Committee on Scientific Work,
E. J. Marsh, Chairman.

Paterson, N. J., June 16, 1909.

It was moved, seconded and carried that the report be received and published in the transactions.

The report of the Judicial Council was read by *Dr. William H. Iszard*, of Camden, including also the reports of the Councillors for the First, Second, Third, Fourth and Fifth districts.

REPORT OF JUDICIAL COUNCIL.

At a full meeting of the Board of Councilors held in the office of *Dr. William A. Clark*, Trenton, N. J., November 17, 1908, the Council organized by the election of *Dr. William H. Iszard*, Chairman, and *Dr. Thomas W. Harvey*, as Secretary. After some general discussion the following recommendations to the component societies were adopted and the secretary directed to send copy of same to the secretary of each component society, with a request to report back to this council the action of said component society; your councilors regret to say that this request in very few cases has received any response.

RECOMMENDATIONS.

First. A more liberal support of the Journal and full reports of all meetings of the county societies.

Second. An expression of opinion on contract practice.

Third. The best methods of conducting post graduate studies by the component societies.

Fourth. Co-operation in the anti-tuberculosis work, and the importance of the profession taking the lead in such work.

Fifth. Popular medical lectures under the supervision of the county society.

The Councilors are requested to include in their annual report the action taken by the component societies in their districts on these topics.

Respectfully submitted,
Wm. H. Iszard,
Thos. W. Harvey,
Edward F. Denner,
W. A. Clark,
James Hunter, Jr.

Cape May, June 23, 1909.

FIRST DISTRICT.

Orange, N. J., May 31, 1909.

Dr. W. H. Iszard, Chairman:

My Dear Doctor—I have no special report from the First District.

Yours truly,
Thomas W. Harvey.

SECOND DISTRICT.

Paterson, N. J., June 23, 1909.

Dr. William H. Iszard, Chairman:

Dear Doctor Iszard—On account of a misunderstanding regarding the dates of the Hudson and Union County Society meetings I am not able to report any visit to those societies. I visited the Bergen County Society, and was gratified to find many evidences of live interest, not only regarding matters of public health, but particularly regarding matters pertaining to the general good of the profession. The society in two instances followed a course of action that might well be adopted when occasion arises, by the other county societies. Two malpractice suits were instituted against members, and the society voted to defend them. Both suits were absolutely unwarranted. One was discontinued on the day of trial when the plaintiff's counsel realized that he had been willfully deceived as to the facts of the case by his client, and the other was still pending at the time of my visit.

It is most gratifying to observe this cohesive support which the Bergen County Society accords its members. It demonstrates the strength of combined effort for mutual protection among medical men, and if such movements would gain sufficient publicity, I am sure that suits at law on the part of unscrupulous malcontents would soon become a thing of the past. The Bergen county society has held regular meetings, at which the members read papers and carried on interesting discussions. Three interesting symposia were also conducted, at which prominent outside medical men read the principal papers and led the discussions. I am glad to be able to report this flourishing condition, and wish to commend the members for their general interest in the society, and in all matters pertaining to public health.

The Passaic county society has held regular monthly meetings, during which many interesting papers were presented. The society also took an active part in furthering all movements of public hygiene and social improvement. Through its members the society is represented on the Tuberculosis Charity Organization and Public Playground Committees. It is also furthering the efforts of the Passaic County Milk Commission. All these different bodies are doing good work, and deserve commendation. The society is in a flourishing condition, and has always been alert to further all the movements tending to the progress of general medicine and surgery.

Respectfully submitted,

Edw. F. Denner,
Councilor Second District.

THIRD DISTRICT.

Trenton, May 31, 1909.

Dr. William H. Iszard, Chairman:

Dear Doctor—In making my annual report I must apologize for its incompleteness on the grounds that I was prevented from attending the meeting of the Somerset County Society as is my wont, on account of personal illness and also from attending the annual meeting of the Hunterdon County Society on account of the extreme sickness of a very near personal friend who was also my patient. I received no notice nor have I for several years, from the Secretary of the Middlesex County Medical Society as to

its meetings, and therefore did not attend there. Our own, the Mercer County Medical Society, has had a prosperous year, and is keeping abreast of the advancing times. We have an abundant supply of ardent young blood in our membership from which each month is produced a paper valuable and instructive in itself and invariably precipitating an earnest discussion.

Though not having attended the meetings of the three other societies in my district, as above explained, I have received assurances that their meetings are well attended and exceedingly interesting in character.

Altogether, I am well convinced that the medical profession in this district is represented by men who are as earnest and sincere in holding up the dignity and honor of their chosen calling, and whose standard of ideals is as high as that of any similar body of men to be found anywhere.

Yours very truly,

Wm. A. Clark.

Councilor, Third District.

FOURTH DISTRICT.

Camden, N. J., June 22, 1909.

Councilor's Report for the Fourth District.

In submitting my report for this district, I desire to say that in the societies that it has been my privilege to visit, I find much activity and interest manifested. Burlington County Society selects two or more prominent members of the profession to lecture or read papers on practical and interesting subjects at each of their meetings which are well attended; they are giving the Journal a liberal support, and put their seal of condemnation on contract practice. Only one doctor in the county is said to be engaged in that work.

The third, fourth and fifth judicial suggestions are not taken up on account of the wide spread of its members. Camden County Medical Society always has well attended and interesting meetings; the duties and labors of the office of Secretary having increased to such an extent that the society has elected an assistant to our esteemed and faithful secretary Dr. Daniel Strook. The first judicial suggestion is receiving due consideration. The second or contract practice question, I am sorry to say, has drawn a number of our young and promising members, yea, and some of our older ones also, into its seductive meshes.

The third or post graduate class has been neglected. The fourth or anti-tuberculosis work is being encouraged. There have been no public medical lectures this year.

The society has its legislative committee. Dr. H. H. Davis, Chairman, with other members have rendered valuable aid to the legislative committee of the State Society.

Camden City is about to commence the erection of a municipal hospital, which will be under the control of members of the City and County Society.

I have not heard direct from Monmouth and Ocean counties, except in a legislative way, where they did service and backed the chairman of the State Committee in his work against pernicious legislation.

Respectfully submitted,

William H. Iszard,
Councilor, Fourth District.

FIFTH DISTRICT.

Westville, N. J., June 18, 1909.

Dr. W. H. Iszard, Chairman:

My Dear Doctor—I herewith submit my report as Councilor for the Fifth District.

I have visited all the societies comprised in the Fifth District, and find all active and progressive, both as to the interest of the members and character of the papers read.

The suggestions of the Councilors as prepared at the meeting of November 17, 1908, were duly considered. It affords me pleasure to report that the societies of the Fifth District are giving cordial support to the State Journal, by sending prompt and full reports of all meetings.

No member of the societies of this district is engaged in contract practice.

Post-graduate work is regarded by the societies (Atlantic City excepted) as impracticable, the members being too widely scattered.

Many of the county societies are actively co-operating in the anti-tuberculosis work. The question of reporting all cases of tuberculosis seems to find much opposition at present.

"Popular medical lectures under the supervision of the county societies" have met with indifferent responses.

Many of the societies have appointed "legislative committees" to assist Dr. Halsey in his efforts as chairman of the "legislative committee of the State Society." These committees have done good work and been prompt in responding to all calls.

Respectfully submitted,

James Hunter, Jr.

Note.—I went to Cape May Court House on April 6, 1909, the date given me by the Secretary of the Cape May Society as the day of their meeting, but no meeting was held, so I cannot include the sentiments of Cape May County Society upon any of the preceding subjects.

Cape May, N. J., June 23, 1909.

Mr. President and Gentlemen:

The Judicial Council has accepted the excuses of the following permanent delegates for absence from the annual meetings of this society:

Absent in 1907 and 1908—Dr. Herman C. Bleyle, Newark; Dr. Richard P. Belcis, Montclair; Dr. G. Wycoff Cummins, Belvidere; Dr. J. Ackerman Coles, Scotch Plains.

Absent in 1908 and 1909—Dr. Ambrose Tregowan, South Amboy.

Absent in 1909—Dr. Isaac Cramer, Flemington; Dr. Thomas W. Harvey, Orange; Dr. Chas. F. Underwood, Newark; Dr. Ellsmore Stites, Bridgeton; Dr. George A. Van Wagenen, Newark; Dr. Charles Young, Newark.

The excuses of Dr. George E. Reading, of Gloucester, and David Warman, of Mercer, have been received, and will be considered later.

Respectfully submitted,

William H. Iszard, Chairman.

James Hunter, Jr.

Edward F. Denner.

William A. Clark.

Councilors.

Dr. Chandler moved that the report of the Judicial Council be received and placed on file. Seconded and carried.

The report of the Committee on Prize Essays was read by *Dr. Charles J. Kipp*, of Newark, the chairman, as follows:

REPORT OF COMMITTEE ON PRIZE ESSAYS.

The Committee on Prize Essays beg to report that they have received three essays, two of which were received before the expiration of the term set for the reception of the essays, the other some days later. They have carefully considered all, and award the first prize to the essay signed "Observer," and the second to the essay signed "Barnaby Rudge." The essay which was not awarded a prize is one received after the expiration of the term set for the reception of the essays.

I now open the sealed envelopes containing the names of the writers of the essays to whom the prize was awarded, and find that the name of the writer under the nom de plume, Observer, is Dr. E. Moore Fisher, of Greystone Park, Morris County, and that of the writer signing himself Barnaby Rudge is Dr. Floyd McEwen, of Newark, Essex County.

Charles J. Kipp.
David C. English.
Stephen Pierson.

It was moved, seconded and carried that the report be received and the award of prizes be approved.

The report of the Corresponding Secretary was presented by *Dr. Harry A. Stout*, who said that he had attended to all the duties pertaining to his office, answering different communications. One of these was a letter from the New York State Medical Society, asking whether the New Jersey State Society would not unite with them in the publication of their medical directory, which takes in Connecticut, New York and New Jersey. He had written that he would bring the matter before the society for action.

It was moved, seconded and carried that the report of the Corresponding Secretary be accepted.

The report of the Committee on Medical Defense was read by *Dr. William G. Schauflyer*, of Lakewood, as follows:

REPORT OF COMMITTEE ON MEDICAL DEFENSE

Your Committee was appointed three years ago to inquire into methods of medical defense in connection with State Medical societies, and to propose a plan for use in New Jersey. At the annual meeting at Long Branch in 1907 we submitted a report covering the ground according to the experience of the medical societies of other States, especially of New York. This report, after a short discussion, was laid on the table for a year. At the meeting at Cape May last year, the question was taken up and quite thoroughly discussed, and again referred to your committee for a year. It is now before you for the third time.

We refer you to our original report, which still covers the ground as fully as possible.

which contains a very careful resume of the results of medical defense in the States which have adopted it. So far as we know, no State Society which has adopted this plan of protection for its members has had reason to regret it or rescind its action.

In bringing this matter before you for the third time, your committee feels that it has done what it can, and asks to be discharged.

Respectfully submitted,

W. G. Schauffler, Chairman.

It was moved, seconded and carried that the report be received.

Dr. Davis said that he thought the New Jersey Society had treated the New York Society rather discourteously in simply accepting the report of the Corresponding Secretary without taking any action upon the matter that *Dr. Stout* had brought before it.

Dr. Stout said that *Dr. Davis* referred to the letter from the New York Society asking the New Jersey Society to unite with them in printing the directory. They had been printing it for several years at a good deal of expense, hoping for the ultimate support of the New Jersey Society. *Dr. Stout* recommended that the Recording Secretary or himself should be authorized to reply that the New Jersey Society would concur in having the directory printed, and that the members be recommended to buy copies of it. The cost was two or two and a half dollars a year.

It was moved that *Dr. Stout's* recommendation be adopted.

Objection was raised that this would necessitate bearing some of the expenses of publication. *Dr. Stout* said that this was not intended. The society had merely to recommend its members to purchase the directory. The objector still insisted that if such a resolution was adopted the New Jersey Society would have to bear some of the expense. He suggested cutting out the part that says that the society concurs in having the directory printed, and simply say that the society recommends its members to purchase the book.

Dr. Stout made a motion that the matter be referred to a special committee, to report later. The motion was seconded and carried. *Dr. St. John* appointed as this committee *Drs. Stout, Halsey and Chandler*.

Dr. Alexander Marcy, Jr., of Riverton, asked whether the question of medical defense was not to be settled at this time, and whether discussion on it would not be in order.

Dr. Joseph M. Rector, of Jersey City, said that the society was just receiving the

reports of the various committees. The consideration of any recommendations made by these committees would not come under this head, but under that of new business or miscellaneous business.

Dr. Chandler said that it was competent for the society to discuss the recommendations in the report, if it saw fit to do so.

Dr. Marcy made a motion that the recommendations of the Committee on Medical Defense, as presented to the society for the last three years, be concurred in. The motion was seconded.

Dr. Mackenzie asked what the recommendations were. He thought that if the members knew they could speak more intelligently concerning the matter.

Dr. Schauffler stated that the report of the committee had been read twice in detail before the society, and had been published in the Journal four times. It had not seemed necessary to go over it again. Copies of it were in the hands of the secretaries.

Dr. Chandler said that he would be glad to distribute the published copies of the report, which were on the desk, to any members who desired to see them.

Dr. Rector made a motion that action on the report be delayed, and that the matter come up under miscellaneous business. The motion was seconded.

Dr. Marcy said that the question on his motion that the recommendations of the committee be concurred in was before the house. *Dr. St. John* called for a rising vote on this question. *Dr. Schauffler* asked *Dr. St. John* to state that the adoption of *Dr. Marcy's* motion meant that the society had adopted medical defense in malpractice cases. *Dr. St. John* did so.

Dr. Kipp said that he was earnestly in favor of the recommendations, but thought that the matter should be considered further, because many did not know what the recommendations were.

The question was called for, and *Dr. Mackenzie* said that he would vote against it because he did not know what it meant. He called this forced legislation, and said that he might be in favor of adopting the recommendations if he knew what they were.

Dr. Davis agreed with *Dr. Mackenzie*, and said that a count of those in the room would probably show that many present did not know what they were.

Dr. Marcy said that the matter had been before the society so many times and the committee had given it so much considera-

tion that many of the members would be willing to have it settled at once. He had not meant to force legislation, but he said that if the members would not read the Journal or pay attention to the matter when it was discussed, he thought it was of no use to dally on their account, because the committee wanted to be discharged.

Dr. Chandler said that there had been an overwhelming expression in favor of medical defense by men who had considered the question for several years. During the last year, several other States had gone into it, and expressions from these were in its favor. He felt confident that New Jersey would be satisfied with it, and that the society would gain in effectiveness by adopting it.

Dr. T. N. Gray, of East Orange, said that, as a member of the Committee on Medical Defense, he did not think it was fair to make them work any longer. They had worked on the question for three years already, and felt that it was not their fault if the members did not know about their recommendations. They had done their part. The thing, in a nutshell, was that the society simply purposed to enter into the defense of any member in good standing accused of malpractice. The society would get behind him with counsel and protect him against those who might try to blackmail him.

Dr. Norton L. Wilson, of Elizabeth, said that as his name appeared in the records of a former meeting as opposing this measure, he thought it was his duty, as well as his pleasure, to state that he was in favor of settling the question. Having gone carefully over the ground, his county society, which had instructed him to vote against it two years ago, had changed its views and had decided to vote in favor of the measure.

Dr. St. John put the question on *Dr. Marcy's* motion, and it was carried decisively by a rising vote.

It was moved and seconded that a vote of thanks be extended to the Committee on Medical Defense and that the committee be discharged. Carried.

The report of the Committee on Publication was read by *Dr. Chandler*, as follows:

REPORT OF COMMITTEE ON PUBLICATION.

In making its fifth annual report, the Committee has mainly to repeat the previous announcements of improvement and enlargement of the Journal and a growing preference for the

monthly journalizing rather than for the annual volume of transactions.

We are now issuing a journal which ranks high among the State journals. It is commended for its original papers, its judicious editorials, its interesting extracts from other journals and its general style and appearance. We have nothing to be ashamed of in our Journal, and the comments which come voluntarily from our own members and from sources outside of our State cause us to feel that the Journal of the Medical Society of New Jersey is emphatically a success.

The volume just closed contains 690 pages of reading matter and 140 pages of advertising, a total of 830 pages. Last year we increased the Journal by nearly thirty per cent. This year we have made a little greater increase, and have added about 31 per cent. of reading matter. The advertising matter remains the same. If we look back and compare with our first year we find that Volume V. is 100 per cent. larger than Volume I.

This addition in size is, of course, accompanied by an increase in cost. Our expenses have been as follows:

Printing and issuing Journal	\$2,025.45	
Postage	65.30	
Editor's salary and expenses	652.58	
Sundries	135.47	
		\$2,888.80

\$2,888.80 \$2,888.80

Our receipts have been as follows:

Advertisements	\$1,427.64
Sales and special subscriptions	23.65

\$1,451.29 \$1,451.29

Net cost of the Journal for the past year..... \$1,437.51

This amount is paid out of the annual assessments, which include a year's subscription to the Journal.

This is more than the cost of the Journal for the previous year, but we must take into consideration not only the increased size of the Journal, but also the fact that during the past year the prices of labor, paper and printing have been raised on an average 33 1-3 per cent. We have had also to make two changes in our printing houses owing to the disturbances in the labor market, and in order to avoid as far as possible increasing the expenses of publication. We wished to maintain the general character and style of our Journal as to paper, type and workmanship, and yet escape any unnecessary expense. This we feel sure that we have done.

The amount received from advertisers is practically the same as that received the year before. Your Committee has often asked that the individual members seek to increase the number of our advertising patrons. We do not desire to unduly solicit trade nor to be conspicuous for the great number of our advertising pages, but we would like to receive enough from this source to meet the running expenses of the Journal. We are convinced that this could easily be done if the members generally would bear it in mind, and on suitable occasions and in a proper manner suggest our Journal as the proper medium to present the claims of the various drug firms, motor car manufacturers,

instrument makers, publishing houses, etc., whose representatives continually solicit our patronage. We naturally feel more favorably inclined towards those firms which use our columns, and their agents thereby gain a favorable introduction to the medical men of this State. A little thought on the part of our members would undoubtedly place considerable advertising business in our hands. Almost all of the advertisements we now present have been obtained by the personal efforts of a single member of this Society. A little assistance from the 1,300 members of the Society would secure a very decided increase in the number of our advertisers.

The advent and cordial reception of the State journals in their respective States has diminished the circulation of many of the outside regular journals. Many persons who formerly took several journals now take only two—their State Journal and one other. Indeed many see only one—that issued by their State Society. It is therefore necessary that to make this a comprehensive journal, it should present not only the literary contributions of its membership, but it should make free excerpts from the best papers presented in other journals. The opinions of the lay press should not be neglected. We must seek its aid in forming and controlling public opinion, and we should in turn let our readers know how much or how little our efforts are appreciated.

In connection with this enlarged field of usefulness for our State Journal comes a very pertinent thought. In our State we have no small number of able writers. But they do not all send their papers to their State journal. The reason generally assigned for this is that they desire a wider diffusion of their views than the limits of their own State. We would not assert that they necessarily are seeking personal distinction, but rather that they wish more of the profession to become acquainted with their views or discoveries. In this they are somewhat mistaken. There are two methods by which these valuable papers may get a wide spread circulation even though published in a State journal. First—All State journals have an extended system of exchanges, and anything of merit appearing in one journal is abstracted or noted in the others. Especially is this so with the Journal of the A. M. A. in its "Current Medical Literature" columns, where it gives abstracts from or references to most of the important papers published in this and other countries. This combined with its detailed index published every six months gives a compact "Index Medicus" to most of the medical literature of the world. Second—If a writer desires to give full and immediate distribution of his views he can obtain a reprint of his article at a reasonable amount and circulate it where it will do the most good. We have recently obtained some concessions from the publishers, who will furnish reprints at lower rates than formerly. We trust that a spirit of loyalty to their State journal will prompt all our writers to give preference to their own Journal.

We have spoken of the Journal and its success. We cannot close this report without saying a word in appreciation of the services of the one to whom that success is largely due—our editor, Dr. David C. English. Few who

are not closely associated with him are aware of how large an amount of his time is devoted to the preparation of our Journal. But his able and untiring efforts to make this monthly message something more than a collection of papers and items of news, as shown in his pertinent and judicious editorials, have won meritorious comments from other editors, and have placed our publication in the front ranks of the State journals of this country. This Society is under a debt of gratitude to its faithful and devoted editor.

Charles J. Kipp,
Ellis W. Hedges,
Wm. J. Chandler,
Chairman.

It was moved, seconded and carried that the report be accepted and approved, with thanks to the committee and editor for their excellent work.

The report of the Committee on Hygiene and Legislation was read by *Dr. Luther M. Halsey*, as follows:

The Medical Society of New Jersey.

Your Committee on Medical Legislation begs to herewith submit its annual report.

In January of this year the chairman of the committee attended the meeting of the National Committee on Legislation which was held in Washington. The matters under consideration by this council were the Navy Medical Reorganization bill, which would place the medical corps in the navy on the same footing as that branch in the United States army, bills then pending in Congress on public health in marine hospital service, measures relating to the Federal and State regulation of public health and relief measures for the surviving families of persons who have died in the medical service of the country. Considerable time was given to the question of uniform regulation of the practice of medicine by the different States, uniform regulation of vital statistics, uniform State laws on food and drugs, the attitude of the Roosevelt administration in appointing a commission for the purpose of reviewing and overriding certain findings of the governmental agencies lawfully established for the interpretation and investment of the National Pure Food and Drugs act, and, lastly, the general question of expert medical testimony. While very few of these questions were definitely settled it is the intention of the council on legislation to further place these measures before Congress, and in the other matters referred to, that model bills or regulations shall be submitted to the several State societies for their approval, and if possible enactment into laws. There is undoubtedly a growing demand on the part of the medical profession and the laity that some steps should be taken by physicians for proper regulation of medical expert testimony. The council appointed special committees to investigate these matters, and to report at the next meeting of the council in 1910. The chairman of your Legislative Committee had the honor to be made chairman of this committee, and he will be very glad to receive any information on this subject which will be of assistance in properly formulating any measure to be presented to the council.

At the session of the American Medical As-

sociation held in Atlantic City, New Jersey was represented by its three members to the house of delegates for the first time for several years, and we are very glad to report to you that we succeeded in electing an ex-president of our State Society, and the chairman of its Board of Trustees to the office of second vice-president of the American Medical Association. I refer to Dr. Charles J. Kipp.

The many officers of the public health and marine hospital service who have died in battle, or afterward as a result of disease, or for the sanitary welfare of the nation in the past, offer an example of the dangers surrounding the men who thus risk their lives in the defence of their country. Only recently Past Assistant Surgeon W. M. Wightman sacrificed his life in Equador while striving to prevent the entrance of a dreaded disease into the Canal zone. Men who thus give the best labor of their years, who constantly jeopardize their lives, and who forget the comforts of settled existence to the end that their fellow citizens may dwell in security from foreign disease foes, are entitled to the best that the nation can afford them in the way of protection, pay, promotion and advancement. This is the least that we can offer them. They are working not only for our bodily but economic welfare, and in addition to these things

which we can give them for their personal comfort, we should also provide for them an adequate number of men trained in the art of fighting disease, so that in the future they may take the field fully equipped to stamp out an epidemic before it has reached dangerous proportions or interferes with commerce; when a disease has gained headway in a community there is no time for temporizing. Disease must be crushed at its inception before its ravages become widespread. Only trained men can do this. Let us create a force in times of comparative sanitary peace which can meet such emergencies when they arise. If a mobile force of trained sanitary workers were made a permanent part of the nation's defence against disease, any epidemic outbreak could be quelled in half the time required under the present methods. These things are what we hope to accomplish if able to establish a bureau of public health with a Cabinet officer. These things are what the late lamented Dr. Carroll stood for; a modest man, one of God's noblemen, whose frame was shattered and weakened by the dread of yellow fever, who was offered up as a sacrifice that this dread malady might be conquered.

Let us urge with all our might that Congress shall properly provide for the widow and orphans of this hero and finally let us aid by contributing to pay off this mortgage that they shall have a home. Contributions may be sent to Major Ireland, War Department, Washington, D. C.

Your Committee on Legislation had several conferences before the opening of the Legislature, and with its attorney practically mapped out a bill which we decided to put in shape to be introduced into the Legislature, which would control the osteopathic situation, and which, we trusted, would meet with the approval of the profession throughout the State. After getting this in partial shape we decided to call together the auxiliary medical legislation committees of the State in conference, at which time the Hudson and Essex County members presented a bill

which, they said, met with the entire approval of the physicians of the State. It was based on the present law in force in the State of New York.

One reason why we decided to call the legislative committee of the county societies together was that we thought it desirable to incorporate a broader and more explicit definition of the practice of medicine. At that conference our attorney was instructed to make a bill as presented by the Hudson and Essex County delegation to conform with the present medical law in this State, and then your committee was instructed to introduce it. This was done through the courtesy of Senator Joseph S. Frelinghuysen, and by his exertions passed the Senate by a safe majority. When the bill was sent to the House our trouble seemed to commence. The Pharmaceutical Association of New Jersey were informed that the bill was a direct blow to their prescribing in a case of emergency, or where their patrons asked them to prescribe for slight ailments. After conference they were satisfied that there was no intention on the part of the medical men to interfere with the legitimate pharmacy. The Mercer County Pharmaceutical Association was not satisfied and we made some slight change. Then a marked opposition developed from the Christian Scientists. After the incorporation in our bill of the clause in the New York bill of not interfering with the religious tenets of any church they apparently were satisfied. But your committee is convinced that these people of the Mercer County Pharmaceutical Association worked for the defeat of our bill. Two of the most serious factors in the defeat of our measure were the complete change of front of the majority of the Hudson County delegates, and the action of the medical profession throughout the State in telling their members that we did not want any legislation. These two things in conjunction with the fact that many members had not been spoken to in reference to our bills, and the change of front of the administration with the influence that they were able to bring to bear upon members of the Legislature is our excuse to you why we cannot report that a measure has been enacted to meet with the hearty approval of the profession and to dispose of the vexing question which has been a serious thorn in our flesh for several years. It was a great disappointment to your committee after having had a conference with the Governor in which he expressed a very strong desire to uphold the present high standard of medicine in this State, that when we introduced measures which would keep us on that high plane to find out that he was not in favor of our bill. During the session three osteopathic bills were introduced. The osteopaths were granted a hearing on one of these, in which our side was ably represented, and clear logical arguments from our point of view were presented. One of these bills was reported to the committee, and the other passed second reading. The third bill was introduced to the Senate by Senator Hillery to register osteopaths with the Secretary of State, was on the calendar for final passage and was only disposed of by the heroic work of Senator Frelinghuysen. While your committee feels that it has many friends among the members of the Legislature, particular mention must be made

of the work of Senator Frelinghuysen, who has always been our strong champion, and ever ready to endorse and work for any measures for which the medical men of the State stood sponsor. In the House we must mention the good work of Mr. Smalley, of Somerset, and Mr. Baker, of Hudson, also Mr. Crosby, of Ocean. These men were true as steel to the physicians to the last. There was a marked opposition to all of our bills during the session from Essex County which has always seemed to be particularly favorable to osteopathy. This measure has invariably been championed by the new idea politicians. Whether these two symptoms are always placed in this new disease your committee was unable to determine. More careful study of the malady undoubtedly will reveal it.

Your committee has repeatedly called to your attention the necessity of interviewing candidates for the Legislature before election or before the primaries, obtaining from them a concise statement of their position, and, if they are opposed to our measures, using all our influence to secure their defeat. This will have a marked effect upon the future conduct of politicians. An object lesson of this character would do more for our cause than any pressure we can bring to bear after their election. This plan has been adopted in several States with most excellent results. Three bills we tried very hard to pass were defeated. The bill for the reorganization of the State Board of Health was given to us very late for introduction. We found it impossible to get any Republican to introduce this, owing to the fact of his being fearful of his standing with the administration. It was introduced by Mr. Baker and never reported by the committee. While your committee heartily favored that measure, yet we deem it advisable to call your attention to the fact that there was a growing sentiment at Trenton and in various parts of the State that it would only be just and honorable to try the new board out. Should they not make good it would be more easy to enact the proposed law. We suggested, however, that the present board be enlarged by adding three physicians, by making some changes in the present law, adding some of the features of the proposed bill, and incorporating these in a bill to be introduced next winter. This, at least, would improve things, and possibly be an entering wedge for what we are striving. Your committee feels that it is only just to the members of the present State Board of Health to say that they are courteous and very anxious to do all in their power to improve the sanitary conditions in the State. Our midwifery bill was not approved by the Governor because of something that did not exist. He contended that our new law would interfere with some of those already in practice. We attempted to show him that they were already licensed, and the bill would not affect them at all.

We introduced a bill legislating out of office the Bovine Tuberculosis Commission, transferring their duties to the State Board of Health, the proper place. In the administration of the old law the farmers were against us, and we failed. This measure is so important a factor in the fight against tuberculosis that such a law must be enacted. The increase of tuberculosis in cattle, the fallacy of the old method of examination of cattle and the fact of a board being

in existence and not knowing its duties and powers were arguments enough for its abolishment. We assisted in passing several important measures, as follows: Dr. Coit's Medical Milk Commission bill; a measure giving an appropriation of \$1,500 to the New Jersey Association for the Prevention and Relief of Tuberculosis, to be used in educational work; a bill to prevent the pollution of streams; also a measure requiring notices to be sent to the State Board of Health in twelve hours after the diagnosis has been made of any case of diphtheria, typhoid fever, and dysentery, scarlet fever or tuberculosis occurring on any dairy supplying milk to the public; an act to secure the purity of the public supplies of potable waters; an act to make the Pure Food and Drugs act more efficient and stringent; a bill preventing the pollution of the Maurice Cove oyster beds; a measure for the medical inspection of schools. A bill to create a board of optometry was defeated, also one that gave certain persons special rights in coming before the Board of Medical Examiners. While we do not feel that our work has been in vain, it is far from what we should have accomplished. The midwifery bill should have been passed, as it would have been a most potent factor in reducing the septic cases following labor, and in helping to wipe out that dread malady of children, ophthalmia neonatorum, which is causing almost 40 per cent. of the cases of blindness in children today. In reference to the Bovine Tuberculosis bill, and the bill for the reorganization of the State Board of Health, the antagonism of the administration, the subsidizing of the press at the Capitol, and in the northern part of the State, and the inaction of the medical profession are the most potent causes of our failure.

While your committee wishes to return thanks for the excellent support that they received from some sections of the State, yet we are satisfied that if the rank and file of the medical profession had joined hands to a man we would have been able to report that we had accomplished very much better results than we are able to show you. A careful poll made of the Assembly on three different occasions showed that we had sufficient votes to pass our bill, but a bad break made by a physician who interviewed the speaker and said that the committee was ready to have the bill brought out at a certain time, when we had made all the arrangements for it to come to a final vote later was a factor in its defeat. Nevertheless, men who had positively promised us to favor our bill, voted against us, many shirking the vote altogether, and their action was from very marked and strong influences at work to accomplish this end. The fact that Pennsylvania has passed a bill appointing a board of osteopathic examiners will make our task more difficult next winter. But if we start out at once on a systematic plan of education, know definitely where the candidates to the Legislature stand before election, and determine to defeat them irrespective of party affiliation if they are against us, supplying proper articles for the press clearly demonstrating that our only aim is the protection of the public and the enactment of better medical and sanitary laws, we will have secured a strong position and be more likely to accomplish our purposes. The press of South Jersey is with us in all these matters. The radical and

unjustifiable opposition comes entirely from the State Capitol and the northern part of the State. There are numerous measures to which your committee feels that your attention should be called at this time. The society should take more active interest and special committees should be appointed to assist in developing the work of the campaign of tuberculosis. We have taken several important steps in this direction, but we have not persisted in the good work. The medical inspection of schools should be carefully considered. Many members of the society realize this, and most excellent work has been done by the new State Sanitary Association, but we as an organization have not been active in pushing this very vital matter. As New Jersey is so rapidly providing homes for many New York and Philadelphia people, it is necessary for us to bring our sanitary conditions up to the highest possible standard. We as an organization should be in the front to do all in our power to develop and enforce the sanitary measures of the State. We feel that the time has arrived in which this society should take steps to present the facts regarding the normal sexual hygiene. Women suffer diseases and sterility in silence and in ignorance that the cause is often the double standard of morals that admits of male license. It requires females to be pure. Much can be accomplished if the laity, male and female, be authoritatively informed of the need of early instruction in the home, especially regarding nature's laws, and later as to her demands for purity in both sexes. Thus only will the health of the community be safeguarded. We must as an organization take a strong stand for the suppression of sexual diseases.

Your committee desires to call attention to the necessity of placing active men only on the auxiliary legislative committees, and continuing them in service. Men become familiar with the work, and old ones with experience can do better work each succeeding year. It is absolutely necessary that we become active at once if we hope to control the situation for the coming year. Have your legislative committees develop a campaign which will educate the laity. Bring to your assistance professional men. If every honest endeavor be employed to convince your candidates for the Legislature that your aim is high and that your sole idea is the betterment of the public, and for the eradication of diseases, our chances will be materially improved.

The chairman of the committee wishes to take this opportunity to personally thank the loyal body of men who have so nobly stood by him in all his endeavors to uphold the high standard of medicine in the State of New Jersey. He knows, better than any one else, of the many sacrifices they have made from time to time to go to Trenton and give their ablest assistance to the Committee on Legislation. They are deserving of the thanks of the entire profession throughout the State. To his fellow members of the committee he desires to personally express his thanks for their devotion and loyalty. He is well aware how honestly and sincerely they have striven for the upbuilding of the profession, for the passage of those measures in which we are all so much interested, and for the prevention and enactment of any law which would be inimical to public interests and lower

the present high standard of medicine. They have been more than loyal to the profession and deserve all the praise which can be given them. While to us it may seem somewhat unkind to single out some particular persons on the committee for special praise, I wish to say that Drs. Davis and Bennett, during practically all the time of the session for several years past, have always been present. They have been untiring workers, many times staying until the small hours of the morning, working to the best of their ability to assist in the passage of measures which would almost become second nature to your committee. I trust that you will give to them the proper measure of thanks because they have been loyal to the call of the Medical Society of New Jersey.

Dr. D. C. English made a motion that the report be accepted, and that a committee of nine be appointed by the chair to consider the propriety of drafting a medical bill—this special committee to work in cooperation with the regular Committee on Legislation and, if the way seemed clear to that committee, to report a bill for the future consideration of the society. *Dr. English* stated that he had made the number large (nine) because it was very important that the different sections of the State should be represented on it; so that whatever legislation might be undertaken in reference to the medical law in the coming session of the Legislature should represent the unanimous action of the profession of New Jersey. For success, the members must be united. He said that lack of harmony had resulted in increased expense to our society; it had also cost much in time and money not only to our committee, but also to the large number of our members from different parts of the State who went to Trenton several times to assist the committee, but, what was far worse, it prevented the full victory which united effort would have won.

The motion was seconded by *Dr. Wilson*, who proposed an amendment to it, that the thanks of the society be extended to the Legislative Committee for its work during the year. *Dr. English* accepted the amendment.

Dr. H. H. Davis said that he hoped that the society would adopt the motion of *Dr. English* unanimously. Had it not been made by *Dr. English*, he (*Dr. Davis*) would have made it, as he had already spoken to *Dr. Halsey* along that line. He said that those who had been constant visitors at Trenton would be glad to have such a measure adopted by the society, as it would prevent members of the Legislature, when asked for their support, from saying that their doctor does not want any legislation.

Some of them said that the bill presented last year was a most infamous one. It did not exactly please Dr. Davis, and he thought that a better one could be framed—if not in its entirety, at least so that the Legislative Committee with the aid of an attorney, could alter it so as to have a first-class bill to present to the Legislature. He thought that it was time some one else was put on the defensive. The society had been so for years. He wished the Legislative Committee to take the bill before the Homeopathic Medical Society, who were in hearty accord with the movement. It would, he said, assist the committee to know that the whole medical profession of New Jersey was at its back and would assist to get votes to pass the bill. When each doctor goes to Trenton with different ideas, concerted action is impossible and nothing is accomplished. He considered it the time and place to settle the matter permanently, and next year the society would be able to put up the sign "Success."

Dr. Theodore F. Livengood, of Elizabeth, heartily endorsed the measure proposed by Dr. English and seconded by Dr. Wilson. He said that pilgrimages had been made by physicians to Trenton every year—four or five in the year just past. All had been fruitless, and the doctors had become the laughing stock of the Legislature, who said that they did not know what they wanted. They would say: "My doctor says that no legislation is necessary." The committee should be able to go to Trenton knowing what they want and supported by the endorsement of the entire medical profession of New Jersey..

Dr. Rector said that those who had borne the heat and burden of this legislative work knew what it meant, and gave it as his opinion that those without experience would be unable to ferret out the intricacies of these bills. He thought that if any man accepted a nomination for this special committee, he should have it understood that he was willing to carry out the fight at Trenton.

The motion of Dr. English was put to a vote and carried unanimously.

Dr. Davis said that Dr. English had not said that the committee should report at the present annual meeting.

Dr. English said that he had meant to have them report later during the meeting, if possible, but their work will require much deliberation.

The report of the Board of Trustees was read by *Dr. English*, as follows:

REPORT OF THE BOARD OF TRUSTEES.

The Board held a meeting in Trenton in February last to hear the reports of the Committee appointed at the last annual meeting to prepare a bill for introduction in the Legislature providing for a State Department of Health, and also the report of the Committee of Investigation in the Atlantic City controversy, as the Society had referred these matters to the Board of Trustees for action. Dr. English, chairman of the first named committee, reported the bill that had been prepared, when on motion it was approved and referred to the Committee on Legislation, which Committee was requested to have it introduced, and, if possible, secure its passage. In the absence of Dr. McGill, Chairman of the Investigation Committee, Dr. English presented a report of progress, giving an outline of what had been done, when it was ordered that the Committee continue the investigation, and Dr. E. J. Ill was added to the Committee.

The Board has also held two meetings this week, Tuesday evening, June 22d, being the annual meeting. Dr. C. J. Kipp was re-elected Chairman, and Dr. D. C. English was re-elected Secretary. Treasurer Mercer presented his annual report, which showed cash balance on hand of \$3,821.33, also bonds on hand which cost \$2,671.25. Total, \$6,492.58. Drs. Marcy and Godfrey were appointed to audit the treasurer's accounts; they subsequently reported that they had done so and found them correct.

Dr. C. J. Kipp, Chairman of the Prize Essay Committee, reported that three essays had been received, and that the Committee had awarded the two prizes, the first of \$100 and the second of \$50, according to the offer, and recommended that the \$150 be appropriated from the funds of the Society for that purpose, when on motion the appropriation of \$150 was made.

Dr. W. J. Chandler, Chairman of the Publication Committee, presented the annual report of the Committee, which showed the total amount paid out on the Journal account was \$2,888.80, and the total receipts from advertising and sales of the Journal was \$1,451.38, showing the net cost of the Journal for the year to have been \$1,437.50. The Committee was thanked for their faithful work; it was ordered that a copy of the Journal be sent to each daily newspaper in the State with request for an exchange.

Dr. English was reappointed editor of the Journal for the coming year, at the same salary and allowance for expenses as last year.

Dr. L. M. Halsey, as Chairman of the Committee on Legislation, presented his report, which was accepted and discussed, and on motion the expenses of the Committee were ordered paid on presentation of bill, and its approval by the Committee on Finance.

Dr. McGill, Chairman of the Investigating Committee on the Atlantic City matter, reported that the Committee is decidedly of the opinion that no further investigation by this Committee is advisable, and they request that the Committee be discharged. The Committee, however, recommends that the matter be referred to the Atlantic County Society for consideration, with the expression of the earnest

desire of the Board of Trustees that for the benefit of all the members of that Society and the good of the profession at large, the differences existing among its members shall be adjusted in a spirit worthy of so honorable a profession.

It was on motion resolved that two prizes be offered for essays the coming year of \$100 and \$50, for the first and second awards respectively, and that the Committee on Prize Essays be authorized to select the subject and state the conditions of awards.

The following resolution was unanimously adopted:

The members of the Board of Trustees of the Medical Society of New Jersey being in a position to know the immense amount of time that has been given freely for several years by our Secretary, Dr. William J. Chandler, as Secretary of the Society and Chairman of the Publication Committee, and by Dr. Luther M. Halsey, as Chairman of the Committee on Hygiene and Legislation, are deeply impressed with the conviction that some adequate expression of our recognition and deep appreciation of the services rendered the Medical Society of New Jersey by these, its faithful servants, should be made. We, therefore, recommend to the Society that as a slight token of recognition and appreciation of the services rendered, the Society present to each of these gentlemen an honorarium of two hundred and fifty dollars; and we also recommend that thanks be extended to the many other members who have given much time, at considerable expense, to the work of the Legislative Committee.

The chair appointed as the Committee of Finance for the coming year: Drs. D. C. English, Chairman; Henry Mitchell, Edward J. Ill and W. J. Chandler, and their appointment was confirmed by the Board.

Bills for the expenses of the Secretary and members of the Investigating Committee were ordered paid.

David C. English,
Secretary.

Dr. Mackenzie made a motion that the report be accepted and its recommendations adopted. The motion was seconded and carried unanimously.

The report of the Treasurer was read by Dr. Archibald Mercer, of Newark, as follows:

REPORT OF THE TREASURER.

Dr. A. Mercer, Treasurer, in account with the M. S. N. J.

Dr.

1908-9.		
June	8—Essex Co. additional payment for 1908.....	\$16.00
"	8—Bergen Co. additional payment for 1908.....	10.00
July	1—Interest, Bond North Pac., Grt. North., C., B. & Q. coll.....	10.00
"	1—Interest, Bond, Chicago & Alton.....	17.50
"	1—Essex Co. additional payment for 1908.....	2.00
"	1—Committee on Entertainment	3.20

Aug.	1—Interest, Bond N. Y. C., Mich. Cent. coll..	17.50	
"	1—Essex Co. additional payment for 1908.....	6.00	
"	1—Burlington Co. additional payment for 1908	2.00	
"	1—Bergen Co. additional payment for 1908.....	4.00	
Oct.	1—Interest, Bond, North Pac., Grt. North., C., B. & Q. coll.....	10.00	
"	1—Essex Co. additional payment for 1908.....	2.00	
Nov.	9—Atlantic Co. additional payment for 1908.....	10.00	
Dec.	2—Camden Co. additional payment for 1908.....	2.00	
"	14—Mercer Co. additional payment for 1908.....	2.00	
1909.			
Jan.	1—Interest, Bond, North Pac., Grt. North., C., B. & Q. coll.....	10.00	
"	1—Interest, Bond, Chicago & Alton.....	17.50	
"	1—Camden Co. additional payment for 1908.....	2.00	
"	1—Essex Co. additional payment for 1908.....	18.00	
"	1—Essex Co. additional payment for 1908.....	2.00	
"	30—Middlesex Co. additional payment for 1908	1.00	
Feb.	1—Interest, Bond, N. Y. C., Mich. Cent. coll..	17.50	
"	10—Essex Co. additional payment for 1908.....	8.00	
"	10—Somerset Co. additional payment for 1908..	4.00	
Mar.	—Cumberland Co. additional payment for 1908	3.00	
April	1—Interest, Bond, North Pac., Grt. North., C., B. & Q. coll.....	10.00	
"	6—Essex Co. additional payment for 1908.....	2.00	\$209.20
May	18—Atlantic Co. assessment	102.00	
"	18—Bergen Co. assessment	86.00	
"	18—Burlington Co. assessment	78.00	
"	18—Camden Co. assessment	180.00	
"	18—Cape May Co. assessment	40.00	
"	18—Cumberland Co. assessment	72.00	
"	18—Essex Co. assessment	614.00	
"	18—Gloucester Co. assessment	46.00	
"	18—Hudson Co. assessment	378.00	
"	18—Hunterdon Co. assessment	48.00	
"	18—Mercer Co. assessment	136.00	
"	18—Middlesex Co. assessment	86.00	
June	18—Monmouth Co. assessment	74.00	
"	18—Morris Co. assessment	100.00	
"	18—Ocean Co. assessment	40.00	

June 18—Passaic Co. assessment	202.00	
“ 18—Salem Co. assessment	42.00	
“ 18—Somerset Co. assessment	52.00	
“ 18—Sussex Co. assessment	32.00	
“ 18—Union Co. assessment	160.00	
“ 18—Warren Co. assessment	42.00	
	<u>42.00</u>	\$2,610.00
		<u>\$2,819.20</u>
Cash balance in bank June 2, 1908		5,244.75
Bank interest on daily balance..		42.94
Error in bank deposit credit (Aug. 6, 1908).....		.10
		<u>\$8,106.99</u>
\$1,000 Bond, North. Pac., Grt. North., C., B. & Q. coll., 4 per cent., cost \$972.50		
\$1,000 Bond, Chicago & Alton, 3½ per cent., cost	786.25	
\$1,000 Bond, N. Y. C., Mich. Cent. coll., 3½ per cent., cost.....	912.50	
		<u>\$2,671.25</u>
		<u>\$10,778.24</u>

1908-9.

Cr.

June 2—Dr. W. J. Chandler, Com. Publication.....	\$31.66
“ 8—Dr. W. J. Chandler, Com. Publication.....	132.18
“ 22—Dr. T. W. Harvey, Councillor	12.90
“ 22—Dr. W. H. Iszard, Councillor	5.45
“ 22—Dr. Philip Marvel, Councillor	21.27
“ 22—Dr. A. Mercer, Treasurer	18.97
“ 22—Dr. E. Hollingshead, overpaid assessment..	1.00
“ 22—Dr. E. J. Marsh, Jr., Scientific Com.....	7.37
“ 22—St. Louis Button Co., badges	26.50
“ 22—Dr. T. N. Gray, first prize essay.....	100.00
“ 22—Dr. Floy McEwen, second prize essay...	50.00
“ 26—Dr. D. C. English, Secy. Board of Trustees	6.53
“ 26—Dr. W. J. Chandler, Program Com.....	33.75
July 1—Dr W. A. Clark, Councillor	2.96
“ 2—Dr. W. J. Chandler, Com. Publication....	181.50
“ 2—Dr. W. J. Chandler, Program Com.....	7.50
“ 2—Dr. W. J. Chandler, Secretary	138.22
“ 2—Dr. W. J. Chandler, for Scientific Com....	15.00
“ 9—Dr. Luther Halsev, Lgislative Com.....	450.00

July 10—Dr. Daniel Strock, Corresponding Secy..	15.05
“ 10—Dr. Daniel Strock, Com. Arrangements..	36.00
“ 10—Dr. W. J. Chandler, for Scientific Com....	53.70
“ 13—Fidelity & Casualty Co., treasurer's bond.	15.00
“ 15—Dr. W. J. Chandler, Com. Publication....	150.96
“ 15—Dr. W. J. Chandler, Secretary	33.44
“ 15—Dr. W. J. Chandler, stationery	14.25
Aug. 7—Miss L. Gay, stenographer	75.00
“ 7—Dr. W. J. Chandler, Com. Publication....	300.00
Oct. 1—Dr. W. J. Chandler, Com. Publication....	185.82
“ 6—Dr. W. J. Chandler, Secretary	60.35
“ 1—Dr. W. J. Chandler, Com. Publication....	211.55
“ 24—Dr. W. J. Chandler, Com. Publication....	141.70
Dec. 10—Dr. W. J. Chandler, Com. Publication....	308.65
“ 24—Dr. W. J. Chandler, Com. Publication....	116.64
1909.	
Jan. 6—Dr. W. J. Chandler, Com. Publication....	173.32
“ 6—Dr. W. J. Chandler, Secretary	67.00
“ 6—Dr. W. J. Chandler, Com. Publication....	206.99
Feb. —Dr. W. J. Chandler, Com. Publication....	155.34
Mar. —Dr. W. J. Chandler, Com. Publication....	150.23
April —Dr. W. J. Chandler, Com. Publication....	314.45
“ —Dr. W. J. Chandler, Secretary	79.70
May —Dr. W. J. Chandler, Com. Publication....	160.60
“ —Dr. W. J. Chandler, Com. Program.....	17.16
	<u>\$4,285.66</u>
Cash balance in bank June 1, 1909	3,821.33
	<u>\$8,106.99</u>
\$1,000 Bond, North Pac., Grt. North., C., B. & Q., coll., 4 per cent., cost \$972.50	
\$1,000 Bond, Chicago & Alton, 3½ per cent., cost	786.25
\$1,000 Bond, N. Y. C., Mich. Cent., coll., 3½ per cent., cost.....	912.50
	<u>2,671.25</u>
	<u>\$10,778.24</u>

Dr. Kipp made a motion that the Treasurer's report be received and take its usual course. The motion was seconded and carried.

The report of the Recording Secretary

was read by *Dr. William J. Chandler*, as follows:

REPORT OF THE RECORDING SECRETARY.

No remarkable changes have occurred in the membership of the society during the past year. Some of the component societies report gains and others report losses—the former just about equalling the latter—so that our membership to-day is practically the same as that of a year ago. No county society shows such a large increase as that reported by Hudson last year. The greatest gain was made by Bergen, which added 10 to its list of members in good standing. The greatest loss was sustained by Mercer, which falls 7 short of its last year's membership. Some societies have received many new members, but the losses by death, removals and delinquencies have prevented any aggregate gain. Essex received 35 new members, but this gain is offset by a large delinquent list.

This subject of delinquency is one to which your attention has often been called and is of great importance to every county medical society. If we look for the cause we seldom find it to be financial inability or to unprofessional conduct. It is almost invariably due to one of two things—First, negligent or procrastinating habits, or, second, to lack of interest. Most members intend to pay their dues, but, failing to do so at the annual meeting, the matter drops from their memory and when their secretary makes his final report their names are still on the delinquent list. An efficient secretary or treasurer will notify these delinquents once, twice or more times and often with good results; but if they are the victims of a procrastinating habit, these reminders are put off till a more convenient season and with damaging effect on the totals in the list of members in good standing.

Lack of interest in the county society is a more serious cause of delinquency and it is fitting that we should remind ourselves as well as others of the several advantages of county society membership. We may briefly summarize these advantages as follows: It brings the medical profession of the county together into a compact organization; it tends to promote mutual respect and unity of sentiment; it builds up social intercourse and thereby prevents envy, jealousies and local dissensions; it is a stimulus to scientific research and in many instances is the nucleus of a post graduate school; through it the profession may exert a powerful influence in sanitary matters; and it educates the public to respect the medical profession for its intelligent and self-sacrificing work for the benefit of the community. And when in addition to all these advantages it offers the only means of membership in the State Society and thereby in the American Medical Association, carrying with this a paid subscription to the *State Society Journal* and, after this meeting, we can also add the great advantage of defense in medical malpractice suits, it seems that there should be inducement enough for every physician eligible to membership in the county to have his name enrolled in the list of members who have paid their dues and are otherwise in good standing in the county medical society.

At the close of our last meeting we had 114 names in the list of permanent delegates. Three have since died—Drs. D. McLean Forman, of

Freehold; Levi Farrow, of Hackettstown, and Alonzo Pettit, of Elizabeth. One, Dr. W. Duncan Blake, of Camden, has removed to Cape May County, giving up his membership in Camden County Medical Society. In accordance with the constitution, his name after this announcement is removed from the list of permanent delegates.

The following nominees for permanent delegates have presented their certificates to the society and have been elected at this session:

Henry H. Davis and Howard F. Palm, of Camden County; William S. Disbrow, Wells P. Eagleton and Thomas N. Gray, of Essex County; John J. Baumann, John J. Broderick, John J. Mooney, William P. Watson and August A. Strasser, of Hudson County; John G. Wilson and A. Clark Hunt, of Middlesex County.

The following have not as yet presented credentials: George H. McFadden and James W. Proctor, of Bergen County; Henry H. Brinkerhoff and Henry Spence, of Hudson County; Ralph R. Jones, of Ocean County; Francis H. Todd, of Passaic County; Ellis W. Hedges, of Union County. Their election is, therefore, postponed.

The following have been excused for two successive absences: Herman C. Bleyle, Charles F. Underwood and Richard P. Francis, of Essex County; J. Ackerman Coles, of Union County; G. Wycoff Cummins, of Warren County. The following are excused for absence from this session: Thomas W. Harvey, Essex County, and Ambrose Treganowan, South Amboy.

Attention is called to the fact that permanent delegates are not elected, but only nominated by their county societies. They are elected by the State Society. When, therefore, they wish to resign, their resignation should be presented to the State Society. After it is accepted a vacancy is created and only at a subsequent meeting can it be filled. Again in the case of the death or removal of a permanent delegate a formal course of action is prescribed in the constitution by which a vacancy can be declared and filled. The death of a permanent delegate does not of itself confer on the county society the right to fill the vacancy. A formal notice of such death must be sent to the recording secretary and he in turn must notify the county society, through its secretary, of its right to fill the vacancy. In the case of removal or loss of membership in the county society the announcement of such condition must be made to this society by the secretary before the name can be dropped from the roll and a legal vacancy created.

The society has lost by death during the past year two of its fellows—Dr. William Elmer, of Trenton, and Dr. Elias J. Marsh, of Paterson—men prominent in the affairs of this society and for many years deeply interested in its welfare. Their lives are worthy exemplars and their achievements will live after them.

While as a society we have not increased in numbers, we have made considerable gain in esprit de corps. We have felt the advantages of organized effort and are realizing more and more that in union there is strength. I do not wish to intrude on the domain of the committee on legislation farther than to recognize its importance and aid it in its work. The people are looking and will always look to our profession for direction in medical and sanitary affairs. It becomes us, therefore, to take counsel and to

deliberately decide upon our course in order that we may advise with unanimity when our opinion is sought. We must make every effort to check unwise legislation, to protect the people against quacks and imposters and to secure the enactment of wise and efficient sanitary laws.

William J. Chandler,
Recording Secretary.

It was moved, seconded and carried that the report be adopted.

Dr. St. John announced that at the request of the Hudson County delegation he would appoint *Dr. George E. King* as an alternate annual delegate; he also appointed the following to comprise the committee of nine embodied in the motion of *Dr. English*: *Drs. David C. English*, of New Brunswick; *Edmund L. B. Godfrey*, of Camden; *Edward J. Ill.*, of Newark; *Alexander Marcy, Jr.*, of Riverton; *John J. Baumann*, of Jersey City; *Wells P. Eagleton*, of Newark; *W. Perry Watson*, of Jersey City; *Norton L. Wilson*, of Elizabeth, and *Joseph M. Rector*, of Jersey City.

Dr. Halsey asked that this committee meet in the room occupied by the Board of Trustees at half-past two o'clock, to form a preliminary organization.

Dr. St. John called the names of delegates from other medical societies, but they did not respond. These were *Dr. Swayne*, of Pennsylvania, and *Drs. Fay and Morris*, of Massachusetts. He wished to welcome them to the privileges of the floor.

Dr. Halsey, as one of the delegates to the meeting of the American Medical Association at Atlantic City, stated that the report of the delegation was embodied in that of the Committee on Legislation. He, therefore, saw no reason for making a further report.

Dr. Chandler read the following report of the delegate to the Mississippi Valley Medical Association, *Dr. Emery Marvel*, of Atlantic City, who was absent on account of sickness:

To the President and Members of the Medical Society of New Jersey.

It was my pleasure to attend the Mississippi Valley Medical Society as your delegate, by courtesy of the president, last October 15th and 16th, 1908.

This meeting impressed me as the work of a thoroughly active and profitable organization. The program was full of advanced and practical scientific papers. Chronic pancreatitis was the theme which elicited more discussion than any other during the meeting and received several contributions, especially to its etiology, as well as to its treatment. It was the opinion in this symposium that chronic pancreatitis was a secondary disease, secondary to gall-bladder infection. Another subject of interest that was well discussed was that of renal tuberculosis. A

general discussion was inspired by the question, "Is it desirable to remove all tubercular kidneys or may some be left in hopes of a spontaneous cure?" The discussion by the members favored the removal of the diseased organ, urging that its presence in the organism was a menace to health by its likelihood of giving extensive infection elsewhere. One thing in particular I could not but notice at this meeting was the comparative lack of activity on the part of the members in the selection of officers. The chair was asked three times to remind the nominating committee to retire to the committee room; and during the meeting of the nominating committee there was not an appreciable diminution in the audience.

Respectfully submitted,

Emery Marvel.

Dr. Chandler, under the head of miscellaneous business, read the resignation of *Dr. Mackenzie* as permanent delegate from Mercer County; also the resignations of *Dr. Herman C. Bleyle*, from Essex County; *Dr. B. A. Waddington*, from Salem County, and *Dr. David St. John*, from Bergen County.

It was moved and seconded that these resignations be accepted. Carried.

Dr. Chandler presented for first reading the following amendment to Chapter XV. of the constitution offered by *Dr. Daniel Strook*, of Camden:

Amend Chapter XV. of the By-Laws by striking out the subject matter of Section 4, and inserting the following:

"Each component society shall judge of the qualifications of its own members, but as such societies are the only portals to the Medical Society of New Jersey and to the American Medical Association, it is recommended that every reputable and legally registered physician shall be deemed eligible to membership in a component society; provided, an active member of one component medical society shall not be eligible to active membership in any other component society at the same time."

The session adjourned at one o'clock.

FIRST DAY.

Wednesday, June 23, 1909.

MEETING OF THE HOUSE OF DELEGATES.

Afternoon Session.

The meeting was called to order at three o'clock.

The invocation was delivered by the Rev. *Dr. James McLeod*, pastor of the Presbyterian Church of Cape May.

Most gracious, most merciful, most holy, and most loving God, our Heavenly Father, we humbly bow before Thee and acknowledge Thee to be our God; and before entering upon the business which has brought us together, we beseech Thee that Thou wilt guide and direct us. We thank Thee for Thy care over us, for Thy property in us, for any zeal we have had in Thy service, and for any success that we

have had in the profession to which we belong. We beseech Thee, O God, that in all the exercises of these days we may have respect to Thee, the Creator of our bodies and the Framers of our spirits. Thou hast made us so that, like Thyself, the soul which Thou hast breathed into us is immortal. We thank Thee for whatever of wisdom or success Thou hast given Thy servants in dealing with humanity, in investigation, in discovery, in caring for the bodies of those entrusted unto them; and would pray that the result of this gathering together of Thy servants may be for Thy glory and for the welfare of humanity—which favors we ask in the name of Jesus Christ, our Lord, in whose words we would pray:

Our Father, who art in heaven, hallowed be Thy name; Thy kingdom come, Thy will be done on earth as it is done in heaven; give us this day our daily bread and forgive us our debts as we forgive our debtors; lead us not into temptation but deliver us from evil, for Thine is the Kingdom, and the Power, and the Glory forever. Amen.

Hon. Frederick J. Melvin, Mayor of Cape May, gave an address of welcome, as follows:

Ladies and gentlemen: It is doubly gratifying to me, upon this occasion, to greet you here and extend to you a welcome to our city. The wish, which probably was the father of the thought, if I can recall to mind the expression uttered by me when we were last assembled here together, was that I sincerely trusted that you would come to Cape May again, and that your next convention would be here. I am glad of the realization of this wish. I think that I supplemented my remarks on that occasion by saying, and wishing, as well, that you might make Cape May your permanent convention city. I look forward with hope to have the future realize that step, as I understand that this has been an innovation in the record of the Medical Society of New Jersey to hold the convention twice consecutively in the same place. We feel that our little efforts in behalf of the entertainment of this grand old society will be but feeble compared with our efforts in the future, by which we may contribute in every way possible to your pleasure and comfort when you come among us. I am satisfied that the manager of this beautiful hotel in which you are staying, whose knowledge as a hotel man has been well established in your own minds, will also do everything he can to contribute to your comfort while here. I will not detain you further with remarks, except to say that I trust it will be my pleasure and that of Cape May to welcome you here as often as the Medical Society of New Jersey shall hold its conventions in this city; and that if we can serve you, we are yours to command at all times. I want to conclude by saying that at your last convention I was reminded by one of the distinguished gentlemen present that he did not have an opportunity to wholly explain his design. Therefore, I am going to conclude, that the distinguished gentleman may have an opportunity to talk, as he can do so more instructively than I can. I thank you for your kind attention.

Dr. J. Morgan Dix, of Cape May Court

House, welcomed the society in behalf of the medical profession of Cape May:

Mr. President, Ladies and Gentlemen: I am very much obliged to the Mayor for the chance he is giving me, but I feel that I am the victim of a serious plot. I never was in the habit of preaching to empty pews, and it is hard work. Some of my brethren took me into the dining room and filled me so full of food that I am unable to say much; but I will do my best.

According to a plan pre-arranged, it is again my painful pleasure to welcome you here—painful, of course, to the gentlemen that are staying outside. It is always a pleasure to welcome the members of my profession to anything that it is my privilege to possess. The pleasure is two-fold; for I but voice the sentiments of my County Society in offering this seashore resort, the mother resort of the Atlantic Coast, together with its youngest child, one of the grandest hotels ever reared on the Atlantic shore.

Mayor Melvin has suggested making this a permanent place of meeting. If you do that, I shall have this privilege every year for the balance of my life; because there are only a few men in our County Society that have time for it. We have twenty-five or thirty members, all pretty good fellows. They get together, and Dr. Mecray says: "Now, who is going to welcome the State Society?" Someone says: "I move that Dr. Dix do it." Someone else seconds the motion. The Chairman says, "Carried," and I have to do it. This reminds me of a friend of mine who went to church at the wrong time and in the wrong condition. He stalked in, as we never do, in an unbecoming manner; and the pastor was expatiating upon the subject of the sheep among the goats at the Last Judgment. Just as my friend came up the aisle, the preacher said: "Gentlemen, on that great and final day, who is going to be the goat?" and my friend responded, "I guess I'll have to be the goat myself." That is the way it is with me; I have to do what no one else will do. Hence, I am here to-day.

The meeting last year was a success, and the indications are that, while there are only a few here in the room this afternoon, the bunch is outside, so that this meeting is going to be more of a success. There are some reasons why Cape May should be the permanent meeting place. One reason that the meeting here was a success last year is that there were a great number of ladies present. You cannot get along with the ladies, and you cannot get along without them. You have got to have them. They like to come here, because it is a homelike resort. They feel at home. There are none of the frills and furbelows here that you see in other places. There is some talk of the Society's going to Atlantic City next year. If we are after bustle and formality, by all means let us go there. It is a good place for a light lunch; but for a constant diet, it is too strenuous for most of us with the average amount of gray matter. If you decide to go there, however, I will go with you; and we will have a good time anyhow; but the ladies, I know, would rather come here. If you go to Atlantic City and do not have as good a meeting, you will know who to blame.

Then, too, I think that by being grouped here as a large family in this hotel, our business meetings are apt to be more effective. Our ladies are brought into touch with each other, and become better acquainted and more enthusiastic for the meeting. Hence, our success, in a nut-shell. We must have the ladies, if we are going to succeed. Last year, almost every man brought his wife, and we had a great many more ladies present than I see to-day. In fact, I had expected to address my remarks particularly to them, in the hope of encouraging them to come in greater numbers. If you bring the women and get them interested in our Society meetings, the men will have to come. It has been said that man is the head, but women is the neck; and whichever way she turns, he must follow. This reminds me of a little stanza:

"The men of earth build houses, halls and chambers,
But the women of earth God knows, the women build the homes.
Eve could not stray from Paradise for oh, no matter where
Her Gracious presence lit the way, Lo Paradise was there."

Then, too, the men like a little quiet recreation. They like to go away from the pill-box and the scalpel. Most especially do I pity the poor fellows who are compelled to reside in the large cities. I like to see them get out where nature's beauties are, where their eyes will not have to rest on "halls, roofs and domes."

"For they, too, want to see the sun rise, and they want to see it set.
They want to get away where the light of day has the old-time splendor yet;
Where the blue seas roll on forever and the woods are full of song.
And the meadows croon, to the Summer moon, in an ecstasy all night long."

Believe me, ladies and gentlemen, as you have always been and always will be, at Cape May, you are welcome.

Then why not come here where you can have all those peaceful and soul-satisfying pleasures? If you get every man started in this direction, he will be sure to land at Cape May. He cannot help it. I have sometimes heard Cape May spoken of sneeringly, as an "out of the way," forsaken sort of a place. I always want to tell such people that Cape May is no longer considered as the tail end of the State, but that persons better informed speak of it as the rudder, which guides the remainder of the State.

I hope that this the one hundred and forty-third annual meeting of the Medical Society of New Jersey will surpass both in business and in pleasure, all meetings ever before held by the Society. May it be of more benefit to our country, to the State of New Jersey, and to the homes therein than all previous meetings combined. May we give God, Cape May, and the ladies due credit for all the good that we accomplish. May we all go away from Cape May feeling benefited for having attended this meeting. May we go with the words of that old song on our lips,

"Cape May, Cape May, to thee my heart will stray

With fond delight and visions bright, when I am far away."

Mr. President, ladies and gentlemen, the Cape May Medical Society bids you a most hearty welcome.

The report of the Committee on Arrangements was read by *Dr. Paul M. Mecray*, of Camden, as follows:

The Committee of Arrangements has felt that the recent meeting of the A. M. A. at Atlantic City would tend to decrease the number in attendance and interest in this meeting. We now feel, however, that the total number registering for the three days will be nearly as great as last year. Mr. Doyle, the hotel proprietor, has given us every possible assistance, and your committee takes this occasion to express its appreciation.

This afternoon there will be a trolley ride for the ladies only. The car will leave the hotel at 3:30.

To-morrow (Thursday) afternoon, a committee of ladies from the Cape May County Society will entertain with a tea at the dairy farm of Mr. N. Z. Groves, Farmstead by the Sea.

In the evening we will have our annual banquet and after that a vaudeville entertainment.

The committee has endeavored to arrange the entertainment so as not to conflict with the more serious business of the meeting, and we hope that the time will be pleasantly, as well as profitably, spent.

Respectfully submitted,

Paul M. Mecray, Chairman.

Dr. Chandler read a list of the members of the Nominating Committee selected by the various counties, as follows:

Atlantic—Theodore Senseman Atlantic City.
Bergen—David St. John, Hackensack.
Burlington—Wm. P. Melcher, Mt. Holly.
Camden—Wm. A. Westcott, Camden.
Cape May—J. Morgan Dix, Cape May Court House.
Cumberland, H. Garrett Miller, Millville.
Essex—Wells P. Eagleton, Newark.
Gloucester—Harry A. Stout, Wenonah.
Hudson—John C. Parsons, Jersey City.
Hunterdon—Wm. S. Creveling, Valley.
Mercer—Wm. S. Lalor, Trenton.
Middlesex—A. Clark Hunt, Metuchen.
Monmouth—Isaac S. Long, Freehold.
Morris—Frederick W. Flagge, Rockaway.
Ocean—William G. Schauflier, Lakewood.
Passaic—Robert M. Curtis, Paterson.
Salem—John F. Smith, Salem.
Somerset—John P. Hecht, Somerville.
Sussex—Benjamin W. Ferguson, Beemerville.
Union—Edgar B. Grier, Elizabeth.

Dr. Kipp read a circular letter from a committee of the American Medical Association relating to ophthalmia neonatorum, and then introduced the following resolutions:

Resolved, That this society appoint a committee which shall put itself in communication with the State Board of Health and with each component society to adopt a method to put a stop to ophthalmia neonatorum.

That it be recommended that the State shall

make a sufficient appropriation to the State Board of Health to put the necessary enactments into force and to prosecute their violation.

That the law now existing, with regard to reporting cases of this disease, be so amended as to make it enforceable.

That ophthalmia neonatorum be placed on the list of communicable diseases by the State Board of Health and by all local boards of health.

That a law be passed compelling midwives to use such prophylactics as may be recommended by the State Board of Health.

Charles J. Kipp.
Charles L. Ill.
A. Clark Hunt,
Committee.

Dr. Chandler made a motion that the report be received and be referred to a committee to put the matter in shape for action by the society. The motion was seconded and carried.

Dr. Chandler then read for the second time the amendment to Chapter XV. of the by-laws.

Dr. St. John appointed Drs. Frank J. Keller, Elias J. Marsh and Percy H. Terhune, of Passaic County, and George E. King, of Hudson County, as alternate annual delegates.

Dr. St. John then appointed as the Committee on Ophthalmia neonatorum, as called for in the resolution read by *Dr. Kipp*, the following: Drs. Charles J. Kipp, Edward J. Ill and A. Clark Hunt.

Under miscellaneous business, *Dr. Robert M. Curts*, of Paterson, stated that he had been requested by *Dr. Henry H. Lucas* to present the following resolution to the society:

Resolved, That the New Jersey Medical Society, in session assembled, at Cape May, June 23, 1909, recommend to the Committee on Appropriations of the State Legislature of New Jersey, the urgent necessity of providing for the care of idiots in this State, and advise the appropriation of a sufficient amount to establish a custodial home for the care of this unfortunate class of our population.

The resolution was seconded.

Dr. Curts said that there is no place in the State for the care of idiots. He had been talking the previous evening with *Dr. Andrew F. McBride*, the Mayor of Paterson, formerly county physician there, who had said that he considered that there was great necessity for the establishment of a place where this class of unfortunates could be received and cared for. When county physician, *Dr. McBride* used to send such cases to the institution in charge of *Dr. Britton D. Evans* or to the county almshouse, although neither of these was designed for the care of idiots. *Dr. Lucas*

had stated to *Dr. Curts* that his attention was brought to the subject through his efforts to get an idiot into a school for the feeble minded kept by *Dr. Weeks*. He found, however, that a clause in the by-laws of that institution prohibits the reception of idiots. In his efforts to get this child into the school for the feeble-minded, he was assisted by *Judge Tompkins*, of Paterson, and also by *Governor Fort*, who wrote to *Dr. Weeks* in regard to the matter. *Dr. Weeks*, in reply, said that it was absolutely impossible to associate imbeciles with idiots; that these two classes should be separated; and that it was not feasible to take both classes into the same school. *Dr. Weeks* also made a request of *Governor Fort*, and, through him or in some other manner, a request of the Committee on Appropriations, to supply him (*Dr. Weeks*) or some commission with thirty or forty thousand dollars, to establish the beginning of a small home for this class of patients. *Dr. Curts* said that he had in his possession some correspondence relating to the matter, and that there were some other thoughts connected with it, but they could be better brought out by others more familiar with the subject than himself.

Dr. Britton D. Evans, of Morris Plains, was inclined to the opinion that this matter was of more than ordinary importance. He thought that the physicians of the State should manifest some definite interest in it. In his opinion, the majority of the physicians of the State were unfamiliar with the lack of provision of the State for the care of idiots and low-grade imbeciles. New Jersey, he said, is far behind other States in this particular. The facts had been set forth from time to time in the reports of the institution with which *Dr. Evans* was officially connected; but physicians read only a portion of these reports, and some read none. New Jersey contains no State institution for the care of idiots and low-grade imbeciles, and the law regulating the commitment of insane persons to the new State Hospital of New Jersey expressly says that this term, which comprehends various forms of mental disorder, shall not apply to idiots. From time to time, however, idiots had been admitted to the Morris Plains institution through oversight on the part of the doctor taking these persons in or through the importunities of relatives or friends who were in dire distress because of the burden of taking care of an idiotic child; and this circumstance has resulted in their being in the wards of that institu-

tion, associated with grown persons, a number of little children unable to take care of themselves or to enjoy their surroundings. They are at the mercy of the older patients. Little boys have been placed in the wards with the women, because it was thought that they would meet with more sympathy and kindness from them than from the men. On more than one occasion, as the boys have grown and developed, the women have been noticed paying undue attention to the sexual portion of the idiot. Dr. Evans had no doubt that some of the gentlemen present knew of admissions of idiots to the State institution at Trenton under similar conditions, but they could not be received there under the law. He mentioned also the training school at Vineland, but stated that it is next to impossible to get anyone in there except one that is clearly susceptible to training. It is an institution that receives pay for the maintenance of imbeciles such as they see fit to accept. The school is run by a private corporation, and is not bound by law to take in any one if the authorities say that they have no room or that the particular intended inmate is not of the order that would make him acceptable to them.

Dr. Evans then mentioned a personal experience that he had had in trying to get a young girl, a high-grade imbecile, admitted. She could read, write, read music and speak French and English. He tried to get her into various institutions without success, and finally went to the Vineland Home for Feeble-minded Women; but they would not receive her there. Eventually, however, she got better, developing so much as to be able to earn her own living. The institution for feeble-minded women takes only women over seventeen years of age. The institution for epileptics takes only epileptics, and all idiots or imbeciles are not epileptics. Many poor families, Dr. Evans stated, are made dependent entirely upon the State by having to stay home and take care of idiots; and he thought that it reflected unfavorably upon New Jersey not to have a place for persons of that sort. The State is either under a moral obligation to look after them or it is not. If not, then the great majority of the States of the Union are laboring under a serious mistake as to the obligation of the State to look after its dependants. Something ought to be done in New Jersey about the matter, and he thought that an endorsement by the society of this movement would be felt throughout the State. An institution that

would be educational in character would have good results.

Dr. David F. Weeks, of Trenton, said that, although he did not know the gentleman who had preceded Dr. Evans (Dr. Curts), he was familiar with the case at Paterson to which that gentleman had referred. Dr. Weeks would have liked to receive this patient at his institution, but that its by-laws provide that it shall take care only of epileptics, not idiotic nor insane. Hundreds of cases like that of Dr. Curts apply for admission, and cannot be received. Dr. Weeks trusted that this resolution would be adopted, and that influence would be brought to bear upon the Appropriation Committee. Not a week goes by but his institution has applications for the admission of idiotic epileptics; and there are, of course, many idiots that are not epileptics. He trusted that the society would endorse the resolution, and that the matter would be taken up in the county societies and brought before the Legislature.

On vote, the recommendations of the resolution were approved and it was referred to the Committee on Legislation.

Dr. Chandler said that Dr. Daniel A. Currie, of Englewood, was sick with a serious illness, and made a motion that a vote of sympathy be passed by the society. The motion was seconded and carried.

The session of the House of Delegates adjourned at 3:50 P. M. and the society then began its first general session.

FIRST DAY.

GENERAL SESSION.

Wednesday, June 23rd, 1909.

Afternoon Session, 3:45 P. M.

(1) Oration in Medicine, Thomas N. Gray, East Orange. No discussion.

(2) Chloroform Anæsthesia in Throat Operations, Frederick F. C. Demarest, Passaic. Discussion opened by Dr. George E. Tuers, Paterson; Dr. Walter S. Cornell, Philadelphia and Dr. Theo. F. Livengood, Elizabeth, Dr. Demarest closing.

(3) The Influence of Sleep on Arterio-Sclerosis, W. W. Beveridge, Asbury Park. Discussion opened by Drs. William G. Schaffler, Lakewood, and Philip Marvel, Atlantic City. Dr. Beveridge closing.

GENERAL SESSION, 8 P. M., JUNE 23.

(4) Annual Address by the President.

"Some Recent Advances in Medical and Surgical Work," David St. John, Hackensack. No discussion.

(5) Oration in Surgery, George E. Brewer, New York. No discussion.

(6) Intramuscular Mercurial Injections in Syphilis, Henry A. Pulsford, Orange. Discussion opened by Dr. H. I. F. Wallhauser, Newark, and Dr. J. H. Bradshaw, Orange, Dr. Walhauser closing.

(7) Dyspepsia a Misnomer, W. Blair Stewart, Atlantic City. Discussion opened by Dr. J. Finley Bell, Englewood, and continued by Drs. Emerson, Martindale, Chavanne, P. Marvel and Ridgway, Dr. Stewart closing.

SECOND DAY.

Thursday, June 24, 1909.

8:30 A. M.

Conference of the secretaries of the Component Societies.

Dr. W. J. Chandler presided. Three brief papers, containing some excellent suggestions on secretarial work, were read and discussed by County Secretaries Strock, Tracy, Chavanne, Fisher and others.

GENERAL SESSION.

Morning Session 9:30 A. M.

Dr. David E. English, of Millburn, was accorded the privilege of presenting the report of the Committee on State Laboratory of Hygiene.

Mr. President and Members: Your Committee has the honor to report that it has been in correspondence with the State Laboratory as follows:

Twenty questions and suggestions were submitted to Dr. Fitz Randolph. These, with his answers, are as follows:

I. In specimen from suspected diphtheria look for Klebs-Loeffler b. diphtheriae, diplococcus pneumoniae (Sternberg-Fraenkel), B. pneumoniae (Friedlander), spirochaete pallida, gonococcus, streptococci, staphylococci.

Examinations are now made for B. diphtheriae so further comment is unnecessary with respect to this organism.

Pneumococcus. This organism occurs in the throats of a large proportion of healthy individuals and its presence, therefore, is of little diagnostic value unless tests for virulence are made. Moreover, it cannot be absolutely identified by microscopic examination, and its cultivation is difficult and absolute identification time consuming.

Friedlander's bacillus. This also occurs in healthy individuals, and is rarely the primary cause of pneumonia. It cannot be identified with certainty by microscopic methods, but must be studied in culture and by animal inoculations, a time consuming process.

Spirochaete pallida. Examinations for this organism cannot be successfully made on specimens taken for diphtheria. The collection of specimens from suspected cases of syphilis must be done in another manner and with extreme care if success is to be expected in their examination.

Gonococcus. This organism occurs so seldom in the mouth and throat that a search for it as a routine procedure would be a waste of time. Moreover there are other organisms found in these localities which resemble it so closely that its positive identification would be always difficult and frequently impossible.

Streptococci. These occur regularly in healthy throats and in a variety of non-specific infections. Their presence or absence could be readily reported, but such report, when based on microscopic examination alone, is of no value for diagnostic purposes, and may even be misleading unless virulence tests are made which require much time and many animals.

Staphylococci. These occur in every healthy throat, and are always found in the cultures made for diphtheria. Their presence, therefore, is entirely without diagnostic value.

II. In specimen of blood (smear) from suspected typhoid fever look for Widal reaction, malaria sporozoon.

Blood smears cannot be examined by Widal's method as the amount of blood sent in this way is too small. Examinations for malaria are now made on smears.

III. In specimen of blood in tube look for B. typhosus, B. tuberculosis, gonococcus, malaria sporozoon, spirochaete pallida; make differential blood count.

A method has been recently devised for the routine examination of blood specimens for typhoid, and I intend to make use of it as soon as we can get the necessary funds.

B. tuberculosis. A search for this organism in blood necessitates collection and treatment of the specimen by the physician in a special manner, which renders it unfit for any other purpose. The method is so time consuming that we cannot undertake it with our present force.

Gonococcus. While the gonococcus undoubtedly gets into the blood occasionally, I know of no method by which it can be discovered with anything like the certainty necessary for routine examinations.

Malarial parasites cannot be found in blood collected in tubes. Smears must be made as soon as the blood is drawn.

Spirochaete pallida. The detection of this organism in blood is very difficult and the results are uncertain. The blood must be examined soon after it leaves the patient, and must be collected in a special manner which renders other examinations impossible.

Differential Count. This cannot be made on blood collected in tubes; smears must be made as soon as the blood is drawn, and in any case, the making of differential or other blood counts, or the undertaking of other diagnostic work not bearing directly on communicable diseases, is entirely outside the proper province of board of health work.

IV. In specimen of sputum look for B. tuberculosis, diphtheria pneumoniae, B. pneumoniae, spirochaete pallida, gonococcus, streptococci and staphylococci.

(To be continued.)

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INTRAMUSCULAR MERCURIAL INJECTIONS IN SYPHILIS*.

BY HENRY A. PULSFORD, M. D.,
SOUTH ORANGE, N. J.

A therapeutic method which has been in the hands of the medical profession for almost fifty years may scarcely be described as a novelty. Introduced by the Italian, Scarenzio, in 1864, it at first received but little notice and met with little favor outside of Italy or, indeed, outside of Scarenzio's personal adherents. In fact, it was not until ten or fifteen years later, when through the teachings of Pasteur and Lister, it at length became possible to give a hypodermic injection without producing an abscess, that very much was heard of it as a practical possibility in the therapy of syphilis.

In Italy it seems to have been accepted from the first, soon becoming the method of choice among physicians, and eventually attaining such popularity among the laity that of late years even the drug clerks and barbers undertake to give mercurial injections as a side-line to their ordinary business. In France and Germany the method for many years met with but little favor. As late as 1887 and 1888 both Brocq and Besnier agreed in pronouncing it too "traumatic" for ordinary use, though neither denied its extraordinary efficiency. In the course of the next ten years this antagonism gradually died away, its many advantages were recognized, and, its objectionable features being obviated by an improved technic, it finally came to be accepted

all over the continent as a valuable and indispensable therapeutic measure.

In England and America, on the other hand, the Anglo-Saxon spirit of self-sufficiency and mistrust of all things foreign have made us all very slow to accept this particular gift of the Greeks. But as our foreign population and the number of American physicians whose medical education and inspiration come largely from Germany, Italy and France, have increased, the number of men who are preaching and practising the use of mercurial injections here in our midst is no longer inconsiderable; and the time is not far off when the practitioner who does not give them in syphilis is likely to find himself at a disadvantage.

Now the position held by many of the physicians in this country in regard to the intramuscular mercurial injection method is not so much one of disbelief in its efficacy or of fear of its difficulties and dangers, as it is a sense of its superfluity. The usual forms of treatment are so unquestionably specific, their results are in the majority of the cases so prompt and so certain, that they ask for nothing better. This attitude is not after all one either of ignorance or of prejudice, but on the whole quite natural and logical. For the burden of proof indubitably rests upon the advocates of the injection method, and the fact that they have been hammering away at us for almost fifty years without convincing more than a small minority of us, is scarcely presumptive evidence of the strength of their case.

It is obvious, therefore, that the line of argument most likely to influence those of you who think you have no use for the method, will be that tending to show the

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inadequacy and weaknesses of the older and well-established method. And it is with an enumeration of the points in which this latter method falls short of the ideal that I propose to open the case for intramuscular mercurial injections.

In the first place, as to the efficacy of mercury exhibited by mouth or by inunctions it may truly be said that there is nothing in the practice of medicine more prompt or more certain than the disappearance of syphilitic lesions under such medication. But can we say that it never fails us, or that its effects are always all that we could ask for? Do we not all consider a course of anti-syphilitic treatment a severe ordeal? And do not many of the most uncompromising opponents of the injection method give a grudging approval of a recourse to it in rapidly progressive, malignant or exceptionally obstinate forms of the disease? Which is, of course, equivalent to a confession that their method of choice is inadequate. And if this method fails in the severer forms of the disease, it should surely be adjudged relatively inefficient even for the milder types of it.

In the treatment of syphilis by mercury it is essential to get into the general circulation a quantity of the drug sufficient to control the disease. Now when we give it by mouth or by inunctions, we do not know, as a matter of fact, how much or how little mercury reaches the general circulation. It may be vomited; it may form insoluble compounds with the food or the secretions and pass through the digestive tube without being absorbed; it may cause an enteritis or a dermatitis which will not only interfere with its absorption but entail a cessation of treatment; or it may be absorbed only to be held up for an indefinite period by the liver. All that we do know is that we can sometimes accomplish with a daily dose of a half a grain of mercury given in the form of the protiodid, or with thirty grains daily in inunctions, about the same result as may be more rapidly and more certainly produced by a weekly intramuscular injection of a single grain of metallic mercury.

Mercury given by mouth acts upon the whole digestive canal as an irritant poison. The irritation is not under ordinary circumstances very severe, but it not uncommonly leads to a diarrhoea, and to the extent of causing loss of appetite, discomfort and uneasiness in the abdomen or attacks of indigestion, it is seldom altogether absent. Even when not excessive this chem-

ical irritation of the gastro-intestinal mucosa, if continued for many months, must inevitably result in permanent damage to the digestive function and to the general nutrition as well. In the case of inunctions the local effect upon the digestion is for the most part avoided, but instead there is always some irritation of the skin and occasionally severe mercurial dermatitis.

Serious salivation is an objectionable feature to treatment by mercury no matter how it is administered; but it is certainly more likely to occur when there is gastro-intestinal disturbance, when a sudden flooding of the system results from the mercury stored up in the liver or from that accumulated in the epidermis, or, to be honest, in the muscular lymph spaces, or when for any other reason the quantity available for absorption becomes suddenly excessive.

In prescribing, or even in dispensing, a mercurial for a syphilitic, a physician is to a very great extent losing his control of the case. The casual way in which some of these patients regard instructions and advice is astounding. They are careless and irregular about taking their medicine, they increase or diminish the dose according to their own ideas, and interrupt the treatment for the most trivial reasons. If a prescription prove efficacious, they are quite likely to have it repeatedly renewed until they think they are cured, and then to pass it on to some friend presumably afflicted with the same malady.

The maintenance of secrecy, so imperative in many cases of syphilis, is inevitably endangered when we treat our patients in the usual way. If we prescribe, the druggist at least is taken into our confidence; the use of inunctions is sure to betray the nature of the trouble to the domestics or to some member of the patient's household, and the mere taking of pills may give cause for embarrassing questions and disquieting suspicions.

Turning now to intramuscular injections, let us see to what extent they are subject to the same objections. In the first place, as I have already argued, there can be no doubt of their superior efficacy. It is quite certain, too, that the whole of each dose injected reaches the circulation, promptly in the case of the soluble salts, gradually in the case of those that are not soluble. The dose may be accurately measured and regulated with precision to the necessities of

each patient. The liver does not stand between the supply of mercury and the point where it is to be used, and whatever irritation of the digestive tract there may be is due to that fraction of each dose which is carried there from the general circulation. Consequently the digestive function is left relatively unimpaired, and the maintenance of a high degree of nutrition, or the simultaneous exhibition of tonics or other indicated remedies by mouth presents no difficulties.

The physician's control of his patient is perfect. Apart from the duties of general and oral hygiene, no details of the treatment are left to the memory, conscience or judgment of the patient, whose responsibility is limited to the regular weekly visit to the physician. There is no temptation to self-medication and no prescription to circulate among his companions in misery. As there is nothing in the treatment to betray him, his secret is reasonably safe. Furthermore the treatment is of necessity a cleanly one, and involves nothing repugnant to most patients.

And now for the seamy side. Of all the objections urged against mercurial injections the most common one is that they are painful. That this is to a greater or less degree true it would be futile to deny. There is first the pain of the needle thrust, and then the after-pain due to the irritating effect of the substance injected. The former is usually so slight as to be a negligible factor, while the latter is extremely variable in duration and degree. With the soluble mercurials it begins at once and lasts from one to six hours; with the insoluble preparations it begins within an hour and lasts from two to five days. This after-pain is greatest after calomel, and, in my experience, least after gray oil. It is not at all unusual to have patients pronounce these last injections absolutely painless.

Abscess due either to a failure in asepsis or to the error of injecting the fluid into the superficial tissues, is avoidable under a proper technic. But in spite of the utmost care a chemical abscess occasionally results from a full dose of calomel.

Injections of any of the preparations of mercury may be followed by a formation about the injected mass of an organized or unorganized exudate known as a node. These nodes are tender, and usually contain a portion of the unabsorbed injection fluid. Naturally the patient who carries many of them is in danger of mercurial intoxication

from suddenly increased absorption. Under a careful technic, however, and with the milder preparations the formation of nodes is exceptional, and no physician conversant with the method continues the injections when he has reason to suppose that a dangerously large portion of the doses previously injected still remains unabsorbed.

Embolism, which results from the injection of an oily vehicle or a suspended solid into a vein, though an alarming accident, has never, so far as I have been able to discover, proved fatal. Under a careful technic it should be a most unusual occurrence. Sciatica and neuritis with paralysis and atrophy are very rare accidents which can never occur except through deep injections made into the dangerous central zone of the gluteal region.

When we come to consider the various preparations of mercury which from time to time have been suggested and recommended for intramuscular injection, we find ourselves confused and overwhelmed by a wealth of therapeutic resources. To discuss their relative worth would carry us far beyond the limits of this paper, and as most of them are worthless, would be a waste of time. I shall ask you, therefore, to confine your attention to a very few well-tried preparations.

I have had as yet so little experience in the use of the soluble mercurial salts that I am not in a position to pronounce upon their relative value. Abroad, and particularly in Italy and France, the bichlorid is extremely popular. Levy-Bing¹, however, whose very complete and very valuable monograph on the subject of intramuscular mercurial injections has just been published in Paris, is disposed to discard it altogether as too painful and too likely to cause gastrointestinal disturbances. He, in fact, considers all of the soluble salts superfluous except the benzoate, the bibromid and the biniodid, all of which he has found well tolerated and efficient.

These salts are used in a one or two per cent. aqueous solution, the vehicle being preferably iso-tonic saline solution, to which in the case of the biniodid should be added one or two per cent. of sodium iodid. The ordinary daily dose is gr. 1-3 (0.02g.).

Of the insoluble preparations the basic salicylate is the most popular in this coun-

1. *Les Injections Mercurielles Intramusculaires dans le Traitement de la Syphilis.* A. Levy-Bing, Paris, 1909.

try, calomel in Italy and Russia, and gray oil—an emulsion of metallic mercury in an oily vehicle—in France. The vehicle for calomel and the salicylate may be either an oil or a mucilage. In my experience the combination recommended by Levy-Bing of three parts of anhydrous wool-fat with seven of white liquid petrolatum has proved most satisfactory. It is most important that all these substances be pure and neutral. Calomel should be especially pure, and should be washed in boiling alcohol before being incorporated with the vehicle, and both calomel and the salicylate should be finely divided by prolonged trituration with the menstruum. Both these preparations may be sterilized in a water-bath, but the gray oil is spoiled by heat and consequently must be prepared from sterile materials with sterile utensils and under aseptic conditions. As the process consists of a trituration of the mercury with the wool-fat for at least two hours, it may be imagined what a formidable task this is. If carefully guarded from contamination these injection fluids need not be repeatedly sterilized.

In strength they may be varied from five to forty per cent. As it is generally admitted that the tolerance is in inverse proportion to the volume injected, there is an advantage in using as concentrated a suspension as possible. The average weekly dose is about one grain of metallic mercury, or a grain and a sixth of calomel and a grain and two-thirds of the salicylate.

Injections of the soluble salts are indicated in all conditions urgently requiring rapid mercurialization to the limit of toleration. They may also be used in beginning a course of treatment for the purpose of learning quickly the patient's tolerance, and as a routine treatment in the presence of any complication which necessitates a tentative and guarded exhibition of mercury.

The insoluble salts are indicated in the routine treatment of most cases. Ordinarily the salicylate or gray oil is to be preferred to calomel, which is too painful and irritating for protracted use; but for resistant lesions, or for the therapeutic test in cases of doubtful diagnosis full doses of calomel are almost indispensable.

The contraindications for mercurial injections are similar to those for mercury given in any other way. Extensive dental caries is the most common contraindication. Patients with tuberculosis, nephritis, diabetes, hepatic disease or cachexia are not

good subjects for injections especially of the insoluble salts. If injections are used at all in these cases, the soluble preparations probably admit of the most careful management. Patients who for any reason cannot see their physician at least once a week, must be treated by another method.

Instruments—Any good syringe which can be easily sterilized may be used, but as metallic parts are attacked by the soluble mercurials and as rubber packing and washers are softened by an oily vehicle, an all-glass syringe is the most satisfactory for all purposes. In view of the advantage of using the more concentrated suspensions of the insoluble salts, a syringe of small calibre and graduated to fractions of a minim would be highly desirable. Unfortunately I have not as yet been able to find anything of the kind in this country².

The needles should be of 19 to 21 wire and from 1½ to 3 inches in length; the larger and stouter the patient, the longer the needle must be in order to reach the muscular tissue. Steel needles are practically quite as satisfactory as those of iridoplatinum, and vastly cheaper. They may be corroded by the soluble salts, but are unaffected by any of the other preparations.

The gluteal region is the region of choice for intramuscular injections. In selecting the point for each puncture one should be sure that the layer of muscle into which the needle is to be thrust is sufficiently thick and not too well supplied with vessels and nerves. In general we avoid the lower part of the buttock, in order that our patients may sit without undue discomfort; the vicinity of the trochanter, because the deeper tissues, being tendinous and aponeurotic, are unsuited for injection; and the centre of the gluteal region, because there is a possibility of puncturing the gluteal vessels or the sciatic nerve. Our choice is consequently restricted practically to two areas on either side, each about three inches in diameter, and situated, the one just to the right or left of the intergluteal fold, and the other midway on a line connecting the upper end of the fold with the anterior superior spine of the ilium. I have made a great many injections in both of these two areas without ever wounding any important vessel or nerve, and with but little pain or discomfort to the patients.

2. Since this paper was read, the author has found in a syringe made by Ermold, of New York, for tuberculin injections, an instrument that satisfactorily fulfills the above requirements.

One important essential to good results in giving a series of injections is to select the points for successive punctures according to a definite plan, so that a period of two or three months may intervene before a second dose is deposited at the same point. To this end some such scheme as that proposed by Dr. W. S. Gottheil¹, or by Dr. Victor C. Pedersen², for mapping out the areas used for injection is of great value.

The technic as far as asepsis is concerned is the same as that observed in the injection of a therapeutic serum. The sterile fluid is drawn into the syringe, and any air bubbles carefully expelled. Then the skin having been properly cleansed, the needle is thrust through it in a perpendicular direction so as to reach the required depth at a single stroke. Next assure yourself that the point of the needle does not lie in a vein, by detaching the barrel and watching the lumen for a moment. If blood flows through the needle, make another puncture; otherwise replace the syringe and proceed with the injection. It is not necessary to massage the injected mass. The most careful practice is to make the injections with the patient lying face downward, but those well accustomed to the procedure may be properly injected standing, provided they are required to relax the gluteal muscles. The dressing of the puncture is necessary only when bleeding occurs.

The custom of dividing a treatment into a series of courses separated by intervals for rest is a useful one, but no good purpose is served by setting up an arbitrary standard as to the length of each course or as to the number of courses necessary for a cure. It is always essential, except in the presence of a grave or malignant form of the disease, to begin treatment either with a few daily injections of the soluble salts, or with minimum doses of the insoluble salts, and then gradually to increase to the full dose or to the limit of individual tolerance.

Through the whole course of treatment careful hygiene of the mouth and teeth is absolutely essential. Soreness of the teeth is the danger signal. When it occurs the dose should be materially reduced, or if there are nodes in the buttocks, treatment should be suspended altogether.

Case X. Female, married, aged 29, gave

no history of syphilitic infection. She presented a perfectly characteristic serpiginous papulo-squamous syphilide of the palms, a diagnosis which was confirmed by two well-known dermatologists. Treatment by full doses of mercury and iodid given by mouth produced some improvement, but it was so slow that the patient became discouraged and discontinued treatment. Several weeks later, in November, 1908, she returned with the lesions much as they were at her first visit. She was then put upon injections of the salicylate, receiving at the first visit half a grain; at the second, three-quarters, and at the third, a grain. At the time of her third visit the lesions could scarcely be seen, and the following week, when she returned for the fourth injection, there was not a trace of them left. She has continued well up to the present, although she has not taken more than twelve injections altogether.

Case Y. Female, single, aged 30. Gave a frank history of a luetic infection contracted eight years ago, and followed by a characteristic eruption. The treatment consisted of mercury given by mouth during the first year; mixed treatment throughout the second year, and repeated occasionally in the third and fourth years. Except for the first eruption there was no manifestation of the disease until April, 1908, when an ulcer appeared on the columna of the nose. As this resisted mixed treatment and even extended in spite of it, the diagnosis was changed to lupus, and treatment by the X-ray was instituted.

When the case came into my hands early in October, 1908, after she had had about fifteen X-ray treatments, the left side of the nose was the seat of a mild X-ray dermatitis, the margin of the left nostril was pitted with punctate scars, and there was a superficial ulceration along the free border of the ala. The loss of tissue from previous ulceration was noticeable, causing a gnawed out appearance in the left nostril. None of the lesions was particularly characteristic either of lupus or of syphilis.

Under a brisk course of inunctions and full doses of iodid the ulcer healed, but showed such a persistent tendency to relapse that injections of the salicylate were substituted. These did somewhat better, but as they failed to control the disease, I gave a single full dose of calomel (gr. jss.) intramuscularly, and followed it with increasing doses of iodid, under which treatment the condition very promptly cleared up. Since then there has been no diffi-

1. Progressive Medicine, Sept., 1906.

2. Convenient Points for Intramuscular Injections in the Treatment of Syphilis. V. C. Pedersen, M. D., N. Y. Med. Record, Sept. 2, 1905.

culty in controlling the case by giving from time to time a vigorous course of the salicylate injections, with moderate doses of iodid in the interval.

These two cases, though presenting no very extraordinary features, are reported because they illustrate two very important points: First, the superior efficacy of mercurial injections to other forms of anti-syphilitic treatment; and, second, the grave danger of drawing erroneous conclusions from the therapeutic test for syphilis through the use for that purpose of any but the most efficient method of treatment.

DISCUSSION.

DR. HENRY J. F. WALLHAUSER, of Newark, opening the discussion thanked Dr. Pulsford for the benefit that he had derived from that gentleman's paper. Although, Dr. Wallhauser said, the subject is not a new one, there is such a revival of interest in it taking place that it may be considered one of the leading problems at the present time. There are a few who use this method as their routine plan of treatment, others who employ it only in selected cases, and still others who do not use it at all. This, Dr. Wallhauser thought, is not difficult to understand, when one considers that the trend of opinion has been adverse to it since its introduction into Europe, over a quarter of a century ago. Still, a few enthusiasts have continued to use it all this time, and it is gradually coming into more general use. He did not doubt that it will soon come to be the plan of selection. About five years ago he began to use it, though with considerable fear regarding the outcome during the early trials. At present, the injections are given by him without more fear than is mercury by inunction or orally. He said that the dangers of this treatment had been well considered by H. G. Klotz, of New York, at the meeting of the American Medical Association in 1908, who found that embolism occurred only a few times, and was not a serious symptom; as it usually subsided within twenty-four to forty-eight hours. He did not attach much importance to any of the complications and concluded that the good effects of the treatment so far outweigh its disadvantages that he has adopted it as his routine plan and has never observed any disasters, or even disagreeable consequences, in patients observed over a long period of time. Dr. Wallhauser said that these deductions agree with those of almost all others that have followed this plan of treatment. He had never observed any bad consequences himself, except some more or less painful nodes at the point of injection, which disappeared within two or three weeks. No treatment was required, and no consideration was expended on this condition. Dr. Wallhauser admitted that there was a possibility of sudden absorption when a number of nodes are left unabsorbed, but said that he had never found this trouble. The injections were given once a week; but when the nodes were painful, the intervals between the injections were extended to two or three weeks.

Regarding the selection of the compound of

mercury, he said that this does not seem to make a great deal of difference, though some preparations give more pain than others. He considered calomel the most efficient, but said that it gives rise to considerable pain and, at times, to constitutional symptoms. Salicylate of mercury, gray oil and other preparations all have their advocates, and first one salt and then another, soluble or insoluble, might thus be considered. All are efficient. About three years ago, to test the advantages of some of the most commonly recommended preparations, salicylate of mercury was given by him at the Newark City Hospital, gray oil at the Newark Dispensary, and the soluble salts in private practice. The soluble salts were soon discarded, on account of the more severe pain produced by them and the more frequent injections required. The other two preparations are still being employed, the results being equally good with both. Gray oil is somewhat less painful than salicylate. In private practice, he is using gray oil entirely. He has not, however, discarded other plans of treatment than injections. There are some patients who for various reasons, such as dread of pain or inability to go to the office regularly, are still receiving oral treatment; but when a lesion develops, such as a leukoplakia, a sloughing ulceration or a gumma, a few injections are given. In such patients he had never found it necessary to go back to the oral method of treatment, as the patients, noticing their more rapid improvement, were usually willing to continue the injections.

In regard to the technique, this had been described so thoroughly by Dr. Pulsford that Dr. Wallhauser did not think it necessary to add anything, except to call attention to the fact that the shifting of the needle is often responsible for the production of emboli. This, he said, can be overcome by plunging the needle down to its full extent and holding it there during the removal of the barrel and its replacement. A more certain method of knowing whether the needle is in a blood vessel has been devised by G. Stopford Taylor, of London, and consists in applying an empty barrel to the needle and then exhausting. If the needle is in a vessel, blood will be drawn into the barrel of the syringe. One may, however, sometimes be in doubt; because the remedies employed are rather dense and of rather high specific gravity. Even a bulging of the needle should be considered as evidence that it is in a vessel. The method of holding the barrel in and exhausting is a certain way of knowing whether the instrument is in a blood-vessel or not.

This plan of treatment will succeed when all other plans have failed, and any one giving this method a fair trial will be impressed with its superiority to others.

Dr. Wallhauser made a plea for the more general use of this method by the profession, and said that by observing care in the procedure, the danger will be reduced to a minimum. He suggested that reports of cases be made by the members at some future meeting, as he felt certain that a different opinion regarding these injections would then prevail.

DR. JOHN H. BRADSHAW, of Orange, said that his experience had been limited to the use of the salicylates, which easily emulsify in liquid alkalies, one part in ten. Fifteen minims of

this very easily prepared solution can be used; and, if used with care, will not give rise to much pain. It will, however, cause some pain; and this should be explained to the patients.

One point in the technique that had not been mentioned in the paper, Dr. Bradshaw said, was that, as in the use of the diphtheritic serum by means of the syringe, one should be careful that the liquid does not ooze down on the needle while the injection is being given, thus producing subsequent urticaria, so, in using intramuscular injections of mercurial salts, if the needle is wiped clean and dry with sterile gauze before the injection is given, pain and a reaction of an inflammatory nature will be avoided.

DR. PULSFORD, closing the discussion, said that he wished to refer particularly to the use of gray oil. His own experience for a good while had been limited to the use of the salicylate of mercury, and a number of New York men who had been using the intramuscular injections had dissuaded him from any attempt to employ gray oil, until a monograph by Dr. Levy-Bing came into his hands quite recently. The gray oil made according to Dr. Levy-Bing's formula, a forty per cent. emulsion of metallic mercury in lanolin and albolin, was then used by Dr. Pulsford. This preparation is difficult to make, but he thought that it would repay the trouble it takes. It cannot be sterilized, because the sterilization breaks up the emulsion, but must be prepared with sterile ingredients, in sterile utensils, and under aseptic conditions. If thus prepared, it is unobjectionable, and it is surprising how little pain it causes.

Dr. Pulsford said that he would like to second Dr. Wallhauser in asking the profession generally to make reports on the results of their use of intramuscular injections. It seemed to him that a great many cases that are tried by the therapeutic test and given up as not specific would be found in later years to yield to the early application of the intramuscular treatment; and he thought that physicians all over the State should begin to use these injections in doubtful cases. We are sure that the results would be gratifying, and that a great many more cases of obscure syphilitic lesions would be diagnosed than at the present time.

DYSPEPSIA—A MISNOMER*.

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One of the oldest classifications of diseased conditions is that known as dyspepsia. The old Edinburg Practice under date of 1802 classes it as a distinct disease and gives a list of thirty-five synonyms and subdivisions of this, at that time, very complicated and obscure trouble, and remarks that "Besides these there are a great number of symptomatic species." Even at that day writers of legitimate medicine recognized the impropriety of such a classifica-

tion. Medical history informs us that the charlatans, medicine vendors and fakirs all put great stress upon this "disease" and page after page was written on this most important of all bodily disturbances. The older writers of past centuries recognized dyspepsia as one of the most formidable diseases with which they had to combat.

Coming down the years we find dyspepsia classified as synonymous with acute and chronic indigestion, and later as nervous dyspepsia. One of the very latest American systems of medicine classified dyspepsia among its diseases and, indeed, almost every writer on practice of medicine still clings to the old classification. One Eastern teacher and author on practice of medicine has been found by the writer who does not index or even mention as a synonym the term dyspepsia. It is decidedly noticeable that the patent medicine advertisers of our daily newspapers to-day still write column after column for their lay readers, patterning after our professional writers who often fail to differentiate the real import of this most important symptom.

The term dyspepsia is an unfortunate one and has been defined in so many ways that its use in medicine is to be greatly questioned. It is not simply a "painful digestion," "indigestion," "nervous indigestion," "lack of pepsin" and many other things; but is a complex word of Greek derivation that means everything digestive and nothing practically or in particular. Professor George B. Wood (Practice of Med., edit. 1847) says, in speaking of dyspepsia: "The name is most unfortunate; as, instead of expressing a particular pathologic state, it merely refers to a result which may flow from different and even opposite conditions of the stomach; and it is not improbable that much of the confusion alluded to has arisen from this cause."

Fagge says: "In health the process of digestion is unattended with any kind of sensation; we ought not to be conscious that we have stomachs; but, under morbid conditions, it may be accompanied with unpleasant feelings, varying in degree from a slight sense of weight or discomfort, up to agonizing pain." This strikes the keynote of the whole subject which is, why render ourselves ridiculous by hiding under the term dyspepsia to shield our ignorance of what the condition really is, whether catarrhal, functional, structural or specific? We can overlook the mistakes of earlier practitioners who were handicapped by very

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imperfect diagnostic aids and methods; but, with the present advancement of medical and surgical science, there is no excuse for snap judgment and imperfect examination of our cases. If we can not discover the real disease let us be fair to ourselves and not call it dyspepsia.

When a patient consults us upon some acute or chronic digestive disturbance, it is unjust to simply listen to a relation of the symptoms, look at his tongue, feel his pulse, and prescribe some digestive mixture or tonic. This is too frequently done because we think, as the family physician, we know the patient. This is where we make a mistake and often bring the profession into disrepute. A painstaking examination to fully satisfy ourselves of the real condition, not only impresses our patient, but often reveals troubles entirely unsuspected. How otherwise can one tell of involvements of the stomach, gall bladder, liver, pancreas, spleen, intestines, appendix, uterine disturbances, or reflex conditions, all of which materially influence the digestive track? Why prescribe pepsin or hydrochloric acid here? A sufficient amount of time should be given to every patient and if there are too many who demand our attention, better see and examine a few *well* than many imperfectly.

A full history of each case should be obtained, even ancestral history if needed; the patient placed in the recumbent position and a thorough examination of the abdominal viscera made, not through a lot of clothing, but on the bare skin. A case of acute indigestion is not always simple and should not be passed without proper examination. Urinary and fecal secretions should always be examined where there is the least doubt. Recourse should be had to the test meal, stomach tube, chemical and microscopical analysis. There is even quite a perfect gastroscope by which the inner lining of the stomach may be viewed. An examination of the blood is often of differential value. Too much care and attention cannot be given these cases, particularly those that are subacute and chronic. When a patient complains of a localized pain after eating, which may be persistent for some days, disappears and again reappears in the same locality in or near the epigastric region, don't call it dyspepsia, but carefully examine for localized gastritis or ulcer. Classic symptoms are not always present in the beginning and a fine differentiation is often necessary. Neglected ulcers and cicitricial contractions in the stomach and duodenum frequently become cancerous and it is a matter of

greatest importance that an early diagnosis be made. It is well to be very suspicious of every case of chronic digestive disturbance in persons past forty and to prove to your entire satisfaction whether it is benign or malignant.

After exhausting the ordinary methods of examination it is well to remember that the fluoroscope and X-ray photograph will often present to our eye the real cause of trouble. So perfect have become the methods of this most wonderful of our diagnostic aids that beginning and advanced ulcers, cicitricial contractions, masses, organic displacements, and foreign bodies are recognized with comparative ease. By the administration of bismuth salts prior to the X-ray examination it is possible not only to picture the size, location and condition of the stomach but also the small intestines, the appendix sometimes, and the colon. It is well worth the time of every physician to read the most interesting article presented at the recent meeting of the American Medical Association, at Atlantic City, on "X-ray Evidence in Gastric Cancer," by A. W. Crane, of Kalamazoo, Mich., together with the discussion that followed in the section of Practice of Medicine. With such a scientific and comparatively exact power at our command, we owe it to our patients and ourselves to have such an examination made in our doubtful but yet hopeful cases.

A visit to our large hospitals and clinics in Philadelphia, New York, Chicago or Rochester, Minn., and other cities where these cases are systematically examined daily, and frequently diagnosed beyond the help of medical or operative procedure, cannot fail to inspire us with the desire to do more careful, better and painstaking work on this and all lines. The earlier and more thorough our diagnostic methods are used, the more lives will be saved or more comfort will be obtained for our patients.

DISCUSSION.

DR. J. FINLEY BELL, of Englewood, opening the discussion, said that he thought it would be difficult to find a progressive physician of the present day who would attempt to retain the term *dyspepsia* in the list of pathological entities. It might be classed with the term *biliousness*, as it really did not mean anything. It means some discomfort, perhaps associated with emesis immediately, or some time afterward. He admitted that the term might have served a useful purpose years ago, but contended that it certainly had not done so within the last fifteen or twenty years, when diagnostic methods have become so refined. He did not believe that any physician had a right to take under his care for treatment a case of indigestion or any case pre-

senting symptoms referable to the stomach, without making a careful examination, physical, chemical and bacteriological, any more than he would have a right to take under his care a case of nephritis and treat it without making an examination of the urine. While admitting the difficulties in the way, such as patients' objecting to it and saying that they could go to another physician and be treated without this inconvenience and discomfort, he contended that this constituted a very slight excuse. He thought that every physician should have in his laboratory the necessary chemical apparatus. It would require only a few reagents, a buret, and a very small amount of knowledge. The man who makes such an examination knows just what he is doing, but without this, the treatment is haphazard. Even without the use of the stomach tube, much information can in some instances be obtained by examining the vomitus and the feces. This, however, is frequently not done, or a very cursory examination is made.

Sometimes the physician will merely look at the vomited material. If it looks green, he will conclude that it is bile. While this may be the case, it may also be mold. A simple microscopic examination, lasting five to ten minutes, would settle the question, and the question, from the standpoint of treatment, is a very important one. Dr. Bell said that one of the instances in which an examination of the stomach contents is of vast importance is in young children or infants, though they ought not to need the same correction as adults. A few days before, in Atlantic City, a teacher of pediatrics in a Western city, in condemning the caloric method of infant feeding, had said that it could not be applied to dyspeptic children. Dr. Bell did not understand what he meant by this remark—whether that the method could not be used in cases of gastritis in children; but Dr. Bell maintained that the caloric method of milk modification or dietetics is meant to be applied to cases of that kind, as well as to normal cases. He wished only to add that he believed it to be the duty of every physician or general practitioner, even though a humble one, in a country town, to provide himself with the necessary apparatus and information to enable him to make an absolute diagnosis of the conditions classed under the general and erroneous term of dyspepsia.

DR. LINN EMERSON, of Orange, stated that while he could subscribe to all that had been said on the subject, he nevertheless thought that the paper and the discussion of it had been characteristic of what the text books for years had been teaching in regard to the matter. While every individual, particularly every specialist, is accused of finding what he looks for in making examinations, Dr. Emerson did not think that this opportunity ought to be allowed to pass for calling to the attention of the society the fact that patients have eyes. He thought that it was pathetic that every year there came to his office about one hundred patients that had been treated by a number of physicians for stomach trouble, had been taking drugs in abundance, and had had their stomachs washed out and various tests applied, but who were really suffering from gastric disturbance due to the need of proper glasses. Dr. Emerson was sorry that Dr. Gray had just left the room, as he was one of these patients. He had had biliousness and sick headache for years, and when Dr. Em-

erson told him that this was due to his eyes, he would not own up that it was so. After having worn the glasses prescribed for him by Dr. Emerson for two or three years, however, he broke them and went without them for two or three days, with the result that he got one of the worst attacks of biliousness that he had ever had. He now admits that these attacks were due to the need of proper glasses.

Dr. Emerson said that it is ridiculous for anyone to say that everybody with gastric trouble is suffering from eye-strain, but that it is nevertheless true that this condition is often overlooked. In most text books one finds no word, from cover to cover, relative to the fact that eye-strain can cause all sorts of nervous diseases and gastric disturbances. He referred to the work of Dr. George M. Gould, formerly of Philadelphia, and now of Ithaca, New York, who had been writing on this subject for the last ten years, and had made a great many enemies in this way and, Dr. Emerson was pleased to say, a few friends, by laying so much emphasis upon it.

Another thing that will produce stomach disorder is oncoming presbyopia. Every one takes it for granted, Dr. Emerson said, that when a woman gets to be about forty years old and has such trouble, it is due to the menopause. She is advised to take a few palliative remedies and to grin and bear it. The truth is that in many of these cases the trouble is due to oncoming presbyopia. Women are usually averse to confessing their age or that they need glasses for near work. For this reason, they go on for several years without getting proper glasses. Every physician who is practising medicine and finds one of these stubborn cases of gastric trouble that do not yield to the ordinary treatment should advise the patient to have the eyes examined by a competent oculist. As Dr. Bell had said about gastric examination and urinalysis, Dr. Emerson thought it was as necessary that such patients should have a proper eye examination as that cases of nephritis should have a proper urinalysis.

DR. J. WATSON MARTINDALE, of Camden, said that he was glad to hear Dr. Emerson speak of eye-strain in connection with dyspeptic disturbance. Another simple matter had occurred to himself as being the cause of stomach trouble. This was the absence of the teeth. He remembered seeing a man who had been treated quite a number of years and had had the ordinary tests for hydrochloric acid, lactic acid, etc., made by a number of specialists, without benefit. Finally he went to a dentist, who found that he required a set of teeth. As soon as these were worn, the man recovered rapidly from his gastric disturbance. Even patients with teeth often have pyorrhea alveolaris, and a local sore, discharging pus in any other part of the body, would be considered dangerous. Many patients, however, have diseased gums and are swallowing a good deal of pus, and this is a very common factor in the production of gastric trouble.

DR. HENRY CHAVANNE, of Salem, said that he wished to speak from the standpoint of the orthodox, and would illustrate it in this way. The first Bull Run battle was fought on the Union side with the old buck and ball muskets, and when modern arms replaced them—the Henry repeating rifle—the Confederates said, "The Yanks loaded on Sunday and fired all the

week." The battle of Gettysburg was fought by the Union forces with modern rifles, but John Burns went into the field with the musket he carried in the Mexican War, and when advised to arm himself with a rifle, he responded:

"I have always carried this. It did good service in other campaigns; and I think that I can do more execution with it than with one that I do not understand." He went through this battle better than if he had used another musket. Each physician, said Dr. Chavanne, has his own manner of treating his cases and of recognizing them, making a diagnosis, and coming to a decision regarding the location of the disease and how the symptoms express themselves. It is well to recognize the fact that there is a condition, which is generally called dyspepsia, although it may be a misnomer. The symptoms, however, are there, and must be recognized by every practitioner, and very simple remedies will meet the requirements of such cases. Dr. Chavanne thought it was best for physicians to continue to treat such cases along the lines of their most successful results.

For example, he wished to mention his own case. When he became a student of medicine, he was thirty-five years of age, and he found it necessary for him to work hard in order to contend against younger men with broad opportunities. His application to work was so close that he eventually began to suffer with what is commonly called dyspepsia, and he was obliged to be very careful about his diet. Almost invariably, after a meal when he was exhausted mentally, he had what is termed reflex pain, and it was suspected that he had cardiac trouble. He consulted one of the professors, who pronounced it a reflex form of stomach disturbance and said that a little bitters after meals would relieve it. Dr. Chavanne went home and took the advice of his associates. He drank vichy water, but it did not do much good. He became disgusted with this and tried a little nuxvomica, which he found did him more good than anything else. He got along very well after this, though he always had to be careful as to what he ate. The trouble was simply a little nervous irritation, which set up functional disturbance and gave him indigestion.

This experience had enabled him to observe more acutely such disturbances in others. He thought that he could qualify the statements of the preceding speakers from his own observation, by saying that although the term dyspepsia may be a misnomer, that all the features and symptoms included under this name by the general profession actually exist. He thought it just as well that general practitioners should treat such cases from their own experience as that they should annoy their patients and drive them away by submitting them to too many ordeals before being positive of the presence of mucous patches or some other thing of that kind.

DR. PHILIP MARVEL, said that the subject had been treated by the writer of the paper and by the gentleman who had opened the discussion very concisely and to the point. Hence, the opportunity to discuss it was very limited. He thought, however, it would be possible to indulge in a few remarks that would be of some material interest to those engaged in the study of internal medicine.

He did not quite agree with Dr. Chavanne

with regard to confining one's treatment of cases always according to one's own personal observations and experience. The practice of medicine has to do with a very progressive science not only, but it covers a very broad field. The busy general practitioner cannot fully understand and master it all, but must have regard to the observations and experiences of others which may have been far more extensive than his own. We must avail ourselves of the help which their larger experience would bring us when we do not obtain the best results from our own methods of treatment. He believed that in such cases duty to our patients and also to the profession and ourselves requires either a consultation or that we should recommend the patients to a physician who might be able to give them the desired relief.

In regard to the treatment of conditions confined to the stomach, Dr. Marvel said that the stomach or lavage tube has undoubtedly been much used and much abused. If physicians were to ask themselves how many of them use the stomach tube intelligently, and were to submit the facts to a committee capable of judging, he feared that many of them would be found who used it not intelligently, and not with the amount of knowledge that they should have. Simply to pass the tube and get the stomach contents, and then determine whether these contents are acid or not, or whether there is hyperacidity or anacidity, is not a satisfactory examination or one that tells the clinician very much about the patient's actual condition, and yet many physicians stop at this point. It is possible for the clinician, at the time that he is using the stomach tube, to determine whether the organ is of normal size or distended; whether it is in a condition of displacement or in the normal position; whether the organ is acting as a normal stomach in the distribution of its contents, and whether the digestive forces are slow, moderately slow, or extremely slow. These points are very easily determined at the time of lavage, and put the physician in the possession of knowledge that is very hard to obtain in other ways.

DR. WILLIAM F RIDGWAY, of Atlantic City, thought that Dr. Marvel had rather misinterpreted the intention of Dr. Chavanne, who had merely been calling attention to the fact that all those symptoms improperly classed under the term dyspepsia are not always due to changes of the stomach or other organic changes, but are functional disturbances that can be obviated by the use of simple remedies. Dr. Ridgway believed Dr. Chavanne perfectly right about the use of nuxvomica and other simple remedies before going into the various details of estimation of hydrochloric acid, lactic acid, etc., and did not doubt that Dr. Chavanne, if he had a case that did not yield to simple remedies, would send his patients to a hospital or to some one making a specialty of stomach disorders.

Dr. Ridgway believed that physicians would be better instructed in regard to the conditions that lead to these dyspepsias, if they had the advantage of medical laws that would allow them to follow these cases to the end. During the past winter, he had been surprised and shocked to see of a daily death list of about thirty, at least twenty per cent. could be classed as latent diseases of the intestines, as shown by

the hospital records, all cases going to the post-mortem tables.

Regarding the use of these various instruments by general practitioners, he did not believe it wise for them to use, for instance, the various tubes that are employed in investigating through long distances the alimentary canal at either end. He had seen a post-mortem examination on one case in which the proctoscope had been used. It was supposedly a twenty-inch proctoscope, and it had punctured the intestines ten inches from the anus. Dr. Ridgway did not doubt that there are other cases in which the use of the gastroscope has done great injury. For this reason, he did not think that the general practitioner should take up the methods of the stomach specialist.

DR. CHAVANNE said that it was difficult to make an association of medical men understand treatment from the individual standpoint. It is almost impossible to explain things properly without running the danger of offending some one and getting into personalities by what might be termed reflecting. He could have illustrated his views by stating that a patient had come to him after having run the gamut of the physicians in his location, and had been cured by simple measures; but this would have reflected on the abilities of these physicians. He had related such an instance in his experience and his hearers had asked why he did not give the patient clear water. He was thankful, however, to say that his experience had been sufficient to counteract the apparent experience of half a dozen physicians in his locality.

He also stated that he did not wish it to be inferred that he would not send a case that had proved incorrigible under his treatment to another physician or a specialist; but he thought that experience and observation would enable the physician to select the persons to place the patients in the care of. He thought that it was almost impossible to speak heterodoxically without placing one's self in danger of being misunderstood by some hyper-ethical person.

DR. MARVEL said that he had had no idea of casting any reflection upon Dr. Chavanne. He was merely discussing the subject, and hoped that the doctor would not interpret his general remarks as having any personal application to himself; he should certainly apologize to the doctor if his remarks were susceptible to any such interpretation.

DR. STEWART, closing the discussion, said: The reflex causes of gastric disturbance, referred to by Drs. Chavanne and Emerson, were strictly to the point. It was not his intention to take up and specify the different causes of gastric disturbance, but was glad to hear Dr. Emerson speak of eye troubles as responsible for many so-called cases of dyspepsia. Regarding the teeth, he also heartily coincided with Dr. Martindale. One of the worst cases of neurasthenia and so-called dyspepsia with which he had had to deal was due to the impaction of a mass of cerumen in the ear of a patient whose membrane tympani was greatly ulcerated. Cure followed the removal of this impacted mass.

Regarding the remarks of Dr. Chavanne, for whom Dr. Stewart had the highest regard, he said that he had the highest respect for the opinions of every man who had been in the profession a greater number of years than he had himself. He could not help admiring the

principle of these men in standing up for the old classification of diseases as taught during their college days. The tenor of his paper, however, had been wholly and solely to this point: It makes no difference what you call the disease, if a cure is promptly obtained. If one's own simple remedies or dietetics do not give relief, this shows the presence of something that needs more investigation. In that case, the scientific methods of the present day will often enable one to discover the exact cause of the disease. He thought it was not well to postpone and procrastinate too long with this line of cases; for if they do not respond and one is not fully satisfied as to the cause of the trouble, we owe it to the patient either to use more modern lines of investigation or to call to one's assistance some one of more experience along these lines than we have had.

THE SUPER - NUTRITIVE PROPERTIES OF MILK*.

BY ALEXANDER McALISTER, M. D.,
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If an apology were demanded for presenting what seems to the writer, at this time, the most hopeful features of the pure milk propaganda from the viewpoint of the physician, the mere mention of recent developments and the fact that almost alarmingly little is being written on the subject, should suffice. The sanitary sciences, particularly as relating to the campaign against tuberculosis, appear for the time being to have crowded the great problems of infant feeding and how to secure a purer general milk supply to the rear. This is to be regretted because of the important part pure milk is playing as a dietary requisite in the treatment of tuberculosis, and the fact that there is, at present, a widespread movement to apply the main principles of the open-air treatment in many conditions other than tuberculosis.

The present tendency to consider milk in its purely biological aspects is at once the most recent and the most auspicious. It is recent as a triumph of the research laboratory and auspicious because it shows milk to be the most extraordinary of foods; moreover it demonstrates the vast difference between pure whole milk and milk that is not whole and pure. In this new aspect of milk we have the strongest incentive yet entertained for shortening to the minimum the interval of time between the milking of cows and the ingestion of the milk.

Centuries ago the opinion was entertained

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that mother's milk possesses properties not embraced under the general head of nutritive principles. This view found practical demonstration in the instances of thousands of infants that were poorly developed at birth, but in a few short weeks made good this lack on rich breast milk. Perhaps this opinion was never entertained with reference to cow's milk. Be this as it may, it had but meager support in poorly understood clinical data, was at best only a vague empiricism and, as a result, was lightly tossed to the four winds in the popular quest for an artificial milk substitute for the hand feeding of infants.

This biological complement, or principle, in milk over and above the strictly nutritional, gives to milk its distinctive character as a food. Other foods are more fattening, but none is so well suited to the needs of the growing young organism as milk. Because of the presence of this complement, though milk is of the nature of a mixed food, in the sense that it contains all five of the essentials of a perfect food, it is digested with the ease of a simple food with very little residue to be disposed of in the intestines. Thus milk meets, as no other food can, the special demand in the infant for rapid constructive metabolism and growth.

Milk is an extraordinary food in the sense that it is made available by nature, unaided by man, to meet specific needs in nature. But if the needs are those of an infant, this statement is applicable only to mother's milk. Cow's milk is ideal only for calves. Still it is a superb fact that cow's milk is the best of all available foods for infants deprived of breast milk. While substitute feeding always adds an element of danger, and unfortunately constitutes a source of danger with increasing frequency, the danger is least when cow's milk is employed. The aim, however, should always be to derive from the milk all that nature centred in it for the benefit of the young. Tourists tell us that in parts of France and Switzerland many babes are taught to nurse at the udder of a goat—an easy though impractical solution of the problem.

Within the last decade we have come to think of the infant as still largely under conditions belonging to prenatal life, that is, as a fetus rather than a fully developed being. Anything other than maternal milk must be a foreign body in an infant's stomach. Normally and physiologically the infant is nourished before birth by the maternal blood, and after by the most direct and virile product of that blood, namely,

colostrum laden maternal milk. Thus we are squarely committed to the biological view of both infant and milk. But the same principles, only to a less degree, apply where milk is temporarily utilized as part of a prescribed treatment. Hence the importance of this subject to the general practitioner and its immediate bearing upon the milk question.

The extraordinary properties of whole pure milk, stripped of the verdant laboratory phraseology, lie in its close kinship to blood. Formerly we looked on milk as a natural emulsion. To-day we must regard it rather as living cells suspended in serum. The cells are nucleated and if not genuine white corpuscles are at least first cousins of the white corpuscles.

The property that stimulates and facilitates digestion and assimilation, perhaps even metabolism; the power that restrains, if it does not destroy, bacterial activity and other more subtle, if not more important, qualities are explained by this blood kinship. Collectively they spell out for milk its poor keeping quality. But here again is a superb fact in milk, namely, that with proper care, as regards cleanliness in drawing and handling, this very subtlety is a safeguard for a considerable period of time under favorable external conditions against destructive changes in the composition of the milk.

These super-nutritive principles of milk are always first to suffer when change occurs in the milk. But here is still another superb fact. Fortunately they resist freezing and under moderate degrees of coldness remain intact for a long time. But these valuable super-nutritive principles are found only in fresh whole milk. In stale milk, milk overrun by millions of bacteria, boiled milk and preserved milk, they are no longer present.

New milk, whether of human or bovine origin, possesses a primary bactericidal and inebitory power that must be a valuable aid to the immature digestive powers of an infant. This power, it has been ascertained, is absolute for more than one hour after the milk has been ingested and almost so for another hour during which time digestion is completed.

As a conclusion just three practical deductions are herewith submitted:

(1) Milk that is not definitely known to be good new milk should never receive a physician's endorsement for nursery or clinical use.

(2) In this favored land facilities are almost never wanting for supplying milk containing 100 per cent. of economic goodness.

(3) The roofer's square of inhabited country that cannot command good milk for its infants and invalids should be held up to public ridicule.

PRIZE ESSAYS.

FIRST PRIZE.

Awarded at the 143d Annual Meeting of the Medical Society of New Jersey, Cape May, June 23, 1909.

ETIOLOGY, PATHOLOGY, SYMPTOMS AND TREATMENT OF EXOPHTHALMIC GOITRE.

BY E. MOORE FISHER, M. D.,

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Exophthalmic goitre is very frequently written of and called Graves' disease, Graves having in 1835 described the symptoms and differentiated the symptom complex from other forms of goitre. It is also frequently spoken of as Basedow's disease on the continent of Europe, Basedow having written a comprehensive description of it five years later and independent of the published researches of Graves. Due credit should be given to an English physician, Parry, who as early as 1825 had observed and described exophthalmic goitre and published an interesting paper giving the history of several cases. Charcot at Salpetriere, in 1844 and 1845, wrote accounts of his observations of several interesting features of this disease and his writings indicate that he considered it to be of an hysterical nature.

ETIOLOGY.

The etiology of exophthalmic goitre must still be looked upon as being obscure. Race does not appear to have any determining effect on the disease, though statistics show it is more frequent in Caucasians. The age of those affected also seems to have little incidence but it is admitted to be more common between the ages of 22 and 35, or during the period most marked by reproduction activity.

In contradistinction to ordinary goitre, it is found to be more common in the female than in the male, there being from three to six times as many females afflicted with this disease as males. Several cases which

I have treated followed either acute articular rheumatism or quinsy; the fact of its following diseases of this character would suggest that exophthalmic goitre may be due to an infective agency entering the system through the tonsils. There is a marked tendency for exophthalmic goitre to occur in several members of the same family, either exhibiting itself in ancestors or siblings. Many cases are associated with a faulty heredity, where there is a decided family tendency toward other abnormal nervous or mental manifestations. This, together with the fact that the first symptoms presented frequently follow a severe fright, grief, worry or overwork, would all indicate that the disease has a neuropathic basis.

Exophthalmic goitre is sometimes found in hemophilics, and in members of a family with this taint.

The idea has been advanced that exophthalmic goitre is due to a disease of the cervical sympathetics, and it is true that stimulation of the cervical sympathetic will give a flushing of the face, with sweating on the same side, a protrusion of the eyeball, with a widening of the palpebral fissure, and exophthalmos, but there is always a dilatation of the pupil. The fact that pupillary changes or disorders are usually absent in exophthalmic goitre would make this hypothesis relative to cervical sympathetics subject to critical inquiry and study. A toxic origin for the disease has also been considered highly probable, and this contention has much force since the disease undoubtedly follows or becomes noticeable to the patient after gastro-intestinal disorders, and crises of this tract are frequently seen throughout the course of the disease. Another fact having a significance in support of this idea is that many patients are relieved by the administration of a mercurial cathartic, mercury being one of our best intestinal antiseptics. It is proper in connection with this to again note that exophthalmic goitre is more common in women, and occurs about the time that the reproductive organs are most active, and that it is frequently associated with disorders of menstruation, either in the form of irregularities or scantiness, and that in a few cases it appears to develop along with the course of a pregnancy.

Sajous has lately, in his book on Internal Secretions, advanced the idea that exophthalmic goitre is due to disorders of the suprarenal gland primarily causing an over-activity of the thyroid, with increased

oxidization in the tissues throughout the body, and explains the primary symptoms of exophthalmic goitre on this ground. He states that this is followed by an insufficiency in the thyroid secretion which gives rise to marked nervous diseases, emaciation and death. To support his idea that the adrenals are at fault he calls attention to the fact that a similar pigmentation to that so common in Addison's disease is frequently observed in exophthalmic goitre.

The increase in the size of the thyroid tends toward the supposition that hyperthyroidization is responsible for many of the symptoms present. In support of this contention are the facts that improvement and cures have taken place after removal of all or parts of the gland; that overdoses of thyroid extract give rise for a brief time to symptoms which are very similar to those in exophthalmic goitre. The idea is also supported by the fact that myxoedema occasionally follows after degenerative changes have taken place in the gland or its removal. On the other hand the idea is combated by the fact that removal of the gland by operative procedures does not always give relief from the distressing symptoms of this malady, but occasionally intensifies them.

That the disease may be of bulbar origin has been seriously considered, because of the fact that we have disturbances in the cardiac region, and of the vaso-motor nerves, with secretory and thermic disorders, and in a few cases palsies of the cranial nerves producing ophthalmoplegia, facial palsy, trigeminal neuralgia and auditory disturbances. The fact that we have cases occurring where no constant factor is found seems to prove that this disease has no known particular etiological cause, but that a certain number of cases can be found where one or other of the conditions mentioned appear to be the determining excitator of the disease.

I am of the opinion that the first cause of the disease is an infection or auto-intoxication affecting the upper part of the medulla, which has connection with the sympathetic nervous system in this region, and which also involves some of the accessory nuclei of the vagi. Irritation of this part of the bulb gives rise to an enlargement of the thyroid gland with an excessive increase and possible perversion of its secretions followed by their absorption, and that the symptoms so different in each case are so because of the difference in the extent of these involvements varying with the pe-

culiar make-up of the individual. The disorders in the cardiac region and the gastrointestinal disturbances are no doubt due to disturbances of the vagi with irritation of the sympathetics. When confronted with the fact that there are numerous agencies which cause an enlargement of the spleen, another ductless gland, it is equally fair to assume that this is possible in connection with the thyroid. The removal of the spleen is occasionally necessary, and is attended with gratifying results much as the removal of the thyroid occasionally is of benefit in exophthalmic goitre.

The disease is insidious in its onset, a sudden fright being frequently the cause assigned for its immediate outbreak.

PATHOLOGY.

In a disease where the etiology is a matter of so much controversy, it is clear that no satisfactory conclusions as to causation have been reached, and the great variety of lesions found by the different studious observers tends to surround its pathology with the same lack of scientific definiteness.

Enlargement of the thyroid is a prominent symptom which is usually present and affords a basis for diagnosis at post-mortem. Macroscopically the gland is enlarged, and it is noticed that there is an increase in the amount of its vascular tissues; the surface is nodular, the capsule thickened. On section parts of the gland are found to be hard and rather resistant and of an opaque pinkish color, instead of being of a gelatinous elastic consistency and brownish-red, as found in a normal gland. These pathological conditions may be general throughout the thyroid, they may be only in one lobe or they may be diffuse and only found as minute foci which show more opacity than the surrounding colloid tissue. Microscopically an increase of the connective tissue can be seen, with numerous fibrous strands running throughout the section. The alveoli instead of remaining round are distorted in shape, irregular in form and generally smaller than in the normal specimen. Some alveoli, however, are distended and larger than they should be, while others are so crowded with cells that the lumen is practically obliterated. The epithelial cells of the alveoli lose their columnar form and become cubical. There are also numerous lymphoid nodules found through the surface of the gland. A decreased percentage of iodine in a chemical analysis of the substance of the thyroid

gland shows an alterative change in its construction.

Passing to the second most conspicuous symptom—exophthalmos, we find that the only regular and constant cause for this is an increase of the retro-bulbar fat in the orbit; this fat presents a truly remarkable appearance because of its quantity even in cases with a marked general emaciation, where practically no fat is to be found in any other portion of the body.

The heart may show no macroscopic or microscopic changes, though dilatation of the heart, with hypertrophy, and degenerative changes, is common. There is usually an increase of the lymphoid tissue throughout the body; this fact has already been referred to in speaking of the findings in the thyroid gland, the tonsils and lymph nodes throughout the body are generally enlarged. The thymus gland is frequently persistent in these cases, or at least shows less atrophy than usual. Minute hemorrhages are frequently found in the upper part of the medulla, or in relation to the restiform bodies, but in psychoses which have been associated with exophthalmic goitre I have at post-mortem found no lesions of the central nervous system which differentiate them from the same mental diseases unaccompanied by thyroid involvement except the hemorrhages referred to.

SYMPTOMS.

The disease generally is brought to the attention of the patient because of cardiac palpitation, frequently felt at night, and associated with the tachycardia; or because of an enlargement of the thyroid gland, the patient noticing that his collar is becoming tighter than usual. If exophthalmos is present, the disease is recognizable on sight. Further examination will reveal tremors and characteristic nervous symptoms; the temperament of the patient gradually changes. The patient is easily excited, and apparently on the *qui vive*, resembling a young debutante ready and waiting for her initial entrance into society, or a student before an oral examination. What would produce but a slight start in an ordinary individual will give rise to pronounced excitement in a sufferer from exophthalmic goitre. They are anxious to work, but are unable to do so because of this increased excitability, and after the manner of neurasthenics are very irritable and fussy, enlarging upon trivial matters. Often their perceptive and reactive condition resembles that seen in a mild case of manic-depressive

insanity. There is usually a loss of appetite, though in some the appetite is perverted and insatiable; in either case the patient becomes gradually emaciated. Pruritis is frequently a symptom that is greatly complained of. Insomnia is often present, though this may be more noticeable to the patient's friends or relatives than to the patient. Other distressing symptoms that may be present are increased lachrymation and profuse sweating. There is also often an intolerable sensation of heat, the patient being uncomfortable even at low temperatures.

The course of the disease is usually chronic. Emaciation gradually becomes more marked, and a clinical examination of the blood shows the picture of a secondary anemia. The tachycardia, with palpitation, is often very distressing. There are numerous complaints of muscular weakness and vague pains in different parts of the body. Occasionally the disease runs a very rapid course; some patients recover without any noticeable ill effects even where no medication has been used. There may, however, be a recurrence in these cases. In other cases the patient dies within a very short time, some not living more than three to six months after the exhibition of the characteristic symptoms. In most cases, however, the course of exophthalmic goitre is more protracted, running from six to ten years.

Frequently death is sudden and in many of these cases an enlarged thymus is especially noticeable at autopsy. Death may be due to the increased rapidity of the heart action over-tiring this organ, acute syncope ending the struggle for existence.

In describing with more detail the symptoms of this disease, it is advisable to divide them into primary, or those usually present at the beginning, and the accessory secondary symptoms, which occasionally occur during the course of the disease.

In the former class we have those which give the name to the disease in question—goitre, or enlargement of the thyroid, and "exophthalmos," and along with these tachycardia, which makes the first triad, and the second triad more apt to be found by the physician making the examination than to be subjective, are tremors, muscular weakness and peculiar nervous manifestations. In a well defined case of exophthalmic goitre these are all present. There are, however, a goodly number of cases where some, even most, of these symptoms are absent. These being the formes frus-

tes of the continental writers. The disease has been divided for purposes of description into complete, incomplete and abortive cases, but this appears to me to be unnecessary.

The enlargement of the thyroid comes on gradually, and the gland does not as a rule reach the size seen in ordinary cases of parenchymatous goitre. The blood vessels on the surface of the thyroid are generally enlarged and appear prominently under the skin, where they can be seen pulsating violently. A thrill is often palpable, and a murmur or bruit can usually be heard if an examination is made by means of auscultation. A double murmur, said to be pathognomonic, has been described by Guttman. I have only found this present in one case. The involvement of the gland may be general, and symmetrical, but at times only one lobe is affected. If the isthmus is enlarged, the patient frequently suffers from dyspnoea or dysphagia.

Where the other symptoms are present in noticeable degree and enlargement of the thyroid appears doubtful, it is advisable while examining the front of the neck to have the patient swallow a mouthful of water. This is especially useful where the gland is placed lower than usual, as the thyroid will rise and can be more readily detected, and a change of size observed if present, as during the upward movement which takes place during the act of deglutition the gland becomes more prominent.

The exophthalmos, which gives this disease its distinguishing title, makes its appearance fairly early. It is usually bilateral, though occasionally unilateral, and generally more marked on one side than on the other. If more pronounced on either side, or unilateral, the right eye is the one more frequently involved. The sclera is more noticeable around the cornea and the lids appear further apart than in the normal individual.

Von Graefe's sign is generally present. This consists in the impairment of the consensual downward movement of the upper lid with that of the globe; in other words, the upper lid does not follow the eye-ball when the latter is moved downwards as in healthy individuals. This sign has been considered pathognomonic, but may be present in other diseases, and may disappear during the course of exophthalmic goitre, even though there is no amelioration of the exophthalmos. If it does disappear it frequently recurs at a later period in the disease.

A similar sign in connection with the movement of the lower eyelids I have noticed occasionally, but the degree of movement is considerably less.

Stellwag's sign is the name given to the infrequent and incompleteness with which the act of winking is performed. It is very noticeable, and the resulting exposure of the eyeball sometimes leads to the production of corneal ulcer. The following sign, called Dalrymple's, is generally present, and is frequently, though incorrectly, included in a description of Stellwag's sign. Dalrymple's sign is the name given to the staring appearance of the eyes, and it is due to the fact that the palpebral aperture is enlarged owing to retraction of the upper lid.

It is also necessary to observe if Moebius' sign is present. This observer has noted that unilateral convergence is normal in exophthalmic goitre, but that the force of binocular convergence is sensibly diminished, though there is not any mechanical obstruction to account for this lack of convergence occasioned by the exophthalmos or any ocular muscle paralysis. This condition frequently causes the patient to consult an oculist, to whom he complains of weakness of vision rather than of diplopia.

Tachycardia may be the earliest symptom. It frequently precedes the goitre or the exophthalmos. The heart beat is generally above 100 a minute and may run as high as 200. Position does not appear to have any marked effect on this condition, although prolonged rest in bed does at times reduce the rate of the heart beat.

Palpitation may be a very troublesome symptom, and the one which causes the patient to seek a physician's advice; this is often especially noticeable at night. If it is possible to exclude infectious diseases, which may be done by the use of the thermometer, and organic heart lesions, a persistent tachycardia with noticeable palpitation should cause the physician to be on the lookout for other symptoms of exophthalmic goitre.

The patient's blood pressure is apt to be increased, but if it is, the increase is usually not constant throughout the disease, and in some cases the blood pressure is below normal.

Tremor is of especial importance in the early diagnosis. It is of a fine fibrillary character, and even where this symptom is not complained of and is not especially noticeable, the tremor may be detected by having the patient place his hand between

both hands of the examining physician, when the muscular twitching can be easily felt. Sometimes the tremor is unilateral, when the tremor is likely to be found on the same side as the exophthalmos. If the person is excited or if he is attempting to do anything which requires marked mental concentration, the tremor becomes more noticeable. The patient writes with difficulty and the tremor resembles that found in exhaustion, being of a finer character than that found in paralysis agitans, disseminated sclerosis or other organic nervous disease.

That nervous or even mental symptoms may frequently supervene on the four classical symptoms already mentioned, is without doubt. The nervous symptoms are most frequently referable to defective function of the sympathetic nervous system; viz.: we are apt to find gastro-intestinal disturbances, the most common being diarrhoea, beginning without any obvious cause, and which is checked as abruptly as it commenced without the administration of drugs having shown any beneficial effect. We also see violent paroxysms of vomiting which cannot be controlled by any of the well-known remedies used for the relief of this condition. These crises occasionally prove fatal, especially in what are known as the acute attacks of exophthalmic goitre. Disorders which appear to be due to diseased conditions of the trophic nerves are also common, and include the angio-neurotic oedemas, flushing, erythematous eruptions and urticaria. There may be profuse general or localized perspiration and occasionally localized pigmented areas appear in the skin. The attention of many female sufferers from exophthalmic goitre is first directed to their trouble by the appearance of alopecia, and they consult a physician for this annoying condition instead of complaining of some of the better known symptoms of the disease.

The mental symptoms are also varied, and the patient may be either excited or depressed. Practically all are agitated, and it is to be borne in mind that the prognosis is bad where a psychosis is added to an attack of exophthalmic goitre. There are also a number of cases which resemble a mild neurasthenia with periodic outbreaks of mental excitement which makes those so afflicted unable to fit in with their environment and necessitate hospital care.

The muscular weakness may take the form of temporary paresis, or there may be actual paralysis either permanent or transi-

ent of various muscles, the patient often complaining of weakness of the knees.

During the course of the disease the patient may complain of numerous peculiar symptoms referable to almost any of the organs of special sense, such as the eye, ear, nose, throat or tongue. These do not improve under appropriate treatment and the symptom complex is frequently mistaken for neurasthenia if the thyroid is late in becoming enlarged, the exophthalmia is not prominent or the tremor and tachycardia not noted and properly recognized and accounted for as signs of exophthalmic goitre.

Another well marked peculiarity of the disease which makes its resemblance to neurasthenia more pronounced, is the fact that all the troublesome symptoms are intensified in the morning, while during the afternoon and evening the patient is at least comfortable, if not entirely unconscious of any disagreeable subjective symptoms. The fact that the disease is progressive in character and that a gradual failure in health is observed should also be taken into account.

Clinical examination of the urine may show that it contains a small amount of albumin or sugar, and in cases of uncontrollable vomiting acetonuria may be present. If the patient complains of any condition referable to the urinary system the one most likely to be noticed by him is polyuria.

TREATMENT.

Since its recognition as a distinct entity almost every remedy in the pharmacopeia and many newer remedies, not yet official, have been used in the treatment of this disease or in the treatment of its numerous symptoms and complications. As in most diseases of doubtful origin where all known remedies have been tried without avail, so in exophthalmic goitre we find that there is no specific remedy. The treatment may well be divided into three classes: general, symptomatic and local or surgical; general treatment being sub-divided into hygienic and dietetic, medicinal remedies and animal therapy.

Probably as in most diseases, rest is as beneficial as anything we can offer; even a regular Weir Mitchell course is advisable in some cases. The application of an ice bag over the cardiac region will alleviate the painful palpitation, and has a sedative action over the tachycardia. The keeping of a patient on a purin free diet makes him

more comfortable and decreases the distress from the symptoms; a return to the use of meat being generally followed by an increase in the severity of the disease.

The medicinal remedy with which most success has been obtained recently is the neutral hydrobromide of quinine. Two to five grains of this salt given three times a day is frequently followed by a diminution in the size of the thyroid and amelioration of the muscular tremors, along with a general lowering of the marked nervous irritability and an increase of the body weight. Those good results are probably due to the beneficial action of quinine on the process of metabolism when used in the form of the hydrobromide.

Other medicinal remedies used with the idea of strengthening the body as a whole are iron, used where there is pronounced anemia, and glycerophosphates of lime and soda. The exhibition of iodide of potassium is also of benefit at times, though it may be necessary to administer this salt in large doses before any improvement is noted—if at all. It is thought to owe any virtue it possesses to the liberation of the iodine ion which acts on the gland in such a way as to change its perverted function. Bromides of sodium and ammonium are occasionally necessary, especially where the nervous or mental symptoms are marked.

The use of thyroid extract, or thyroïdin, has not been followed with good results in most cases, there frequently being an exaggeration of the symptoms following its administration. Thyroidectin, a preparation from the blood of goats after removal of the thyroids, has proved useless in my hands. The use of serum and Rodagen, the name given to milk from thyroidectomized goats, has not been as successful as was claimed by their originators and early experimenters; this cannot be considered strange when it has been proven by repeated experiments that the parathyroids are the glands which exercise most of the function of the thyroid in herbivorous animals.

For the tachycardia digitalis does not usually prove satisfactory. I have had more success when administering tincture of strophanthus in rendering this condition less troublesome to the patient.

Thymus extract occasionally slows the pulse, but this effect rapidly disappears even though the dose be constantly increased; the same is true of the administration of adrenal extract. The application of an ointment of the red iodide of

mercury over the enlarged thyroid has proved of benefit in a few cases.

Massage and hydrotherapy have been tried, but in my hands they have been productive of harm rather than good, as I find that they add to the nervous excitement usually present in those suffering from exophthalmic goitre.

Electrical treatment has also been used to some extent, but no permanent good results have been observed, the seeming improvement in the patient's condition being only temporary. Electricity is used either with or without an attempt being made to introduce the ions of salts, such as potassium iodide, into the gland itself, this being tried by means of galvanism; the cathode being placed on either side of the thyroid, while the anode is used in the region of the seventh cervical vertebra. The current should be applied for several minutes at a time twice or thrice a week, using two or three milliamperes. If faradism is used the positive electrode should be placed on the back of the neck, the negative being used to pass upwards and downwards over the carotids.

The exophthalmos may be controlled in its earlier stages by the application of a light pressure bandage. If corneal ulcer is present it should be treated with a solution of atropine (4 grs. to 1 oz.) two or three drops being instilled night and morning, and the ulcers carefully cleansed with peroxide of hydrogen; washing the eyes with boric acid if there is any impairment of nictitation may prevent the formation of a corneal ulcer.

Surgical methods should only be attempted after all other measures have failed. Hemorrhage from the gland may be profuse and very hard to control, and as has already been said, occasionally patients with exophthalmic goitre belong to a family of bleeders.

Patients bear anaesthetics badly, syncope may follow their administration. By removing the thyroid gland, under local anaesthesia Kocher has obtained good results, claiming that less pronounced serious disorders follow this procedure. Following partial or total extirpation of the gland, the symptoms of exophthalmic goitre if relieved at all pass away gradually. Lanz crushes the gland, and claims that this does away with any rise in temperature after the operation or any untoward symptoms. Most frequently removal of the gland results in no benefit to the patient, and the disease shows a tendency to recur

even if temporarily relieved by an operation.

Jaboulay and Balacescu claim to have had similar good results as are found after operations on the thyroid by cutting the cervical sympathetics.

In conclusion, my observations have been that the disease in question is most probably toxic or infectious in its original conception, giving rise to nervous disorders followed by changes in the thyroid gland itself. These are followed by the other symptoms, which are due to a perversion in secretory function of the gland. The course of exophthalmic goitre is usually chronic, and there is no line of treatment which has proved satisfactory in every case. The most that we are at present able to do is to relieve the more pronounced symptoms as they occur, and by the adoption of such measures as will build up the patient and give tone to his nervous system, render him as comfortable as is possible under the circumstances.

THE METHOD OF PERSUASION.

By Paul Dubois, M. D., Professor of Psychotherapy in the University of Berne, Switzerland.

(From Psychotherapy, the Centre Publishing Company, New York.)

Improvements or cures wrought by suggestion can be obtained by methods more rational, and when I see where the puerile suggestibility of the human race leads to, I am obliged to set aside at the outset every practice which may further develop this suggestibility. In using it one crushes the spirit, and it is a dear price to pay for partial success, which, with a little patience, could be attained better by legitimate persuasion following up a more general educational idea.

Therefore reject, on principle, in every attempt at education or re-education:

1. Authority, which is always bad in spite of its momentary success, because it does not conduce to the necessary clear-sightedness.

2. Suggestion, because it crushes the spirit and develops a grave fault inherent in the human mind; namely, suggestibility.

I recognize but one means of education: persuasion by means of proof, by demonstration, by logical induction, and by reasoning which touches the heart.

* * *

If there is an analogy between suggestion and persuasion resulting from there being two methods of inculcating an idea, there is a radical difference: one addresses itself to credibility, the other to reason. This is what makes me say: "There is the same difference between suggestion and persuasion that there is between an 'April fool trick' and a piece of good advice." Both induce a physiological reaction in the individual, inciting him to act—this is the resemblance; but the physiological processes are opposed to each other: that is the difference.

Even in giving a wider meaning to the word suggestion, as Bernheim does, we must distinguish two kinds:

1. That which appeals to the subject's credulity.

2. That which appeals to his reason.

Admit, then, to use the strange language of the clinician of Nancy, that when one applies "Suggestion applied to Reason" it is in a just and righteous action, then to use suggestion to the simple of faith is an irrational proceeding.

I know, also, with what quaint artifice of dialectic they would put persuasion back in the class with suggestion. It is in distinguishing in the methods of persuasion between one part its more or less vigorous logic, and the other part its sentiments of confidence and sympathy which are established between the doctor and his patient, and which lighten the labor of his reasoning.

Far be it from me to misinterpret this personal influence of the physician. It is of great importance, but I deny that he fails to see in it a suggestion influence in the proper sense of the word. Yes, I have said it regarding education in general: outside of the mathematical sciences, where one proves things, persuasion cannot act, except on subjects who give us their confidence, who are bound to us by a certain degree of sympathy. But these sentiments in which the patient anticipates his physician and abandons himself to his influence, are essentially rational. They result from facts more or less well established, such as the physician's fame, knowledge of cases he has cured, the trust reposed in the physician as the result of his careful examination, his trustworthiness and goodness which are recognized from his reception of the patient at his first visit, etc. These sentimental influences grow proportionately as the sick man notes how the physician's patience and his increasing kindness help in the recovery of other patients. With that he commences to believe in his own recovery.

Call this suggestion, if you hold to so vague a term, it's all the same to me, but this suggestion has appealed to reasonable ideas. These mental images have given birth to the sentiments, and these, in turn, introduce the patient, not to passive obedience, but to an active obedience, active and premeditated to a "rationabile obsequium," which offers a solid foundation for subsequent logic.

But the physician must be careful not to abuse this influence, however rational it may be. The patient should not calmly submit to a physician any more than anyone else, or render him obedience as to a charmer or fascinator. He should give play to his physical faculties, sharpen his judgment and aid the physician in the delicate analysis of the mental impressions which have determined the diseased condition. We should not fear to call our patients' attention to the dangers of a faith, if not blind, at least one-eyed, which, even though it may deliver them from their ills, will break their spirit. It is with great care that one should, in the practice of medicine, use his personal influence, that impalpable something which in human intercourse opens the way to persuasive action.

* * *

The further we progress in the study of normal and pathological psychology, the more we recognize the value of the idea as a pathogenic

agent, and enter resolutely on the path of rational psychotherapy.

For my part, as soon as I have recognized the origin of a disease in a faulty mental conception, carrying in its train functional disorders, I no longer attack these latter; I go directly for the pathogenic auto-suggestion. It does not enter my head to prescribe digitalis, bromide or valerian for a lady when I know that she stirs up her bad feelings and invites palpitation or insomnia or worry by unnecessary fears or an exaggerated impressionability. That would be to waste one's time with palliative treatment, most often inefficient, and would make the patient forget her chief duty, to correct her mental attitude. If I should come back, in a very rare case, to physical remedies, I should consider it necessary to tell the patient that there was something irrational in thus attacking the effects when one should be able to suppress the causes.

I enjoin upon myself the same scientific sincerity when a psychoneurotic case is complicated with an independent physical disease as when I accidentally run across a case of anemia in a neurasthenic, or an affection of the heart in a psychasthenic.

I have recourse to preparation of iron, or to digitalis, but far from exploiting the suggestive influence to such a prescription, I warn the patient that this treatment, which is of use in his organic ailment, will have no direct effect on his psychoneurotic state.

Honesty is at the bottom of all true psychotherapeutic treatment, and if the subjects dealt with be within the grasp of the patient's intelligence, we should submit to them the plan of treatment with its full significance.

When we use medicines we cannot always explain their modes of action to our patient, even when we know them ourselves, because he lacks the prerequisite knowledge. In psychotherapy the situation is quite different. We cannot act on the patient without carrying him along by logic; we must then take him by the hand and introduce him into the labyrinth of psychological research—we carry him along with language appropriate to his degree of culture and intelligence. Latin will do him no good; he needs clear, simple language that will give him clear ideas. Here the physician ought to discard particularly his technical language and the big-sounding words derived from Greek or Latin by which medical men with or without a degree have from time immemorial known how to lead their patients around by the nose. Even to-day Moliere would find excellent subjects for his satires.

Psychic therapy has had three periods. In its ancient period it was unknown and yet was unconsciously the salvation of medicine. Without it the inane therapy of practically useless and usually harmful agents would have shelved medicinal research for centuries. In its mediæval period, or the period of beginning scientific medicine, its entity was only faintly recognized, yet it continued to act as the conservator of treatment. In modern medicine it has been isolated, analyzed, applied, but its scientific administration is not yet—a reservation for the final period of its evolution. Until then Mrs. Eddy will keep her halo.—Exchange.

Clinical Reports.

Gastric Sarcoma.

Reported by G. K. Dickinson, M. D., Jersey City, N. J., in the A. M. A. Journal.
July 10, 1909.

History—For nine days Mrs. S., aged 53, an Italian who could speak no English, was attended by her physician, Dr. Stack, of Hoboken, who could not understand Italian. The main observations made were: Rise in temperature, which, at the time of consultation, the ninth day, was 104 plus in the rectum, with a pulse of 110 and respiration in the twenties. The patient placed her hand on the upper portion of the abdomen, seeming there to locate the distress; examination revealed a rigidity of the recti in that region; pressure caused expressions of pain, which was, apparently, more acute at Robson's point; examination of the chest and lower portion of the abdomen elicited no evidence of lesion. A tentative diagnosis of cholecystitis was made and the patient was removed to Christ Hospital. On the tenth day of the disease rectal temperature had dropped to 101; the abdomen had softened and a lump was discovered at the left of the mesial line just below the costal margin. It was deemed advisable to proceed with operation.

Operation—The patient was celiotomized through the right rectus. The gall bladder was found perfectly normal, containing limpid bile. There was no evidence of past inflammation of it or of the ducts. There were no calculi. The duodenum and pylorus showed no defect. The head of the pancreas was normal to the touch and was not movable. The stomach on delivery was about 17 cm. long, and on its anterior surface midway between the orifices was a nodular growth, hemispherical in shape, 4 cm. in diameter, rather purplish at apex, assuming the color and appearance of the stomach at margin. Its upper edge overlapped the lesser curvature. The stomach was completely delivered, the lesser curvature stretched open, and between clips this growth and a cuff of a centimeter was removed, requiring a V-shaped resection from the anterior wall and a partial resection of over 6 cm. of the lesser curvature. The stomach wound was closed by the usual method and the viscus dropped.

Postoperative History—The day following the operation the temperature again went to 104, and this elevation of temperature was maintained for six days, with corresponding acceleration of pulse and respiratory movement. On the fifth day after the operation she began coughing and a plastic pneumonia of the right lower lobe was discovered, but from this on a steady convalescence was maintained and she was discharged from the hospital on the fourteenth day after the operation.

Pathologic Report—The tumor was referred to Dr. G. E. McLaughlin, pathologist of Christ Hospital, who made the following report: "The tumor from Mrs. S., received May 17, 1909, had a distinct capsule, from which it could be shelled out without evidence of special adherence and without any penetration of gastric mucosa. Microscopic examination of the stained sections showed a rather dense mass of large spindle cells with large and well-stained nuclei and with numerous capillary blood vessels. In some

portions these vessels were very much dilated and of a decided angiomatous type. There was also noticed some dilatation of the lymphatics. Diagnosis: Nodular sarcoma (spindle cell) of the exogastric type."

Gunshot Wound in Abdomen.

Upward of Thirty-five Perforations of Small Intestines with Recovery.

Reported by T. P. Whaley, M. D., Charleston, S. C., at the meeting of the South Carolina Medical Association and published in the South Carolina State Journal.

W. J., age 18, of Florence, S. C.

History: Patient was seen four hours after the accident and gave the following history, that he had been accidentally shot in the abdomen from in front diagonally to the right, seven shot entering to the left toward the left side, said cartridge containing numerous No. 5 shot. Patient's condition fair, suffering slightly from pain and some shock. Not a particularly robust individual. Examination of the abdomen revealed numerous gunshot wounds entering diagonally from the left of the median line below the umbilicus, numerous other shot entering to the right of the median line; some of which barely grazed the skin and some had penetrated the muscles. There were other small shot wounds in the neighborhood. The patient was vomiting freely when first seen and was ejecting a large meal which had had partaken of about ten minutes prior to the accident. Patient was prepared for laparotomy in the usual manner with the exception that the enema was omitted. He was given large quantities of salt solution by the mouth which he immediately ejected, thus washing out the stomach as thoroughly as possible without resort to the tube. Ether was administered and the patient rapidly came under its influence. A more thorough examination of the wounds while the patient was under the anaesthetic made it very doubtful if any of the shot that had entered to the right of the median line had perforated the peritoneum. It was more than probable that the seven shot which had entered to the left of the median line had perforated the peritoneum; it was therefore determined to open the abdomen in the median line. An incision was accordingly made from the umbilicus to the pubis; upon opening the abdomen it was immediately seen that the peritoneum had been perforated and the intestine also. Food and fecal matter, together with considerable bloody serum, was found loose in the abdominal cavity. The first wound disclosed was found in the jejunum, here and there were several wounds together, the majority of them, however, were separate and distinct. After 35 perforations had been sewed up with the Lembert suture (with fine silk as the material), on account of the grave condition of the patient, further counting of the perforations was out of the question. The last half hour on the table the patient was kept alive with intravenous infusions of normal saline solution. The intestines were all removed from the abdominal cavity the cavity sponged and irrigated, the intestines sponged and irrigated, and the outer surface of the abdomen and the abdominal cavity were again sponged and irrigated. The

intestines were returned to the abdominal cavity, a small drain inserted in the lower end of the wound, and the wound closed with silk-worm through and through gut sutures in order to hasten the operation as much as possible. A suitable dressing was applied and the patient returned to his bed. An uninterrupted recovery resulted.

My chief reason for reporting this case is that so far as I am able to ascertain this is the largest number of perforations of the intestines ever recorded, with recovery. After a diligent search of the authorities I am still convinced that this is the case.

Another reason for reporting this case is that the technic of irrigations, etc., as outlined above has given excellent results in two of three cases—two whites and one darkey. While the cases recorded are few in number the percentage of $66\frac{2}{3}$ of recoveries is certainly worthy of notice. The case that succumbed was an eleventh-hour operation and had well developed peritonitis before operation.

Cases of Liver Resection.

Reported by Dr. L. Feingold in a paper read before the Chicago Medical Society. From the Illinois Medical Journal.

Case 1. Operated by Dr. Frank, Mrs. B., aged 54, married, has two children, both well. Family history negative. Personal history: Had muscular rheumatism for several years; she also had gastric trouble on several occasions. We found her greatly emaciated and cachectic, her appetite was poor, bowels sluggish. She complained of constant pain in the epigastric region.

Examination—The right hypochondriac region was tender on pressure. The edge of the liver could be felt distinctly, which was hard, extending a few inches below the costal arch. The case was diagnosed as tumor of the right lobe of liver probably associated with cholelithiasis. She was sent to the hospital for operation. November 16, 1905, an incision was made through the right rectus muscle, and on opening the peritoneum the following conditions were found: The gall bladder and the edge of the right lobe of the liver were covered with strong omental adhesions. Loosening the latter the gall bladder was found contracted and filled with stones; the edge of the liver at the site of the gall bladder was of a fibrous hardness, simulating carcinoma. The gall bladder, together with the calculi, were removed without opening it. The diseased portion of the liver was excised in a wedge-shaped manner through the healthy liver tissue, according to the first method previously described. The control of hemorrhage was perfect. The removed portion of liver was examined microscopically and proved of benign origin. Patient's recovery was uneventful. She is still in good health and has gained in weight.

Case 2. Also operated upon by Dr. Frank, Mrs. G., aged 38. Family history negative. Personal history: Is married, has four healthy children. She has had gastric trouble for many years, with symptoms of vomiting now and then, especially after eating and at times also between meals. She was greatly emaciated. Examination revealed a large mass in epigastric region which was diagnosed as carcinoma of the pylorus.

November 14, 1906, she was operated. On opening the abdomen, the following condition was found: A large tumor involving one-third of the stomach at the pylorus end. The mass was firmly adherent to and involved the lower part of the liver in that region. In order to commence to liberate the mass, a large wedge-shaped portion of the liver was removed, encircling the mass. The flaps were sutured as already described; this completely arrested the bleeding, re-establishing the continuity of liver surface, forming a new border. After this was accomplished we managed to remove part of the stomach and made a gastroenterostomy. The pancreas, being also involved in the mass, was removed. The abdominal cavity was drained. Patient died the following day.

The reason for reporting this case is to illustrate how a large portion of liver can be removed without temporary hemostasis and the bleeding so nicely controlled.

Case 3. Operated upon by the author. Mr. B., aged 54, married. Family history negative. Personal history: He always enjoyed good health until about two months ago, when he took sick with severe stomach cramps, radiating to the shoulder blades. A physician was called, who stopped the pain with a hypodermic of morphia. He also complained of a distressed feeling after eating. He had been jaundiced of late.

Examination—The patient looked icteric and I elicited tenderness over the gall bladder. I sent him to the hospital and on the following day, December 10, 1907, made an incision through the right rectus muscle, and on opening the abdomen I found intestinal adhesions to the liver and gall bladder, which were carefully separated. The gall bladder was contracted, containing many small stones. A cholecystectomy was made. A small white indurated area the size of a walnut existed at the edge of the liver. This was incised, found filled with gall-stones. This pouch, after the gall bladder was removed, was resected through the healthy liver tissue, according to Dr. Frank's method. The abdomen was partly closed and drained. Recovery uneventful.

The only two published cases I succeeded in finding on careful perusal of the literature are one by Professor Garre and one by Professor William Schroeder.

Case 4. In the September, 1907, issue of the *Journal of Surgery, Gynecology and Obstetrics*, Professor Dr. Garre contributes an article for the "Senn Festschrift," entitled "Resection of the Liver," and among his recorded cases I find only one case of real resection in which he employed Dr. Frank's method. This is the first published report on the human where this technique was carried out. No drainage was used. The patient made an uneventful recovery.

Case 5. In the Cook County Hospital Reports, 1906, Dr. William E. Schroeder, of Chicago, reports a case of adeno-carcinoma of the liver in a woman, 31 years of age. On entering the abdomen, the tumor was found to be situated in the lower portion of the right lobe of the liver. This was removed in a wedge-shaped manner, leaving anterior and posterior flaps, which were brought together by coaptation catgut sutures. The abdomen was closed. Patient recovered. Nine months later the patient died from recurrence of the disease in the general peritoneal cavity.

Conclusions: (1) The removal of large portions of liver is not to be dreaded; (2) Temporary hemostasis is not necessary, as the blood pressure in the portal circulation is low and hepatic vessels can be ligated singly or en masse; (3) The possibility of successfully ligaturing and suturing liver tissue is a demonstrated fact; (4) Suturing liver tissue must be accomplished with ease and with the most simple means in the hands of every operator. This is accomplished by Dr. Frank's method; (5) This perfected technic in dealing with liver resection will not only greatly reduce the mortality, but also post-operative complications.

Daily Press Items.

New York Vs. New Jersey Sewage Pollution.

(From the Perth Amboy Chronicle.)

Engineer Edlow Harrison, of Jersey City, in his communication to Hugh Gordon Miller, special assistant to the United States Attorney-General, pointing out the fact that Greater New York empties an enormous amount of crude sewage into the bay, simply repeated what had been shown before and which had been commented on in these columns. As Mr. Harrison says, a plaintiff must come into court with clean hands, and in this case the hands of New York reek with sewage. But as a matter of fact the proceedings taken against New Jersey originated, not with New York, but with a few men who run the New York Merchants' Association. When these men began their opposition to the project of a Passaic sewer evidently they were so illy informed as to the sewerage system in New York that they did not know that all of the city's sewage was poured into the bay at the surface, and without screening. This knowledge was imparted to them afterward. If New York City should voluntarily close all of the great sewers that connect with the East and North rivers and the bay and dispose of its sewage otherwise there would be some justice in the demand that the New Jersey municipalities should treat their sewage locally. But New York does not propose even to screen its sewage and will not do so, while the Passaic sewer will empty into the bay, forty feet below the surface only the effluent from the screened sewage.—Newark Star.

Cat Attacks Two Men.

(From the Evening Journal, Vineland, Aug. 5.)

Attacked by a cat that sprang upon its unsuspecting victims in the darkness, at Pitman, N. J., two persons were terribly clawed and bitten. One was sent to the Pasteur Institute in New York, and will be kept under observation for fear that hydrophobia may develop. The other, a physician, the owner of the cat, will take his chances at home.

The cat was the property of Dr. C. B. Phillips. Ollie Strong was passing the Phillips home, when the cat leaped at a leg and hung there, clawing and biting. Strong instinctively reached down with his hands to push the feline away. The cat, which had fastened its claws in his leg, resented his frantic efforts to pry it loose, and its sharp teeth met in his right hand.

Shouting for help, Strong started on a run for the house, the cat biting him as he fled.

Just as he reached Phillips' front door the cat released its hold and disappeared.

Dr. Phillips responded to the calls of the victim and, after Strong's wounds had been dressed, a search was made for the cat, but without success. Strong went to his home.

A little later Dr. Phillips was summoned to attend a patient. As it was late, he went alone to the carriage house to get his rig ready. As he reached into the dark shed to pull out the carriage, he, like Strong, felt a sudden pang in his leg. He immediately realized that the maddened cat had attacked him. Retaining his presence of mind, he reached down and obtained a strangle hold around the cat's throat.

He was unable to shake the cat loose, but it was also unable to transfer its attentions to his hands. Dr. Phillips ran to his house, shouting for help.

A member of the family responded, and was instructed to get something in which to imprison the cat. A large empty tin box was found. Then, tightening his hold around the cat's neck, Dr. Phillips forced the animal to release its grip upon his leg.

Spitting and clawing, the cat was shut in the box. A bottle of chloroform was obtained, the lid of the box opened slightly, and the deadly fluid poured upon the prisoner. In a few minutes the cat was dead.

The cat's head was forwarded to the University of Philadelphia for examination to ascertain whether it was suffering from rabies.

Detention of Suspected Insane Patients in Police Station Cells.

(From the Newark Evening News, Aug. 5.)

Condemnation of the practice that has long prevailed in this city of keeping in police station cells persons held for the purpose of determining their mental condition was indulged in last night at the meeting of the Committee on Finance of the Common Council. Dr. James T. Wrightson, acting president of the Board of Health, was before the committee with a plan that at small expense would provide for the temporary detention of all such patients in the City Hospital.

Dr. Wrightson's plan contemplates the enlargement of the present neurological ward at the institution or adding an additional ward of the same character. Here could be detained all such cases, pending removal, if determined upon, to the county or State asylum.

It was explained that Dr. Wrightson had conferred with Jerome T. Congleton, chairman of the committee, and other officials on devising a plan to abolish the present unsatisfactory, and in many instances unjust, practice and establish a more humane one.

An effort was made to have the freeholders take up the matter of having a county system for the detention and transportation of insane patients but an opinion from the county counsel to Supervisor Baldwin was to the effect that the plan suggested could not be carried out, on the ground that the law provided for no other place of temporary detention than a police station cell or an asylum.

City Counsel James R. Nugent took issue with this view. He declared the City Hospital could be used for the purpose suggested and no law violated if the suggested plan were adopted. This could be accepted by the committee, Mr. Nugent said, as his advice on the subject.

To put the plan into effect, Dr. Wrightson said, would require the addition to the ambulance service of the hospital of one more automobile ambulance. If this were obtained the present horse ambulance service, with its two horses and as many drivers, could be abolished. This would mean a sufficient saving in maintenance and operation to meet the cost of employing a chauffeur-mechanic and maintaining the auto ambulance.

Based on the character of service being obtained from the auto ambulance now in use at the hospital, Dr. Wrightson said, the proposed change would work a great improvement all around. This car could be used to transport patients to the Overbrook Hospital, and thereby solve the problem of conveyance which Police Surgeon Clark recently brought to the attention of the committee, with urgent recommendation for improving the system.

The cost of making necessary changes in the hospital for the establishment of the proposed ward together with the cost of employing two male and two female nurses for the remainder of this year, Dr. Wrightson estimated, would not exceed \$1,550.

A remark in reference to the need of an ambulance for the Board of Health with respect to its departmental work nettled Dr. Wrightson, and he unhesitatingly told the committee what his views were on that subject. He declared that the board desired nothing more than its pressing needs demanded.

"I want no joy rides in a public car," said the doctor, "but I say to you that one is needed in our work. Like yourselves, gentlemen, we give our services and our time to the city without salary. My time might not be valuable to the city but it is valuable to me. I am compelled in the fulfillment of my public duties to frequently make trips to the tuberculosis sanitarium at Verona. To go there by trolley means consuming three hours. That is too much, and it frequently happens that I have to call on a friend to place his private vehicle at my disposal to do city business."

Alderman McGowan gave it as his opinion that if the Board of Health saw the need of an automobile for its work it had a legal and legitimate right to buy one, and that it was none of the business of the Committee on Finance, the Common Council or any department outside of the board if it should buy one.

City Auditor Forman took a view opposite to Mr. McGowan, his position being that as the committee had cut out the request in the budget of the board for an appropriation for that specific purpose, the board had no right to take money from any other source to make the purchase.

Doctors' Day at Camp Fort.

(From the North American, Philadelphia, August 6th.)

The presence of Major-General Leonard Wood, United States Army, as the guest of the Governor, added military eclat to the gathering, for, like the other guests of the Governor, General Wood had graduated in medicine.

It was shortly after noon when General Wood arrived here in a special train from Atlantic Highlands. The train was provided by the Central Railroad of New Jersey, and two of its officials, W. C. Hope and C. W. Huntington, accompanied the train. He was accompanied

by Captain Halsted Dorey, of the Fourth Infantry, and Captain John R. Proctor, of the Coast Artillery. They were met at New York by Colonel Austen Colgate, the personal aide to the Governor, with Lieutenant-Colonels Oscar H. Condit and W. G. Schaufler.

Upon the arrival here the party was met by General W. F. Sadler, the adjutant-general, and the Second Troop, of Red Bank, in command of Captain Edwin Field. There was a detachment of United States marines, which is here for rifle practice, lined up along the walk leading to the Governor's cottage, and General Wood and the party passed between the lines to the porch. Governor Fort was there to receive him, and with him were General D. F. Collins, commander of the First Brigade, and some of the visiting physicians.

After a short reception to General Wood and his aides, which was informal in a way, the party was escorted through the camp. An informal call was paid to Colonel John A. Mather, of the Third Regiment, and after a close inspection of the regimental camp the party went to the rifle range. Brigadier-General Bird W. Spencer, the inspector-general of rifle practice, was there, and explained the workings of the range to General Wood, who manifested plenty of interest in everything that he saw there.

The Governor's Speech.

The speech, which created considerable comment among the doctors, was delivered by Governor Fort at the conclusion of the luncheon. The speech, in full, was as follows:

"It is with unusual pleasure that I welcome to Sea Girt this representative body of the medical profession of the State. The only regret is that all of the physicians of the State could not have been present. We are particularly fortunate also in that our chief guest to-day is Dr. General Leonard Wood, the senior major-general of the United States Army. It is not possible to say to-day, as I said last Thursday, to the clergymen, that there are no politicians present, for probably the most astute politicians in each locality are found among the doctors. Certainly, they prove when they run for office, that they are among the most popular. This is probably accounted for by their favor with the women.

"One of the many things I am hoping to do by these Sea Girt gatherings is to quicken the interest of the active men in each community in public affairs. If we are to have good government and overthrow questionable leadership in the State, all good citizens must unite in the effort. The modern tendency seems to be toward the direct primary—that is, the selection of men for public office by a full and free individual expression of the voters in each party. If this method is to be a success, every man must take an interest and vote. Otherwise the system will fail; and if it should fail through neglect the most hopeful signs of the times will be defeated.

"During my term upon the Supreme Court bench of the State it was my privilege to see much of the medical men of the State. Experience has given me great faith in the medical witness, not, however, the medical expert witness, so called. My faith in this latter class has never been great, and observation has only

tended to lessen my opinion of him. Courts and juries give great weight to the testimony of the local medical practitioner, but very little to the man who appears as an expert witness, especially in homicide cases.

"The man who testifies to-day in a homicide case that the defendant is insane and shortly afterward testifies that he is sane, is neither influential with the courts nor respected by them. He is an injury to the profession and to the cause of justice. The sooner the doctors frown down all such men the better it will be for the profession. The State should aid you in this all it can.

"It is quite clear that the tendency of our day is toward higher education and stricter requirements for admission to the ranks of all professions. Our State board of examiners for the practice of the professions are all useful and doing much good. They tend to bring about a better understanding among the various schools of practice, and to elevate the standards.

"The medical profession in our State stand high, and I am sure that you desire to see it stand higher. Health and sanitation depend largely upon you and your interest in the subject. You should quicken your interest in these matters. It is my earnest hope that this gathering may be of advantage to the State in the promotion of closer relations between the executive and legislative branches of the government and the doctors of the State."

* * *

After the Governor's address to the doctors, he spoke of General Wood's distinguished services and called on him for a speech, which is reprinted in the New York Tribune as follows:

In reply General Wood made a short address, in which he paid his respects to the physicians, and said that he was better pleased to be considered a medical man than a major-general. He told of what the sanitary experts had done for Cuba, Porto Rico and the Philippines. He then urged his hearers to do what they could to further the interests of the National Guard. He told them they must get away from the idea, if they held it, that he could raise an army in a minute. An army can be raised easily enough, he said, but the raising and equipment of an efficient army are not to be accomplished without preparation.

He told the doctors that the National Guard would be the country's chief dependence in time of war, and the guard should be made up of young men. He favored having all National Guard officers pass an examination before being commissioned. Many States had such requirements now, he said, and every State should so enact.

Dr. A. Treganowan, Mayor of South Amboy, Resigns.

(From the Perth Amboy Chronicle, August 2.)

Mayor Treganowan has again reached a point in his experience with the perplexing conditions of his office that has led him to resign. His resignation was sent to the president of the council yesterday to take effect at 6 o'clock this morning.

The Mayor takes a decided stand against being forced to place his official sanction upon a course which he honestly feels to be both contrary to law, and not good business. He feels

that every effort is being made to minimize the dignity and strip authority from the office. The Mayor has antagonized this policy from the beginning and as his party are in a minority too weak to give him the support he needs, the only course open to him he feels is in a dignified withdrawal from a position that must be held under present conditions only by a vigorous warfare unworthy of the object. This action makes James Manhattan acting Mayor until the end of the year. A special meeting of the council has been called for to-morrow evening to discuss the action of the Mayor.

REPORTS OF COUNTY SOCIETIES.

Middlesex County.

Howard C. Voorhees, M. D., Secretary.

The regular quarterly meeting of the Middlesex County Medical Society was held at Metuchen, N. J., July 21, 1909. In the absence of the president and vice-president, Dr. A. L. Ellis, of Metuchen, was elected chairman. The following members were present: Drs. English, Henry Hunt, Ellis, Meinzer, Treganowan, Gross, Riva, Lippincott, Spencer and Voorhees.

After the transaction of some items of business Dr. Ellis made a further statement concerning the case of anuria with heart complications which he reported at the previous meeting. The right arm became much swollen, red and painful and soon after the other arm became affected the same way. Dr. George E. Brewer, of New York City, was consulted; the X-rays were used; there was no appearance of renal calculi, which it had been supposed was the cause of the anuria. He diagnosed the case as angeio-neurotic oedema and believed the anuria was of an hysterical type. There has been but little change in the woman's condition. Dr. Ellis also reported a case of chronic nephritis in a woman who was pregnant; the urine contained 50 per cent. of albumin. She had previously lost two children before delivery. Dr. Ellis induced labor at 7½ months, got a living child, and twenty minutes after a macerated foetus was born. The mother made a quick recovery.

Dr. I. T. Spencer, of Woodbridge, reported a case of a child born without an ear on one side, the head being otherwise normal; but where the ear should have been, there was a small dimple, but there was no auditory canal.

These cases were discussed by some of the members present.

The question of changing the date of the State Society's annual meeting from June to September or October, which was referred by the State Society to the county societies for an expression of their judgment, was taken up for consideration. Dr. English presented the arguments that had been made at the State Society meeting, pro and con, and after careful consideration of the matter, the unanimous judgment was rendered against the change of date.

There was a short discussion on prostatectomy by Drs. Henry, Riva, Treganowan and Meinzer, when, on motion, Dr. F. M. Donohue, of New Brunswick, was requested to present a paper on that subject at our next meeting, and Dr. M. S. Meinzer was appointed to open the discussion on it.

The members enjoyed the customary dinner, which was served at the Hillside Inn. The society adjourned to meet at Perth Amboy on the third Wednesday in October.

NEXT MEETINGS OF COUNTY SOCIETIES.

Counties.	Place and Time.
BURLINGTON	Oct. 13, Florence House, Florence, 1 P. M.
CAMDEN	Oct. 12, Dispensary Building, Camden, 12 M.
CUMBERLAND	Oct. 12, Commercial Hotel, Bridgeton, 1 P. M.
ESSEX	September, Newark. Date not fixed.
GLOUCESTER	Sept. 16, Hotel Pitman, Pitman, 7 P. M.
HUDSON	Oct. 5, Lincoln Hall, Jersey City, 8:30 P. M.
HUNTERDON	October 26, Grand Jury Rooms, Flemington, 10:30 A. M.
MERCER	Oct. 12, City Hall, Trenton, 8:15 P. M.
MIDDLESEX	Oct. 20, Packer House, Perth Amboy, 2 P. M.
MORRIS	Sept. 14, Royal Arcanum Room, Morristown, 12 M.
OCEAN	Nov. 3, Lakewood, 4 P. M.
PASSAIC	October 12, Braun Building, Paterson, 8:30 P. M.
SALEM	Nov. 3, Schafer House, Salem, 1 P. M.
SOMERSET	Oct. 14, Ten Eyck Hotel, Somerville, 3 P. M.
SUSSEX	May 10, 1910, Cochran House, Newton, 11 A. M.

No notices have been received from the other counties.

TRI-COUNTY MEDICAL ASSOCIATION—Morris, Sussex and Warren, Oct. 12, at Newton, Sussex County.

TRI-COUNTY MEDICAL SOCIETY—Cumberland, Gloucester and Salem, Oct. 26, at Bridgeton, Cumberland County.

(See page 216 for dates of the year's meetings.)

New Members of the A. M. A. from New Jersey.

John J. Flynn, Mt. Holly.
 William H. Iszard, Camden.
 W. Oscar La Motte, Riverside.
 L. Y. Lippincott, Metuchen.
 James H. Lowrey, Newark.
 Henry J. Spaulding, Union Hill.
 Alvah A. Swauze, Hackensack.

CONCLUSIONS FROM PERSONAL OBSERVATIONS.

I have already said that the important part of the training of a physician is the formation of the habit of making his own observations and of drawing correct conclusions from them. He who flies to the laboratory for a solution of every problem presented in his practice soon comes to be dependent and neglectful, to distrust his own observations, and, finally, to undervalue all clinical observations. While, therefore, we appreciate this indispensable aid to medicine, let us not lean on it to the weakening of our powers of reasoning and observation. The men of the past who have given us those marvelous descriptions of disease derived their knowledge from careful observations with little aid from other sources. Let us see to it that this sort of study does not become a lost art.—L. E. Holt, Jour. A. M. A., xlviii, No. 10.

THE JOURNAL

OF THE

Medical Society of New Jersey

SEPTEMBER, 1909

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

Any one failing to get the paper promptly will confer a favor upon the Publication Committee by notifying them of the fact.

All communications relating to the JOURNAL should be addressed to the Committee on Publication, 252 Main Street, Orange, N. J.

IMPORTANT NOTICE.

The Official List of Fellows, Officers, Members and Permanent Delegates of the Medical Society of New Jersey and the list of physicians practising in New Jersey who are not members of the State Society; will probably be issued as a supplement to the October Journal.

If there are any additions to be made to the lists sent in June, or any corrections of names or residence, notice should be sent to Dr. W. J. Chandler, South Orange, before September 15th. In all cases all initials and the first or middle name should be given in full. Only new members, who have paid the State society dues—two dollars—will be added.

OUR CORRESPONDENCE.

We have not been in the habit of calling attention to our personal work on the JOURNAL; we have preferred to let the monthly issue give evidence as to care in preparation and accuracy of statements; but the month of August has required an average of three hours time per day. We speak not of that as a cause of complaint, but of the delays in correspondence which have required that time, with the anxieties connected therewith, and also as an excuse for any inaccuracies, for the lack of completeness in the articles in this issue on pages 185 and 194 on the meetings of the county societies; and also for any de-

lay on our part in acknowledging receipt of letters.

Notwithstanding our correspondence has always been extensive—our readers have little idea of its extent—yet we had to write (besides several requests for prompt return of proofs) 21 letters asking information concerning the county societies, one to each secretary, on August 16th, asking replies "as soon as possible." We give credit to Secretaries George E. Reading and Henry Chavanne, of two of the distant counties, for replies received in twenty-four hours; others, one or two a day thereafter. From seven we have had no reply yet—August 24th. To eight second requests were sent. We presume that some were fortunate enough to be away enjoying their vacations, and absence from home was sufficient excuse. Dr. H. W. Kice, of Morris, we not only excuse, but extend to him our sympathy and best wishes, for he writes "I would have replied sooner, but I have just returned from the Paterson General Hospital, where I was detained by sickness for three weeks."

OUR DUTY TO THE STATE.

We take this early occasion to call attention to the great need of care in the selection of candidates for public office next month, especially for the Legislature. It is high time that our State shall cease to be disgraced by such scenes as the closing hours of the last session of that body presented. Because of our strong conviction that the welfare of our State and the citizens require it, we advocate the nomination of a few representative, honorable medical men for the Legislature; but whoever may be suggested, we ask and urge our members to use their influence for the nomination of a better class of men than the majority has been in the last few years. Give us intelligent, honorable men who cannot be bribed, coaxed or driven by imperious or corrupt party bosses, corporate bodies or morality-destroying interests; men who will do right, who will be loyal to the State in seeking through all their legislative acts its

highest welfare and its citizens' true interests. We need a class of men of whom it will not be necessary to ask pledges to do what is right, because their character is a sufficient guarantee that they will conscientiously seek to do right.

We shall present this matter more fully in the next issue of the Journal.

DOCTORS' DAY.

The gathering of the medical men of New Jersey at the State militia camp, Sea Girt, in response to the invitation of Governor Fort, on August 5th, which the Governor had designated "Doctors' Day," was a most successful affair, about 200 physicians being present from all sections of the State, and it proved a most enjoyable occasion. It seemed like one of the social functions of the State Medical Society.

The weather was perfect; Camp Fort—an ideal spot for a militia camp—presented a beautiful appearance; the militia certainly reflected credit upon the State; the Governor's welcome was cordial and his address to the doctors was forceful and, in the main, complimentary; the luncheon was excellent and bountiful, and last, but by no means least, the presence of Major-General Wood, Commander of the United States Army, and his address to the doctors was one of the chief attractions of the occasion, as it was one of the most pleasant privileges of the doctors to meet, welcome and show their great respect for the former practising army surgeon who had won such honors by his remarkably able and brilliant record as surgeon and administrative officer.

The doctors were received by the Governor and General Wood on the porch of the Executive Mansion, being introduced by Colonel William G. Schauffler, M. D., of the Governor's staff, and one of the prominent members of our State Medical Society. The automobile drives about the camp and the inspections of its departments and various points of interest, and the review of the troops gathered there, by General Wood, added much to the enjoyment of the occasion. We insert selections from

the daily press on another page of this issue, giving the addresses of the Governor and General Wood. We refer to the former address elsewhere.

MEDICAL EXPERT TESTIMONY.

We are fully aware that in this editorial we are dealing with one of the most important and also one of the most difficult problems that confronts both the medical and the legal professions; one which vitally concerns the public and which demands the most careful, deliberate, earnest and disinterested thought and action of every intelligent, honorable and humanity-loving physician and lawyer. Human life and the rights of men are too sacred to be trifled with, and, therefore, this subject does not find its proper place for consideration on the "stump," where the political leader, or the agitator is so prone to exercise the art of "playing to the galleries," or of inflaming and misdirecting public sentiment in directions that lead inevitably to disaster to the State and serious detriment if not sad calamity to her citizens.

We observe that our newspapers have a most solemn responsibility, especially the better class of them, whose reputation for careful consideration, truthful utterance and wise handling of public questions makes their influence for good, mighty. We need their help in bringing public sentiment to rightly estimate the importance of this subject, and to discriminate between the true scientific medical expert and the false, who is either ignorant, or is willing to sell himself for a miserable mess of pottage, at fearful cost to the State and to the dishonoring of the profession in the eyes of the ignorant or unreflecting citizen.

At the "Doctors' Day" gathering at Sea Girt, last month, we believe Governor Fort's address was misunderstood or misreported in some of the newspapers, which represented him as indiscriminately condemning medical experts. We did not so understand him; he did refer to the general distrust and disregard which he said jurymen enter-

tain of the professional experts. We feared that he would be misunderstood in seeming to justify the tendency of the jury to accept the testimony of the local physicians whom they knew to be perfectly honorable and able practitioners and to throw aside that of the medical experts whom they do not know. One daily newspaper in our State says: "Governor Fort has little respect for expert testimony," and the editor, after suggesting that "expert testimony can be obtained to suit any one's views provided sufficient funds are available," adds: "In many cases the presiding judge would be perfectly justified in barring out all expert testimony." This is a more serious matter than it at first sights appears. The Governor mentioned two men, eminent as surgeons, one of whom is deceased, whose testimony would have more weight with a jury than that of any experts in these cases—involving the sanity of a prisoner. No man acquainted with them and their ability as surgeons would question the high estimate he put upon them, but we are sure they would endorse our position—that no doctor in general practice, nor any specialist, no matter how able he may be in his specialty, without special training in the intricate specialty of psychiatry, is as competent to testify in cases involving the sanity of a prisoner as the specialist who has made the diseases and disorders of the mind his special study and has had extensive experience in their treatment.

The local physicians may be excellent witnesses, may present many important facts bearing on the case and give correct judgment based on those facts, but their study, observations and experience have been, in the great majority of cases, limited, and they are rarely capable of differentiating those cases which are on the border line between sanity and insanity, and which may at any moment develop dangerous symptoms and lead to homicidal acts. The local physician frequently calls in consultation the expert in cases of suspected insanity occurring in his private practice, though he has for years been the family physician and

has watched his patient for months. The State seeks for superintendents of our hospitals for the insane, not the local physicians, but the ablest alienists procurable. Surely it is a serious matter to the State and to those who have relatives and friends in those institutions to weaken or destroy public confidence by the expression of hasty adverse judgment as to the ability and honesty of such experts and condemn their testimony as untrustworthy. But, on the other hand, the consequences are too serious to permit us to endorse or screen any experts who, on being given an opportunity to explain their position and testimony, prove themselves to be incompetent or unworthy. Judges and especially doctors ought to be exceedingly careful in giving their opinions of experts and their testimony for newspaper accounts when they know how often such accounts are garbled and misleading.

We need more than ordinarily intelligent jurymen to try cases involving the question of the sanity of a defendant, and their weighing of medical testimony should not be influenced by their esteem for the witness, or his popularity as a man and as a specialist in another department of practice. The only personal questions concerning the witness, influencing them, should be: Is he competent to judge? Is he honest, and are his evidence and judgment conclusive? We recall cases where competent experts testified that the accused was insane and the local physicians — possibly unconsciously biased by a strong public sentiment against the prisoner, or lacking the experts' fuller knowledge—testified to the contrary, and the accused were convicted and subsequently manifested unmistakable symptoms of insanity. One case in which, under similar circumstances, the prisoner was acquitted under the "unwritten law" method of escape, and who subsequently developed insanity. Of course there have been some cases where the experts have made mistake, generally due to lack of opportunity for sufficient observation of the accused or to **inaccurate statements of facts on which their testimony was based.**

We are sure that the members of the medical profession of our State are awake to the vast importance of correcting the evils connected with medical expert testimony in alleged insanity cases in our courts. It is no new subject for consideration at the annual meetings of our State Medical Society, though it has been a very difficult one because a few medical men have been willing, if not anxious, to have the evils remain uncorrected and have magnified the opposing obstacles, and largely because it has been difficult to secure the hearty cooperation of the legal profession, which is essential for prompt and satisfactory results. In 1871 Dr. Thomas F. Callen, of Camden, the president of the society, in his annual address on "The Position, Rights and Duties of the Medical Expert Before a Court," used these words:

"The expert is a witness neither for the prosecution nor the defence; called as the minister and spokesman of science, he has no leaning and he knows no party. Truth is his only aim, and armed in the panoply of truth, it is a matter of indifference to him, in that capacity, whom that mighty power may crush; whom it may consign to the gallows, or shut out from the fellowship of man, either behind the iron bars of the prison, or the tall walls of the mad house. Whatever the consequences may be, his end is Truth! Truth! Truth! Nothing but the Truth!"

These words voice the sentiments, the convictions, of the members of the medical profession to-day. But surely the time for action has come. Concerning the action needed we submit the following propositions without attempting to discuss them at length:

1. That the employment of the medical expert is eminently proper in all cases where a prisoner accused of crime is believed to be insane, or to have been insane when the crime was committed.

2. That such experts shall be men who have been specially trained in psychiatry, have had considerable experience in the observation and treatment of the insane and who are men of incorruptible integrity.

3. That the chief medical experts should be selected by the court and be paid by the State. This is the most important and it is the most radical change that has been sug-

gested. We believe it essential in carrying out Dr. Cullen's correct views above given. The welfare of the State; the proper administration of justice—a justice tempered with mercy, for the safeguarding of the irresponsible and the protection of the innocent; the good of humanity and the honor of the medical and the legal professions demand it. Of course the prosecution and the defence cannot be denied their constitutional right of securing other medical testimony.

4. That in all homicidal cases where the question of insanity is raised, the accused should be sent to an insane hospital for close observation for a period of at least four weeks, in order that the medical experts may have an adequate basis on which to form correct judgment. This procedure is the custom in some States—Maine, Massachusetts, etc.—and the reasons for and wisdom of it are so obvious that it needs no discussion.

5. That all the medical witnesses—experts selected by the court and all other experts and local physicians who are to testify—should hold a consultation in regard to the case and endeavor to agree as to facts, even though they may not agree in the judgments based thereon.

6. That the use of the hypothetical question of several thousand, or even many hundred, words, which befog alike the intelligent witness and the jurymen, because its phraseology is susceptible to different interpretations, should be abolished.

We believe the adoption of these propositions and suggested procedure would to a great extent correct many of the evils connected with medical testimony in the class of cases under discussion; that much conflicting testimony would be prevented, more accurate judgment obtained and the jury would be greatly assisted in the rendering of a safe and just verdict. The further ends greatly to be desired would be the advancement and maintenance of public regard for our courts, of the good reputation and honor of the professions of medicine and law, and the securing and preserving

for all our citizens their privileges and their rights.

Will the members of the legal profession unite with us in a common effort, determinedly and persistently to solve the problems that medical expert testimony presents and thus wipe out the foul blot that besmirches and dishonors both professions? We know there is a very large number of lawyers who are honorable and humanity-loving enough to throw aside all mercenary considerations, who sincerely desire the change and would, we believe, co-operate in an effort to secure it.

We venture a suggestion: That there be a commission appointed in our State, consisting of five of our ablest medical men, two of whom shall be alienists of recognized ability and honor, and the other three practitioners who have given the subject careful study; who, with five eminent lawyers, shall consider this question in its various aspects, and prepare a bill to be introduced into the Legislature to provide for the selection of medical experts and to regulate the presentation of their testimony in our courts, and also provide for the compensation of experts by the State. If it is not feasible for the Governor to appoint such commission or he does not wish to do so, then the State Society should make overtures to the Bar Association of our State for such a commission.

Meanwhile we ask and urge the editors of the press in our State to use their influence intelligently and persistently for the correction of the evils connected with medical expert testimony, especially in counteracting the ignorant and destructive criticism of all medical expert testimony, and the tendency to exaggerate the evils and misunderstand and misrepresent the experts, and the position of the members of the medical profession generally concerning them and their testimony. It is our pleasure to believe that as a body, with very few exceptions, our editors are honorable men, that they, with us, deplore the tendency to pervert and misinterpret scientific truth,

which in its proper application ever stands, like all other kinds of truth, for the good of the State and the uplift of humanity.

OUR EXCHANGES.

We have been greatly pleased to receive in exchange the medical journals of other State societies, the *A. M. A. Journal*, the *American Journal of Obstetrics and Diseases of Women and Children*, the *Interstate Medical Journal*, the *Western Medical Review*, the *Monthly Cyclopaedia and Medical Bulletin*, the *Therapeutic Gazette*, the *Medical Record*, the *Critic and Guide*, the *Medical Review of Reviews*, of N. Y., and the *Medical World*. They are all excellent medical journals worthy of the profession's support, as our readers have frequently had occasion to know from articles inserted in our Journal from their pages, duly credited. There are two or three State journals we are sorry not yet to have received.

The recent action of our State Society authorizing an exchange with the daily newspapers of our State, we believe, was wise, as it tends to promote a better understanding of the medical profession's attitude on public questions and to promote more active co-operation in efforts for the public good. We acknowledge, with thanks, the receipt thus far of the *Trenton True American*, the *Perth Amboy Chronicle*, the *Burlington Daily Enterprise* and the *Vinceland Evening Journal*. For some years we have exchanged with the *Newark Evening News* with great satisfaction.

We insert an advertisement of a physician's residence for sale, on page 194. It came too late for insertion this month on advertising pages. Also, on same page, Dr. Rafferty's notice concerning the appointment of a female physician at the Trenton Hospital.

A paper on Pyelitis and Allied Conditions in Children, by Dr. Louis Curtis Ager, of Brooklyn, read before the Bergen County Medical Society, in July, 1909, will appear in our next issue.

We regret to hear, as the Journal goes to press, of the sudden death at Portland, Me., of Dr. Thomas S. P. Fitch, of Orange, one of our State Society's permanent delegates from Essex County.

Correspondence.

Committee on Legislation—Medical Practice Bill.

Dr. David C. English, Editor of the Journal:

Dear Doctor—The special committee appointed to act in conjunction with the Committee on Legislation, in preparing a bill on medical practice to be presented at the next session of the Legislature, has performed its duty. The pamphlet has been printed, mailed to the committee, councillors, officers and members of the State Society who have been identified with legislative matters. Those who are particularly interested can obtain a copy by addressing the chairman of the Committee on Legislation. We desire that these be carefully preserved. While the committee thinks this bill will cover the defects of former bills, we would be glad to have criticisms from any one who has given the matter careful consideration. We want a bill that will, when introduced, have the unanimous and hearty support of the entire medical profession of the State. This will represent the wishes of the medical men of New Jersey and if enacted will be a credit to the profession. It will dispose of this vexed question of osteopathy which has given us so much trouble for many years. Before the meeting of the Legislature, the councillors of the different districts will visit the county societies and explain the bill.

It is the desire of the Committee on Legislation that, as the time is approaching for the primaries, prospective members of the Legislature be interviewed, and that their views on matters in which we are interested be obtained. This is very essential and we would appreciate it greatly if we are notified as to their standing.

Let us present a united front and with a determination to dispose of the problem this winter—we think the whole matter can be disposed of—and save a continuous expense to the society, and get rid of a constant source of worry. Let every member pledge himself to do something to help the cause along and we are certain it will succeed.

L. M. Halsey.

Williamstown, N. J., August 19, 1909.

Research Laboratory for College of Physicians and Surgeons.

Plans have been filed by Columbia University for a laboratory for private physiological research to be erected on the roof of the north wing of the College of Physicians and Surgeons on West Sixtieth street. It is to be floored with reinforced concrete and will contain a dozen rooms for the various branches of laboratory work with two corridors and two rooms for operating experiments.

Popular Education in Sanitary Affairs.

The States of Louisiana and Kansas are planning widespread education of the masses in matters of public health and hygiene. Dr. Harvey Dillon, President of the Louisiana State Board of Health, will visit personally each parish in the State and deliver speeches on public health questions. For the next two years Kansas will spend \$10,000 a year for the education of

its people in the matter of sanitation and hygiene. The work will be in charge of Dr. S. C. Emley, of the Medical faculty of the University of Kansas, under the direction of the State Board of Health.

Patent Granted to a Physician.

Dr. F. E. Blenckstone, of Oradell, N. J., was recently granted a United States patent on an invention, the object of which is to prevent contamination of the public drinking glass. The invention is very simple. It is a mere piece of wax paper (called a sanitary apron) about 1 by 3 inches, folded to fit the rim of an ordinary drinking glass, and there held in position by a clamp (taking the place of the human hand), made to close and open upon the touch of a spring attached to a tumbler-holder or a metal cup.

In practice such a wax paper apron forms an extension to the glass, and when the liquid flows over it in the act of imbibing nothing is spilled, and the drinker's mouth comes in absolutely no contact with the glass. After drinking, the "apron," to which adheres the otherwise on the glass deposited lip-cells, bacteria and germs, is easily removed and deposited in a "waste," to be destroyed by fire. The aprons are dispensed in closed slot boxes.

(The inventor is the father of Dr. F. O. Blenckstone, of Oradell, a member of the Bergen County Society.—Editor.)

Typhoid Fever at Montclair and Glen Ridge.

The State Board of Health has been called upon by the Board of Health of Montclair to look into the pollution of wells in that place, and the adjoining village of Glen Ridge, from which it is feared an epidemic of typhoid fever has started. While the epidemic in those places has not assumed serious proportions, several families are afflicted.

Samples of water from wells in Montclair and Glen Ridge have been sent to the State Board for analysis and it has been found that three of the Glen Ridge wells have been contaminated, and typhoid germs are present in the samples submitted. The water from the Montclair wells have not been found to be dangerous to health.

The State Board has advised the health officer of Montclair to close the wells to the public, that further danger may be averted.—Trenton True American.

France Honors Dr. Wiley.

Because of the part he played in connection with the international exposition, held in Bordeaux, France, in 1907, Dr. Harvey W. Wiley, chief of the Bureau of Chemistry, Department of Agriculture, has had conferred upon him by the President of France the cross of Knights of the Legion of Honor.

Dr. Wiley was officially informed of this action through the French embassy here. It will be necessary for Dr. Wiley to obtain authority from Congress to accept the decoration which will be asked through Secretary of Agriculture Wilson.—Perth Amboy Chronicle.

Local applications of tincture of iodine is one of the most satisfactory treatments for small chronic ulcers.—American Journal of Surgery.

Obituaries.

ATKINSON—At New Brunswick, N. J., June 26, 1909, Dr. Asher D. Atkinson, aged 88 years. He graduated in medicine in 1840, but has not practised for many years. He was one of the founders of the American Numismatic Society.

STAFFORD—At Perth Amboy, N. J., August 3, 1909, Dr. Jacob Stafford, aged 48 years. He graduated at the College of Physicians and Surgeons, New York City, in 1886; was assistant surgeon in Cuba in 1898 with the rank of captain, and was afterward made a brevet major for his services in the stamping out of yellow fever in Cienfuegos and Santiago.

BOAG—All graduates of the College of Physicians and Surgeons of New York City will learn with sorrow of the sudden death of Mr. Edward T. Boag, late registrar of the college. He was drowned in Raquette Lake in the Adirondacks on August 17th, following the upsetting of a canoe. Mr. Boag was seventy years of age and had been registrar of the college for forty years, until June of this year, when he retired. He was thus known personally to many generations of students, and will be remembered with esteem and affection by the great majority of the living graduates of the school.

Personal Notes.

Dr. Calvin Anderson, Madison, with family, has recently returned from a three months' European trip.

Dr. George H. Baker, Long Branch, who was stricken with paralysis last month and has been in a serious condition, is reported better.

Dr. William M. Barnes has moved from Springfield, N. J., to Washington, D. C.

Dr. William J. Chandler, South Orange, who has been enjoying a month's trip in the Northwest, has returned.

Dr. Henry L. Coit Newark, sailed last month for Buda-Pesth, Hungary, to attend the International Medical Congress. He and Dr. McLaughlin represented the Medical Society of New Jersey at the congress.

Dr. William J. Condon, New Brunswick, assistant surgeon of the Second Regiment, spent a few days with the militia at Sea Girt.

Dr. Gordon K. Dickinson, Jersey City, sailed for Europe in July. He has recently returned home.

Dr. Arthur H. Dundon, North Plainfield, enjoyed a vacation of two weeks at Atlantic City.

Dr. Robert H. Hamill, Summit, has sold his horses and purchased a new automobile.

Dr. Henry A. Henriques, Morristown, has recently been elected alderman of that city.

Dr. H. C. H. Herold, Newark, has recovered from his severe illness and is in the Catskills. Expects to return and resume work about September 15th.

Dr. A. Clark Hunt, Metuchen, and wife, spent a short season at their cottage, Mt. Pocono, and later spent some weeks at Mantaloking.

Dr. William H. James, Pennsville, has been appointed medical inspector of schools of Lower Penn's Neck Township.

Dr. Henry W. Kico, Wharton, who has been

ill and under treatment in the Paterson General Hospital, has recovered and resumed practice.

Dr. William J. Lamson, Summit, spent a three weeks' vacation in the White Mountains.

Dr. John L. Lund, Perth Amboy, and wife, have been at Mt. Clemens.

Dr. Charles A. Limeburner, Jersey City, took for his vacation an automobile tour of New York State.

Dr. Thomas H. Mackenzie, Trenton, is being urged to accept the nomination for Mayor of that city.

Dr. George E. McLaughlin, Jersey City, sailed for Buda-Pesth, Hungary, last month. He attended the International Medical Congress, which met in that city August 28th.

Dr. William P. Melcher, Mt. Holly, has been enjoying a three weeks' visit in Bath, Me.

Dr. Clinton D. Mendenhall, Bordentown, and wife, enjoyed a week's vacation at Wildwood.

Dr. William M. Moore has left New Brunswick for the West. According to report, he is practising in Oklahoma City.

Dr. Anne B. Newton, South Orange, enjoyed a season of vacation at South Bristol, Me.

Dr. Hency C. Pierson, Roselle, spent the month of August at Grand Isle, Vt.

Dr. Cyrus B. Phillips, Pitman Grove, was severely attacked by a cat which he owned and he had difficulty in forcing the animal to release its grip upon his leg. An account is given in the items from the non-medical press.

Dr. Katharine Porter, Orange, has been appointed by the Orange Board of Education medical inspector of schools at a salary of \$1,000. She is also physician of the Children's Aid and Protective Society of Orange.

Dr. Henry A. Pulsford, South Orange, spent a brief vacation at Pleasant Valley, N. Y.

Dr. Mefford Runyon, South Orange, spent August at Edgartown, Mass.

Dr. Charles E. Saulsberry, formerly of May's Landing, has moved to New Brunswick and has entered upon practice there, having purchased Dr. Moore's property.

Dr. Robert R. Sinclair, Westfield, and family, have been enjoying a trip abroad, on the Continent.

Dr. Martin J. Synnott, Montclair, is enjoying a trip abroad, visiting the hospitals of London.

Dr. Ambrose Treganowan, South Amboy, has resigned as Mayor of that town and both parties have borne testimony to his valuable services.

Dr. Sidney A. Twinch, Newark, and son, have spent their vacation in the Adirondacks.

Dr. George W. Tyrrell, Perth Amboy, and wife, sailed last month for an extended tour abroad, expecting to visit the leading cities of Europe and Asia.

Dr. Joseph T. Welch, Long Branch, and wife, recently returned from a trip to Los Angeles, Cal., where the doctor represented his local lodge at the annual meeting of the National Grand Lodge of Elks in that city.

Dr. Elmer G. Wherry, Newark, is at Lake George, with his family, for a brief sojourn.

Dr. John G. Wilson, Perth Amboy, narrowly escaped a serious accident last month, while in his automobile, which was run into by another auto and badly damaged. The doctor fortunately received only a severe shaking up.

Dr. William J. Wolfe, Chatham, has been appointed medical inspector of schools of that town.

Book Review.

The Ophthalmic Year Book, Volume VI., containing a digest of the literature of Ophthalmology with index of publications for the year 1908. By Professors Edward Jackson, University of Colorado; George E. de Schweinitz, University of Pennsylvania, and Theodore B. Schneideman, Philadelphia Polyclinic. Pages 415, with illustrations. 1909. The Herrick Book and Stationery Co., Denver, Col.

This year book places at the command of the active practitioner the more recent advances in this department of medical science, carefully sifted, and, as the preface suggests should be the case in such reviews, the important facts are set forth "systematically arranged and indexed, so that all recent observations bearing on a particular subject can be brought into relation with one another."

The volume embraces a wide range of subjects as the following sections will indicate:

Methods of diagnosis; hygiene; visual economics; general ophthalmology; general therapeutics; general pathology and diseases; eye strain; anterior chamber; pupil; crystalline lens; vitreous humor; retina; optic nerve; optic tracts and centers; eyeball; parasites; tumors and operations; diseases of the conjunctiva; sympathetic disease; glaucoma; toxic amblyopias; refraction; disorders of ocular movements; the uveal tract; the lacrimal apparatus; diseases of the lids; diseases of the orbit and injuries.

One unusual feature of this volume is the very extensive lists of books, monographs, societies' transactions, volumes and journal articles on ophthalmic subjects issued during the year 1908, covering 76 pages, which will be found helpful to those preparing papers or desiring to pursue any special line of study in ophthalmology.

BOOKS, REPORTS, ETC. RECEIVED.

Principles of Pharmacy. By Henry V. Arny, Ph. G., Ph. D., Professor of Pharmacy in the Cleveland School of Pharmacy, etc. Pages 1,175, with 246 original illustrations. Published by the W. B. Saunders Co., Philadelphia, 1909.

Mortality Statistics, 1907, Eighth Annual Report. Department of Commerce and Labor Bureau of the Census. I. N. D. North, director. Government Printing Office, Washington, D. C.

Thirty-fifth Annual Report of Christ Hospital, Jersey City, for the year ending December 31, 1908.

Recurrent Hemorrhages in the Retina and Vitreous followed by Retinitis Proliferans in both eyes in a young man with surgical tuberculosis. Also, Chorio-Retinitis Tumida. Both by Dr. C. J. Kimb, Newark. Reprints from Archives of Ophthalmology, Vol. XXXVIII., No. 4, 1909.

REPORT OF THE A. M. A. COUNCIL ON PHARMACY AND CHEMISTRY.

The Council has recently acted on the following products:

Articles accepted for N. N. R.
Tannismuth. Heyden Chemical Works.
Digalen. Hoffman-La Roche Chem. Works.
Benzosalin. Hoffman-La Roche Chem Works.
Benzosalin Tablets. Hoffman-La Roche Chem. Works.

Thephorin. Hoffman-La Roche Chem. Works.
Thephorin Tablets. Hoffman-La Roche Chem. Works.

Veronal Sodium. Merck & Co.
Zinc Peroxide Soap. Roessler & Hasslacher Chem. Co.

Articles accepted for N. N. R. Appendix:
Dionin Ointment 5 per cent. Manhattan Eye Salve Co.

Argyrol Ointment 10 per cent. Manhattan Eye Salve Co.

Holocaine and Adrenalin Ointment 1 per cent. Manhattan Eye Salve Co.

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

Monthly Statement, July 1909.

There were 2,606 deaths reported to the Bureau of Vital Statistics during the month ending July 15, 1909; the usual increase in infantile diarrhoea expected at this season is below the average, the number for this month being 152, while for the corresponding period last year there were 202 deaths. Certain selected diseases show a decrease from the previous two months as follows:

	May.	June.	July.
Measles	34	23	19
Scarlet fever.....	45	36	25
Diphtheria	56	38	25
Cancer	132	151	128
Cerebro-spinal meningitis..	21	10	12
Bright's disease.....	213	193	184

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending July 15, 1909, compared with the average for the previous twelve months, the latter being given in parentheses:

Typhoid fever, 21 (26); measles, 19 (22); scarlet fever, 29 (29); whooping cough, 25 (21); diphtheria, 25 (48); malarial fever, 1 (2); tuberculosis of lungs, 285 (300); tuberculosis of other organs, 54 (53); cancer, 128 (136); cerebro-spinal meningitis, 12 (24); diseases of nervous system, 333 (339); diseases of circulatory system, 310 (337); diseases of respiratory system (pneumonia and tuberculosis excepted), 132 (183); pneumonia, 133 (251); infantile diarrhoea, 152 (218); diseases of digestive system (infantile diarrhoea excepted), 155 (197); Bright's disease, 184 (202); suicide, 38 (36); all other diseases or causes of death, 570 (591); total, 2,606 (3,015).

Laboratory of Hygiene, Division of Food and Drugs.

During the month ending July 31, 1909, 786 samples of food and drugs were examined in the State Laboratory of Hygiene.

The following specimens were found to be below standard: All 7 of lemon extracts; 5 oleomargarine; 2 of lime water; the one of lard; the one of vanilla extract; 26 of the 421 of milk; 8 of the 114 of spices. All specimens of the following were above standard: 23 samples of cream; 4 of borax; 4 of cream tartar, and one each of cocoa, alcohol and olive oil. Thirty-four suits had been instituted for adulteration—23 milk, 5 oleomargarine, 4 ground mustard,

and one each of ground cinnamon and white pepper.

Division of Creameries and Dairies. Dairies Inspected.

Number inspected and number above and below 60 per cent. of perfect mark, respectively:

Counties.	Number inspected.	Above.	Below.
Burlington	4	1	3
Camden	21	8	13
Cape May	1	1	0
Essex	5	3	2
Mercer	1	1	0
Morris	13	8	5
Ocean	1	1	0
Somerset	2	1	1
Sussex	24	21	3
Union	7	7	0
Warren	2	2	0

Number of samples of water collected from dairy premises, 43.

Creameries Inspected.

Allamuchy, Broadway, Camden, Change-water (2), Glenwood, Great Meadows, Hack-ettstown, Huntsville, Lafayette, Long Bridge, Milford, Mulfords, North Branch, Oak Summit, Papakating, Pittstown, Raritan, South Branch, Sussex, Tranquility, Warbasse, West End, West Portal.

Total number of creameries inspected, 24.

Number of water samples collected from creamery premises, 15.

During the month ending July 31, 1909, 109 inspections were made in 63 cities and towns, the largest numbers having been 9 in Jersey City, 6 in Newark and 5 each in Elizabeth and Orange.

The following articles were inspected during the month but no samples were taken: Milk, 380; butter, 178; foods, 857; drugs, 25.

Other inspections were made as follows: Milk wagons, 37; milk depots, 94; grocery stores, 21; drug stores, 7; milk cans, 1,380.

Bacteriological Department.

Specimens for bacteriological diagnosis: From suspected cases of diphtheria, 152; tuberculosis, 321; typhoid fever, 179; malaria, 26; miscellaneous, 15; total, 693.

Division of Sewerage Water Supplies.

Total number of samples analyzed in the laboratory, 167; public water supplies, 65; creamery wells, 18; miscellaneous, 4; private supplies, 22; dairy wells, 41; sewage samples, 17.

Inspections.

Public water supplies inspected at Moorestown, Camden, Chester, Pa.; Medford, Lumberton, Williamstown.

Sewage plants and systems inspected at Freehold, Essex Fells, Red Bank, Point Pleasant, Asbury Park, Interlaken, Loch Arbor, Flemington, Westfield, Burlington, Collingswood, Had-donfield, Merchantville, Moorestown, Ridgewood, Allenhurst, Ocean Grove, Bradley Beach, Avon, Sea Isle City, Rahway.

Special inspections at Allentown, Sharptown,

Augusta, Phillipsburg, Brown's Mills, Sea Girt, Long Branch, Camden, Irvington, Hammonton, Atsion, Arlington, Medford, Lumberton.

Stream inspections continuing on Delaware, Shrewsbury, Shark and Raritan rivers, Deal and Wesley lakes, Great Egg Harbor and Raritan Bay.

Number of persons ordered to cease pollution, 1; summoned before the board, 41; cases referred to attorney-general, 71; injunctions granted, 3; plans for sewerage disposal plants approved, 5; plans for water purification plants approved, 1.

State Health Board Now Fighting Anthrax.

(From the Newark Evening News, August 17, 1909.)

The State Board of Health is fighting an outbreak of anthrax among cattle in Camden County.

The disease has only appeared in one place and as every precaution has been taken by the board it is believed the outbreak has been localized so that there will be no general epidemic. The disease appeared on a farm in Camden County, and thus far has caused the death of five cows on that farm.

Dr. T. B. Rogers, of Woodbury, notified the State board as soon as he knew of the presence of the trouble. The State health officials immediately took hold of the situation and placed Dr. Rogers in charge. The farm was quarantined and Dr. Rogers was authorized to vaccinate with anthrax vaccine all the animals that were suspected of having been exposed to infection.

Thus far sixty cows and six horses have been treated. The second vaccination will take place to-morrow. There have been no deaths reported since yesterday morning. It is not known yet how the outbreak occurred. The State board will investigate the case in an effort to determine what caused it.

FOR SALE.

A Physician in one of the largest cities of this State wishes to sell his Residence, fitted with offices. Will take mortgage in part payment, and introduce purchaser to patients. Address The Journal, 252 Main Street, Orange, N. J.

FEMALE PHYSICIAN WANTED.

Examinations for the position of Female Assistant Physician at the N. J. State Hospital, Trenton, N. J., will be held at the Trenton House, Trenton, N. J., on Thursday, September 16th, 1909, at eleven o'clock a. m. For particulars address Peter P. Rafferty, M. D., Chairman Medical Committee, 113 Monmouth Street, Red Bank, N. J.

OFFICIAL TRANSACTIONS

OF THE

143d Annual Meeting of the Medical Society of New Jersey

(Continued.)

CONCLUSION OF DR. D. E. ENGLISH'S REPORT ON STATE LABORATORY OF HYGIENE.

B. tuberculosis is already searched for. The statements made under diphtheria as to the other organisms apply equally well to sputum.

V. In specimen (smear) from urethra or vagina look for gonococcus, streptococci, staphylococci, blood cells, pus, varieties of epithelial cells.

Gonococcus is already searched for. Staphylococci always occur in the vagina and their mere presence is of no diagnostic import. Cultural methods looking toward their identification cannot be applied to smears. Streptococci could be reported and are so reported when found, but such a report has little or no value unless their virulence is determined which cannot be done from smears. The examination for blood cells, pus, and particular varieties of epithelial cells is general pathological work not bearing directly upon communicable diseases, and, therefore, not proper work for us to undertake.

VI. In specimen of urine look for B. tuberculosis, gonococcus, B. coli communis, B. typhosus, spermatozoa, blood cells, pus, varieties epithelial cells, casts; bile, haemoglobin, pepton, acetone, crystals; estimate urea, indican, chlorides and total solids; use diazo reaction.

The examination of urine for B. tuberculosis, gonococcus and B. typhosus is now made when requested and when properly collected specimens are sent. The other examinations requested have no direct relation to the infectivity of the patient and cannot, therefore, be properly undertaken by us.

VII. In specimen of faeces look for B. tuberculosis, B. typhosus, B. dysentericus, (Shiga and Flexner), B. cholerae (Koch), Amoeba dysenterica, uncinaria, pus, blood, varieties of epithelial cells, and estimate fat.

Faeces are now examined for B. tuberculosis and B. typhosus when properly collected and sent. The identification of the dysentery bacilli requires too long a time for the results to be of much value. The examination for cholera as a routine practice would hardly be justified unless it was known that the disease existed in the United States. If it does occur we are prepared to examine for it.

The examination for hookworm as a routine procedure is hardly feasible as this organism does not occur native in the State.

The other examinations which you request have no direct bearing on communicable diseases and cannot be properly undertaken by us.

VIII. In specimen of cerebro-spinal fluid look for diphtheria intracellularis meningitis, B. tuberculosis, diphtheria pneumoniae, B. typhosus, gonococcus, streptococci, staphylococci, pus and blood cells.

We are now prepared to examine, when requested, a limited number of specimens of cere-

bro-spinal fluid for B. tuberculosis, B. typhosus, diphtheria intracellularis meningitis when such specimens are properly collected. It is probable that we could undertake examinations for pneumococcus and other pathogens if our working force was sufficiently enlarged.

IX. In specimen of fluid from pleural cavity look for B. tuberculosis, pneumococcus, B. pneumoniae, B. typhosus, gonococcus, streptococci, staphylococci, blood cells and pus.

We are already prepared, on request, to examine for B. tuberculosis. We cannot undertake the other examinations because of lack of working force.

X. In specimen of fluid from peritoneal cavity look for B. tuberculosis, B. typhosus, B. coli communis, gonococcus, pus, blood, faecal matter.

We are prepared to examine for B. tuberculosis, and in a limited number of specimens, when they have been properly collected, for typhoid and coli. Cannot undertake a large number because of lack of help and facilities.

XI. In specimen of discharge from ear look for pneumococcus, B. pneumoniae, B. tuberculosis, gonococcus, spirochatae pallida, streptococci and staphylococci.

We are already prepared to examine for B. tuberculosis, cannot undertake the others without increased facilities.

XII. In specimen of fluid from synovial cavity look for B. tuberculosis, B. typhosus, gonococcus, pneumococcus streptococci, staphylococci, blood cells, pus and crystals.

See reply under XI.

XIII. With your present facilities (space, apparatus, workers, money) can you carry out the work suggested in the foregoing propositions?

We cannot. With our present room and equipment we cannot undertake any more work than we are now doing. The number of specimens now received makes it necessary for the laboratory staff to work overtime for from two to six hours every day (Sundays and holidays included). During the last two years the work has increased so much that the entire working force is working beyond the limit necessary to insure careful work and accurate results. The space in the laboratory devoted to this work is so small that not much more could be undertaken unless more floor space is provided.

XIV. Do you need more space?

To carry out the work you have outlined we would need at least six and probably ten times as much room as we now have.

XV. Do you need more help?

We need more help to carry on the present routine. To carry out your suggestions we would need a great deal more.

XVI. Do you need more apparatus?

Our equipment is sufficient to enable us to carry on the work we now undertake. It would need to be greatly increased in order to carry out your suggestions, and an extensive animal room would have to be provided in order to enable us to do the enormous amount of inoculation work required.

XVII. Do you need more money?

We do need more money. Our appropriation for this work is but \$6,000 per annum, a sum barely sufficient to meet the most necessary expenses, and we are unable, at the present time to undertake several promising lines

of work because of the expense involved, and, at the present time, the Legislature is seriously considering the feasibility of reducing our appropriation.

XVIII. Are the salaries paid to the workers connected with the laboratory adequate to attract sufficiently skilled workers?

The salaries paid are smaller than they should be, and smaller than is paid for similar work in other States. We are very fortunate in having men who are skilled and careful workers and in whom I can rely absolutely, but there is no telling how long I can hold them at their present inadequate salaries.

XIX. What suggestions can you offer to increase the efficiency of the laboratory?

The efficiency of the laboratory can be increased by

a. Securing a larger appropriation which would enable us to employ more assistants and do more work.

b. Our efficiency would also be increased if we had more room, our present quarters are too crowded.

c. A properly equipped animal room should be provided. At present we have none.

I have already answered this question. We cannot undertake any more work until our appropriation is materially increased, and to comply fully with your suggestions would require a large increase. After carefully considering the matter and estimating the time, help, apparatus and incidental expenses, I have come to the conclusion that to perform all the work you indicate would require a force of at least twenty-five skilled assistants, fifteen laboratory helpers, at least 10,000 square feet of floor space in addition to that already available, additional equipment which would cost about \$20,000, and an annual appropriation of \$100,000 per annum.

The following extracts from Dr. Fitz Randolph's letters are also submitted:

I desire to emphasize one point which to my mind is vital. At the present time the appropriation available for bacteriological work is really not sufficient to enable us to properly carry on our present work. We are continually compelled to work our men many hours overtime in order to keep up with it, and we cannot undertake any new lines of work unless our working force, our room and our equipment are materially increased. Our appropriations have not kept pace with the increase in the volume of our work, and each year finds us more and more in the embarrassing position of having to refuse reasonable requests for assistance because we are unable, from lack of facilities, to comply with them.

The suggestion that the laboratory should distribute a pamphlet containing directions for the collection of specimens is a good one and I am in hearty accord with it. I have had such an idea in mind for some time, but unfortunately we have no funds available to print and distribute such a circular.

From these data your committee concludes:

First, that the State Laboratory of Hygiene, hampered as it is by lack of workers, money, space and proper apparatus, is certainly doing all, and even more, than could reasonably be expected of it, and that those connected with it

deserve the gratitude and thanks of the medical profession of the State for their unselfish devotion to science and public health.

Second, that if the laboratory is to be of the greatest possible benefit to all of the people of New Jersey, its scope must be greatly broadened. It must become more than a laboratory for the use of the State Board of Health, and must not confine its work to those diseases only that are commonly called contagious or infectious.

Third, if this is to be realized, the appropriations of money for its support must be increased many times over.

Fourth, that it should have much more room, more apparatus, an animal room and more workers.

Fifth, that the salaries of the workers in the laboratory should be large enough to attract and retain the best talent.

Sixth, that the State Laboratory should be made a thoroughly equipped comprehensive scientific institution for the investigation and study of all diseases and conditions that are inimical to the health of the people of New Jersey, and that, if in order to accomplish this it should be necessary to separate it from the State Board of Health, a separate commission should be established to govern it, and regulate its work and expenditures.

Seventh, that in order to do this thoroughly and properly a special appropriation of \$25,000 and an annual appropriation of \$100,000 will be needed.

Eighth, that the health of the people is of paramount importance, and that in no way could this amount of money be spent more wisely than in the establishment and support of such a free public State laboratory.

And your committee urges that this society, and especially its Committee on Legislation, work with earnestness and unanimity for the realization of this great good.

Also, that, on account of the distances of many parts of the State from any one central point, and on account of the slowness of mail service, that each county in the State be urged to establish a small laboratory for the examination of specimens from suspected diphtheria, and a few other diseases, in which a speedy answer is necessary in order to be of the greatest service.

All of which is respectfully submitted for your discussion and action.

David E. English, Chairman.

(8) Address of the Third Vice-President, Problems that Confront the Component Societies, Daniel Strock, Camden. No discussion.

Dr. Strock, on motion of Dr. Marcy, was requested to prepare an abstract of his address for publication in the daily newspapers of the State.

(9) The Indications for the Induction of Labor, Instrumental Delivery Through the Vagina and Cæsarian Section, Professor Edward P. Davis, Philadelphia.

(10) Indications for Operative Interference Arising During the Course of Labor, Simon Marx, New York. Dr. Marx not being present, his paper was read by

Dr. Spickers. The discussion of these two papers was opened by Dr. J. Watson Martindale, Camden, and Dr. Ellis W. Hedges, Plainfield. Discussion was continued by Drs. E. J. Ill, R. C. Norris, of Philadelphia, and Dr. T. F. Livengood, Dr. Davis closing.

(11) Medical Expert Testimony, Thomas P. Prout, Summit. Discussion opened by Dr. Britton D. Evans, Greystone Park, and Dr. Edward J. Ill and Dr. William H. Hicks, Newark, Dr. Prout closing.

SECOND DAY.

Thursday, June 24, 1909.

Session, 3:10 P. M.

MEETING OF THE HOUSE OF DELEGATES.

The report of the Nominating Committee was read by *Dr. Claudius R. P. Fisher*, of Bound Brook, as follows:

The Nominating Committee organized by electing L. M. Halsey chairman and C. R. P. Fisher secretary, and reports the following nominations:

For President, Benjamin A. Waddington, Salem.

First Vice-President, Thomas H. Mackenzie, Trenton.

Second Vice-President, Daniel Strock, Camden.

Third Vice-President, Norton L. Wilson, Elizabeth.

Corresponding Secretary, Harry A. Stout, Wenonah.

Recording Secretary, William J. Chandler, South Orange.

Treasurer, Archibald Mercer, Newark.

Councillors—First district, Thomas N. Gray, East Orange; Second district, Edward F. Denner, Paterson; Third district, William A. Clark, Trenton; Fourth district, William H. Iszard, Camden; Fifth district, James Hunter, Jr., Westville.

Committee on Publication—Charles J. Kipp, Newark; Ellis W. Hedges, Plainfield.

Committee on Scientific Work—John C. Parsons, Jersey City.

Committee on Program—Fred F. C. Demarest, Passaic.

Committee on Public Hygiene and Legislation—William G. Schaffler, Lakewood; John J. Baumann, Jersey City.

Delegates to American Medical Association—Alexander Marcy, Jr., Riverton; C. R. P. Fisher, Bound Brook.

Alternates—William S. Lalor, Trenton; Alexander McAlister, Camden; Bruno Hood, Newton.

Delegate to International Medical Congress at Buda-Pesth—George E. McLauhlin.

Place of Meeting—Atlantic City.

Committee of Arrangements—Chairman, William F. Ridgeway; H. G. Miller, William E. Darnall, E. Guion, Harry A. Stout.

Delegates to Pennsylvania State Society—Howard F. Palm, Harry A. Stout, Enoch Hollingshead, Luther M. Halsey, W. Blair Stewart.

Delegates to Connecticut State Society—J. A. Joy, A. C. Hunt, Thomas N. McLean.

Delegates to New York State Medical Society—William Edgar Darnall, Theodore Senseman, F. M. Donohue, Robert N. Curts, William J. Chandler, Emma Richardson.

Delegate to New Jersey State Pharmaceutical Association—Isaac E. Leonard.

L. M. Halsey, Chairman.

C. R. P. Fisher, Secretary.

It was moved, seconded and carried that the Secretary be requested to cast a ballot for the election of the officers nominated by the Nominating Committee. The Secretary did so, and they were declared elected by the President.

The place of meeting that had been selected for next year was Atlantic City.

Under the head of miscellaneous business *Dr. Theodore Senseman*, of Atlantic City, offered the following resolution:

“Be it Resolved, That Section 2, Chapter V., of the by-laws be amended to read: ‘——— and these members, together with a representation from the fellows, which representation shall consist of one member for every five fellows, or major fraction thereof, present at the annual meeting, shall constitute the nominating committee.’”

Dr. St. John said that this resolution must lie over for one day.

Dr. Robert M. Curts made a motion that the second reading of the resolution presented be laid over until the first meeting of the House of Delegates at the 1910 meeting, and the third reading at the second meeting of the House of Delegates of the 1910 meeting, and that this resolution, referring to change in the by-laws, be printed in the program for next year. The motion was seconded and carried.

Dr. Luther M. Halsey said that he felt that the society should take a strong stand on the question of the report of the American Medical Association in reference to adulteration of food. He, therefore, offered the following resolution:

Whereas, Public opinion has been much aroused over food adulteration, and varying expressions as to the benefits derived from using preservatives in the manufacture of foods have been prevalent; medical associations in all parts of the country have gone on record with expressions of their opinion on the subject; therefore, be it hereby

Resolved, That the Medical Society of New Jersey, in convention assembled at Cape May, N. J., declares itself emphatically against the use of benzoate of soda and all other preservatives in the manufacture of foodstuffs, as in the opinion of this medical society such preservatives are detrimental and a danger to the public health; and, be it further

Resolved, That this society goes on record as

opposed to food adulterations of any kind; and, be it further

Resolved, That this society endorses the stand taken by the American Medical Association in its fight against food adulteration, and endorses its action in appealing to Congress for immediate amendment of the National Pure Food and Drug Act; and be it further

Resolved, That this society endorses the stand taken by Dr. Harvey W. Wiley in his campaign for pure food and pure food legislation; and, be it further

Resolved, That this society commends the daily newspapers and individuals who have taken a stand against artificial food preservatives, and gives them added encouragement to continue their fight.

Dr. Halsey moved that this resolution be adopted. Seconded and carried.

Dr. Marcy said that after having heard *Dr. Strock's* paper at the morning session, he had offered a resolution regarding it, which was carried. He wished to offer a similar resolution regarding the paper read by *Dr. Prout* on Medical Expert Testimony. He, therefore, moved that *Dr. Prout* be asked to abstract this paper and that the abstract be published in every newspaper of the State of New Jersey. It seemed to *Dr. Marcy* that the time had come for the society and the medical profession to inform the general public regarding the evils and abuses that exist in the present-day conditions of legal procedures. In order to do this, it would be necessary to communicate with the public through the lay press. He thought the paper of *Dr. Prout* as important as that of *Dr. Strock*.

Dr. Marcy's motion was seconded by *Dr. D. C. English*.

Dr. William H. Hicks, of Newark, said that no one endorsed the sentiments expressed in *Dr. Prout's* paper more heartily than himself, and none deplored the abuse and apparent corruption of expert testimony more than he. He objected, however, to the fact that *Dr. Prout's* paper gave, as an illustration of the present abuse of medical expert testimony, a case pending in the United States District Court and not yet settled. *Dr. Prout* had stated that the symptoms and conditions in this case were such that unprejudiced minds would have no difficulty in arriving at a conclusion regarding the man's sanity in a very short time; but that the experts of the opposition sat for the purpose of confusing and confounding the court, prolonging and delaying justice. In *Dr. Prout's* paper, the symptoms were detailed on only one side; and *Dr. Hicks* thought that the citation of such an illustration might be fraught with misunderstanding. He happened to know

something about the opposition in this case; and while from the symptoms detailed by *Dr. Prout* in his paper, it seemed that there could not be two opinions regarding the case, he said that it must be remembered that *Dr. Prout* was deeply interested in the case, and that doctors would disagree in surgery, gynecology, and other branches of medicine, not only in the medical society, but at the bedside. How much more, then, he asked, are they likely to disagree in one of the most difficult of all human sciences, psychology? The subject of normal and abnormal psychology has been wrestled with for ages, yet it remains one of the most obscure and difficult problems of today. Because medical men differ as to the exact degree of responsibility in a given case, it does not follow that they should be pointed out as men endeavoring to cause a miscarriage of justice. Of all the different departments of medicine, there is none that approaches in obscurity and difficulty that of determining the exact attitude of the mind or its degree of responsibility. After we have summed up all the works in psychology and psychiatry, we are pretty nearly ready to conclude that concerning the laws underlying certain mental activities, the highest reach of human science is but the scientific recognition of human ignorance. Men who have had ample experience in the larger hospitals for the insane and who are qualified in every way will disagree upon the mental condition of a given case that they have examined over and over again. The case detailed in *Dr. Prout's* paper presented symptoms on the other side like these: A gentleman is said to have exhibited for seven years symptoms of insanity. He was a man of large wealth, and during all this time he conducted an immense business, making trips to Europe and to different places in the United States. He travelled alone, went to church regularly, and was never committed to an institution. The panic came, and he made some unfortunate business ventures, borrowed money of innocent people and of innocent banks amounting to thousands and thousands of dollars. When it was found that these debts could not be paid without crippling his fortune, steps were taken to have him declared insane. The defence refused to allow the experts for the creditors to examine this man, so that it was necessary to proceed on the evidence brought out in the trial. Instead of the experts for the creditors being the only ones that sat by the lawyers and gave questions, the experts

for the other side did the same thing. Moreover, the experts for the defence disagreed with authority after authority; while those for the creditors did not disagree with a single authority. When a medical man goes on the witness stand and testifies in such a way that he must disagree with the established textbooks, he is more likely to be wrong than the man whose testimony agrees with the established teachings.

The question was called for, and Dr. Marcy's resolution was carried.

Dr. English stated that he had learned that a distinguished gentleman from abroad was visiting New York City, and had written him a letter in the name of Dr. St. John and the Medical Society of New Jersey, inviting him to be present at this meeting. This gentleman was Sir Alexander R. Simpson, for thirty-five years professor of gynecology in the Edinburgh University. *Dr. English* read the letter received from Dr. Simpson, regretting his inability to accept this invitation. It was as follows:

Dear Dr. English:

After much consultation with my kind host, Dr. Ross Stevenson, I have come very reluctantly to the conclusion that it is not possible for me to accept the invitation you so kindly bring me from Dr. St. John to attend the meetings of the Medical Society of New Jersey next week.

My son and I are among the delegates to the General Council of the Alliance of Presbyterian Churches now in session here. He is due to read a paper on Wednesday afternoon and I make a contribution on Friday afternoon, and Cape May is too far off for a single day's excursion there and back.

It would have been a singular pleasure to have had the opportunity of meeting so many of my professional brethren in the America to which medicine and the humanity for which medicine exists owe so much, and you will understand with how much regret I am compelled to decline the gracious invitation of your president.

Please accept the copy of an address in which I bade farewell to my university four years ago, and believe me,

Yours fraternally in the ties alike of Medicine and of Grace,

A. R. SIMPSON.

New York City, June 16, 1909.

Dr. Eagleton offered the following resolution regarding an appropriation for the investigation and extermination of the mosquito:

Resolved, That the Medical Society of New Jersey, in convention assembled, at its one hundred and forty-third annual meeting, June 23, 1909, desires to call the attention of the coming Legislature that the last Legislature failed to continue the appropriation for the investigation and extermination of mosquitoes, conducted under the direction of Professor John B. Smith, State Entomologist, and request it to

continue the same as provided by a previous act of the Legislature; inasmuch as the Medical Society of New Jersey recognizes the great value to the whole community which has resulted and will accrue from the continuation of this work.

Resolved, That a copy of these resolutions be furnished by the corresponding secretary to each member of the next Legislature at the opening of its session.

The resolution was seconded by Dr. Halsey and carried.

Dr. Stout said that as chairman of the Committee on Credentials, the certificate of Dr. Ellis W. Hedges, of Union County, had been referred to him, and that he recommended its acceptance, it being all right. He had also learned, through numerous complaints from Gloucester County, that the name of Dr. George C. Laws had been dropped from the list of permanent delegates. Dr. Laws had registered in 1904, but in 1905 was not on the list. He was absent in 1903, on account of illness, but had been present in 1902.* *Dr. Stout* thought that Dr. Laws was entitled to be a permanent delegate, and made a motion that the matter be referred to the Councilors. The motion was seconded and carried.

Dr. Chandler said that the nomination of Ellis W. Hedges, of Plainfield, for permanent delegate, should be acted upon. It was moved by *Dr. Halsey* that the delegates proceed to an election and that the secretary be instructed to cast the ballot. Seconded and carried. Dr. Ellis W. Hedges was declared elected as a permanent delegate.

Dr. W. Blair Stewart, of Atlantic City, stated that a permanent delegate from Atlantic City, Dr. E. A. Reiley, had requested him to propose the name of Dr. James M. Barton, of Atlantic City, as an honorary member of the society.

Dr. D. C. English made a motion that the nomination made by Dr. Reiley, through Dr. Stewart, be referred to the Committee on Honorary Membership. The motion was seconded and carried.

Dr. D. E. English, of Millburn, requested that the subject matter of his report on the State laboratories be discussed. The president decided to defer the discussion.

Dr. Chandler said that a dispatch had been received from Mr. Nash, the superintendent of the Training School at Vine-

*This is an error. Dr. Laws was absent in 1902, also in 1903, without excuse to the council. In 1904 no excuse having been received, his name was dropped.

land, inviting the association to visit the school.

President St. John stated that it would undoubtedly be the pleasure of some of the members to visit the school after the close of the annual meeting.

Dr. Strock offered for passage the amendment to Chapter XV. of the by-laws. The amendment consisted in substituting for Section 4 the following:

See page 155, August JOURNAL.

Dr. Halsey moved that the amendment be adopted. The motion was seconded.

Dr. Chandler said that it was hard to tell what step to take. The change made consisted in striking out the words "every reputable and legally registered physician who is practising or who will agree to practice non-sectarian medicine," and also in omitting the words, "when regularly qualified." The effect of this was to make eligible to membership in the New Jersey Society every man who is a legal practitioner, whether he be a homeopath, an eclectic, an osteopath or a regular practitioner of medicine. According to this amended by-law, a county society would hardly have a right to erect a barrier against any of these men who desired to be admitted, if their admission was approved of by the State Society. *Dr. Chandler* said that the society should consider well whether it was ready to take this stand. He thought it very desirable that all the barriers that separate the members from the good men among the homeopaths and eclectics should be broken down, so that they could meet with one another. He believed that in such a case nothing would be known of homeopathy in a few years. The records of the Board of Medical Examiners had shown that there were only four or five applicants for examination from homeopathic schools during the past year. He considered it possible that, if the number of these is growing smaller under the present arrangement, there would soon be no one applying for a legal position from that school. On the other hand, he also thought it possible that if this bar were removed it might increase the number of men studying, graduating and practising homeopathy, calling themselves homeopathic physicians and yet claiming the right to membership in component societies. He thought that this question required careful consideration.

Dr. D. C. English asked what was the attitude of the American Medical Association in regard to the matter.

Dr. Chandler said that the society had followed the recommendations of the American Medical Association, and had inserted the clause regarding non-sectarian medicine. The New Jersey Society had done as some of the other State societies had done, admitted to membership some physicians who are homeopaths. The American Medical Association did not go back of the records of the State Society. If the roll is certified to, they will accept it. They do not ask to know anything further. They, however, recommend that all members shall agree to practice non-sectarian medicine, and must not be known as homeopaths, but as physicians. A member may be a homeopathist, but he must not practice as a homeopathist.

Dr. English said that this proposed amendment should receive careful consideration. The tendency at present is to a liberal attitude toward graduates of the various reputable schools of medicine, and he was entirely in sympathy with it provided that a high educational standard is maintained. The profession still believes in protecting the public against pretenders and incompetent practitioners of medicine, as well as in upholding the profession's good name as a progressive scientific body of men. He asked whether, if we adopt this amendment, it might open the door to a class of men who were far from being well-educated, though they were legally authorized to practice medicine? As, for example, the so-called graduates of the defunct Buchanan College, of Philadelphia, or other fake schools, who were licensed a few years ago, or the osteopaths, if they should secure a separate licensing board, would be licensed by the State. The idea he had heard advanced that we should receive into our societies the incompetent to make them more competent is open to argument as to whether it would tend toward laxity in licensing and the lowering of standards and of public confidence in the profession. He said so long as we have a State Examining Board composed of able, thoroughly impartial and honorable physicians, representing the different schools of medicine, we might accept their licentiates if they propose to practice scientific rather than sectarian medicine, and permit them to use in their practice any remedial agents which they believed to be necessary and proper. Again *Dr. English* emphasized the point that the profession should insist upon the one essential requirement—that proper educational qualification shall be the *sine qua non* for

licensure; not of regulars, or homeopaths, or eclectic, but of scientific physicians and surgeons.

Dr. English moved that action on the amendment be deferred until next year and that it be published in the Journal. Seconded.

Dr. Strock considered this action unadvisable and said that others would probably want to speak on the subject. He stated that a man occupying his position would not hastily have written this amendment to the by-laws. It has been done only after careful and prolonged thought and consideration of the subject, such as would be given to anything regarding the membership of his component society and the State Society. He referred to what he had had occasion to say on the subject at the general session in the morning, and said that he could not add much to that; but he wanted to call attention to the fact that this amendment did not assert that the society shall admit any one because he is legally registered in the neighborhood, but merely gives the privilege of recommending that such people be deemed eligible to membership. The component society still has the right to judge whom it shall admit. Though the society has the right to admit the homeopath, it does not have to do so. He asked whether it was not better to do that than to admit homeopaths under the by-laws as they stand at present. *Dr. Strock* said that he had also called attention at the morning session to the fact that there were more homeopaths in affiliation with the American Medical Society than the number of members in the New Jersey State Medical Society. He knew that the association solicits the admission of homeopaths. Subscriptions to the Journal of the American Medical Association are obtained, as well as applications for membership in the association. He thought that the parent was thus giving encouragement to the children to do what was against her own by-laws. It countenances the admission of homeopaths into the State societies, the last issue of its Journal having shown that the committee in charge of the matter has corresponded with the various State secretaries. The communications of that committee also show that various State societies have no specific requirements regarding the matter; while others demand, as does the New Jersey Society, that their members shall practice non-sectarian medicine. *Dr. Strock* said that the door was opening and must soon open wide. He did not think that the

society was in a position to refuse the homeopaths admission to its membership, there being five members of the society out of nine on the Board of Medical Examiners, and said that the erring brother is not reformed by casting him aside, but by taking him in and endeavoring to show him the error of his ways.

Dr. Mackenzie asked *Dr. Kipp* whether this amendment would be in conflict with the rules of the American Medical Association.

Dr. Kipp said that he did not think it would be.

Dr. Mackenzie then put the question of the motion of *Dr. English*, that the resolution be laid over for one year; and the motion was defeated.

He then put the question of the motion to adopt *Dr. Strock's* amendment, and it was declared carried by a viva voce vote.*

Dr. Henry Chavanne, of Salem, said that he had not observed that a ballot had been cast for the officers of the society nominated by the committee. *Dr. St. John* replied that the secretary, by the unanimous vote of the society, had cast a ballot for their election. *Dr. Chavanne* asked whether the society, being an incorporated body, the law did not require that there should be tellers and judges and a proper election of officers. *Dr. St. John* ruled *Dr. Chavanne* out of order, as the matter had been disposed of.

Dr. Halsey reported, as chairman of the special committee of nine appointed by the chair to act in conjunction with the Committee on Public Hygiene and Legislation in preparing and framing a bill to be introduced at the next meeting of the Legislature of New Jersey, that the committee had been working very hard, but was not yet prepared to report. It was necessary for them to go over the details for some little time; and he asked that the committee be continued with power to prepare and frame a bill. The committee had decided that after this bill was prepared, each member of it would take so many counties to visit their component societies and explain the bill. Their idea was to be able to go before the Legislature next January with a bill that would have the hearty support of every member of the society—a bill that would be satisfactory and would protect the medical interests of the State. He made the mo-

*The vote was not counted and, while apparently a majority vote, it is doubtful if it was a majority of two-thirds, as required in the by-laws. In addition, there were not fifty delegates present.

tion that the committee be continued with power to act.

The motion was seconded and carried.

Under the head of unfinished business, *Dr. Halsey* asked the indulgence of the house for a few minutes for *Mr. William C. Smallwood*, Secretary of the New Jersey Association for the Prevention and Relief of Tuberculosis, who had an important statement to make.

Mr. Smallwood said that one of the steps taken by the New Jersey Legislature during the past year was the passage of a bill* making the registration of cases of tuberculosis compulsory, as well as the disinfection of the houses of such persons after their removal or death. He had been asked by the State Board of Health to make this announcement to the society; because, as the act would not be published for some time, it was thought that all the physicians of the State might not be aware of this legislation. It was deemed wise to let them know about it as early as possible. He had also been asked by the Committee on Hygiene and Legislation of the New Jersey Society to emphasize the fact that closer co-operation was needed between the State Medical Society and the Association for the Prevention and Relief of Tuberculosis.

The session of the House of Delegates adjourned at 3:55 P. M., and the society then went into general session.

SECOND DAY.

Thursday, June 24.

GENERAL SESSION.

Afternoon Session, 3:45 P. M.

(13) Pathognomonic Signs Relating to Appendix Localization, *A. J. Walscheid*, Union Hill. Discussion opened by *Dr. George N. J. Sommer*, Trenton; *Dr. Senseman*, Atlantic City, and *Dr. Rector*, *Dr. Walscheid* closing.

(14) The Sterilization of Confirmed Criminals, Idiots, Imbeciles and Other Defectives by Vasectomy, *William J. Chandler*, South Orange. Discussion opened by *Dr. George H. Balleray*, Paterson; *Dr. Thomas P. Prout*, Summit, followed by *Drs. D. E. English* and *W. S. Cornell*, *Dr. Chandler* closing.

Dr. D. C. English made a motion that a special committee, consisting of *Drs. Chandler*, *Balleray* and *Prout*, be appointed, and that the recom-

mendation contained in *Dr. Chandler's* paper be referred to this committee with power to prepare a bill and have it introduced at the next session of the Legislature. His motion was seconded, and carried; and the committee was appointed.

(15) Mental Hygiene and Prophylaxis, *Henry A. Cotton*, Trenton. Discussion opened by *Dr. T. P. Prout*, *Dr. Alex. Marcy, Jr.*, *Dr. Parsons*, *Dr. Halsey*, *Dr. Cotton* closing.

(16) The Super-Nutritive Properties of Milk, *Dr. Alex. McAlister*. No discussion.

(17) Thursday evening, 7:30 o'clock, annual banquet at Hotel Cape May. *Dr. St. John*, toastmaster, introduced the speakers. Addresses by *Frederick J. Melvin*, Mayor of Cape May; *Rev. Dr. James M. Buckley* and *Dr. Joseph D. Bryant*, New York, N. Y.

THIRD DAY.

Friday, June 25, 1909.

GENERAL SESSION.

Morning Session, 9 A. M.

(18) At What Age Should a Child Be Admitted to Our Public Schools? *Joseph Funk*, Elizabeth. Discussion opened by *Dr. J. Tomlinson*, Bridgeton; *Drs. Marcy, McAlister, Marsh, Coit, Livengood, Chavanne, Emerson, Cornell* and *Marcy*, *Dr. Funk* closing.

Dr. Marcy offered a resolution that a committee of three be appointed to consider the subject of the school life of children, to report at the next meeting of the New Jersey Medical Society, and to make monthly reports of progress in the Journal of the Society. He suggested that *Dr. Funk* be chairman of the committee. The motion was seconded and carried. The president appointed *Drs. Funk, Tomlinson* and *Emerson* as the committee.

(19) Some Points in Infant Feeding, *David E. English*, Millburn. The author having been called home, his paper was read by *Dr. D. C. English*. Discussion opened by *Dr. Francis H. Todd*, Paterson; *Dr. Henry Chavanne*, Salem; *Dr. Coit*, *Dr. D. C. English*, *Dr. Iszard* and *Dr. Livengood*.

(20) Ophthalmia Neonatorum, *T. R. Paganelli*, Hoboken. Discussion opened by *Dr. Leonidas L. Mial*, Morristown; *Dr. Wilson* and *Dr. Emerson*, *Dr. Paganelli* closing.

(21) Report of Recent Milk Commission Legislation, *Henry L. Coit*, Newark. Discussion opened by *Dr. D. C. English*, *Dr. Coit* closing.

Adjourned 10:30 A. M.

*This bill will be found on page 103 in the July issue of the Journal.

THIRD DAY.

Friday, June 25, 1909.

HOUSE OF DELEGATES. SESSION
12.30 NOON.

Dr. Iszard read the report of the Judicial Council in the case of *Dr. Laws*, which had been referred to them. The report was as follows:

REPORT OF JUDICIAL COUNCIL.

Mr. President and Gentlemen:

In the case of *Dr. George W. Laws*, of Gloucester County, N. J., in reference to his attitude as a permanent delegate, which was referred to this Council, reports the following statement of facts:

Statement of Facts.

In 1901 he registered as an annual delegate.
In 1902, absent.
In 1903, absent on account of illness.
In 1904, registered permanent delegate.
In 1905, registered permanent delegate.
In 1906, was refused, would not register.
In 1907, was refused, would not register.
In 1908, was refused, would not register.
In 1909, registered as associate delegate.

Your Council, while they are satisfied that *Dr. Laws* should be registered as a permanent delegate, realize the fact that the technique has not been complied with and respectfully submit the case to this body for action.

Wm. H. Iszard, Chairman.
Edward F. Denner,
Wm. A. Clark,
James Hunter, Jr.,
Councilors.

Dr. Iszard then made a motion that *Dr. Laws* be registered as a permanent delegate. The motion was seconded by *Dr. Halsey*.

Dr. Chandler said that there were certain other facts, not mentioned in the report, that bore on the question and should be brought before the society. *Dr. Laws* was elected one of the early permanent delegates. In 1902 he was absent and sent no excuse. In 1903 he was again absent and sent no excuse. In 1904, no excuse having been received, his name was dropped from the roll.

Dr. Halsey explained that *Dr. Laws* had expected his excuse for absence in 1903 would be made by *Dr. Reading*, the secretary of his component society, but *Dr. Reading* failed to make it.

Dr. Chandler said that the by-laws expressly state that all excuses shall be made *in writing* to the Judicial Council, and that its report shall be final. The Judicial Council reported that in 1904 no excuse had been received from three men, of whom *Dr. Laws* was one. In 1904 he came to the meeting, and some time during

the last hours of the session he registered among the permanent delegates, the Committee on Credentials appearing to be forgetful of the fact that his name had been dropped from the roll. Errors in registration are not infrequently made. Sometimes an associate delegate registers in the list of permanent delegates. The registration book does not prove that a man who registers as a permanent delegate is one. *Dr. Laws* was dropped, according to the constitution of the society, in a regular manner. Notice of absences from two consecutive annual meetings (1902 and 1903) was sent in the spring of 1903. No excuse was presented to the Council. Again in 1904 notice was sent, and at the meeting in 1904, no excuse having been received, his name was dropped from the roll. *Dr. Chandler* said that it was not obligatory to send notices, but that he had done so in order that permanent delegates who were absent might send excuses. For five years *Dr. Laws* had allowed the matter to rest and until now had made no effort to be reinstated. Moreover, Gloucester County, with a membership of 23, was at present entitled to only *two* permanent delegates, but it has three, having exceeded its quota. With the addition of *Dr. Laws*, it would have four—double the number to which it is entitled. It is doubtful whether excuses for absences ought to be accepted from delegates whose societies are already over-represented. It is certainly an injustice to other component societies when a society which already has one permanent delegate in excess of its quota should be permitted to reinstate a legally dropped permanent delegate and thus add a second permanent delegate to its already excessive apportionment. If this were allowed, Essex County could, with more fairness, have been permitted on Wednesday morning to present and elect all of its delegates.

Although *Dr. Chandler's* sympathy was with *Dr. Laws*, who was a valuable member of Gloucester County Society, he thought to allow him to be reinstated as a permanent delegate would establish a bad precedent. It was the constitution, and not a by-law, that forbade it, and he thought the society ought not to violate that.

Dr. English asked whether the third member had been elected to fill *Dr. Laws's* place when he was dropped.

Dr. Chandler replied that such was not the case. If it had been, it would have settled the matter without question. The fact was that at that time the percentage of

permanent delegates allowed was one-fourth of the total membership, but that very year the percentage was changed to one-tenth. The law did not go into effect until after Dr. Oliphant had been elected, so his election in 1903 was legal. After that, the quota from all counties was limited to one-tenth of its membership.

Dr. English said that he had asked this question because he felt inclined to do Dr. Laws every favor possible, he being a friend of Dr. English. He thought, however, that the laws of the society should be adhered to rigidly. If Gloucester County already had a delegate in excess of its quota, he did not see how Dr. Laws could be admitted as a permanent delegate without allowing other counties to send more delegates than they are entitled to under the constitutional provision.

Dr. Halsey said that there was a misunderstanding of the matter, as he remembered distinctly that the secretary of Gloucester County had been requested, owing to Dr. Laws' severe sickness, to make a statement to the Judicial Council regarding it. This Dr. Reading claimed to have done—not in writing, but before the regular session of the society. Dr. Laws could not render an excuse, because he was too ill. The registration book of the society showed that Dr. Laws had come to the meeting in 1904 or 1905 and asked to be registered (with simply an omission of one year) as a permanent delegate, but this was refused him.

Dr. Chandler stated that there were two consecutive years of absence and no written excuse at the end of three years.

Dr. Halsey said that, considering all the circumstances, and Dr. Laws' long connection with the profession in New Jersey, he felt that it was not stretching the point too far in asking that Dr. Laws be reinstated.

Dr. St. John put the motion of Dr. Tzard, which had been seconded by *Dr. Halsey*, to a vote, and it was declared carried.

Dr. W. F. Ridgway, of Atlantic City, who had been appointed chairman of the Committee of Arrangements for the next meeting, said that he wanted to bring a couple of matters in connection with the arrangements for the next year's meeting before the society. It had been called to the attention of the Committee of Arrangements that several other State societies have changed their time of meeting from the spring to the fall. Their reasons for so doing have been that the American Medical

Association meets in June, and all the other affiliated American associations, such as the Surgical, the Ophthalmological, the Laryngological and various other special societies, meet in the spring, and it seemed well to have the State societies meet in the fall, as New York, Pennsylvania and some others are already doing. He thought it would be a good thing for New Jersey to follow their example. Another reason was the fact that hotel accommodations at seaside resorts and rates for conventions would be better and more reasonable after the summer season. In Atlantic City in the latter part of June, the hotels are pretty well crowded with regular guests, while in September, much better accommodations can be obtained and much better rates furnished by the bureau. *Dr. Ridgway* said that *Dr. English* had suggested that this matter be brought before the society and some action taken upon whether it could be submitted to the members through the medium of the Journal.

Dr. N. L. Wilson seconded the motion, and stated that during the month of June he had been away from home three weeks attending conventions. This left him but one week in the month to attend to business. He was in favor of the change, but thought it would have to be made by making a change in the constitution. He thought that to fix the date of meeting for the latter part of September would be of advantage to the society.

Dr. English said that the members should be careful how they made a change in the date of meeting when such a small percentage of the entire membership was present. The matter should have come up when the committee's report was rendered. He feared that the little handful of men gathered here at this time was hardly capable of deciding what the whole society ought to have decided upon. September would really suit him better than June, but the question was what would be best. In regard to the matter of hotel accommodations, he said that Atlantic City is having organizations meet there all the time; and they all seem to be accommodated. The argument that he thought really worthy of consideration was that a large number of members would have just returned from their summer outing, so that it was doubtful whether they would attend the meeting so soon thereafter. At that time also the schools and colleges will be reopening for their fall work, which might also interfere somewhat with the attendance. He thought

it would be better to leave the matter open for discussion, requesting in the *Journal*, for the next three or four months, an expression of opinion from the membership generally. If an expression of opinion in regard to the proposed change of date could be obtained, this would be the wiser way of settling the question. He offered an amendment to the motion of Dr. Ridgway, that the matter be left over, and that the society endeavor, through the *Journal*, to get a personal expression of opinion from the members throughout the State.

Dr. Ridgway accepted the amendment.

Dr. Senseman offered an amendment to the amendment of Dr. English, that the society obtain through the secretaries of the county societies the opinion of the members, the secretaries of the county societies notifying the secretary of the State Society of the action of their county societies.

Dr. Ridgway said that he accepted this amendment and he hoped the matter would be freely discussed in the *Journal* and would be acted on by the county societies at their meetings in the fall.

Dr. St. John put the motion of Dr. Ridgway, as amended by Drs. English and Senseman, to vote, and it was carried. The amended motion should read that the matter of changing the date of meeting of the New Jersey Medical Society from June to September be discussed in the *Journal* and also be submitted to the members through the medium of their county societies, the secretary of each county society notifying the secretary of the State Society of the decision of his county society.

Dr. Chandler said that a number of nominees for permanent delegates had not presented their credentials. It was moved that the reception of their credentials be laid over until the next meeting, and that the nominees be received then the same as if they had presented their credentials at the present meeting. The motion was seconded and carried.

Dr. Chandler then read the report of the committee appointed to report on the matter of the society's taking part in the physicians' directory gotten up by the New York State Society. It was as follows:

"We recommend that the members be encouraged to purchase the directory, and that their attention be called to the same through the *Journal*."

On motion this recommendation was adopted.

Dr. Halsey said that the Nominating Committee had decided that if any mem-

bers of the New Jersey Society wished to be delegates to other State societies, the chairman of the Nominating Committee would add their names to the names of those already selected.

Dr. Coit said that he had planned to go to the International Medical Congress at Buda-Pesth, and would like to have credentials.

Dr. Halsey said that it had been decided during the meeting that the secretary should issue the proper credentials to any one desiring to attend that meeting.

Dr. English said that if Dr. Halsey or Dr. Chandler would be so kind as to notify him of the dates of meeting of these State societies, he would publish them in the *Journal*, so that those desiring to go might present their names.

Dr. Halsey said that the dates of these meetings were published in the *Journal* of the American Medical Association.

Dr. Chandler said that it had generally been his custom to notify the members of their election as delegates and, when possible, of the date of the meeting.

Dr. English said that the International Medical Congress was a very important gathering, and that he thought it would be better to have the delegates sent to it elected by the society at large. He, therefore, made a motion that Dr. Coit be appointed a delegate. The motion was seconded and carried.

Dr. Howard F. Palm, of Camden, made a motion that the thanks of the society be extended to the Committee on Arrangements for the several entertainments provided during the meeting. This motion was seconded and carried.

Dr. Coit, who had been appointed by Dr. St. John chairman of the delegation to the Tenth Decennial Pharmacological Convention, to be held at Washington in September, 1910, said that within an hour a conference of some of the senior members of the society could determine who the members of the delegation should be.

Dr. Henry L. Coit was granted the privilege of making a statement regarding the approaching national pharmacopoeia convention.

BRIEF HISTORY OF THE PHARMACOPOEIA.

1778. A small pharmacopoeia was published at Philadelphia for the use of the military hospital of the U. S. army at Lititz, Lancaster County, Pa.

1805. Counsellors of the Massachusetts Medical Society appointed a committee to draft a pharmacopoeia for the special wants of their

section. Committee reported June 5, 1807. Work issued early in 1808.

1815: Physicians and Surgeons of the New York Hospital appointed Dr. Samuel Mitchell and Dr. Valentine Seaman to prepare a pharmacopoeia for that institution, which was issued in 1816, and enjoyed for some years an authority of more than local character.

1817. Previous to this date, although the above works had been published, European pharmacopoeias had been chiefly relied upon. This date marks the first concerted action toward the publication of a pharmacopoeia having national scope. Dr. Lyman Spaulding, of New York, submitted a plan that the U. S. be divided into four districts, each district to hold a convention to form a pharmacopoeia, and to report together at Washington, to form a national pharmacopoeia. Convention met in Washington January 1, 1820, ordered a pharmacopoeia published, and made provision for another convention for review in 1830. At this original convention, there were present members from the Medical Society of New Jersey. (Names and number unknown.)

1830. Convention met. Representatives were present from New Jersey, one of whom was Dr. Lewis Condit. Dr. Condit was elected president of the convention. Surgeon General of Army and Navy, Medical Practitioners, Members of Congress, were invited to attend, and accepted.

1840. Convention met. Dr. Condit again elected president. Colleges of pharmacy of New York, Boston and Philadelphia, submitted a complete revision. This was practically adopted, and the work was issued in 1842.

Provision made for the convention to meet in Washington, in May, 1850. Since this date, convention has met every ten years, in May, at Washington. At the last revision convention in 1900, the Medical Society of New Jersey appointed Dr. Newton as a delegate, but he was not present.

The following are eligible to membership in the convention; Surgeon-General of the Army and Navy; not more than three delegates each from Medical Societies, Pharmaceutical Associations, Colleges of Pharmacy, Colleges of Medicine, that are of at least five years' standing. There were present at the last convention 150 delegates from all parts of the country.

Importance of the Book: It aims to set a definite standard for chemical and pharmaceutical preparations in all parts of the country. It is the authority, under the Pure Food and Drug Act, for the purity of all the articles that come within its scope. It has been greatly improved, during recent years, by the introduction of assay processes—where it is possible to assay chemically—which gives a definite standard for these drugs, which might have been heretofore of doubtful quality. The next revision will probably carry the assays further, tending to standardize, and make of uniform strength all drugs which are amenable to assay, either chemical or physiological. This will give to the physician drugs of definite strength, and drugs which will be much more dependable.

Dr. Coit then made a motion that a full delegation of physicians be appointed by

the president to attend the tenth decennial pharmacopoeal convention to be held in Washington in September, 1910. Seconded and carried.

Dr. St. John referred to the fact that Dr. Marcy, at the general session that morning, after the reading of Dr. Joseph Funk's paper on "At What Age Should a Child Be Admitted to Our Public Schools?" had offered a resolution that a committee of three should be appointed to consider the subject of the school life of children and to report at the next meeting of the society, also making monthly reports of their progress in the Journal. Dr. St. John named as this committee Drs. Joseph Funk, Joseph Tomlinson and Linn Emerson.

Dr. Chandler announced the following attendance at the meeting :

Fellows, 13; officers, 7; permanent delegates, 75; annual delegates, 20; associate delegates, 80; guests, 161; total, 366.

Dr. Chandler said that the attendance of members was practically the same as that of last year, but that the number of guests was smaller.

Dr. Halsey offered a motion that a vote of thanks be given to the retiring president for the able and impartial way in which he had presided over the deliberations of the meeting. The motion was seconded and carried unanimously by a rising vote.

Dr. St. John said that he felt that this action on the part of the society was entirely undeserved by him. He congratulated the members on the success of the meeting, and said that both the papers and the discussions had been of unusual interest. He expressed gratitude for the society's forgiveness of his many shortcomings as their presiding officer, and thanked them heartily.

Adjourned sine die at 12:40 P. M.

WILLIAM J. CHANDLER,
Recording Secretary.

The following persons, whose names are recorded in the registration book were present:

Fellows.

Charles J. Kipp, Edward J. Ill., John D. McGill, C. R. P. Fisher, John W. Ward, O. H. Sproul, J. G. Ryerson, H. Genet Taylor, Luther M. Halsey, Alexander Marcy, Jr., David C. English, E. L. B. Godfrey and Thomas J. Smith.

Officers.

David St. John, president; Benj. A. Waddington, first vice-president; Thomas H. MacKenzie, second vice-president; Daniel Stroock, third vice-president; Harry A. Stout, corre-

sponding secretary; William J. Chandler, recording secretary; Archibald Mercer, treasurer.

Permanent Delegates.

Atlantic County—W. Blair Stewart, Edward A. Reiley, W. Edgar Darnall and J. Addison Joy.

Burlington County—Enoch Hollingshead and Richard H. Parsons.

Camden County—William H. Iszard, William A. Davis, Alexander McAllister, William S. Jones, Harry H. Sherk, John J. Leavitt, Howard A. Palm and Henry H. Davis.

Cape May County—Randolph Marshall.

Cumberland County—S. Thomas Day and Joseph Tomlinson.

Essex County—Joseph C. Young, William J. Chandler, George R. Kent, Joshua W. Read, James T. Wrightson, L. Eugene Hollister, Charles D. Bennett, David E. English, George B. Philhower, Henry L. Coit, Richard G. P. Dieffenbach, Edward Staehlin, William S. Disbrow, Wells P. Eagleton and Thomas N. Gray.

Gloucester County—James Hunter, Jr.

Hudson County—James A. Exton, Joseph M. Rector, George E. McLaughlin, Mortimer Lampson, Gordon K. Dickinson, John C. Parsons, John J. Bauman, John J. Broderick, August A. Strasser and William P. Watson.

Hunterdon County—William S. Creveling.

Mercer County—Richard R. Rogers and John C. Felty.

Middlesex County—Frank M. Donohue and A. Clark Hunt.

Monmouth County—Edwin Field, Samuel Johnson and Cyrus Knecht.

Morris County—Cuthbert Wigg, James Douglass, Frederick W. Flagge, Britton D. Evans and Alfred A. Lewis.

Ocean County—William G. Schaffler.

Passaic County—Philander A. Harris, George H. Balleray, Robert M. Curts, John T. Gillson, Andrew F. McBride, Frederick F. C. Demarest, Salem County—Henry Chavanne.

Somerset County—Sewell O. B. Taylor, John P. Hecht and Aaron L. Stillwell.

Sussex County—Benjamin W. Ferguson.

Union County—Thomas H. Tomlinson, James S. Green, Norton L. Wilson, Edgar B. Grier and Ellis W. Hedges.

Annual Delegates and Reporters.

William A. Westcott, J. Boone Wintersteen, Theodore Senseman, A. E. Carpenter, C. C. Beling, William S. Lalor, Isaac S. Long, William W. Brook, Jos. B. Harrison, Theo. F. Livingood, Berthold S. Pollak, J. Morgan Dix, J. P. Reilly, L. H. Hummel, E. S. Corson, E. S. Sharp, Arthur E. Ewings, William Spickers, David F. Weeks, H. G. Miller, Hubert W. Long, F. C. Jacobson, William H. Hicks, William E. Ramsay, J. L. MacDowell, C. H. Jennings, T. R. Paganelli and William L. Pyle.

Associate Delegates.

V. M. D. Marcy, James Mecray, Emma M. Richardson, Wm. C. Allen, Wm. F. Ridgway, Philip Marvel, Geo. T. Tracy, Geo. W. Lawrence, Anna M. Hand, Percy H. Terhune, David F. Weeks, Arthur W. Bingham, John H. Bradshaw, Stephen T. Quinn, J. J. Mooney, Geo. E. King, Millard F. Sewall, Paul M.

Mecray, John K. Bennett, F. J. Kellar, Edward Guion, E. J. Marsh, Geo. E. Tuers, John F. Smith, Edgar J. Haines, F. S. Buckingham, Wm. A. Clark, John W. Wade, W. P. Melcher, R. C. Barrington, W. W. Beveridge, Jos. Funk, W. R. Lake, Geo. C. Laws, S. M. Wilson, H. A. Wilson, Wm. Martin, Edward C. Pechin, Wm. H. Carpenter, Linn Emerson, Samuel E. Robertson, H. A. Pulsford, Edward E. Worl, H. J. F. Wallhauser, Joseph Kopel, A. J. Walscheid, J. H. Moore, J. M. Craig, J. W. Martindale, A. L. LeFevre, Thos. P. Prout, Chas. S. Heritage, J. W. Marcy, H. D. Slocum, Geo. S. Spence, Samuel B. English, Ellis W. Hedges, L. B. Hollingshead, Wm. C. Sandy, Wm. C. Parry, H. L. Rose, L. B. Hirst, Eugene Way, W. L. Ewen, F. V. Ware, I. E. Charlesworth, A. L. Leach, Oliver R. Blanchard, W. P. Glendon, Sophia Presley, R. M. A. Davis, T. W. Madden, J. J. Haley, A. B. Davis, Francis H. Todd and George N. J. Sommer.

Guests.

James M. Buckley, D. D., New York; Joseph D. Bryant, M. D., New York; Richard C. Norris, M. D., Philadelphia; George W. Brewer, M. D., New York; William C. Smallwood, New York; J. J. Jones, M. D., Philadelphia; Walter S. Cornell, Philadelphia; E. V. Swing, M. D., Coatesville, Pa. There were also present the wives and families of many of the physicians in attendance.

Permanent Delegate Absentees.

Atlantic County—E. C. Chew and Emery Marvel.

Bergen County—Henry C. Neer and Samuel E. Armstrong.

Cumberland County—Ellsmore Stites.

Essex County—Charles Young, Thos. S. P. Fitch, Richard C. Newton, George A. Van Wagenen, T. Y. Sutphen, Charles F. Underwood, Wm. B. Graves, Robert G. Stanwood, Thomas W. Harvey, Richard P. Francis, Theo. W. Corwin, and L. S. Hinkley.

Gloucester County—George E. Reading and Eugene T. Oliphant.

Hudson County—Fred M. Corwin, Talbot R. Chambers, Frank D. Gray and Samuel A. Helfer.

Hunterdon County—Isaac S. Cramer.

Mercer County—David Warman, Elmer Barwis, Charles F. Adams and Henry B. Costil.

Middlesex County—Ambrose Treganowan.

Monmouth County—Henry Mitchell and Franklin C. Price.

Morris County—Stephen Pierson and Calvin Anderson.

Passaic County—John L. Leal and Charles H. Scribner.

Salem County—Wm. H. James.

Union County—E. B. Silvers, J. Ackerman Coles and Thomas L. McLean.

Warren County—G. Wycoff Cummins and James M. Reese.

Absent Two Consecutive Years.

The following permanent delegates have been absent from two consecutive annual meetings: Thos. S. P. Fitch, Orange; Geo. A. Van Wagenen, Robert G. Stanwood and Theron Y. Sutphen, Newark; Samuel A. Helfer, Hoboken; F. C. Price, Imlaystown; J. L. Leal, Paterson; E. B. Silvers, Rahway; David Warman,

Trenton; A. Treganowan, South Amboy; J. Ackerman Coles, Scotch Plains, and G. Wyck-off Cummins, Belvidere.

BRIEF ABSTRACTS

OF ORATIONS, ADDRESSES AND SCIENTIFIC PAPERS AND DISCUSSIONS,

At the 143d Annual Meeting of the Medical Society of New Jersey.

ORATION IN MEDICINE.

Dr. Thomas N. Gray, East Orange, delivered the Oration in Medicine, which contained a review of the progress made in medicine during the memory of physicians now in practice. He thought that there should be a National Board of Medical Examiners, just as there is a National Pure Food Law, and there should be a National Board of Health.

Chloroform Anesthesia in Throat Operations.

Dr. Frederick F. C. Demarest, Passaic, considered chloroform the best anesthetic to use in adenoid operations on children under twelve years of age, because ether is irritating to the respiratory tract, producing a flow of mucus, which greatly embarrasses the operator. It takes a more skilled anesthetist to administer chloroform than to administer ether. The chloroform must be pure and fresh, not having been opened or exposed to a bright light, and must be given by the drop method.

Dr. George Edward Tuers, Paterson, thought that the field of chloroform as an anesthetic was large, and admitted that it was being used more and more every day. Compared with other anesthetics, he regarded it as the most pleasant by far, and also the most dangerous; the quickest to anesthetize, and the quickest to kill.

Dr. Walter S. Cornell, Philadelphia, emphasized the necessity of mixing air with the chloroform. He thought that there should be some arrangement of wire-net with gauze over it, or that the finger should be placed under the gauze in such a manner as to admit air.

Dr. Theodore F. Livengood, Elizabeth, said that less and less is being heard about deaths due to chloroform, because better qualified men administer it. He then described the manner in which the discovery that suspension with the head down and the legs elevated would resuscitate a person dying from the effects of chloroform had been made in carrying some rats by their tails after they had been chloroformed and were apparently dead. He considered chloroform a good anesthetic in cases in which it was practicable to do a rapid operation, but not in cases in which prolonged anesthesia was necessary.

Dr. Demarest admitted that chloroform is dangerous when badly handled.

The Influence of Sleep Upon Arteriosclerosis.

Dr. W. W. Beveridge, Asbury Park, said that similar changes to those occurring in the hearts and blood vessels of elderly persons frequently occur in the young, and are not physiological,

but pathological. Nutrition probably has something to do with the cause of these derangements. He thought that a more thorough study of the constitution of the cells of the body might lead to greater knowledge regarding the secondary changes produced by this condition. He then referred to the physiological function of the sleeping state as being one of the most important in the body, having to do with nutrition and the repair of the wear and tear caused by the day's activity. The amount of sleep required is in proportion to the amount of nutrition needed. He believed that the retrograde changes incident to old age might be retarded by a more careful study of the processes that go on in sleep and affect the nutrition of the cells.

Dr. W. G. Schauflier, Lakewood, did not agree with the view of Dr. Beveridge that sleep, properly made use of, could counteract the degenerative changes in the arterial system and in other organs of the body. He also differed with Dr. Beveridge in the opinion that arteriosclerosis is more or less easily diagnosed. He admitted that some of the methods of treatment now employed cause regeneration of the tissues, but others do not. He thought that the fallacy in the paper was the view that sleep gives the food a chance to be absorbed and changed into the elements that build up cells.

Dr. Philip Marvel, Atlantic City, divided the principles emphasized in the paper into the regenerative influence of nutrition on cell life or cell energy, and the assumption that sleep is the process that presides over the processes that convert the nutrition or nutritive elements into cell life or energy. He said that no one knows just what sleep is, and therefore cannot determine what sleep does. So far as the voluntary forces of the body are concerned, rest is sufficient to restore them. The involuntary forces, however, continue much the same, no matter whether the person is sleeping or waking. As to the influence of sleep on metabolism, he said that one could not tell to what extent any of the individual forces involved in metabolism enters into the reparative or recuperative effect on a cell. The cell is a composite body, which under various influences is made to do different things; and the forces of the body are in some way relative to the unit of the cell. Therefore, it is hard to say that sleep is that force which so controls the forces of life as to add to the longevity of the average individual.

Dr. Beveridge thought that the fact that we do not know what sleep is did not constitute a good reason for not discussing it. He said, however, that something is known about sleep; and the fact that it occupies one-third of one's life time makes it important to learn more about it.

ANNUAL ADDRESS BY THE PRESIDENT. Some Recent Advances in Medical and Surgical Work.

Dr. David St. John, Hackensack, said that medicine, with surgery, is becoming an exact science; and that while great advances have been made in the diagnosis and cure of some diseases, there are others about which investigators are still in doubt. Among medical

methods of diagnosis and treatment recently engaging attention, he mentioned tuberculin therapy, the use of vaccines made from dead typhoid bacilli, the Flexner treatment of cerebrospinal meningitis, the Hiss-Zinzer extract of leukocytes in the treatment of pneumonia, the treatment of erysipelas with polyvalent sera, the serum treatment of chronic nephritis, the Wasserman serum reaction in syphilis and the Rogers-Beebe serum for the treatment of exophthalmic goitre. The advances in the surgical field, he stated, have been equally promising, among which he mentioned the successful suturing of wounds of the heart, the starting of the heart's action by rhythmical compressions, and by means of the injection of fluids after this action had ceased, the suturing of arteries to veins in transfusion, the new method of treating aneurysms devised by Matas, of New Orleans, and the transplantation of parts of the body into a different animal. With these great advances already made, the future, he thought, was full of promise.

Oration in Surgery.

Dr. George E. Brewer, New York, limited himself to a consideration of two border-line subjects having largely to do with the differential diagnosis of acute abdominal infections: acute unilateral septic infraction of the kidney, and acute perforation of an intestinal diverticulum. Of the former, he recognized three clinical types: (1.) the severe, which progresses to a fatal ending unless treated by nephrectomy; (2.) the intermediary, in which the initial symptoms are severe, but the evidence of grave progressing disease is wanting; and (3.) the mild, which requires no operation, and is of surgical interest only because it accounts for cases in which, after an attack of appendicitis, operation reveals no lesion whatever. Acute diverticulitis, he divided into four groups: (1.) mild; (2.) more severe and progressive; (3.) cases in which there has been a rupture of the diverticulum with the formation of a localized abscess, either intra or extra-peritoneal; (4) cases in which rupture of the diverticulum into the peritoneal cavity has taken place. The symptoms of acute diverticulitis are practically identical with those of acute appendicitis, except that it may occur on the left side of the abdomen.

Intramuscular Mercurial Ingestions in Syphilis.

Dr. Henry A. Pulsford, S. Orange, claimed that mercurial injections have the advantage over mercury administered by mouth or through the skin, in that one can tell exactly how much reaches the circulation. If given by mouth, it is apt to produce diarrhea and upset the digestion. In the case of inunctions, this is avoided; but there is an unpleasant local effect on the skin. Patients are apt to be irregular about taking their medicine, and to increase or diminish the dose according to their own ideas, and other people are likely to learn about the treatment. In the injection method, these disadvantages do not arise. The only objection to mercurial injections is the pain, first that of the needle-thrust, and afterwards that caused by the irritating effect of the mercury. It varies in degree with the different

preparations used. In spite of the utmost care nodes are sometimes formed, containing a portion of the unabsorbed injection fluid, but this is exceptional. Embolism, though an alarming accident, has never proved fatal. The injection material should be as concentrated as possible. The points for successive punctures should be selected according to a definite plan, so that two or three months may elapse before a second puncture has to be made in the same spot. Trouble in the mouth is the danger signal showing that the treatment should be suspended.

Dr. Henry J. P. Walhauser, Newark, called attention to the fact that the shifting of the needle is what is responsible for the production of emboli. A certain method of knowing whether the needle is in a blood vessel or not consists in applying an empty barrel to the needle, and then exhausting. If the needle is in a vessel, blood will be drawn into the barrel of the syringe. He said that the injection plan of treatment would succeed when all other plans had failed, and made a plea for its more general use by the profession.

Dr. John H. Bradshaw, Orange, said that one should be careful to wipe the needle clean and dry with sterile gauze before the injection is given, thus avoiding pain and an inflammatory reaction.

Dr. Pulsford referred particularly to the use of gray oil, a difficult preparation to make, as it cannot be sterilized, because sterilization breaks up the emulsion. It must be prepared with sterile ingredients, in sterile utensils, and under aseptic conditions. He said that its use would repay the trouble of making it, as it causes surprisingly little pain.

Dyspepsia a Misnomer.

Dr. W. Blair Stewart, Atlantic City, said that charlatans, vendors, and fakirs had made "dyspepsia" a permanent factor in the minds of laity and profession. He considered the term unfortunate, and said that its use is derided by Dr. George B. Wood, of Philadelphia. While the mistake of earlier practitioners could be overlooked, he did not think at the present day that there was any excuse for snap judgments. One should find the real disease, and not call it dyspepsia. The earlier and more thorough the diagnostic methods that are used, the more lives will be saved and the more comfort will be obtained for the patients.

Dr. J. Finley Bell, Englewood, did not think that any physician had a right to take under his care for treatment a case of indigestion or any case presenting symptoms referable to the stomach, without making a careful examination of the patient, physical, chemical, and bacteriological. He contended that the inconvenience and discomfort of the patient in being submitted to these tests constituted a very slight objection. Every physician should have in his laboratory the necessary apparatus. Even without the use of the stomach tube, much information, he thought, could often be obtained by examining carefully the vomitus and the feces.

Dr. Linn Emerson, Orange, said that while it is ridiculous to say that everybody with gastric trouble is suffering from eye-strain, he considered it nevertheless true that this con-

dition is often overlooked. Eye-strain, he said, can cause all sorts of nervous diseases and gastric disturbances. Another thing that will cause stomach disorder is oncoming presbyopia.

Dr. J. Watson Martindale, Camden, mentioned the absence of teeth as another cause of stomach trouble; also pyorrhea alveolaris, in patients with teeth.

Dr. Henry Chavanne, Salem, referred to indigestion produced by mental strain. He thought that before annoying their patients by submitting them to the ordeal of various stomach examinations, it would be well for the general practitioner to try the effect of the administration of a little nux vomica or other simple remedy.

Dr. Philip Marvel, Atlantic City, did not think that a physician had any right, when he did not know the subject fully himself, to refuse to send his patient to one who did. He feared that too many physicians are not sufficiently interested in the welfare of their patients to recommend another physician to assist in the determination of the condition present or in its relief. He said that it was within the power of the physician, at the time of passing the stomach tube, to determine the size of the stomach, whether it is distended, whether it is displaced, and whether the distribution of its contents is normal; also whether the digestive forces are slow, moderately slow, or extremely slow.

Dr. William F. Ridgway, Atlantic City, said that the symptoms improperly classed under the term dyspepsia are not always due to organic changes, but are functional disturbances that can be obviated by the use of very simple remedies. He did not believe it wise for the general practitioner to use the various tubes that are employed in investigating through long distances the alimentary canal at either end, as he had seen great injury result from their use by unskilled persons.

Dr. Stewart said that the tenor of his paper had been to emphasize the point that it makes no difference what a disease is called, if a cure is promptly obtained; but that if one's simple remedies fail, the scientific methods of the present day will enable one to discover the exact cause of the disease.

THIRD VICE-PRESIDENT'S ADDRESS.

Problems That Confront the Component Medical Societies.

Dr. Daniel Strock, Camden, said that a great loss in good-will and good-fellowship, and in opportunity to learn from others and instruct others, is caused by not belonging to a county medical society. The distinction of regular and irregular physician should be abolished, because all have to pass the State Board before commencing practice, and all colleges have to teach certain things in their courses. All physicians that have passed the State Board should be eligible to membership in the county society. He also stated that the medical profession had begun to realize the advantage of having medical men in the Legislature. If a doctor is elected to a political office, the profession should rejoice; because, no matter what his politics, he is still a doctor. In

regard to the question of lodge practice, he said that very few of the public realize that the profession does not approve of those engaged in this; and he thought that more publicity should be given the matter.

Dr. Strock was requested to prepare an abstract of the address for the daily press.

Indications For the Induction of Labor, Instrumental Delivery Through the Vagina, and Caesarean Section.

Prof. E. P. Davis, Philadelphia, said that the cases may be divided into those that have had the test of labor and those that have not. In patients who have not had the test of labor, labor should not be induced because of pelvic deformity.

Whenever, by spontaneous efforts, the presenting part does not engage in the pelvis, the application of forceps is to be declined. An effort should be made to stimulate the patient's expulsive forces.

If the parents place great value upon the life of the child, labor should not be induced, because of its high fetal mortality; but if this is not the case, the best time for the induction of labor is at the thirty-fourth week.

Delivery by abdominal section should be undertaken only when mother and child are in good condition, and no previous attempts to deliver having been made by forceps, version or any other means.

When the mother is infected in long and impossible labor, delivery by Porro's operations offers the best chance for the mother. Occasionally, children, though badly bruised and injured by previous attempts at delivery, are saved by this operation.

Indications for Interference During Labor.

Dr. Simon Marx, New York, said that the best operator was the one who had the faculty of knowing just when and how to interfere—a knowledge possessed by very few obstetricians. In his belief, the crux of the position would be found under the following headings:

- (1.) The study of the woman before labor
- (2.) A positive appreciation of the position and presentation of the fetus and its relation to the pelvis.
- (3.) The constant control of the fetal heart's action and the maternal condition.
- (4.) Interference only when there were positive indications which warranted such interference.

In estimating the safety of the unborn child, the constant regularity of the heart's beat was of undoubted value; while, as regards the mother, the pulse and temperature played a prominent part.

One should never interfere with labor, save (1.) when the mother gives symptoms of beginning to be exhausted, or (2.) in exhaustion of the fetus. In either case, labor must be ended in order to save the fetus.

In such an emergency as a sudden irregularity of the fetal pulse with a discharge of meconium from a woman whose os was hardly distended, he asked whether one could operate quickly enough or deliver with enough rapidity to succeed in delivering her of a living child, producing dangerous lesions? He thought not.

He thought that when an examination re-

vealed a neurotic or spastic condition of the os, with sharp edges, chloral should be given in divided doses up to three grammes. In cases in which during the first stages, there was danger of lagging pains and exhaustion, Dr. Marx had frequently found opium of good service.

Dr. J. Watson Martindale, Camden, opening the discussion on the last two papers, said that in those who have not had the test of previous labor, labor may go on without interference, even if there is considerable pelvic deformity. In those that had had the test of previous labor, he would unhesitatingly suggest Caesarean section. In regard to the number of lacerations occurring in primipara, Dr. Martindale said that there are more than physicians usually think, as they often examine the skin perineum without inspecting the vagina. He could truthfully say that the number of lacerations in women delivered before his arrival was no greater than in those delivered when he was present. He had frequently felt the perineum tear while he was doing his best to prevent it. He described the technique of pubiotomy, and said that the indications are a true conjugate of three inches and a half, and possibly three and one-quarter. He did not agree with Dr. Marx that the subject of obstetrics is insufficiently taught in the medical schools. On two occasions Dr. Martindale had found it necessary to induce labor on account of uncontrollable vomiting in pregnancy. He had found calomel, in small, divided dose, of great benefit in threatened eclampsia. He thought that frequent examinations tend to produce sepsis, and that to apply the forceps before there is complete dilation of the os is likely to result in laceration of the cervix. On the other hand, it is possible to be too tardy in applying them. In regard to postural treatment, he said that the transverse diameter is materially increased by laying the woman on her back with her knees flexed on her thighs, and her thighs on her abdomen, and instructing her to pull on her knees. When a woman is suffering from severe labor pains and there is slow dilatation of the os, he gives her enough morphine to deaden the pain.

Dr. Ellis W. Hedges, Plainfield, wondered whether methods for the quick delivery of women were not often intended more for the convenience of the operator than for the good of the patient; although he thought that one should interfere before the mother was so exhausted by the pain, shock, and fatigue that convalescence would be indefinitely prolonged. The nervous type of women, he said, often suffer with uterine inertia. The uterus plays out after a time, and he thought that in such cases the physician was warranted in bringing on labor. In case of an occipito-posterior presentation, he said, the only thing to do is to pull pretty hard. In the case of rachitic dwarfs, nothing but Caesarean section should be attempted. If the diagnosis of placenta praevia is made early, he thought that labor should be brought on before the seventh month; but if the patient has gone to full term, one should at once plug the cervix and do Caesarean section. In cases of eclampsia, the uterus should be emptied at once. If the cervix is hard, this should be done by Caesarean section.

Dr. Edward J. Hill, Newark, did not approve of vaginal Caesarean section. He had seen, also, several cases of incurable vesico-vaginal fistula due to high forceps delivery. He thought that the majority of patients with deep cervical tears remain invalids for the rest of their lives. In placenta praevia, when the bag of membrane can be felt anywhere in the vagina, it is not necessary to resort to prompt Caesarean section. If eclampsia comes on in the seventh or eighth month, Caesarean section should be done; but not the vaginal Caesarean section, the results of which have been very disastrous.

Dr. Richard C. Norris, Philadelphia, thought that the importance of internal pelvimetry had been exaggerated; but he thought, also, that no physician had a right to attend a primipara without a knowledge of the size and shape of her pelvis, or to attend a multipara who had had a previous difficult delivery, without having studied the case from the standpoints of her previous labor and present physical condition.

He said it was impossible to learn accurately these measurements without the administration of an anesthetic. He made an appeal for a more general recognition of the value of induced labor, and said that the time would come when every woman with a conjugate diameter of four and a half centimetres, or less, will be submitted to Caesarean section. He had had great success in saving many patients from the major operation by means of induced labor, the practice of which also reduces the number of cases of forceps delivery and version. He agreed with the view that the forceps should not be applied to the unengaged head, as a general rule; but qualified this by saying that it should not be done unless one knows the pelvic diameter, and that the woman has had labor pains for two or three hours. In a difficult forceps operation, the patient should be kept profoundly anesthetized during the third stage, and allowed to come out of ether just before the final delivery, her uterus then being strengthened by a dose of ergot. He did not think that quinine had any more effect than a glass of wine, acting as a general stimulant. In regard to placenta praevia, he said that he had yet to see a cervix so rigid and tight in a case of placenta praevia that had produced hemorrhage as not to permit him to pass the index finger readily through the cervix. He believed that in such cases Caesarean section had an exceedingly narrow field. In eclampsia, he thought that vaginal Caesarean section was not indicated in all cases. It should be performed in cases in which the condition comes on without warning.

Dr. Davis said that if the test was made, it would probably be found that large numbers of lacerations occur in both the anterior and the posterior segment. Failure to close lacerations in the anterior segment results in subsequent prolapse of the urethra, dystocia, and other minor troubles. If uterine inertia exists, it should be treated before delivering the patient. He was not in favor of giving ergot until the womb had been emptied, but he approved of the use of strychnia. Section should be done in placenta praevia only when there has not been severe hemorrhage, when the child is viable, and when hospital facilities are

at hand. Eclampsia tends to cure itself. He had not done vaginal Caesarean section, which he considered a serious operation. He considered the old treatment of placenta praevia satisfactory, if one does not care about the child. In taking the pelvic measurements, he thought it well to measure across the two processes of the ischia, and also the intertuberosity distance. He considered elective surgery the surgery of the future.

Medical Expert Testimony.

Dr. T. P. Prout, Summit, inveighed the present methods of judicial procedure, and said that unless one's knowledge dates from the seventeenth century, one is of very little importance in a court of law. The venerable question always propounded whenever insanity is in question ignores completely the advances that have taken place in two centuries of medical practice. The slow administration of justice is a characteristic of bad civilization; for it means a costly administration. He did not consider our penal system adapted to cure criminals, who are always abnormal. He hoped that the day might come when an improvement would be made in the present legal system, and the prison would become the laboratory of an active science of jurisprudence. He stated that any three physicians who had had training in a certain department would be able to come to an agreement, provided they had access to all the facts, and suggested a plan by which the medical experts should be appointed in such a way as not to be bound to testify in favor of one side or the other.

Dr. Britton D. Evans, Graystone Park, said that medical experts could not be criticised for not always being harmonious, as the eminent men who had just spoken on the subject of obstetrics did not seem to be by any means altogether agreed. He stated that the objection to changing the system of employing medical expert witnesses was that the constitution of the United States guaranteed to an accused citizen the right to summon experts from anywhere that would tend to help his cause. Men appointed as experts with a life tenure would not always agree. That a life tenure does not insure agreement had been shown by the Dred Scott decision.

Dr. Ill thought that when the day came that there would be no difference of opinion among doctors, there would be no physical body. He said that Dr. Prout's paper should be widely circulated among medical men, so that honest members of the profession might endeavor to have revised this cumbersome machinery of the law. He believed that if the asking of hypothetical questions could be abolished, it would constitute a long step in the right direction. He stated that no countries except England and the United States allow witnesses to be insulted by the attorneys without rebuke.

Pathognomonic Signs Relating to Appendix Localization.

Dr. A. J. Walschied, Union Hill, stated that besides pain, muscular rigidity, tenderness, tumor, etc., there are a number of signs that, if carefully studied, can localize the appendix, its direction and, in a great many instances, its

pathological state and prognosis. He considered the normal position of the appendix, and how it can be placed in these various positions. The positions of the appendix are: (1.) The intrapelvic, with the development of the bladder, rectal, and uterine adnexa symptoms; (2.) near the ilio-psoas muscles, producing leg symptoms; (3.) the position upward, outward, and backward, producing lumbar pains in chronic cases; and (4.) upward and inward, or under the liver, producing respiratory symptoms. He touched upon the importance of pain in relation to localization, particularly in outward and upward locations, or in inward, pointing toward the median line. Tenderness, as an important factor in localization, was also referred to; as well as the significance of McBurney's point, in making a fine diagnosis of the position and condition of the appendix. The importance of gastrointestinal disturbances was next described. Pain and tenderness he considered of value in showing the degree of inflammation.

Dr. George N. J. Sommer, Trenton, said that the diagnosis in most cases depended upon the position occupied by the appendix. Those in which the tip points toward the other side of the colon are favorable for operation; while those in which it turns inward are more serious. He considered a study of the blood-counts an aid in the diagnosis of appendicitis, particularly a differential leukocyte count. He thought that the patients should be operated on as soon as the diagnosis is made, and considered a dose of castor oil a very good temporary expedient in cases of doubt. He believed, also, in the starvation plan of treatment in so-called inoperative cases. He had seen patients thus treated live long enough to be operated on successfully at a subsequent time.

Dr. Theodore Senseman, Atlantic City, did not believe the location or the direction in which the appendix points to be of any practical value. He thought that the first twenty-four hours in an appendix case would be better consumed in getting the patient ready to be operated upon than in taking a leukocyte count. If one finds the base of the appendix, it is easy enough to reach the tip.

Dr. J. M. Rector, Jersey City, referred to cases in which the appendix is sympathetically connected with the uterine adnexa, primary inflammatory changes in one of these being associated with secondary inflammatory changes in the other.

Dr. Walschied said that it is difficult sometimes to convince people of the necessity of early operation in appendicitis; and that in such cases one could wait and see whether, at the end of twenty-four hours, the acute pain was still present, meanwhile making the blood-count and giving large doses of castor oil. While he admitted that the location of the tip of the appendix is not important to the general practitioner, he thought it very advantageous for the surgeon to know this.

The Sterilization of Confirmed Criminals, Idiots and Other Defectives by Vasectomy.

Dr. William J. Chandler, South Orange, said that students in sociology have called attention to the fact that the birth-rate of the criminal and defective classes is increasing much more

rapidly than of intelligent and law-abiding citizens. This is probably because these defectives have no sense of responsibility, and seek only the gratification of their animal natures. He referred to the famous Jukes family of criminals, prostitutes, vagabonds, and paupers, to support the view that crime is hereditary. Society has sought to protect itself against the increasing numbers of criminals and defectives by passing punitive laws and by maintaining institutions for such persons. This has entailed considerable expense upon the community, and has not been particularly successful. Some States forbid the marriage of persons that are epileptic, imbecile, feeble-minded, or afflicted with insanity; but, unfortunately, the race can be propagated without marriage. Segregation or colonization is costly, and deprives many otherwise useful citizens of their liberty. Castration unsexes the individual; and, while advisable as an additional punishment for a limited number of criminals, is objectionable as a general measure. Vasectomy, however, is simple, safe, and thoroughly efficient. It will prevent propagation without unsexing the individual. Dr. Henry C. Sharp, of Indianapolis, for a long time Chief Physician of the Indiana State Reformatory, has done many hundreds of these operations, and states that it in no manner limits the marital relations, except in the prevention of procreation. Indiana and several other States have passed laws making it compulsory for unimprovable defectives to submit to this operation.

Dr. Chandler finished by offering a resolution that a committee be named to prepare a bill on the lines of the Indiana law, and to present it at the next meeting of the Legislature.

Dr. George H. Balleray, Paterson, said that we are what we are in consequence of our heredity and our environment. Therefore, the propagation of the human race should not be left entirely to chance. In the breeding of the lower animals, great precautions are taken to improve the stock and to prevent crossing with inferior animals. This is not so with humanity, and the result is often a progeny that is a disgrace. One of the measures that Dr. Balleray thought would be beneficial in this respect was the control of immigration. There are laws in existence supposed to do this, but they are not enforced. In regard to the control of marriage, Dr. Balleray said that at present there are no especial means of preventing the marriage of the unfit. He thought that a law regulating this should be passed in every State, and that the applicant for matrimony should be made to pass an examination as severe as that required now of an applicant for life insurance. He thought that it should not be vasectomy, but castration that should be performed.

Dr. Thomas P. Prout, Summit, said that the procedure should be undertaken with some trepidation, because not much is yet known concerning the ultimate effects of vasectomy. He thought that the performance of the operation on criminals would place them in a position of absolute irresponsibility; and that to allow them their liberty would cause a good deal of trouble.

Dr. D. E. English thought that the criminals are about as irresponsible now as they

can get. He was not in favor of the operation for females, as it is more serious in them than in males. He believed that very few prostitutes have children.

Dr. Walter S. Cornell, Philadelphia, did not think that the law in Kansas prohibiting the marriage of degenerate and unfit persons can have a fair trial until other surrounding States pass similar laws; as people who wish to be married need only step across the border. He said that the fact that some criminals had stated that they felt better after the operation of vasectomy did not prove it to be a good thing. He considered that the results given by Dr. Chandler lacked the accuracy of scientific verification.

Dr. Balleray was willing that vasectomy should be performed on the feeble minded, but felt that to remove the testicles of criminals would have a great deterrent effect.

Dr. Chandler said that he had recommended castration for a certain class of criminals.

(For action on this paper see page .202)

Mental Hygiene and Prophylaxis.

Dr. Henry A. Cotton, Trenton, reviewed the recent advances in the study of psychiatry and in the care and treatment of patients in insane hospitals, and said that not only in prophylaxis, but also in the after-treatment of patients who leave the hospital, the physician has an important field. There are a great many preventable forms of insanity, alcoholics making twenty per cent. of the admissions, and ten per cent. more being cases of general paralysis due to syphilis. These, with other indirect causes of insanity, would run the estimate up to fifty per cent. of cases of insanity that are entirely preventable. He regretted that the New Jersey law did not provide for voluntary commitment, and hoped that this defect would be remedied at the next session of the Legislature. He thought that the care of the acute insane should not be entrusted to a layman, no matter how good. He believed that the counsel of the family physician would often be of value in so directing the life of his patient as to prevent the development of insanity.

Dr. Thomas P. Prout, Summit, wished to emphasize the upbringing of children as an element in the prophylaxis. He thought that obedience and imagination were both parts of the character sadly neglected in the training of children in the United States. This he considered a serious defect, and one that would lay the foundation for an unstable equilibrium in the mind of the individual.

Dr. Alexander Marcy, Jr., Riverton, thought that institutions for the insane should be under the care of men thoroughly trained in this particular specialty. He thought that Dr. Cotton would not have gone far wrong if he had said that seventy-five per cent. of the cases of insanity are indirectly due to alcohol. He believed in a sharp differentiation between the acute and curable insane and the chronic and incurable. He thought that the county institutions should take care of the latter, but that the State should take charge of the former, separating them from the chronic cases. He thought that the acute cases need the most careful, painstaking, and thorough investiga-

tion. He believed that the stigmata of insanity are often implanted in the offspring of the degenerate, and considered the two questions closely allied.

Dr. John C. Parsons, Jersey City, said that the county asylum does care for the acute cases; and that chronic cases require much more care than the acute. He thought Dr. Marcy was discriminating too much in favor of one class at the expense of the other.

Dr. Luther M. Halsey, Williamstown, said that at the present day institutions for the insane are no longer regarded as asylums, but are looked upon as hospitals. Daily staff consultations are held, and the management of the different cases discussed. He thought it almost impossible to get a lay superintendent capable of managing a county insane institution properly, and thought that politics was very likely to creep into the matter. He was in favor of a closer relation between the hospital physician and the general practitioner.

Dr. Cotton did not think that every case that has been in the State Hospital for five years should be sent back to the county institution, as a good many chronic cases are violent and hard to manage. When they reach a stage of quiet dementia they can be taught farming and house work. He thought that the physicians in county asylums work under a great disadvantage, as they cannot always get the superintendent to do what they wish.

The Supernutritive Properties of Milk.

Dr. Alexander McAlister, Camden, said that cows' milk was ideal only for calves, although there is less danger in feeding the child with cows' milk than with that of any other animals. The fetus is nourished before birth by the blood, and afterward by milk, which is the nearest thing to blood. Milk is now regarded as a collection of living cells suspended in serum. These cells are nearly related to the white blood-corpuscles. The valuable supernutritive properties are found only in whole milk. Milk that is not definitely known to be good and new should not be endorsed by physicians for nursery or clinical use. It is almost always possible in this country to get milk containing one hundred per cent. of economic goodness. The place that cannot command good milk for its infants and invalids should be held up to ridicule.

At What Age should a Child Be Admitted to Our Public Schools?

Dr. Joseph Funk, Elizabeth, said that the law of New Jersey permits children to be sent to school at the age of five years. He considered this far too young, as mental development cannot be expected until the child has laid the foundation for a good physical development. They are too young to concentrate their minds, and even tire of play very quickly. He thought no child should be sent to school until seven years old, and that during the first two years after this the school hours should be short. A great deal of the school time should be spent in the open air.

Dr. Alexander Marcy, Riverton, said that he wished to emphasize the points of shortening the school year, limiting the hours of confine-

ment, attending more thoroughly to the physical and moral development, and allowing the mental development largely to take care of itself.

Dr. Elias J. Marsh, Paterson, said that classes often have to be put on half time because school accommodations are insufficient. He suggested that the financial problem could be solved by having the children spend a large part of their time out of doors during the school hours, using the ground around school houses for the purpose of open air exercises for part of the day.

Dr. Henry L. Coit, Newark, considered it a mistake to send a child to school before the age of eight years, the period between five and eight being that in which the nervous system undergoes its most critical development and gains its greatest strength.

Dr. Theodore F. Livengood, Elizabeth, said that there are too many studies in the public schools, and that the subjects are often too abstract for the minds of the children. Even if the school hours were shorter, it would take all the pupils' spare time to prepare their lessons. If the schools could be taken out of politics, he thought that radical changes in the right direction could be made.

Dr. Henry Chavanne, Salem, did not approve of the manner in which children are stuffed with information at the present time, and said that much of the knowledge thus acquired is of no subsequent use.

Dr. Linn Emerson, Orange, said that children will readily acquire, in a short time, and without much waste of energy, what it would have required tremendous efforts on the part of the teacher to pound into their heads between the ages of five and seven. He thought that the child who begins to go to school at the age of eight years will be better grounded at the age of twelve than will the child who has gone to school since the age of five years.

Dr. Walter S. Cornell, Philadelphia, said that the teachers are powerless to change the course, unless backed up by the medical profession. They have to be governed by those higher in authority. He thought that if the New Jersey Medical Society would take some action regarding the matter, other State societies would follow its lead.

(For action on this paper see page 202.)

Some Points in Infant Feeding.

Dr. D. E. English, Milburn, was the author of this paper; but, he having been called home, the paper was read by Dr. D. C. English, said that efforts should be directed, not to making a perfect imitation of mothers' milk, but to obtain a food that suits the infant. No exact rules as to quantity could be laid down. Rules are based upon the supposed capacity of the infant's stomach at different ages, and this is a most uncertain and variable criterion. If the child shows a normal increase in length and weight, it must be getting a proper amount of food. Lack of this increase is more often due to the quality than to the quantity of the food. In hot weather, one should be content if the child keeps well, and not insist on an increase in weight and length up to the full amount. The child requires a larger quantity of cows' milk than of breast milk. Dr. English thought it wrong to wake a child and in-

sist on its swallowing a certain amount of food at a particular time. An infant should never be fed when it is not hungry. The child should be allowed to worry a while before each feeding. Occasional crying is the only form of physical exercise that a young infant can get. One should try to make the baby continue feeding until its stomach is full and distended. It is this distension that develops the stomach. It will not produce dilatation, which is caused by feeding the child too frequently and not allowing the stomach to become entirely empty. After feeding, the baby should sleep. In regulating the time of feeding, one should not pay attention to the clock, but should watch the baby. The intervals will then tend to approximate those given in the textbooks, but will be more irregular. At the age of eighteen to twenty months, the feedings can be reduced to three good meals a day with something in between meals.

Dr. Francis E. Todd, Paterson, believed in putting the normal baby with a normal mother on the breast as soon as convenient after delivery. He was accustomed to allow the infant to nurse every six hours in the interval between delivery and that of free lactation. He considered the first secretions from the breast necessary to the child, clearing out the intestinal tract and leaving it in condition to take the pure milk of lactation. He thought the child could get almost enough water from the breast, but said that any water given it should be sterile. He preferred to have this given after nursing, instead of before. Breast-fed babies require less attention to their mouths than do bottle-fed babies. He thought that regular nursing brings about regular habits and makes the child easier to take care of. In mixed feeding, he would allow the child to get all the milk it could from the breast before giving it the bottle. Strong efforts should be made to secure certified or pure milk. He doubted whether the removal of a little of the cream from the top of the bottle would remove enough bacteria to make the procedure worth while. He thought that Dr. English gave the fruit juices a little earlier than necessary, and said that the age of six or seven months was early enough for this. He thought milk-formulas too weak, as a rule.

Dr. Theodore F. Livengood, Elizabeth, said that the child's toys should be sterilized, and that, when placed on the floor, a sterile sheet should be put over the carpet.

Ophthalmia Neonatorum.

Dr. T. R. Paganelli, Hoboken, divided the disease into two forms, gonorrhoeal and non-gonorrhoeal, and said that the prognosis was better in the latter than in the former, but that the treatment was similar. Infection usually takes place just before or just after the head passes the vagina. If the disease develops later than the fifth day, the disease must have been contracted from outside sources. The diagnosis should present no great difficulty. The prognosis depends upon the bacterial cause, and the nutrition of the infant. Various silver preparations and several different acids are used in the treatment. The best method is that of Crede, which consists in instilling a drop or two of silver nitrate into the eyes of the new-born child after the lids have been cleaned.

Dr. Norton L. Wilson, Elizabeth, had seen far fewer cases in the last eight years than formerly, and believed this to be due to the use of the Crede method of treatment, particularly in institutions. He did not, however, recommend that this method should be employed in every case in private practice. He thought that non-specific cases would get well in most instances, whether any treatment were employed or not, provided the eyes were kept clean. Even specific cases will do much better if the eye is frequently and thoroughly flushed. He did not favor the application of continuous cold to the eyes, as he had seen much harm result from it. He preferred nitrate of silver to either argyrol of protargol.

Dr. Linn Emerson, Orange, said that his experience in the use of argyrol and protargol had been more satisfactory than that of Dr. Wilson. He believed that in many cases physicians are not explicit enough in giving their directions about cleaning the eyes at certain intervals. They should give a demonstration to the one having charge of this of the manner in which it is to be done. He preferred to give a weaker solution to the mother or nurse to instill, and to use the stronger nitrate of silver himself.

Dr. Paganelli said, in regard to the application of cold, that if the patient is under the constant observation of the physician, the latter could easily avoid any complications.

Report of Recent Milk Commission Legislation.

Dr. Henry L. Coit, Newark, said that he was a member of a committee appointed twenty years ago, and never discharged, to attend to the subject of obtaining pure milk. This was the pioneer step in this direction. He said that an act had been passed by the New Jersey Legislature of 1909 conferring upon the Milk Commission a legal status, and that it was the most comprehensive law on the subject ever placed on the statute books.

SPECIAL COMMITTEES.

Committee on Medical Bill.

Appointed to confer with the Standing Committee on Legislation in the preparation of a medical bill for introduction at the next session of the State Legislature.

- David C. English.....New Brunswick
- Edmund L. B. Godfrey.....Camden
- Edward I. Ill.....Newark
- Alex. Marcy, Jr.....Riverton
- John J. Baumann.....Jersey City
- Wells P. Eagleton.....Newark
- W. Perry Watson.....Jersey City
- Norton L. Wilson.....Elizabeth
- Joseph M. Rector.....Jersey City

Committee on Confirmed Criminals, Imbeciles, Etc.

Appointed to consider the recommendations in Dr. Chandler's paper. They were empowered to prepare and have introduced into the Legislature a bill for the treatment of these defectives.

- William J. Chandler.....South Orange
- George H. Balleray.....Paterson
- Thomas P. Prout.....Summit

Committee on Ophthalmia Neonatorum.

Appointed a committee to prepare and endeavor to secure the enactment of a proper law for the prevention of this disease. The committee to act in co-operation with the State Board of Health, the Component Societies and the Standing Committee on Legislation.

- Charles J. Kipp.....Newark
- Edward J. Ill.....Newark
- A. Clark Hunt.....Metuchen

Committee on the School Life of Children.

Appointed to consider the suggestions contained in Dr. Funk's paper. "At What Age Should a Child Be Admitted to Our Public Schools?" and other questions connected with the child's school life.

- Joseph Funk.....Elizabeth
- Joseph Tomlinson.....Bridgeton
- Linn Emerson.....Orange

STANDING COMMITTEES.

Committee on Publication

- WM. J. CHANDLER, *Chairman*, South Orange.. ex-officio
- CHAS. J. KIPP, Newark.....Term expires 1910
- ELLIS W. HEDGES, Plainfield..... " " 1910

Committee on Scientific Work

- JOSEPH M. RECTOR, *Chm.*, Jersey City. Term expires 1911
- ELIAS J. MARSH, Paterson..... " " 1910
- JOHN C. PARSONS, Jersey City..... " " 1912

Committee on Credentials

- HARRY A. STOUT, *Chairman*.....Wenonah
- ARCHIBALD MERCER.....Newark
- THEODORE S ENSEMAN.....Atlantic City

Committee on Honorary Membership

- H. GENET TAYLOR, *Chairman*.....Camden
- GORDON K. DICKINSON.....Jersey City
- LUTHER M. HALSEY.....Williamstown

Committee on Program

- WM. J. CHANDLER, *Chairman*, South Orange.....ex-officio
- ALEXANDER McALISTER, Camden.....Term expires 1910
- FREDERICK F. C. DEMAREST, Passaic... " " 1911

Committee on Finance

- DAVID C. ENGLISH, *Chairman*.....New Brunswick
- HENRY MITCHELL.....Asbury Park
- EDWARD J. ILL.....Newark
- WM. J. CHANDLER.....South Orange

Committee on Prize Essay

- CHARLES J. KIPP.....Newark
- DAVID C. ENGLISH.....New Brunswick
- STEPHEN PIERSON.....Morristown

Committee on Business

- JOHN P. HECHT, *Chairman*.....Somerville
- JAMES T. WRIGHTSON.....Newark
- JOHN H. MOORE.....Bridgeton
- GEORGE T. TRACY.....Beverly
- WILLIAM H. CARPENTER.....Salem

Committee on Arrangements

- WILLIAM F. RIDGEWAY, *Chairman*.....Atlantic City
- WILLIAM E. DARNALL.....Atlantic City
- EDWARD GUION.....Atlantic City
- H. GARRETT MILLER.....Millville
- HARRY A. STOUT.....Wenonah
- BENJ. A. WADDINGTON, Ex-officio.....Salem
- WILLIAM J. CHANDLER, Ex-officio.....South Orange

Committee on Public Hygiene and Legislation

- L. M. HALSEY, *Chairman*, Williamstown. Term expires 1910
- HENRY H. DAVIS, Camden..... " " 1910
- JOHN W. BENNETT, Long Branch..... " " 1911
- WM. F. RIDGEWAY, Atlantic City..... " " 1911
- WILLIAM G. SCHAUFFLER, Lakewood... " " 1912
- JOHN J. BAUMANN, Jersey City..... " " 1912

MEETINGS OF COUNTY SOCIETIES.

- | County. | Dates of Meetings. |
|--|---|
| ATLANTIC | Annual meeting, first Friday in January. Other meetings:* |
| BERGEN | Annual meeting, second Tuesday in April. Other meetings:* |
| BURLINGTON | Annual meeting, second Wednesday in January. Other meetings: Second Wednesday in April, June and October. |
| CAMDEN | Annual meeting, fourth Tuesday in April. Other meetings: Second Tuesday in February, October and December. February meeting, 8 P. M.; others at 12 M. |
| CAPE MAY | Annual meeting, first Tuesday in October. Other meeting: First Tuesday in April. |
| CUMBERLAND | Annual meeting, second Tuesday in April. Other meetings: Second Tuesday in January, July and October. |
| ESSEX | Annual meeting first Tuesday in April. Other meetings: Seven, dates not fixed. |
| GLOUCESTER | Annual meeting, third Thursday in January. Other meetings: Third Thursday in March, May, September and November. |
| HUDSON | Annual meeting, first Tuesday in April. Other meetings: First Tuesday in February, October and December. |
| HUNTERDON | Annual meeting, fourth Tuesday in April. Other meetings:* |
| MERCER | Annual meeting, second Tuesday in May. Other meetings: Second Tuesday in each month, except July, August and September. |
| MIDDLESEX | Annual meeting, third Wednesday in April. Other meetings: Third Wednesday in January, July and October. |
| MONMOUTH | Annual meeting, second Tuesday in March. Other meetings:* |
| MORRIS | Annual meeting, second Tuesday in March. Other meetings: Second Tuesday in June, September and December. |
| OCEAN | Annual meeting, first Wednesday in November. Other meetings in the spring; date not fixed. |
| PASSAIC | Annual meeting, second Tuesday in April. Other meetings: Second Tuesday in each month except July, August and September. |
| 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 February, June, August, October and December. |
| SUSSEX | Annual meeting, second Tuesday in May. No other meetings. |
| UNION | Annual meeting, second Wednesday in April. |
| WARREN | Annual meeting, any Tuesday in May, at option of secretary. No other meetings except on application of three members. |
| TRI-COUNTY MEDICAL ASSOCIATION | October 12, 1909, at Newton. No other meetings. |
| TRI-COUNTY MEDICAL SOCIETY OF SOUTH JERSEY | Cumberland, Gloucester and Salem. Annual meeting, October 26, 1909, at Bridgeton. Other meetings: January 25, 1910, Woodbury; May 24, 1910, Salem. |

*Question not answered.

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INDICATIONS FOR THE INDUC- TION OF LABOR, INSTRUMENTAL DELIVERY THROUGH THE VAGINA AND CES- AREAN SECTION*.

BY EDWARD P. DAVIS, M. D.,
PHILADELPHIA, PA.

Accumulated experience in the induction of labor, and the study of statistics in large numbers of cases of spontaneous parturition, put us now in a position where the indications for various methods of treatment may be defined more clearly than formerly.

Cases of parturition may be divided for purposes of study, into those who have passed through one parturition at full term, and those who have not passed through parturition at full term.

In the case of the latter every effort should be made to prepare the patient for spontaneous delivery. Unless the pelvis be highly contracted, labor should not be induced, because 80 per cent. of patients having abnormal pelvises of the lesser grades of contraction deliver themselves spontaneously, and the results of spontaneous labor in these cases are far better than any sort of instrumental delivery. During pregnancy these cases should receive careful attention to bring them to labor in the best possible condition. They should be encouraged to take exercise, and everything should be done to favor the natural descent and engagement of the fetus in the pelvis. In four-fifths of cases having pelvic contraction the child spontaneously enters the pel-

vis, and in nine-tenths of all cases of primiparæ this result occurs from natural causes only. The descent and engagement of the head indicate the possibility of delivery through the vagina. The strength of the patient should be maintained during labor, care should be taken to avoid rupturing the membranes, to keep the urinary bladder empty, and to use all means to secure a favorable mechanism of labor. Under these circumstances the test of labor should be applied for a reasonable time.

In cases where women have passed through unsuccessful parturition, with a history of long and difficult labor followed by death or injury to the fetus and injury to the mother, an effort should be made to select a method of delivery in accordance with former experiences. Where disproportion of minor degree between mother and child, has been the cause of dystocia, and the parents do not place a high estimate upon the value of the fetal life, the induction of labor may be selected. This choice should be made independently of the presence or absence of minor contraction of the pelvis. Physiological incompetence for normal labor is also a factor in choosing induced labor in these cases; and this can only be demonstrated by the trial of actual parturition. It is here that experience is especially valuable. In selecting the time for induced labor, two methods are of practical value: One consists in fitting the presenting part into the pelvis by suprapubic pressure, with vaginal examination to determine the result. The other consists in taking an average period in gestation and bringing on labor at that time. The thirty-fourth week has been found a good average time for the induction of labor.

This line of reasoning is illustrated by the following case: A woman of sound con-

*Read before the Medical Society of New Jersey, at the annual meeting, Cape May, June 24, 1909.

stitution with normal pelvis passed through a difficult first labor, terminated by forceps delivery and the death of the child, through injury to the cranium and its contents. When the mother next became pregnant, she came to me with the wish that whatever method of treatment necessary to secure a living child should be selected. The factors present in the case were: The father of the child of unusual physical development with an unusually large and broad cranium; the mother with normal pelvis, sound physical constitution, but deficient in nervous control and intolerance of pain; the past experience of a very difficult first labor, with partial engagement only, and the death of the child. Under these circumstances labor has been induced with this patient three times; the thirty-sixth week has been selected; labor has been artificial throughout, the dilatation being produced by bags, and delivery effected by forceps. Each child has weighed over eight pounds and the mother and the three children are sound and vigorous. The results of induced labor in this case have been exceptionally good, as the children have been large and the danger of fetal death has been considerable. On one occasion the mother had postpartum hemorrhage for a short time, which was promptly controlled.

In selecting instrumental delivery through the vagina, the most frequent operation performed is extraction by the obstetric forceps. Under certain indications this operation is successful for mother and child. Unless the conditions be favorable it is one of the most dangerous and deadly procedures in obstetric surgery. One cannot condemn too strongly the application of the forceps to the head which is not engaged in the pelvis. A large proportion of children in these cases die as the result of such delivery, or suffer permanent injury to some portion of the nervous system. The risks to the mother are greater than those of major surgical operations. It is, however, practically impossible to cause men who have been engaged in obstetric practice for fifteen or twenty years to believe that they cannot apply forceps to the head not completely engaged, without danger to mother and child. If the results of private practice could be accurately known, it would be found that a large proportion of the obstetric disasters in the experience of general practitioners, occur through this very thing. So dangerous is this procedure known to be that in some obstetric hospitals, what is called "the high application of the

forceps," or the forceps when the head is in the brim only, is now declined in favor of some other operation.

The accurate statistics of private obstetric practice will never be made public. We may obtain some idea of the mortality and morbidity of the use of the obstetric forceps by referring to hospital statistics: In a recent paper, Gans (*Monatsschrift f. Geb. und Gyn.* Band 27, Heft 4, 1908) reports 562 forceps operations in hospitals and out-patient practice. These cases illustrate very fairly the results of forceps operations by well-trained physicians in private houses and in hospital. The maternal mortality among these patients was 3 per cent.; the maternal morbidity 21 per cent.; the fetal mortality was 12 per cent. On examining these statistics further it is found that among the cases resulting fatally, complete engagement of the head was not present in $33\frac{1}{3}$ per cent., or one-third of the fatal cases.

The engagement of the head will be furthered by placing the patient, during the second stage of labor, on that side of the body towards which the back is directed, by causing the bladder to be frequently emptied, by preserving the membranes intact, and by giving stimulants and rest to the nervous system, such as strychnia, and small doses of alcohol. When engagement without descent is present, and the operator decides to use forceps, Walcher's position will aid in all women younger than thirty-five, in bringing the head into the pelvis. The forceps should not be applied without the possibility of making axis traction, at any time during the operation. And axis traction forceps of some sort should be used. No forceps delivery is complete without adequate precautions to prevent hemorrhage and septic infection, and to immediately repair lacerations. A difficult forceps delivery is a grave procedure for mother and child. The anæsthetic should be administered by a qualified person, and the appliances necessary for securing asepsis and operating under favorable conditions should be at hand. Much of the mortality and morbidity of private obstetric practice results from the careless and inefficient use of the forceps. A hasty delivery leaving the patient lacerated and suffering from hemorrhage lays the foundation of indefinite ill-health.

The operation of version has fallen into some neglect during the development of other methods of operating. Where a physician is without assistance and obliged to

empty the uterus through the vagina, version is often a most useful proceeding. In prolapse of the cord it is usually the best operation. In slightly flattened pelvis it is also available. In low attachment of the placenta with hemorrhage, version without extraction controls bleeding promptly. In face presentation, with posterior rotation of the chin, or in occipital presentation with posterior turning of the occiput before the head has descended well into the pelvis, version may sometimes serve a useful purpose. Its mortality rate for the mother, in competent hands, is about one per cent. Its morbidity for the mother is from 20 to 30 per cent., if version be followed by rapid extraction. Dilatation is but partially accomplished and rapid extraction produces lacerations more or less severe. Where version is not followed by extraction, its maternal morbidity is much less. Its fetal mortality, with or without extraction, varies from 25 to 50 per cent. In many cases version cannot be considered as a child-saving operation, as it throws a high percentage of mortality against the child's chance of life.

We have already spoken of the induction of labor in cases where there has been previous difficult labor, with the history of the loss of the child. Under favorable circumstances the induction of labor has a low maternal mortality rate, estimated variously at from 1 to between 1 and 2 per cent. The fetal mortality is variously estimated at from 10 to 30 per cent. Under the most favorable circumstances the induction of labor throws a distinctly increased risk upon the child. In mortality and morbidity it compares most closely at the present time with favorable forceps delivery, or with section under the most favorable circumstances.

The maternal mortality of embryotomy does not depend so much upon the operation, as upon the unfavorable circumstances surrounding it, in cases in which it is indicated. In a recent book comparing various methods of vaginal delivery, Burger (Wien, 1908) estimates the maternal mortality of embryotomy as 6 per cent., and the maternal morbidity as 30 per cent.

Recently pubiotomy has come into notice as an operation appropriate for cases where the child does not readily descend into the pelvis. The reports of 700 cases are now available for study in Schlaffi's paper (*Zeitschrift f. Geb. u. Gyn.* Band 64, Heft 1, 1909). The maternal mortality of the operation at present is 4 per cent. The fetal mortality between 9 and 10 per cent. In

15 per cent. lacerations occurred, opening through the vagina, and hematoma developed. Among these cases the mortality was 12.66 per cent. In cases which sustained extensive lacerations death occurred in 31 per cent. In 12 per cent. of these patients the bladder was injured. Fever occurred during the puerperal period in 31 per cent., and thrombophlebitis in 8 per cent. My experience in eight cases of symphysiotomy, and my experience in delivery by abdominal section, have led me to prefer the latter. Where disproportion between mother and child is slight, where the vagina is very distensible or has been distended by previous labor, where mother and child are in good condition and the life of the child is desired, symphysiotomy or pubiotomy, done in hospitals with good technique, gives fairly good results. It should be, however, a primary operation selected for uninfected cases.

Delivery through the vagina may also be effected by vaginal Cesarean section. In this operation the anterior vaginal fornix is incised, the bladder pushed upward, the cervix split longitudinally, the lower segment opened, without, if possible, opening the peritoneal cavity, the contents of the uterus are then removed and the incision closed. This operation has been used successfully where the pelvis is normal and where it is necessary to empty the uterus rapidly. Those who believe that eclampsia should be treated by rapid emptying of the uterus, often select this operation. In accidental separation of the placenta, where the cervix is undilated, this operation is indicated. Its field is a limited one, its mortality and morbidity difficult to estimate, because it is done for conditions necessarily grave in themselves. It should not be attempted by those inexperienced in operating and requires hospital facilities for its proper performance.

In contrast with delivery through the vagina is delivery by abdominal section, commonly called "Cesarean section." This, at the present time, embraces several methods of operating.

That most usually employed consists in opening the abdomen, opening the uterus, extracting its contents, closing the uterus and the abdomen without drainage. This operation, celiohysterotomy, when limited to its proper sphere gives satisfactory results. In uninfected cases, mother and child being in good condition, its results compare favorably with other methods of delivery. It is, however, a child-saving op-

eration, and should be so considered in studying its results.

The maternal mortality of celiohysterotomy in properly selected cases is less than 2 per cent.; its fetal mortality is nil. The writer has had 54 celiohysterotomies performed upon women in good condition, in which the child was in good condition. Of these women, 53 recovered, 1 died; maternal mortality, 1.85 per cent. The cause of death could not be ascertained by autopsy, as the incisions in the uterus and the abdominal walls were sterile and healed. The peritoneum showed abundant bacillus proteus vulgaris, the source of which could not be ascertained. All of these children survived the operation, one of them, a monstrosity, died shortly after. The fetal mortality of these cases is nil.

It may be necessary to complete delivery by abdominal section by some operative procedure which shall render the patient incapable of further impregnation. In some cases the body of the uterus is the seat of disease, which renders its preservation unwise. Sterilization after abdominal section may be effected by excising the Fallopian tubes at the point where they enter the wall of the uterus, or by removing the body of the uterus with the Fallopian tubes, or with the ovaries as well. Where it is desired to continue ovulation, the excision of the tubes at the uterine entrance is effective. The patient will, however, be less liable to disease, if childbirth is not to occur, if the body of the uterus, the Fallopian tubes and the ovaries are removed. This operation, celiohysterectomy, is identical with that performed for fibroid tumor of the uterus, and has the same mortality and morbidity rate which follows the performance of celiohysterotomy. When performed upon uninfected patients in good condition, the cervical stump is allowed to remain in the pelvic cavity, and the abdomen closed without drainage. This operation does not affect the patient's power to nurse the child. The operation is slightly longer than celiohysterotomy.

In uninfected cases, when vaginal delivery has not been accomplished, and the child is injured or dead, craniotomy is the operation of choice. In some cases disproportion between mother and child is so great that this cannot be safely performed. In high degrees of pelvic contraction embryotomy is a dangerous procedure. As these cases have been long in labor, they have been subjected to repeated attempts at delivery, and more or less injury to the gen-

ital tract has occurred. The tissues of the vagina and cervix are torn and bruised and infection almost invariably occurs. In some cases the forceps has been thrust through the vagina into the pelvic cavity. Under these conditions delivery by abdominal section, followed by the removal of the body of the uterus, tubes and ovaries, and the repair, through the abdomen, of severe lacerations of the vagina, gives good results. I have had 11 cases in which the patient had been subjected to long-continued and violent efforts at delivery, infection taken place, and in which the patient was brought to the Maternity in a more or less desperate condition; 7 of these patients have recovered, and 4 have died. In those who have recovered, the Porro operation, the removal of the body of the uterus, tubes and ovaries, with the fastening of the stump in the lower angle of the abdominal wound, has been performed. Theoretically, this operation is objectionable. It leaves a sloughing mass at the lower extremity of the abdominal incision, and recovery is prolonged. Practically, however, it has given, in my experience, better results in septic cases than the removal of the body of the uterus, tubes and ovaries, covering the stump with peritoneum and dropping the cervical stump.

Delivery by abdominal incision may also be indicated in cases where the life of the mother has ceased or is about to cease, and where the operation is done with the hope of saving the fetus. I have had occasion to deliver by abdominal section once after the death of a woman from eclampsia, and a second time in a woman dying of cancer. In both of these cases the fetus survived the mother some time.

The attention of obstetricians is now directed to the possibility of delivering the child through the abdominal wall without opening the peritoneal cavity. This was considered by American physicians long before abdominal incision was considered, except in the rarest cases, a justifiable procedure. This operation is based upon the anatomical fact that the peritoneum is not firmly adherent to the suprapubic tissues, and that the loose connective tissue in this region can readily be separated, and the peritoneal sac pushed upward for a considerable distance. In order to secure the greatest space the urinary bladder must be pushed forward over the pubes. There is left exposed the lower uterine segment through which it is possible to make a longitudinal incision, sufficient to permit the

delivery of the average full-term child. Frank and Sellheim advocate the transverse suprapubic incision devised by Pfannenstiel, which gives the operator access to the recti muscles. These muscles are divided transversely about an inch above their attachment to the pubes. The operator then separates the tissues beneath the muscles; the urinary bladder having been emptied, is pushed upward and forward over the pubes, and the operator gradually gains access to the lower uterine segment. The peritoneum is carried upward and care is taken to avoid its injury; should it be torn the tear is immediately closed with fine catgut. When the lower uterine segment is exposed, a longitudinal incision is made sufficiently large to permit the extraction of the child and the removal of the placenta. The incisions are then closed without drainage.

In infected cases it is proposed to establish a uterine fistula to permit drainage and prevent the spread of infection. The uterine contents are removed in the manner already described, but instead of closing the uterus, its edges are sewed to the peritoneum and subperitoneal tissues, and also to the edges of the abdominal incision. The uterine cavity is thus shut off from the peritoneum, and the uterus is packed with gauze and thus drained. This operation is obviously indicated in cases where vaginal delivery is impossible. If delivery is effected by abdominal incision, it is considered safer to drain through the abdomen than to close the uterus and trust to drainage through the vagina.

We may summarize the points discussed in this paper as follows: Except in cases of highly contracted pelvis, or where a tumor makes it impossible for the presenting part to engage, the patient should have the test of her first labor. In the majority of cases, engagement occurs, descent begins and labor is safely terminated by vaginal delivery.

Where there has been a disastrous first labor, ending in injury or death to the child and injury to the mother, the cause should be carefully sought. If disproportion in size has been the cause, the mother's diet should be carefully chosen, and if the child is evidently large, labor may be induced on the average at the thirty-fourth week. If the parents are anxious for a child of the greatest vigor, then the mother's diet should not be restricted and labor should not be induced, and the patient should be put in the best possible condition and allowed to come into beginning labor. When it is evident that engagement and descent are not

occurring normally, the child should be delivered by abdominal section.

The forceps should not be applied to the presenting part unless the latter has engaged and begun to descend through the upper pelvis. Where this does not occur, if the life of the child is to be considered, and a competent operator and hospital facilities can be secured, the patient should be delivered by abdominal section. In multiparæ where disproportion is very slight, and the vagina distensible, if a competent operator and hospital facilities can be secured, pubiotomy, if desired, may be selected.

When engagement of the head does not occur, and the parents are unwilling to assume a reasonable risk for the life of the child, the case should be terminated by embryotomy.

Abdominal section should not be done in cases where efforts have been made to deliver the child by forceps, version or embryotomy, unless the operator is prepared to remove the body of the uterus. Cases in which unsuccessful efforts have been made at vaginal delivery must be considered infected. If the conditions are unfavorable for abdominal delivery, the child may be extracted by embryotomy and the uterus drained with gauze. Where there is reason to fear that the uterus and surrounding tissues have been injured in ineffectual attempts at delivery, abdominal section followed by the Porro operation will give the best results. The writer desires to emphasize the following points: First, that forceps should not be applied to the presenting part unless engagement has occurred and descent has begun. Second, delivery by abdominal section should not be performed in cases where ineffectual attempts to deliver by forceps, version or embryotomy have been made, unless the operator is prepared to remove the body of the uterus.

INDICATIONS FOR INTERFERENCE DURING LABOR*.

BY SIMON MARX, M. D.,
NEW YORK.

When and how to operate during labor are gifts possessed by few obstetricians even among the best of us. Far better is the accoucheur who knows *when* to operate,

*Read at the 143d annual meeting of the Medical Society of New Jersey, Cape May, June 24, 1909.

not *how* to operate. The best operator is he who possesses the faculty of knowing both how and when to interfere. Were I asked at this moment to select an obstetric attendant for my own family I should ask that man who possesses the reasoning power of placing *the indication* over and opposed to one with requisite operative skill minus that peculiar erudite sense that makes him a master of the situation. Erudition is not born; it is made by sound preliminary training and profound experience. Almost any one can diagnose the presentation of a head—either by means of commission or omission, for nature has been good in allowing women to present their babies by the Cephalic end in 95 per cent. of all cases. But how many or how very few can diagnose a mal position of a normal presentation? This obtains in my experience very frequently and in my consultations I can bank on seeing in labor dystocia 50 per cent. as being due to post-occiput positions, the most of which are not recognized. As a child's education begins years before its birth, even more so does the education of the obstetrical surgeon commence the moment he sits on the hard benches of his university. He is promised as per "catalogue promises" all sorts of inducements which never materialize. He is simply a witness of a few cases, seldom delivers one, and hardly knows the difference between a cricket ball and the breech end of the presenting foetus. As the Germans say, "Papier ist geduldig," so is the medical student, and gullible, too. With such experience he is turned loose in the world and upon suffering woman. At best he knows that given a woman in labor which labor is futile, caution to the winds, precaution and unknown factors unconsidered, he knows at least that the forceps applied may end suffering, may end it temporarily as he imagines or permanently as we know. If death does not ensue, the tragedy of a life's suffering may commence from that moment. It is from this teaching and this picture, which is not overdrawn, that makes us look askance at the still unlowered and terrible mortality rate that obtains to-day. Of the morbidity we draw silently the curtain and reflect how and in what way this may be changed. Better teaching as a practical measure during student days. Infinite care in our examinations during pregnancy, early recognition of mal position and presentation, and their timely correction. Finally of supreme import, knowing in the presence of certain signs and symptoms

when and when not to interfere. As a finale to the act, conscientious and careful attempts at delivery, holding always in mind the mechanics of labor and realizing that we have in our power the saving or annulment of two lives, and the possible blasting of a happy family life.

In leading finally to the subject of when to interfere during labor, we anticipate by the following essentials which hold the crux of the situation.

1. The study of the woman before labor.
2. Positive appreciation of the position and presentation of the foetus and its relation to the pelvis.
3. The constant control of the foetal heart's action and the maternal condition.
4. Interference only when there are positive indications which warrant such interference.

1. Study of the woman from the standpoint of pelvimetry. This may or may not warrant interference during labor, for all observers agree that an overwhelming majority of these so-called pelvic contractions give no trouble; about 80 per cent. terminate normally. The subject of pelvic contraction, absolute or relative, is an important factor from a prophylactic standpoint, especially the relative cases, where, while the pelvis is apparently normal, the head is too large for engagement. Pelvic contractions and irregularities can—especially the latter—be determined by pelvimetry; and the use of the pelvimeter ought to be encouraged, for one reason only—that, knowing a pelvis is under-sized or irregular, we are on the outlook for difficult labors. We always have in mind the possibility of a dystocia due to this cause. From my own experience, in order to measure a pelvis the pelvimeter is a failure. We can never measure the pelvic diameters, but only estimate them, but it will show one thing and that is pelvic irregularities which are of greater importance from a practical standpoint than undersized measurements. It is always a question of the receptivity of the engaging foetal head to the pelvis through which it must pass that is of supreme import. No matter how small a pelvis may be this does not preclude the possibility of a normal delivery. While on the other hand the greatest difficulty encountered occurs just in those cases whose pelvis give normal estimations but the foetus is oversized. It is our unpreparedness under these conditions that causes us the greatest surprise and incidentally the severest dystocia.

2. Positive appreciation of the position

and presentation of the foetus and their relation to the pelvis. If a relative or an absolute pelvis contraction can be excluded a case of dystocia must of necessity be due to mal position or presentation of the presenting part in an overwhelming majority of cases.

The failure of the head to engage is due either to one or the other of the above causes. Thus a thorough and careful digital or, if necessary, hand examination must always be made at our first investigation, especially if tardy pains, early rupture of the membranes and slow engagement be present—a triad of symptoms which are invariably present in either of the above complications. One excluded leaves grounds only for the presence of the others. A head that fails to engage is either mal posed or too large for the pelvis—as true and concise a statement as that the sun sets in the west. Timely recognition with active or passive treatment will correct the position of a mal posed head in most cases. Postural treatment with physical means to correct, plus a certain amount of patience and a waiting policy in the absence of symptoms warranting interference, will deliver many a child normally through a pelvis that apparently is too small for its passage. These indications will be grouped below. What means are at our command must of necessity be excluded from the scope of this paper. The treatment both medical, orthopedic and physical forms one of the most interesting and complex chapters in the entire domain of midwifery. At best I can state that while as individuals we make up our minds what ought to be done, a finality has not been reached by any means.

3. Constant control of the foetal heart's action and maternal condition. The former is a means of positive information as to the condition of the child upon which so little stress is placed in the ordinary text book. Constant regularity of the foetal heart beat, no matter how long the mother has labored, is of unquestionable value in estimating the safe life of the unborn child, and under these conditions need warrant no interference. As to the latter—the maternal condition—we pin our faith as to our indications mainly if not entirely on the condition of pulse and temperature. These always anticipate complications long before such arise, giving us timely warning of what may be expected in the neglected cases where sooner or later the contraction ring of Bandl only becomes too evident. A woman who presents temperature and pulse rise

may be exhausted, but who can tell whether or not these symptoms may not be the preliminaries of a sepsis in some grave emergency condition?

4. Active interference when there are positive indications which warrant such interference.

As a sub-division of this chapter passive interference only and not active delivery instituted when some complication having been corrected or measures taken to correct the complication, is all that is necessary, for delivery can then take place normally.

Generally speaking it can be stated as an unalterable truism that no labor should be interfered with except: (1) there be present symptoms of a beginning maternal exhaustion as shown by rise in temperature and pulse rate, and the presence of a contraction ring, all indicating the futility of the labor; (2) foetal exhaustion as evidenced by marked excursions of the foetal heart's action, the presence and the continuance of an umbilical souffle and the discharge of meconium except in a breech presentation. Should one or the other of these manifestations present themselves, the labor must be terminated to save the foetus. But how far can we go in the attempt to deliver a suffering foetus through a genital canal illy prepared for such rapid work? In the prepared canal a rapid delivery is simple and safe for both mother and child. But if conditions are otherwise my beliefs are summed up as follows:

Placing the life of the mother and the child on one plane and where a non-cutting operation cannot be done, a Dührssen's operation by splitting the lower uterine zone, or a vaginal Cesarean section in the cases where the cervix has not yet merged, would be measures at our command. To attempt to deliver the foetus rapidly, no matter what the indications, simply defeats our own ends, and to this adds risk to the mother. To successfully cope with such an emergency as a sudden irregularity of the foetal pulse and the discharge of meconium in a woman whose os is hardly distended, are we justified in subjecting a woman to the risk of a serious operation in order to attempt to deliver her of a living foetus? Can we operate quickly enough or deliver sufficiently rapid to succeed without producing dangerous lesions? From a personal standpoint I think not. Personal sentiment out of the question, it would place, to say the least, the operator in a most uncomfortable position to deliver a dead or dying

foetus under these conditions after subjecting the woman to all the risks of operation, plus the usual lack of preparation. Where the canal can be easily dilated for rapid work it ought to be done. Under all other conditions I speak strenuously in favor of a waiting policy. This may be indirectly a plea for the use of the basiotribe or cranioclast. Be it as it may, I feel that the furor for operating during labor has swung the pendulum too far. Where a child is profoundly suffering or is already dead, we have, where the indications are offered for the delivery of the foetus, a useful and yet conservative field for the destructive operations on the foetus. Even though the child be born alive, the chances are against its existence. Should it, nevertheless, live, we will in all likelihood, increase the idiot colony in this world.

The presence of an umbilical souffle even at the earliest period of labor, must always be associated with pressure on the cord, most frequently I have found it apparently due to multiple windings and entanglements around the body of the foetus, or occasionally due to a relatively or absolutely short cord. Its mere presence is no provocation for hastening the labor, but associated with irregularity of the heart, the foetus furnishes us with an absolute indication, other things being equal, for terminating the delivery. In general terms version when the head is above the brim, otherwise forceps.

The duration of labor can never be determined by the clock. Nor must the convenience of the physician or pressure of practice, ever be the sole determining factors as to when a woman is to be delivered. The apparent dystocia and consequential interference by the accoucheur must never be brought about by the insistence of sympathetic surroundings which are certainly harassing and, enjoining the physician, already tired and apprehensive by a night's exhaustive trial, under these conditions, to terminate the suffering of the patient. I have had always a regret when I have been morally forced to act by stress of circumstances in the absence of positive indications. There should be no *luxus instrumentation*, nor time set for delivery by minutes or hours; if the labor is to be futile the above signs and symptoms are classic enough and timely enough to tell when interference is to be thought of. Again for assured success the parts should be in a prepared condition, membranes ruptured, os dilated or dilatable and the presenting parts normally placed or relatively so. These

are ideal conditions for safe delivery; if the condition be otherwise at least give nature the chance and if possible wait for these favorable moments; if they be not present and symptoms unfavorable to the mother arise, be they those of exhaustion or those due to any other complication, i. e., eclampsia, hemorrhage, etc., terminate the labor at all hazards by any or all means at our command, from the simplest forceps to vaginal Caesarian section.

This simply is a plea for a waiting policy, ever on the alert for emergencies. The presence of a contraction ring is one of the most formidable of all complications during the parturient act. In a well-managed case, it ought never become evident, for its occurrence shows hours of useless and futile suffering. It is always anticipated by the two symptoms indicative of maternal exhaustion, i. e., pulse rise and temperature. Its presence denotes an impending catastrophe and even the most skilled endeavors to deliver might produce a grave uterine rupture. Pardon my bringing personal experience on this subject, but while writing this article a case of this kind came under my direct charge. A primipara, aged 33, in labor three days, with a foetus not engaged above the brim. True conjugate three inches minus. Active labor for three days, os one-half dilated, foetus dead, temperature 100, pulse 120. Contraction ring nearly to umbilicus. Os dilated, basiotribe readily brings the foetus into the world. Hand introduced passes directly into peritoneal cavity. Wound packed; patient removed to hospital; immediate laparotomy. A large rent running from right broad ligament obliquely to the left side for about six inches. Cleaned cut wound; little bleeding; wound sutured and abdomen sewed up, no drainage. Lucky for the woman her attendant was a skilled surgeon who knew how to be clean. Thus was a septic infection eradicated and the convalescence normal.

We come now to the sub-chapter—in contradistinction to active interference—and head it, Passive interference.

To attempt to correct some complications by various means, and then allow delivery to take place normally. Under this category we recall mal positions and presentations, pelvic contractions and hemorrhages. What can be done to correct the conditions to favor normal delivery? Each and every complicating factor must not only be recognized early, but must be corrected at the earliest possible moment. It is absolutely

necessary to understand the mechanics of labor in order to undertake these manipulations intelligently.

Post-positions of the vertex and face, and their deviations; minor pelvic contractions; prolapsed cord.

A perfectly flexed head will either present with the occiput anteriorly or if the post-occiput is the initial presentation it will almost invariably rotate to the front. On the other hand, the more completely extended the head is, the greater likelihood of a perfect face with the chin in front even though the original presentation be with the chin behind. These few remarks give us the clew to the situation. Correct any anomaly of uterine obliquity and by placing the woman persistently on that side corresponding to the position of the presenting part, at once favors flexion in vertex cases and extension when the face presents. This may or may not be supplemented by direct finger pressure to insure the completeness of either flexion or extension. Whether the face or the vertex presents, is from a personal standpoint immaterial. They are both readily managed, for I look upon even a face case as a normal one requiring but little active attention such as is noted above. Any compound or complex manipulations are not in order where there are no indications to interfere. To convert a face case to an occiput is irrational, especially a normal anterior chin to a post-occiput, since it is well known that the latter positions give us more trying conditions when they fail to rotate than a perfectly simple anterior face. Simple normal anterior rotation when the chin is posterior is the frequent rule, and simple postural treatment with extension is far easier and readier for success than conversion into an occiput anterior often incompletely flexed.

Post-occiput can be corrected by version, by rotation of the entire head with the body into a perfect occiput anterior, but how seldom does this correction when possible, remain permanent? Version if radical measures are to be instituted is more preferable than head rotation, but how often can it be done? The history of these cases almost always presupposes the early discharge of waters, often even before the advent of true pains, and when the time comes for interference by version, it may have to be done in a tetanized uterus at the expense of a possible grave lesion. My views are as strong to-day as they were twenty years ago. Let the cases alone. Favor flexion or extension depending on face or vertex pre-

senting by both postural and side positions and pressure by fingers during the advent of a uterine contraction. When the indications for interference arise such as noted above, deliver then and then only. The result will be that patience and time will correct and deliver normally an overwhelming majority of these cases. Again a plea for conservatism.

When should we interfere in cases of pelvic contraction, when the head fails to engage? In a large majority little need be done actively to deliver the woman. Much can be done to further normal progress, by carefully studying the conditions presenting and the relative disproportion between passage and passenger. Hyper-flexion is the means nature attempts, leading often to normal labor. Seek the largest diameter of that pelvis and guide if possible the presenting part through it. This can be done either by side postural measure plus ever-increasing flexion of the vertex. In a study of a large number of cases it had been noted that the head completely flexed, passes with its large occipito-frontal diameter through the transverse diameter of the pelvis which, as a rule, is the most commodious one in these pelvic contractions. Rotation only occurs obliquely or antero-posteriorly at the pelvic outlet. Such measures used will deliver for us an overwhelming number of women normally. In those somewhat greater contractions of the absolute type—true pelvic contractions—even though of minor degree, we have at our command two measures of the greatest value which when successful often does away with the necessity of operations of a major type, i. e., pelvic section and Caesarean section. 1. Walcher position; 2. Prophylactic version.

By using the extension or Walcher position we often are in a position to cause the non-engaged head to pass the obstruction and thus engage, especially if at the same time the vertex be forcibly impressed into the pelvis by the supra-pubic or Hofmeyer method. The reality of this enlargement by the Walcher is a positive fact and does much good in obtaining good engagement by increasing the pelvic diameters from one-half to one inch, an increase of material advantage. 2. Prophylactic version—a method much used abroad. It is a well-known fact that the after-coming head is more readily delivered through a small pelvis than the before-coming head. If done early enough there is no question of its true value, for by anticipating rupture of the waters, it certainly is the ideal operation

where these perfect ideals obtain. But one can never tell the absolute success of this measure as compared with the other measures mentioned above, for I feel that babies push through contracted pelves, if time and patience are only given them, in a fashion that surprises even the most expert of all of us. And again mere histories of these cases, the early rupture of the membranes and the escape of waters, makes a prophylactic version an operation that can be seldom done safely and timely.

In short a finality as to what should be done in these cases has not been reached. For the pelvic disproportion nothing radical should be done, until the trial of labor has occurred. The woman and baby give us the best indications. The pelvis or pelvic contraction none. Inches, centimeters or even millimeters afford no indication as to when labor should be terminated, and I go still further and state that this holds good even as to the indications of a premature partus. Here the failure of the head to engage is our indication to provoke pains. When pains are occurring, except where an absolutely contracted pelvis obtains, our indication for active interference rests with either the condition of the woman or foetus. Passively much can be done, but give the labor a trial and do not interfere unless the case warrants it.

Medical and other interferences—Where all physical causes can be excluded and the labor be tardy and pains faulty there is no better oxytocic, safe to mother and foetus to regulate pains and increase their efficiency, than one to two grams of quinin by mouth or rectum. Where examination shows a neurotic or spastic condition of the os with sharp edges—an os that tightly hugs the head—there is no better means at our command than chloral in divided doses up to three grams. Opium, or more especially morphine, is of good service early in the first stage where the danger of nagging pains and exhaustion soon becomes evident. It is surprising what a profound sleep will do to revive the woman and stimulate her flagging pains. Irregular pains due to over distention of the uterus from hydramnios can be readily diagnosed by abdominal palpation and local examination. The very distended amniotic sac and the toughness of the membranes give the clue in these cases. In spite of severe and painful contractions there is no progress from hour to hour in the size of the os. The evident treatment is early rupture of the membranes. This in

the indicated case yields surprising results. Yet this measure cannot be called absolutely safe unless the membranes be punctured high up. This is frequently impossible. The danger to the mother is collapse from suddenly emptying the over-distended uterus of a large amount of fluid and to the foetus prolapse of the cord. Consequently every case must be carefully examined and this persisted in until the presenting part has so completely engaged that prolapse of the funis is impossible; should the cord be found in the vagina the replacement of the cord by various means has not been attended by favorable results, for no matter how high it is guided into the uterus a knuckle may slip down and fatal pressure occur. This happened in two personally conducted cases. Led by this experience a deliberate version, substituting a breech for the head, has always been done since and no fatal deaths have resulted.

The case of absolutely or relatively short cord is important. While the diagnosis may be made by exclusion because of the failure of the head to engage, or its recession, a characteristic sign is early irregularity of the foetal heart's action and an early and persistent umbilical souffle—treatment resolves itself into emptying the uterus. We have only one method of lengthening the cord and that is by shortening the uterovaginal canal. I have overcome this in several cases by prolapsing the uterus by firm abdominal pressure until the uterus plus the foetus has been pushed down as low as possible while making traction on the presenting part.

There can be no varied opinions as to necessity of interference in cases of hemorrhage. For the slighter cases passive means must be undertaken to check for the time being a pathologic flow. In the graver cases there can be no question that immediate delivery is indicated by any means that suits the skill and convenience of the operator. The readiest method at our command in low placental plantations or slight premature detachment of the normally implanted placenta is the immediate rupture of the membranes, thus plugging by pressure the source of the hemorrhage by natural means. The tampon, the hydrostatic bags, are all in order as artifices for the same purpose. The Braxton Hicks method of version and delayed delivery is one of the safest methods at our command, but the high mortality rate of the foetus is a factor which is its greatest drawback.

DISCUSSION.

DR. J. WATSON MARTINDALE, Camden, opening the discussion on the last two papers, said that he felt greatly honored in having been called upon to discuss these papers for two reasons. The first was the prominence which the two gentlemen occupied in the medical world, and the second was the fact that whatever knowledge of obstetrics Dr. Martindale had, he had acquired from Dr. Davis in the Jefferson Medical College while Dr. Davis was demonstrator of obstetrics.

Dr. Davis has divided the cases calling for instrumental interference into those which had had the test of labor and those which had not. In those who have not had the test of previous labor even if there were considerable pelvic deformity, labor might, he said, go on without hindrance. There is no positive means of determining the size of the fetal head. Dr. Martindale had seen two cases in which pelvic measurements were such as to exclude the possibility of normal delivery. In one case the babe was born in the ambulance and in the other the child was delivered on the operating table while the surgeon was preparing his hands for a Caesarean section.

In those cases which had had the test of previous labor, Dr. Martindale would unhesitatingly suggest Caesarean section. The patient, he said, is in the best possible condition for a section. There is comparatively little shock in the operation, and the mortality should be practically nil in selected cases. In looking back over his obstetrical experiences of the last fifteen years he could recall a number of women who had been subjected to instrumental interference resulting in extensive laceration of the perineum and cervix, followed by more or less septic conditions, which entailed considerable suffering at the time, and since then years of invalidism. Some of these patients would have undoubtedly been better off, if they had been sent to a hospital and had been delivered by Caesarean section. Since the axis traction forceps had been more extensively employed the mortality and subsequent morbidity had been greatly lessened. Dr. Martindale said that his experience with podalic version coincides with Dr. Davis's—that the patients show a greater degree of shock than in the forceps operation. The fetal mortality has been much higher.

In speaking of delivery through the vagina, he wished to make a statement as to the number of lacerations that occur in primipara. Physicians had frequently been heard to state that they had had very few lacerations in their practice. Dr. Martindale remembered reading in one of the journals a short time ago where a physician made the statement that he had had but one laceration to repair in two years, and that during that time he had been engaged in a large obstetrical practice. The probability is, said Dr. Martindale, that the gentleman examined the skin perineum and did not inspect the inside of the vagina. Many a woman has a laceration extending up into the vaginal wall, which will cause her no end of trouble, while the skin perineum is intact.

Fifteen years ago, the obstetrical teaching was to support the perineum with the hand, while the head was distending that structure. Since that time, the obstetricians teach us that one should place two or three fingers on the head to keep it from advancing too rapidly. Dr. Mar-

tindale had tried both methods, and had had the unpleasant experience of feeling the perineum tear while he was doing his best to avoid it. He added that he had frequently arrived at the house after the patient had been delivered, and that he could truthfully say that the number of lacerations that he had to deal with had been no greater when the woman had been alone than when he was by her side. Looking over the statistics of the Hospital Rotunda, Dublin, Dr. Martindale had found that there were, from 1889 to 1908, 34,876 women delivered, with 50 per cent. of lacerations for primipara; Dorland quotes 35 per cent. lacerations for primipara.

Regarding the operation for pubiotomy, Dr. Martindale said that the technique is to make, with a tenotomy knife, an incision three-quarters of an inch to an inch long on either side of the symphysis. A small incision is made, and a needle is passed through this opening and brought through the vagina. A Gigli saw is attached to the needle, and the pubic bone is sawed through by this method. The indications for pubiotomy are a true conjugate of three inches and a half.

Doderlin collected a number of cases since 1904 with a mortality of 4.7 per cent., but that was early in the history of the operation, and is now too high. Christofillete reported two patients on whom he had performed pubiotomy who had died a year afterward from some other affection. In one case the pelvic diameter was permanently enlarged. In the other case there was so much callus formed that the pelvis was smaller than before the operation. The supposition was that if the second woman had lived long enough her pelvis would have been permanently enlarged, after the absorption of the callus.

In Germany several cases are on record in which women have been gored by bulls, the child being delivered through the opening made by the bull's horns. It is a significant fact that most of the women who were the victims of this accident recovered, while those operated on by the doctors died. In the latter case, the women were exhausted by prolonged labor, and infected by repeated attempts at delivery, while in the first instance, the bull's horns were clean and the women were in good condition physically when the accident occurred.

Dr. Martindale did not agree altogether with Dr. Marx on the subject of insufficient undergraduate instruction. He thought that the subject of obstetrics is pretty well taught in our medical schools at the present time, and he thought that the students had an opportunity to attend a number of confinement cases of their own before their graduation. While he was attending Jefferson Medical College they had a very good course on the subject of obstetrics, and the students as a body took advantage of it.

In two cases Dr. Martindale had found it necessary to induce labor for uncontrollable vomiting in pregnancy. In both cases the patients vomited almost unceasingly until the fourth month, and the condition was so severe that he feared for their lives. When the abortion was brought about both women very soon got well.

Under the head of "The woman before labor," Dr. Martindale wished to speak of eclampsia. He had attended women in confinement who had suffered from eclampsia in previous pregnancies. Knowing such to be the

case, Dr. Martindale had used calomel in small divided doses when the women suffered from headache or showed signs of visual disorders. It was surprising how the symptoms cleared up. He considered calomel one of the best agents to use in these circumstances.

Dr. Marx had spoken of interference only when there are positive indications. Dr. Martindale also believed this to be the best mode of procedure and said the frequent examinations tend to produce sepsis. The application of forceps before there is complete dilatation of the os is likely to result in laceration of the cervix. On the other hand he thought it quite possible to be too tardy in the application of the forceps. If the head presses on the perineum too long it is liable to devitalize the tissues. Pressure of the fetal head on the pubic bone for a protracted period will frequently cause a sloughing of the anterior vaginal wall resulting in vesico-vaginal fistula.

Under the head of active and passive interference Dr. Marx had spoken of postural treatment. Dr. Martindale said that the diameters of the bony pelvis are, true conjugate $4\frac{1}{4}$ inches, oblique 5 and transverse $5\frac{1}{4}$. In the cavity of the living individual the muscular tissues reduce the transverse diameter. By laying the woman on her back with her legs flexed on her thighs and her thighs on her abdomen, and instructing her to pull on her knees, the transverse diameter is materially increased.

The head generally engages in the transverse diameter, and by assuming this position the engagement of the head and its subsequent passage through the birth canal is facilitated. It is much easier for the patient than pulling on a sheet or the hand of the nurse and the pressure of the flexed knees on the abdomen tends to stimulate the uterine contraction. Dr. Martindale said that he had used this position with a hundred and fifty patients, among them quite a number of multipara, whom he had attended at previous labors, and they all with one accord asserted that the labor had been shorter and the suffering lessened by the manoeuvre.

When a woman is suffering from severe labor pain, and there is a slow dilatation of the os he has found it advantageous to give the woman enough morphine to deaden the pain, the labor progresses nicely and the os dilates well, while the patient is relieved of considerable suffering.

DR. ELLIS W. HEDGES, Plainfield, continuing the discussion, said that it was certainly refreshing to hear these two leaders in obstetrics in the two largest neighboring cities argue for conservative methods of delivery. All along the line, in all professions and occupations, more conservatism is being preached. The business man is told to go back to methods of square-dealing. The theologian, the sociologist, and the statesman are telling us to go back to first principles, and it is quite in keeping with the spirit of the times that obstetricians should suggest going back to natural methods. Yet this is not in keeping with what goes on in the practice of some of our best-known obstetricians. Some of the busiest physicians as a matter of routine, when called to a case of labor, introduce a Barnes dilator, have the nurse notify them when it is pushed out, put in another and a third, if necessary; and immediately on dilatation of the os, give chloroform and apply the forceps. Dr. Hedges had wondered whether this was not done more for the convenience of

the operator than for the good of the mother. The proceeding was certainly at variance with the teaching that the society had just heard. Nevertheless, he thought that going back to the old-time prolonged labors, of which the grandmothers tell, lasting four to six days, was hardly warranted, and said that all would feel like interfering before the mother was so exhausted by the pain, shock and fatigue that convalescence would be indefinitely prolonged.

He wished, he said, to speak of some of the common things that the physician meets with in his obstetric work, and how best to meet these problems. He referred to one class of patients that one would feel sure that they would have a hard time—strong, well-developed women, who have exercised a great deal and taken long walks; just as one feels certain that some little, delicate, thin person, who dreads the labor, will be through with it in an hour or two without any trouble. There is, he said, some law of nature that we do not understand, which seems to make it happen this way. When a strong woman with well-developed muscles gets all worn out and the cervix remains hard, one should not wait until the patient is completely exhausted, but should dilate the part with rubber bags. If, within a reasonable length of time, the pains do not expel the fetus, we should relax the muscles with chloroform and deliver with forceps.

There is another class that is just the opposite of this—women with uterine inertia. This occurs in the nervous type of women, who cannot stand much exertion. They will work for eight to twelve hours, and then the uterus plays out. Their muscles get into the same condition that one's muscles do, if one does unaccustomed things repeatedly. Rather than let them stay there for days, until they get to the point of complete exhaustion, Dr. Hedges believed that the physician is warranted in dilating and bringing on labor.

Another condition frequently met, he said, is an occipito-posterior position. He confessed that early in the stage of labor, before the engagement of the head, he is not always able to make the diagnosis of this; and if it is made after the head is engaged, version cannot easily be done. The only thing to do under these circumstances is to turn the head if possible and leave the case to nature. If you can't turn and the head becomes engaged put on the forceps and pull hard.

In the cases of rachitic dwarfs, Caesarean section is the only thing to perform, without attempting anything else. When one finds a conjugate diameter of three inches or less, Caesarean section should be performed without waiting for the mutilation of forceps or other forcible attempts at delivery.

Dr. Hedges considered placenta praevia one of the most frightful of complications. If the diagnosis of this is made early, he thought that labor should be brought on before the seventh month; but if the parents are anxious for a child and one waits until full term, the question of what to do has to be met. Under any of the earlier methods, such as tamponing the lower segment, the cervical canal and the vagina, or doing forcible accouchement quickly, there is a high mortality. Jewett reports 739 collected cases, treated with the best care possible, with 166 deaths. This is a mortality of over 22 per cent. The fetal mortality in these cases is al-

ways over 50 per cent. This Dr. Hedges did not consider a very promising record, and it did not seem to him that, even if one accepts the figures of Barnes, who gives 8 per cent., or those of Winckle, who gives 10 per cent., these procedures were warranted. All authors agree that the infant mortality is over 50 per cent. Dr. Davis has told us that Caesarean sections done before the soft parts have been mutilated by forceps operations give a maternal mortality of 2 per cent., and an infant mortality practically nil. How much better then to get these splendid results by recourse to Caesarean section rather than temporize with the older methods. He thought that as soon as a central placenta praevia is diagnosed, one should at once plug up the cervix and make ready to do an abdominal Caesarean section, and should not try vaginal Caesarean section. It did not seem to him that the plea for the latter operation appealed to most physicians. Most of these cases occur in primipara. There is a narrow passage to work in, and the difficulties of the operation are much greater than in multipara. He thought it was quicker to do abdominal Caesarean section, safer for the mother and better all around. There is very much less danger of sepsis in these cases, if one undertakes Caesarean section than if one attempts to loosen the placenta; because in the later months, the utero-placental circulation is increased, the mouths of the veins standing open, and the lower implantation of the placenta putting it at the infective point. Even if the patients get through the dangers of delivery, they will have to face septicemia.

In the case of eclampsia, which is another frightful complication, Dr. Hedges said that the indication is to empty the uterus at once. It has been said that after this has been done, 90 per cent. of the danger is gone. If there is a soft cervix, easily dilatible, the cervix can be emptied by manual dilatation, or by splitting the cervix a little and using the forceps; but if there is a hard cervix, one might tear up and enter the abdominal cavity with the forceps. In these circumstances, it is better to do a Caesarean section quickly. One has the advantage of knowing the tendency to recurrence of eclampsia in mothers. Dr. Hedges had had it to recur several times. One can then easily tie off the tubes, thus preventing future pregnancy and danger to the mother.

DR. EDWARD J. ILL, Newark, said that such papers as those of Dr. Davis and Dr. Marx should be put in one's library for ready reference, as they contained a lot of truth and good advice. He did not care much for the vaginal Caesarean section, though it is said to be easy. This is sometimes true, but at other times the cervix is drawn up high, and it is exceeding difficult.

Dr. Ill was glad Dr. Davis had spoken so brilliantly on the question of the danger of injury of the softer parts, as one morning within a few weeks he had seen two cases of high forceps delivery in which the pubic bones had been separated, one resulting in an incurable vesicovaginal fistula, and the other, in a fistula that had already been operated on three times and had not healed. Both women will be absolute invalids for the remainder of their lives. Dr. Ill also thought that the majority of the patients with deep cervical tears remain invalids for the rest of their days, especially when atrophy

of the pelvic cellular tissue results. No operation, he said, ever gets these patients well.

In regard to Caesarean section for placenta praevia, Dr. Ill said that when the placenta is inserted in such a way that one can nowhere feel the bag of waters, the woman should be delivered promptly by Caesarean section. This, however, is not the case when one can trace out the bag of membrane anywhere in the roof of the vagina. To do this, it is not necessary to introduce the finger into the uterus. The placenta can be felt through the roof of the vagina, and cannot be mistaken for any other structure; certainly not for any part of the fetus.

There is a little difference when one comes to differentiate between a multipara and a primipara in case of convulsions. The latter cannot be delivered so easily as a multipara. Dr. Ill had never had to do a section for convulsions in a multipara, but said that a primipara commonly needs that operation, especially when the convulsions come on in the seventh or eighth month, before the cervix is fully developed. Under these circumstances, he considered it quite proper to deliver the fetus by Caesarean section. In such cases, he would strongly warn against any attempt at vaginal Caesarean section, the results of which have been very disastrous.

DR. RICHARD C. NORRIS, Philadelphia, pre-faced his remarks with the statement to Dr. Hedges that he did not believe that either Philadelphia or New York would be willing to go back to the days when nature was left to take its course; and he was inclined to think that the more recent medical graduates from these two cities are able to go forward and approach these problems with a better understanding of what is before them.

Dr. Norris was glad not to have heard Dr. Davis say anything about pelvimetry, because he thought that external pelvimetry had been exaggerated as to its practical importance, yet he insisted upon the principle that no man practicing obstetrics has the right to attend a woman, if a primipara, without a knowledge of the size and shape of her pelvis or to attend a multipara who had had a previous difficult delivery without studying the case from the standpoint of her previous labor and present physical condition. He thought that, while the refinement of pelvimetry had been exaggerated, it was absolutely essential to know the conjugate diameter of every primipara and of every multipara who had had a difficult labor. No man, Dr. Norris said, can acquire this knowledge unless he has had practical training in internal pelvimetry; and in the majority of cases in which there is a lesser degree of deformity, he cannot measure the conjugate without the administration of an anesthetic. It is the duty of the attending obstetrician, if the patient is a primipara or a multipara who has had a previous difficult labor, to make an examination under ether three weeks before labor, if the head is not engaged in the pelvis. The measurements cannot be made accurately without an anesthetic. If no contraction is found and the head is not unduly large, the case may be left to nature and the older methods of treatment.

Dr. Norris said that he would feel derelict in his duty to have a primiparous patient approach her labor with an unengaged head without knowing the measurement of her conjugate di-

ameter. One must, he said, also know the shape of the pelvis, the physical equipment of the woman, how she has borne her pregnancy, her kidney condition, whether there has been toxemia, her muscular strength, and the ability of her nervous system to stand the shock of a difficult labor. In his private patients, he places more stress upon the stolidity of the nervous system than the ability to play golf or to ride horseback.

Dr. Norris said that as everything had already been discussed, even placenta praevia, he would confine the remainder of his remarks to the question of Dr. Davis's paper—major obstetric surgery. He made an appeal for recognition of the value of induced labor. Those who had read his writings on the subject, he said, would realize that he had tried to limit this operation to its proper field. A study of the statistics of the past would lead one to abandon it; but the statistics of men who use it today, employing it only for lesser degrees of contraction, indicate that it has a large field of usefulness. Great degrees of contraction contraindicate it. In these cases, the elective Caesarean section is the ideal procedure. Dr. Norris said that if his voice was prophetic, as knowledge of obstetric surgery advances, a woman with a conjugate diameter of $8\frac{1}{2}$ cm. or less will always be submitted to the major operation. The tendency of obstetrics is toward this view.

It is said that only 10 per cent. of the lesser degrees of pelvic deformity will require assistance, and 90 per cent. will be delivered spontaneously. Dr. Norris said that he thought that by inducing labor in all these cases he could save a very large proportion of the 10 per cent. from the major operation, and that therefore he was warranted in adopting this procedure. He could point in his experience to an infant mortality of 10 per cent., and no maternal mortality. The man who chooses this course, however, must be a skilled obstetric operator, and must know the best and safest way to bring about an induced labor two or three weeks prior to term. He thought he was capable of doing this. He had a record of sixty cases with an infant mortality of 10 per cent. and no maternal mortality; and he was convinced that skilfully induced labor in such cases has been beneficial to the mother and has given a very small increase in infant mortality.

He believed that these cases should not be treated by a fixed rule, however. Different men have good results with different methods of treatment. Dr. Davis could do fifty or more elective Caesarean operations with practically no mortality, and another man could do induced labors with an equally good mortality, for both mother and infant. Still another could do pubiotomy with the same results. Elective surgery gives the best results in general surgery, and so it is in obstetric surgery.

Having induced labor, it is a cardinal principle that the frequency of operative delivery must be reduced. Forceps or version should be resorted to in induced labor less than under ordinary circumstances. The infant is much more liable to injury than an infant at full term. That the forceps should not be applied to the unengaged head is true, as a general rule, but Dr. Norris qualified it by adding, unless one knows the pelvic diameter and the woman has been in hard labor pains two or three hours.

If there is a conjugate of 9 cm. and the woman has not had hard labor pains, Dr. Norris does not hesitate to apply the forceps. He stated that he had delivered many living children in cases in which he had applied the forceps with the head not firmly engaged. The question must be determined by the conditions in the individual case.

Dr. Norris said that the man who would keep his patients profoundly anesthetized during the third stage of labor would frequently have serious hemorrhage after a difficult forceps delivery. When the woman's pulse is rapid and one is anxious about her condition, she should be allowed to come out of the ether when the head is in the vagina and ergot should be given her, the final delivery occurring when she has regained her consciousness.

Dr. Norris stated that he had done three pubiotomies within the last year and a half. He considered that as an elective operation its maternal mortality was about the same as that of elective Caesarean section. The infant mortality is a little higher, because the operation of extracting the child is added and the danger to the infant is further increased by the test of labor. He believed that there were conditions existing that would determine whether Caesarean section, pubiotomy or high-forceps delivery should be used. These depend, sometimes, not upon pelvic measurements or those of the baby's head, but upon the environment and condition of the patient and the history of the labor. Only recently Dr. Norris had done a pubiotomy in a private house. The woman had been in labor for twenty-four hours and had been examined by three physicians. A grain of morphia had been given before he saw her. The pelvis was of moderate size and the heart-sounds were feeble. There was not even boiled water in the house, and it would have been exceedingly dangerous to have done Caesarean section or to have transported her to the hospital. He opened the pubis rather than destroy the child, and delivered the woman of a very large baby which later died, rather than resort to any other procedure. In three weeks, the patient was out of bed. He had tried pubiotomy on the chance of saving the infant. He thought that the time had come when the infant's life must be taken into consideration.

Dr. Davis had referred to pubiotomy as a possible operation in multiparous women. Dr. Norris thought that in such cases the obstetric operation necessary after sawing the pubic bone can be done with greater safety. He had found it wise in primiparae to dilate the cervix and the vagina, and give two or three hours to this before sawing the pubis. In this way, the soft parts of the primiparous woman are similar to a multiparous woman. He did not wish to consume so much time, but said that these questions were of great interest. He stated that Caesarean section was the star operation, so far as America is concerned, as the elective obstetric operation in serious disproportion; but he could not help quoting his own experience. At the Preston Retreat he had had 3,000 labor cases, and he could look back to these with the firm conviction that induced labor, appropriately selected, is a satisfactory operation. In this institution, in which the emergency surgery is not frequent because he sees the patients beforehand, he repeatedly had induced labor, and had not once done a Caesarean section. He thought

that the class of cases the obstetrician sees would largely determine which of these operations should be performed. He had done Caesarean sections in outside consultation cases. He thought he had clarified in his own mind the indications for this operation; and he believed that in the higher grades of pelvic deformity, nothing else gives so good an opportunity to save mother and child as a skillfully performed Caesarean section in a proper hospital environment. He believed that the time would come when a conjugate diameter of 8 cm. would be the limit, requiring an elective Caesarean section. The experienced obstetrician will not wait for the patient to deliver herself in the ambulance or on the operating table. Where one puny baby might be squeezed through a small pelvis by adopting this policy of trusting to nature, time and time again the baby will not be delivered and the mother will be doomed, because elective surgery was not chosen. The test of labor must not be abandoned if there is a conjugate measurement of $8\frac{1}{2}$ cm. The woman should be allowed to fall into labor, and if she has a slow first stage, with appropriate technique, her cervix and vagina should be dilated with a Pomeroy bag. After this has been expelled, two or three hours more of hard bearing-down pains should be allowed her. Dr. Norris did not believe that quinine ever affects such cases in anything more than a general stimulant way. A glass of wine or other alcoholic stimulant would do as much good. After this test if there is disproportion the sagittal suture is in the transverse diameter. When he finds the suture less than an inch from the promontory of the sacrum, he knows that he will kill the baby, if he uses the forceps. He decides whether to use forceps or not by the relation of the sagittal suture to the promontory of the sacrum. If forceps are excluded and examination under ether shows that the procedure must be either pubiotomy or Caesarean section, which of these is chosen will depend upon one's own predilection. Dr. Davis would do a Caesarean section; and Dr. Norris said that he believed he would select this, rather than pubiotomy for the majority of such cases. There is however, less shock in pubiotomy, and if the prior conduct of the case has been clean, the choice will be determined by the patient's ability to stand a surgical operation, as well as by the pelvic diameters.

Dr. Norris said that placenta praevia had been spoken of as justifying major operative procedure, particularly in cases of the central variety of this condition. Here the patient has almost bled to death and is pale and anemic, the chances of saving the baby have largely disappeared, no matter what is done. It would not be right to subject such a patient to a grave operation in an attempt to save an opnoic and moribund baby. Dr. Norris had never found the cervix rigid and tight, as described in the text books, and he said that he had vet to see a placenta praevia that had produced serious hemorrhage in which he could not pass the index finger readily through the cervix. He believed that in these Caesarean section would have a very narrow field. It should be employed only when the condition has been diagnosed early, the patient is not exsanguinated, the child is viable, the environment is surgical, and the physician is a skilled operator. These requirements are seldom met, and one is forced

to return to the old treatment of this condition, because of the infant mortality. No predetermined method of treatment can put the placenta in a different position in the uterus. Placenta praevia is an inherently fatal condition for the infant in the large majority of cases.

In eclampsia, the conditions are different. Dr. Norris thought that the man advocating vaginal Caesarean section in all cases of eclampsia would overstep the mark. The cases with sudden overwhelming toxemia, of which no one has had any warning, and with a rigid cervix, in young women, are the kind for vaginal Caesarean section; but when the condition steals on steadily, giving a chance for medical treatment, the outcome will be better under less aggressive obstetrical treatment. In conclusion, Dr. Norris said that recent obstetrics does not teach one to go backward, but to go forward with better knowledge to meet old conditions with better results for mother and child.

Dr. Norris, in answer to a question, replied that ergot should only be given after the forceps had been applied and the woman would be delivered in a few minutes. The obstruction has been overcome. The ergot now is to fortify the uterus when the third stage of labor begins. Dr. Norris gives a drachm of ergot or a lypodermic of aseptic ergot before he uses the forceps to effect the final delivery of the head through the vulva. He said that no one to-day would, under ordinary circumstances, give ergot to a woman during labor. He had spoken of the difficult forceps delivery and the danger of hemorrhage in profoundly anesthetized patients. He gives the ergot just a few minutes before the final delivery.

DR. DAVIS, closing the discussion, said that Dr. Marx's paper contained a description of an instructive case of a woman who had been in labor three days ineffectually, in spite of the best care, and in which craniotomy was followed by recovery. Dr. Davis said that the reason the woman recovered was because the operator was skillful, and no one had tried forceps or did anything else to carry infection into the uterus. His own case was in sharp contrast to this. The woman was under the care of a doctor who had applied the forceps twice. The first time, they slipped off; the second time, they did great injury; the doctor was dirty and so was everything else. Dr. Davis transported the patient to the hospital, and delivered her by abdominal section. The doctor had made a rent into the abdomen admitting four fingers, with his forceps. In Dr. Marx's case was illustrated the remarkable tolerance of a woman to fruitless labor in uncomplicated cases; in Dr. Davis's, the deadly result of interference by a dirty and unskilled doctor.

Regarding Dr. Martindale's statement concerning the uncertainty of pelvic measurement, Dr. Davis said they were in accord on this point; also in regard to the fact that no one can tell the ability or inability of a woman to deliver herself by means of these measurements. He had seen cases in which a distinguished audience had been invited by the obstetrician of a hospital to witness an operation on a woman with a contracted pelvis performed by a distinguished operator, and in which the resident physician, who had a grudge against his chief, gave the patient a dose of quinine, with the result that the baby was born before the eminent operator could arrive. He believed that the test

of labor, under fair circumstances, is the best for the patient. Physiological incompetence, mentioned by Dr. Norris as due to the nervous state of the patient, makes labor difficult. Some women are thrown into terror by the approach of labor. When a woman has lost one child and wants another, or when both parents request section. Dr. Davis considered this procedure justifiable without the test of more than beginning labor.

Dr. Davis was glad to have heard Dr. Martindale speak so honestly regarding lacerations, and said that in Germany there is a legal definition of a laceration. The midwife must send for a doctor, if there is a tear of two inches. She is not allowed to take a stitch herself, but the doctor must do it. Dr. Davis thought that if the test were made, it would be found that large numbers of lacerations occur in both the anterior and the posterior segment. The patients know this, and they expect to be sewed up. Lacerations of the anterior segment should be closed, because failure to do so results in subsequent prolapse of the uterus, dysuria, and other minor troubles.

Dr. Davis said that he did not believe in a high protective tariff in the perineum; that is, in covering the perineum and the anterior forchette with the hand. This encourages tears in the pelvic floor. Tariff was needed for revenue only, and not for the protection of infant industry. The hand should be covered with antiseptic gauze, and the exit of the child is most effectively controlled with the woman on her left side in spontaneous parturition.

In regard to the manoeuvre of flexure of the thigh, Dr. Davis considered it most valuable, and said that it had recently been suggested by Dr. King, of Washington, as a method of value in transverse presentation.

Concerning uterine inertia, referred to by Dr. Hedges, Dr. Davis said that the inertia should be treated first, and that the patient should not be delivered until uterine action can be obtained. If this is not done, there may be a severe hemorrhage, which will have to be controlled by packing. He was not in favor of the use of ergot until after the womb had been emptied, but he was in favor of using strychnia, which is not attended with the dangers of ergot.

Regarding placenta praevia, Dr. Davis said that he had waited a long while before he saw a case in which he thought he should do section, which should be done only when there has not been severe hemorrhage and the child is viable and in good condition, and when there are men of hospital experience and hospital facilities at hand. It is perfectly useless to give either ergot or strychnia to stop the bleeding in placenta praevia. When the womb has been emptied, the operation is only half done. The vagina and the uterus must be tamponed tightly, whether a Caesarean section is done or not. In one case encountered by Dr. Davis, section was followed by the use of gauze inserted from above, to prevent postpartum hemorrhage.

Regarding eclampsia, Dr. Davis said that this is a thing that tends to cure itself. The biggest, fattest, worst subject of this condition that he had ever seen went on to term and delivered herself of a living baby, thus surprising him greatly. He had treated her with saline infusions, washed out her bowels, and let her alone, with this result. He felt, therefore, that one should not rush into section in such cases in-

discriminately. He agreed with Dr. Norris that in the cases of eclampsia that come on suddenly, with no warning, what is done must be done quickly. In such cases, any form of Caesarean section is indicated, and he thought that abdominal would do very well. He had not yet done the operation of vaginal Caesarean section, and had not come to consider it a slight operation. He considered it at times dangerous, and attended with a good deal of hemorrhage.

He thought the old treatment of placenta praevia perfectly satisfactory, provided one does not care anything for the child. Put aside the claims of the child, and make bipolar version. The hemorrhage will stop. If you go on at once to deliver the child, the woman will get a torn cervix and will probably die. One should turn the child, and wait until the woman rallies and her womb begins to act. She should be well nursed during this interval, giving her opium, brandy, and salt solution by bowel. The result is that she gets a dead baby, but she escapes. Dr. Davis said that this was old treatment, but pretty good sense.

In regard to puncture of the membranes in placenta praevia, referred to by Dr. Ill, Dr. Davis said that one should get the membrane open, if possible; and that if one cannot get through the placenta at its thinnest point, one should insert a bag and expand it in the womb above the placenta. This produces the effect of the child's body without danger to the child. This procedure, he said, has reduced the mortality from this condition in Germany very considerably. He had not seen a case of placenta praevia in a multipara that could not be delivered without section.

As to what Dr. Norris had said about pelvimetry, Dr. Davis considered palpation of the pelvis the important thing—the measurement of the internal conjugate by hand; and he thought that to this should be added the measurement of the pelvic outlet, which he thought would explain some things not yet understood. One of these was the reason why, when the head is well down and one thinks it will be easy, one has a bad time. If these cases are analyzed, we will find that the patient has a funnel-shaped pelvis or a contracted pelvis. It is not hard to measure across the two processes of the ischia; and one should pay attention, not only to the lines of the ischia, but also to the intratuberosity distance.

Dr. Davis said that those engaged in obstetric institution work might be interested to know that he had had sent to him some of the best chloride of ethyl, which he had thought would be nice for use in spontaneous parturition. On trial, however, he found that he did not like it, because the womb did not act or react so well as under ether. These tubes, which Squibb has now put on the market, are, however, very convenient to transport.

He thought elective surgery the surgery of the future, and said that he had called attention to the fact that when there is a persistent presentation of the parietal eminence, a bad forceps delivery may be expected, even without knowing the pelvic measurements. When the parietal bone rolls down, the head seems much lower than it is. He declines to apply forceps in such cases. He is, however, firmly convinced that Caesarean section should be done, and he wished to enter his plea for making obstetric major surgery elective. One should try to

see the end from the beginning, and should not in such cases apply forceps or try version. The moment one makes an ineffective attempt at vaginal delivery, he has thrown away the best opportunity for mother and child.

PYELITIS AND ALLIED CONDITIONS IN CHILDREN*.

BY LOUIS CURTIS AGER, M. D.
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That the infections along the urinary tract are very frequent in children is generally mentioned in all text books, but that such infections are overlooked with surprising regularity by the majority of general practitioners is, I think, the experience of all pediatricists. This is particularly true of infections occurring during the first two years, due, of course, to the fact that the urine of infants is almost never examined even by those men who would not dream of making a routine examination of an adult without including urinalysis. This condition of affairs is the result of the mistaken belief that it is difficult to obtain samples of urine from children. Such an excuse cannot be made in the case of children who are old enough to use a chamber, yet even in such cases the urine is seldom examined. In infants small samples of urine can be readily obtained in various ways. Sometimes it is necessary to resort to the catheter, but such cases are really much rarer than is generally supposed by the man too lazy to find out. In male infants the small bottle with a neck just large enough to contain the penis is the simplest device. In females a larger necked bottle firmly bound in place with the diaper will answer in a majority of instances. The Chapin device is, of course, an improvement on the ordinary bottle, but it is by no means essential. I have very frequently found that the mother or nurse of a sick infant could obtain a sample by unfastening the napkin and holding the child over some small receptacle when it became restless. Whatever may be the means employed of obtaining the sample, it really sounds like a superfluous statement to reiterate that urinalysis is just as important in infants and children as in adults. The three following cases are concrete proofs of the fact that a physician will surely be led astray if

he relies upon anything else than his own careful examination.

Female, aged 4 years, no previous illness; neurotic parentage and nervous child. I was called to see her hastily on account of a "hemorrhage." She was decidedly pale, with rapid pulse and respiration. This, however, was due to fright, not to loss of blood. The mother showed me a chamber containing a small stool and about ten ounces of fluid which appeared to be largely blood. Examination showed the rectum to be filled with clotted blood. Rather high on the posterior wall there could be felt what appeared to be the ruptured pedicle of a rectal polypus. Probably the polypus had been pulled off by the faeces. There was no recurrence.

Second Case—Female, aged 14 months. History of a previous mild enteritis. The child was brought to my office with a history of rectal hemorrhages. Rectal examination showed a normal rectum, containing no signs of blood. The mother insisted that the baby was having several hemorrhages a day. That evening I saw the child after a so-called hemorrhage. There was a wet spot in the child's crib about fifteen inches in diameter. This showed evidence of a considerable amount of diluted blood mixed with urine. Urinalysis showed this to be a case of colon bacillus pyelonephritis with an unusual amount of hemorrhage.

In a third case the child of one year was presented for blood in the stools which proved to be due to vaginal hemorrhage—the so-called infantile menstruation. In these three cases the hemorrhage was the noticeable symptom—one not as a rule pronounced in pyelitis. All three cases, however, show the importance of careful routine examination in all cases, including urinalysis.

In pyelitis, and particularly in the class of cases to which I would call your attention this evening, haematuria is a rare symptom. In fact, in a large majority of instances there is nothing whatever to call attention to the location of the infection. As a result the symptoms are likely to be attributed to various acute infections. About a year ago, Box, writing in the *London Lancet*, said that pyelitis occurring in young children was very likely to be mistaken for pneumonia owing to the sudden onset and severe symptoms which may occur in both diseases. Both in private practice and in consultation I have seen cases in which this mistake might easily have been made if the diagnosis had been based upon the nature

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and frequency of the respirations. The fact must not be lost sight of that in small children, shallow, rapid respiration of fifty or sixty or even higher does not necessarily mean pneumonia.

Owing to the high temperature recorded in many of these cases they are at times mistaken for meningitis. About three months ago I saw in consultation a female child of 14 months running a high temperature and showing marked disturbances of the nervous system, which proved to be a severe case of cerebro-spinal meningitis. She reacted promptly to the Flexner serum, the temperature dropping from 106 to 101 in about seven hours after the first injection of 30 c. c. Recovery was rapid and in about two weeks the child was apparently perfectly well. Three weeks later I saw her again with what at first sight appeared to be a recurrence of the meningitis. The temperature was ranging from 106 to 103, there was marked hyperaesthesia and irritability, and the thighs were retracted. Other symptoms of meningitis were lacking. The bases of both lungs showed some fine rales and a beginning of pneumonia was also possible. The appetite was quite good and the stools were normal—a very unusual condition with such a temperature. The urine examination entirely accounted for the symptoms. It contained a large amount of pus, no casts, a few red cells, and an organism which appeared to be the colon bacillus in almost pure culture. This was the severest case of pyelitis that I have seen and for a time we had the question of kidney abscess and operation to consider. The condition finally cleared up, however, under medicinal treatment.

Pyelitis is also mistaken at times for malaria—not a surprising mistake in those cases in which there is a daily variation of from three to six degrees in temperature. The fact that definite chills occur more frequently with pyelitis than with any other disease of infancy is apt to suggest malaria, unless it is remembered that children practically never have chills in malaria. In the milder cases—those in which the temperature does not run so high or so irregular a course—pyelitis may be mistaken for typhoid fever or for tuberculosis. Moreover there is always the theoretical possibility that such cases might be typhoid and not colon infection, or even a secondary tuberculosis of the kidney.

The special type of infection to which I have called your attention is not at all uncommon, although it does not receive a

great amount of space in the text books. A majority of the cases occur in female children under eighteen months of age. Abt has reported a case in an infant of six weeks. The infection is supposed to occur by way of the urethra as a result of soiling with faeces. The organism found is the colon bacillus, frequently in pure culture in the urine. Some writers, however, claim that the infection is descending, not ascending, and that the organism is carried into the kidney by the blood stream. It has also been suggested that the itching due to thread worms is an indirect cause of the infection, the colon bacilli being rubbed into the meatus by the scratching.

The only constant symptom is fever and that is very inconstant. In the severe cases we are apt to see marked pallor, anorexia and prostration, as might be expected with the extremely high temperature. As a matter of fact, however, these children do not appear to be as sick as the temperature would warrant. A temperature remaining between 104 and 106 for several days may be expected to exhaust an infant pretty thoroughly. I have learned from experience, however, not to be greatly worried by the fever and to give a favorable prognosis to the parents in most cases, with the reservation that a kidney abscess may develop and produce death. In my experience disturbances of urination are the exception, not the rule, although some writers lay stress on such symptoms. This depends of course upon the location of the infection. If we are dealing with a pyelocystitis we may expect bladder symptoms. In such cases there is frequent painful urination, but I always suspect the presence of cystic calculi under such circumstances. Chills are quite common and they may be periodical, and they may be followed by sweats.

In the milder cases the disease is probably self-limited, in the most severe infections the kidneys may become sufficiently involved to cause death. Probably the fact that digestion and assimilation are rarely disturbed, even in the most severe cases, accounts for the good reaction and recovery. The diagnosis is made in two ways: by exclusion of gastroenteric and respiratory conditions to account for the temperature, and by the urinalysis. The urine is turbid in all cases, although when the infection is entirely limited to the pelvis of the kidney there may be times when the urine appears fairly clear. The reaction is always acid, even when there is a marked cystitis present—that is in the cases to which I refer

as due to colon infection. In cystitis due to infection with the pyogenic cocci the urine soon becomes alkaline. Albumin is always present in varying amount, sometimes very slight. The specific gravity is usually about normal—1010. In the more severe cases, however, the patient may be disinclined to take a sufficient amount of water and as a consequence the specific gravity may be high. Microscopic examination shows a large amount of pus and bacteria—usually, as has been said, colon bacilli—and in some cases a considerable number of red cells. I am not myself sufficiently expert to determine the exact seat of the lesion from a study of the epithelial cells, which are present in large numbers. Heitzmann seems to be able to do this to an astonishing degree.

TREATMENT.

The treatment of these infections I have found very satisfactory and I am convinced that urotropin is of great value, in spite of the fact that Holt says that he has not seen any results from its use. Of course, water is of the utmost importance and in the more severe cases it may be quite difficult to administer it in sufficient quantities. It is absolutely essential that we should know how much is being taken during the twenty-four hours and the best way to do that is to have the nurse measure off a pint of boiled water at a time and throw none of it away. The nurse must not be allowed to report that the patient has taken quite a little water or quite a number of drinks—she must know the amount. Otherwise you may find that each so-called drink amounts to one or two teaspoonful, and that the total quantity in twenty-four hours is one or two ounces. The water may be given in a bottle, feeding cup or glass. In some instances where the child was old enough to have dolls' dishes I have found that she would take any amount of water out of the little teapot. If other means fail the stomach tube must be used, as it is absolutely essential that the kidneys should be continuously flushed. Considerable water can also be given by rectum, but care must be used not to produce irritation. For the high fever the ice cap, bathing, etc., should be used.

THE THERAPEUTICS OF PAIN.

By Lawrence F. Flick, M. D., Director of the Phipps Institute, Philadelphia.

(From the Monthly Cyclopaedia and Medical Bulletin.)

My subject as announced is the treatment of pain, when due to toxæmia I would prefer to make it the therapeutics of pain.

There is an old description of pain as "the prayer of the nerves for good blood." For many purposes this description still holds good. In the light of modern medicine pain may be due to pressure, to fatigue, or to a toxic irritation of a nerve. The probabilities are that all of these factors usually enter into the production of pain.

Pressure as a factor in pain may be purely mechanical from an outside force or hyperæmic from an inside force. When mechanical, the pain is relieved as soon as the pressure is withdrawn unless the pressure has been maintained long enough to produce secondary hyperæmia or an inflammatory process due to the entrance of micro-organisms into the injured parts. When hyperæmic, the pain usually continues as long as the hyperæmia has led to changes in tissues.

Hyperæmia and inflammatory processes may be caused primarily by a mechanical injury or by micro-organic parasitism. The growth of micro-organisms in the tissues sets up hyperæmia and, later on, change in the tissues. When this process goes on in parts which are well supplied with nerves of sensation, pain ensues and continues until the nerve becomes paralyzed or the pressure is relieved. Pain may also be caused by pressure from deposits of inorganic matter in the sheathes of the nerves. This is the kind of pain which comes from gouty deposits and calcareous changes in blood-vessels.

Another cause of pain is toxins circulating in the blood and irritating the nerve ends. To this kind of pain probably belong all the fugitive pains of the body which one so frequently experiences, a moment here and then there, flying from part to part. Pain may be due to fatigue when muscles have been used too continuously or excessively. Such is the pain from eye strain and back strain. The mechanism of this kind of pain is probably hyperæmic and traumatic.

Many remedies for pain have been found in our armamentarium. This is quite natural because one of the chief functions of the physician is to relieve suffering. Most of the remedies act by destroying sensation. They have been empirically introduced because they were found to relieve pain. Unfortunately little attention has been paid to the secondary injury which may follow their use. Most of the drugs are valued for their capacity to relieve pain rather than to remove the cause of pain. Rational therapeutics should really be concerned first with the removal of the cause of the pain and second with the alleviation of the suffering. In administering drugs, moreover, we should be quite sure that we are not doing a secondary injury which in the end is, perhaps, a more serious matter to the patient than is the pain from which we are trying to relieve him. In every case the first thing is removal of both the mechanical and the toxic causes of the pain.

Cotton will hold more securely on an applicator if the tip of the latter is dipped in collodion before winding it. The employment of this device will afford a sense of security when applications are made in urethra, bladder or deep sinuses.—*Amer. Jour. of Surgery.*

When the mechanical cause of the pain can be promptly removed, removal of such cause is all that is necessary. Where the pressure, however, is due to a deposit of some kind, to hyperaemia or to changes in the tissues which are the result of micro-organic parasitism, the treatment should look not only to the removal of the pressure but also to the elimination of the foreign bodies of poisons and the arrest and removal of the micro-organic process.

Most of our drugs known as analgesics act either by dulling sensation through the brain itself or by relieving pressure through depression of the circulation. When the drug acts through the brain it probably does so by paralysis of the nerves of sensation. Such drugs are usually hypnotics as well as analgesics and to some extent relieve pain by producing stupefaction. The best exemplification of this class of drugs is opium and its derivatives. Drugs which are analgesics through the relief of pressure usually exercise their power through the heart. They depress the heart action either by inhibition from the brain centre or by weakening the muscular power of the heart. In the light of modern knowledge of disease there is a way of relieving pain which is more philosophical and safer than the methods which have been in vogue, namely, by elimination of the toxins which produce the pain. Elimination may be excited through the skin and the alimentary canal. The eliminative process is particularly valuable and desirable when the pain is due to hyperaemia set up by an acute micro-organic infection. In such cases depletion of the circulation by a very free action of the skin or the bowel will bring prompt relief. A profuse sweat in a Turkish bath, a hot scrub bath with a flesh brush and soap, or a free purgation with sulphate of magnesia, or some of the saline purgatives, will nearly always give prompt relief.

Pains which can be relieved in this way are headaches and neuralgias caused by acute colds. These pains are most frequently caused by pressure on the nerves along the upper respiratory tract, especially in the nose. Relief of the pressure brings prompt relief of the pain, and a depletion of the circulation with an elimination of the toxins, which produce the hyperaemia, brings prompt relief of the pressure. Pains which are set up at the onset of acute infectious diseases, as, for example, in grippe, can be relieved in the same way. Here the pain no doubt is due in a measure at least to the poisoning of the nerve ends by the toxins and not entirely to pressure from hyperaemia. Elimination of the toxins and depletion of the circulation brings relief. It was in such cases that the old time bleeding was so useful and soothing. For depletion through the bowel the best drug at our command is sulphate of magnesia. This should be given in teaspoonful doses at intervals of an hour or two until many liquid stools have been produced. Depletion of this kind can be kept up for a long time without producing weakness or discomfort.

Pains which are caused by deposits in the nerve sheaths and by poisoning of the nerves from toxins can be relieved by a gradual continuous elimination through both the skin and the alimentary canal. A slower process is necessary in these conditions and the elimination should be kept up on a slower scale for a longer period of time. In these cases daily scrub baths with soap and hot water over the entire body

and the administration of small doses of sulphate of magnesia at short intervals give most excellent results. Pains which are usually known as lumbago, myalgia and chronic rheumatism will often yield to a treatment of this kind when they yield to no other. For this purpose sulphate of magnesia should be used in five to ten grain doses every hour for weeks and even longer periods if necessary. The valuable results obtained at some of the Spas undoubtedly are due to the continuous use of small doses of sulphate of magnesia and other salines in the waters. As good a result can be produced in the home of the patient at much less expense by a proper use of salines.

Pains set up by hyperaemia or inflammatory conditions of the serous membranes can best be relieved by rest and depletion. When such pains occur in the pleura almost immediate relief can be secured by strapping with adhesive plaster and depleting the patient with saline purgatives. When pain occurs in a joint relief can be obtained by the same methods. It is only when the pain occurs in such an organ as the pericardium and the peritoneum, where splints cannot be applied, that an opiate must absolutely be resorted to for the relief of the pain, and even in these cases something can be accomplished by relative rest and depletion. Especially when the pain is in the peritoneum it is possible to produce good results with small doses of salines at short intervals for a considerable period of time. Nothing will give quicker relief, for instance, in the pain of appendicitis than small doses of sulphate of magnesia every half hour day and night until the pain is relieved. This treatment not only relieves the pain but frequently depletes the appendix sufficiently to reduce the inflammatory process.

Applications of ice or heat are of use in the treatment of pain where it is due to hyperaemia of a beginning inflammatory process. In these cases the heat and cold act in the same way by stimulating the nerve ends away from the injured part and drawing the blood away from it. Dry cupping is valuable over an inflamed organ and acts in the same way with, perhaps, the addition of drawing some of the serum into the tissues. Dry cupping is of particular service in the early stages of pneumonia and pleurisy. To get the full benefit of dry cupping in pneumonia, however, they should be applied for the first five or six days. A method of relieving pain which is somewhat similar to the dry cups, but perhaps more heroic, is the application of a fly-blister. The fly-blister not only depletes the parts in which the disease process is going on but it draws to the surface blood serum which contains the antitoxin set up by the disease process. If this blood serum is allowed to absorb after it has been drawn into the cuticle it sets up a reaction and produces a certain amount of immunity against the micro-organisms which produce the disease. By leaving the fly-blister on only a short time, say an hour, and then raising the blister with hot towels the cuticle retains sufficient firmness to hold the serum until it can be absorbed. This method of applying a blister is a valuable resource in the treatment of diseases in which an immunity has to be set up before recovery takes place. It is one of our most valuable assets in the treatment of tuberculosis.

Not only is the eliminative method of dealing with pain preferable to the analgesic and de-

pressant methods because it gets rid of the cause, but also because it is safer. Opiates and all the analgesics which operate by dulling the sensation interfere to a greater or lesser extent with elimination and block up the poisons in the body. As these poisons all have a damaging influence on the tissues their retention in the body even for a relatively short time may cause injury, which ultimately results in an unfavorable termination of the disease. Depressants may also do serious injury to the patient. By weakening the circulation they may deprive him of a physical resource which is of great importance to him at the end of a long struggle against disease.

If we are to keep step with modern progress of scientific medicine we must learn to relieve pain by elimination and by methods which do not open up the toxins of micro-organisms. We must stop treating pain as a symptom and treat it on a rational basis. Relief of pain must be aimed at but in such a way as not to do greater injury than the pain itself can produce.

Clinical Reports.

A Case of Congenital Coralliform Cataract of Both Eyes.

By Charles J. Kipp, M. D., Newark, N. J.

(From The American Journal of Ophthalmology, July, 1909.)

My patient is a boy 10 years of age. His family history fails to throw any light on his eye disease. Neither of his great grandparents, parents, uncles, aunts, cousins or sisters have an eye disease, they all have good sight, but one of his great-grandfathers is said to have been very near-sighted. His parents are not blood relations. The boy has never had a serious disease, he has always been thin and puny. He is four feet five and a half inches in height and weighs only 53 pounds. He has no signs of rachitis, unless a somewhat large head can be regarded as a sign of this disease. In its greatest circumference it measures 22 inches. His teeth present no marked abnormality. He has never had a convulsion, at least his mother who has been an almost ceaseless companion of the boy is sure he never had one. He has never seen any better than he does now and the cataracts were observed by his mother shortly after birth. His vision with dilated pupil is 6/60 with either eye. Glasses do not improve vision. Both eyes present the same picture. There is no impairment of the motility of the eyes. The external parts of the eyes are normal. The iris is blue and its texture is normal.

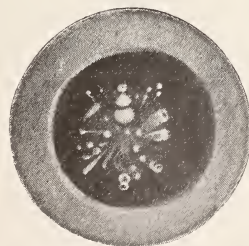
The pupil is active to light. The lens is in its normal position and after dilatation with a mydriatic presents the following appearance: The anterior capsule is transparent. Immediately behind it in its axis extending nearly through the entire thickness of the lens is an opaque core, not over a mm. in diameter, from which radiates throughout its whole length in all directions opaque spokes ending in a trumpet-shaped enlargement, some much thicker than others. Between these opaque spokes are seen innumerable small glistening silvery points. None of the spokes reach the periphery of the lens or the anterior capsule, so that a zone about two mm.

in width, with the pupil dilated ad maximum remains clear. The resemblance of this formation to the appearance of coral is so striking that a physician who had never heard of coralliform cataracts, to whom I showed the case, remarked at once, "Why he has a miniature coral formation in his lens." An ophthalmoscopic examination of the eyes could only be made with difficulty. The optic papilla was of normal appearance but had a slight conus on its temporal side.

The boy had been seen by an ophthalmologist five years before and the mother was advised by him, according to her statement, not to have anything done to the boy's eyes till he was at least ten years old.

On March 20, 1909, I needled the cataract of the left eye. The lens substance was very soft and some of it escaped through the opening of the capsule, immediately after the needling. This operation was not followed by any reaction, but six days after the needling the eye became painful. On examination I found some ciliary injection, the anterior chamber full of lens substance, and the iris seemed discolored. Ten days after the needling I made an incision in the upper part of the cornea with a lance-shaped knife and evacuated the anterior chamber. A nearly black pupil resulted from the operation. For a few weeks opaque lens substance appeared in the pupil but all had been absorbed by July 10. On April 16, 1909, I needled the cataract of the right eye and found it of the same soft consistence as I had found in the left eye. Six days later the anterior chamber was nearly filled with lens matter which was evacuated through an incision in the upper part of the cornea. The lens matter removed was examined microscopically immediately after its removal and was found to contain very much cholesterolin. At the present writing vision is in right eye with +1.5, D. 6/8; in the left eye with +1.5, D. 6/8. He reads best with +5, D. The ophthalmoscope shows normal eyeground, except a small ill-defined atrophic crescent on the temporal side of the optic papilla.

The very descriptive term, coralliform, for this form of cataract was first used by Mr. Marcus Gunn, who presented a case of this form of cataract to the Ophthalmological Society of the United Kingdom, London, on March 14, 1895. A description of the case with an excellent illustration is found in the Transactions of this Society for 1895, p. 119. The picture is so much like that of my own case that I have reproduced it here.



By Knies the opacities have been compared to the sails of a windmill. Other cases have been reported by I. Herbert Fisher (Transactions of the Ophthalmological Society of the United Kingdom, 1905, p. 90) and by Sydney Stephenson (loc. cit.) 1906, p. 72.

In both Gunn's and Fisher's cases there was a strong family tendency to cataracts. In the Royal London Ophthalmic Hospital Reports, Vol. XVI., p. 217, under the head of other varieties of Familial Congenital Cataract, E. Nettleship says: "Next to lamellar cataracts one of the best marked varieties is the peculiar and apparently rare form called axial or spindle cataract by the Germans or, to use Mr. Marcus Gunn's term, coralliform cataract, in which the opacity appears from the history to have been present quite early in life, if not actually at birth, and remains like the lamellar form almost stationary, seldom becoming complete.

By far the best example of this sort that I have seen is that of the Betts family, in which no less than thirty persons in four generations are known to have been affected.

Probably some of the cases described by Knies, however, as spindle cataract and previously under a different title by E. Muller, were of this kind. Knies, however, in some of his cases describes the character and axial and lamellar cataract associated in various degrees in the same lens. Two of the children in my case 58, had lamellar cataract, their father having coralliform opacity. Moreover, in cases of familial lamellar cataract atypical forms are occasionally seen. Although, therefore, it is necessary for descriptive purposes to keep the axial or coralliform part from lamellar cataract, it may, perhaps, be found eventually that both axial or coralliform part from lamellar cataract, at different stages or over longer or shorter periods of foetal life. He describes the appearance of this cataract as follows: "The opacities take the form of dense blunt ended processes radiating obliquely forwards and outwards (i.e., towards equator) but not reaching the capsule. Each spoke or process ends peripherally in a sort of trumpet-shaped enlargement or 'mouth' not unlike the 'mouth' of a madreporic coral. Cholesterin is often present in coralliform cataract."

Referring to this form of cataract, E. Treacher Collins (Transactions of the Section on Ophthalmology, American Medical Association, 1908, p. 476) has this to say: "There is a variety of congenital axial cataracts termed by Gunn 'coralliform' for which it seems to me difficult to accept the explanation suggested by Knies for this case. In this coralliform cataract tube like opacities are seen to radiate forward and outward from the center of the lens toward the capsule and end in an ampulliform manner. In the absence of any histologic proof of the nature of such opacities, I would suggest that they are probably situated in the lines of suture between the fibers. What I now suggest is that disturbance in the lines of sutures not only at the surface but also in their course as they radiate forward and outward from the nucleus accounts for lines of opacity in congenital cataracts which are seen to radiate in that direction."

Hess (Graefe-Saemisch Handbuch d. gesammten Augenheilkunde, 2te Auflage, 1905, II. T. Theil, VI. Band, LX. Kapitel, p. 159), in speaking of the anatomy of spindle cataracts, says: "The conception of the typical form of spindle cataract, as the consequence of a disturbance in the segmentation of the lens vesicle, appears to me to be the most natural; anterior and posterior polar opacity, as well as its connection with a nuclear or lamellar cataract like opacity of the

middle of the lens, offer no difficulties to this explanation. The close relations to lamellar cataracts, in which there are also often found anterior polar opacities, are evident from what has been said." Hess does not especially mention the coralliform cataract in the work above referred to.

A case very similar to the one here described was reported by Langenhan to the Berlin Ophthalmological Society March 18, 1909. (Centralblatt f. Augenheilkunde, April, 1909, p. 111). The patient was a boy four years old, with rickets.

My case therefore does not differ from those above cited except that heredity apparently played no part in causing the disease.

I have been unable to find a description of a similar case in American literature.

Cases of Caesarean Section.

(Reported by Dr. A. H. Barkley, Lexington, Ky.)

(From the Kentucky State Medical Journal.)

Case 1.—On June 2d, 1900, I was called by Mr. R. When I arrived at the home I found his wife had been in labor for fourteen hours without making any progress except the os was dilated about the size of a dollar. On examination I found the superior strait very narrow and a bony tumor of the pelvic brim on the left side. It was apparent from this examination that delivery of a living child was impossible. This was made known to the husband and patient and they readily agreed to Caesarean section after a full explanation of the dangers incident to delay. She was removed to the Good Samaritan Hospital where I removed the child, a boy weighing 9½ pounds, saving the mother and child. The recovery was uneventful and she left the hospital in three weeks in good shape. The ovaries and tubes were tied off with the hope of preventing further pregnancy, the patient objecting to removal of these organs. This was her first pregnancy, and as no instruments had been used she had no trouble from sepsis or trauma.

Case 2.—On July 29th, 1901, I was called to see Mrs. M., white, age 24, and found her in labor. I had seen this patient several times during her pregnancy, as two years previous I was compelled to perform craniotomy, the child being hydrocephalic and dead. She had a just-minor pelvis of an extreme degree. She was advised against further pregnancy to which she and her husband paid no attention and on the above date I found she had been in labor only a short time. She was prepared for the suggestion of Caesarean section and readily consented also to resection of the tubes as a safe guard from pregnancy. She was operated on the afternoon of July 29th, 1901, and delivered of a fine girl weighing 9¾ pounds. She and the baby left the infirmary nineteen days from time of admission.

Case 3.—On April 10th, 1904, I was called to see Mrs. H., white, age 29. Had been pregnant once before and miscarried at the third month. I found, upon examining her that she had a large fibroid tumor which occupied part of the pelvis posteriorly which encroached upon the parturient canal so much that it was plainly evident in this case that she could not give birth to a living child. She seemed to be unusually

large and from symptoms twin pregnancy was suspected. She agreed to Caesarean section and was told that removal of the organs should be done, to which she agreed. She was operated upon just seven hours after her first pain, the delay was due to one of her family being in the country. The operation was performed and two girl babies were removed after this complete hysterectomy was done she making a good and speedy recovery and left the hospital with the two babies in good shape three and one-half weeks after admission.

Case 4.—This case I saw with Dr. Young. She had been in labor forty-eight hours and had not made any progress during that time, so further attempt with forceps or version was abandoned, as it was found she had a flat rachitic pelvis with flaring ilia and a contracted pelvic brim. This was her first pregnancy and a history of any former trouble was difficult to get because she was a foreigner and unable to speak English. She was about thirty years of age, poorly nourished and had been subjected to very hard work. She was operated on August 19, 1906, at the Good Samaritan Hospital and delivered of a 10½ pound boy. Recovery was uneventful for two days. The mother suffered from dilatation of the stomach which was relieved by the use of the stomach tube. Dr. Roberts saw this case while suffering with her stomach. The use of the tube was discontinued after two or three days. Mother and baby left the hospital three weeks from the day of entrance perfectly recovered.

General Peritonitis.

Reported by Dr. S. E. Harmon, Columbia, S. C.,
at the Columbia, S. C., Medical Society,
July 12, 1909.

A little girl eleven years old was taken sick Saturday night, April 17th, 1909, with pain in abdomen; was worse on the 18th. Family physician was called in on the 18th, and saw her again on the 19th. He diagnosed appendicitis. I saw her Tuesday, the 20th, at 1 P. M.—nearly three days after the commencement of the attack. I concurred in the diagnosis and advised immediate operation, which was consented to. She was taken to the Columbia Hospital. When she reached the hospital pulse was 140, temperature, 101, abdomen tense, and there was nausea and vomiting. I operated at 7 P. M. on the 20th; incision was made over McBurney's point. On getting into the abdominal cavity I found it filled with pus, the entire peritoneum soiled. The appendix was found and removed; there were two perforations in it. The abdomen was wiped out as well as possible. Gauze drains were placed through stab wounds into each kidney pouch, and into the pelvis. The incision was left open and drained. The patient was put to bed and placed in Fowler's position with instillation of normal salt solution per rectum by Murphy's method. The morning after the operation, pulse was 120 and the patient fairly comfortable. She ran a very rocky course for about four days, but improved slowly all the while. Drainage removed on the sixth day and she did finely until May 6th, sixteen days after operation. On the morning of May 6th she complained of severe pain in abdomen, with nausea and vomiting, rapid pulse that reached 150 during the day. We made a diagnosis of intestinal

obstruction due to adhesions. I opened her up for the second time May 7th, at 3 P. M. Abdomen opened in median line, broke up all adhesions and released three bad kinks in small intestine. The incision was closed, patient put to bed in no worse condition than when she went to the table. She went on to a rapid and uneventful recovery, and was completely well in four weeks from the first operation.

Esophageal Carcinoma.

Reported by Dr. W. P. Lang, New Haven, Conn., in a Paper Read Before the New Haven County Homeopathic Clinical Society, and Published in the American Journal of Surgery, July, 1909.

Mr. B. L., age 67, was admitted to Grace Hospital on May 27th, of the current year, with the following history: Until October of last year he had always enjoyed good health. His present trouble commenced with attacks of severe pain in the posterior part of the chest, this pain was of a paroxysmal character and at times would shoot forwards to just beneath the sternum. The attacks of pain usually came on shortly after he began to eat and would last from one-half to two hours. He obtained treatment for the condition both here and elsewhere, but the results were not satisfactory. In February of the present year he noticed that in addition to the pain solids were swallowed with difficulty. As the dysphagia increased he sought treatment in the hospital with the result that he obtained some relief. From October to May of the current year he lost thirty-four pounds in weight.

After his admission to the hospital an attempt was made to pass the smallest size esophageal bougie, but it met with an obstruction at a distance of 14 inches from the incisor teeth; on gentle pressure, however, it was made to slip by the obstruction and reach the stomach. Upon withdrawing the bougie it was found covered with mucous and blood, which was examined under the microscope to determine the presence of epithelial cells suggestive of malignancy. As the patient regurgitated all semi-solid and liquid food, an examination of gastric contents following a test breakfast was not made. Upon completing the examination a diagnosis of carcinoma of the lower third of the esophagus was made.

After a few weeks of treatment with bougies of increasing size he left the hospital feeling well satisfied, since he was able to eat semi-solid food. From time to time he returned to have the bougies passed, but only at such times as he found that he could not even swallow liquids.

When he returned for treatment last month we believed that he had reached the stage when a gastrostomy should be made, and he re-entered the hospital for this purpose a few days later.

As his physical condition was bad, owing to the deprivation of fluids, he was given high enemas of normal salt solution; twelve pints of which were retained in the forty-eight hours previous to operation. Two months ago to-day a gastrostomy was performed, using the method devised by E. J. Senu. It was an interesting fact to note that upon opening the peritoneal cavity, a marked atrophy of the stomach was found to exist and the organ itself was located

deeply in the posterior part of the stomach fossa.

Uterine Adenoma Malignum with Vaginal Implantation, Eleven Years After Operation.

Dr. George E. Shoemaker, Philadelphia, Reported This Case at the Pennsylvania State Medical Society. It Is Taken From the Pennsylvania Medical Journal.

About eleven years ago, in January, 1897, a widow, aged thirty-nine, with one child, was seen for symptoms which might have been caused by the ordinary pelvic disorders present; namely, subinvolution, lacerations and inflamed uterosacral ligaments. There were increasing sharp pain in the back and front of the thighs with a discharge neither bloody nor offensive; no loss of weight; menses at gradually lessening intervals, three weeks, lasting five days but not increased in quantity or duration. Examination showed a superficially eroded, angry red patch, two centimeters in diameter, about the open cervical canal, not hard, not rough but bleeding easily on being firmly wiped. Exactly opposite this patch, and just where the cervix laid upon the posterior vaginal wall was a shield-shaped patch five-eighths of an inch in diameter with a perfectly straight horizontal top edge. It was superficial, pale in color, not thicker than blotting paper, firmer than the surrounding vaginal wall, not undermined. The surface presented a number of minute mustard-seed-like elevations with tops resembling tiny pustules which were probably only yellow macerated epithelium.

Local treatment decidedly helped the pelvic distress but produced no effect on either the cervical or vaginal patch which continued to bleed on being wiped. This was suspicious, and, on attempting to dilate before curetting, a brittle feeling of the tissues within the cervical canal attracted attention, though the finger could reach no hardness. A specimen from the cervical canal was submitted for microscopical investigation to Dr. Henry W. Cattell, who pronounced it adenoma malignum. Cautery was applied and hysterectomy performed. The vaginal patch was excised and microscopical examination was made by Dr. David Edsall who reported adenoma malignum for this patch also.

Seven months later two small, suspicious points in the scar of the vaginal patch appeared. Thorough application of the thermocautery was made down to the rectal wall which was not involved. There has been no recurrence since. Careful examination has been made every six months. She was last seen April, 1908, perfectly well, weight had increased to one hundred and fifty pounds.

Why this cure of malignant invasion? First, because the actual cautery was used; second, because the excision of the parts was done early on microscopical diagnosis without waiting for advanced gross changes. That is all there is to it. I have had several patients with malignant disease of the cervix live eight to twelve years without recurrence after hysterectomy, but in every one the cautery was used first and the removal was done while the diseased area was very small, close to the os or in the canal. Late operations are apt to be too often only palliative.

A point of interest is that this patient showed

from the beginning a tendency to attacks of slight eczema with pruritus about the anus and posterior vulva, at times extending into the vagina. Brownish red points just perceptible to the touch, one or two lines in diameter, have occasionally appeared in the vagina, disappearing under applications adapted to eczema. At the time of the first excision the vaginal patch had small, macerated elevations, five or six in number, not accounted for by the diagnosis of malignant adenoma.

Chronic eczematous patches of the face, in the aged especially, shade into epitheliomata by slow degrees. If there is contagion in malignant disease, does the eczematous patch offer a favorable channel on the mucous membrane as well as on the skin? This case would seem to point that way.

Gallstones in the Urinary Bladder.

Dr. F. Michel, Koblenz, reports, in the *Zentralblatt für Gynakologie*, January 2, 1909, a very rare case. The patient, a 27-year-old woman, three years previously had severe gallstone colics followed by the signs of peritonitis. Later a large exudate developed in the right iliac fossa, which was supposedly due to an appendicular inflammation. Repeated attacks of anuria and dysuria were noted. About six months ago severe cystitis, very resistant to treatment, appeared, and a calculus was suspected. Michel was called in to operate upon the patient, and through a vesico-vaginal incision removed four large stones, which fitted together on their faceted surfaces, forming a sausage-shaped mass. The bladder wound healed. The stones contained cholesterol and bile salts. Since the operation the urine continues to show bile and is oily, proving that communication with the bile passage still persists. Cystoscopy was refused.—*Amer. Jour. of Surgery*.

Mammary Cancer Recurring Fourteen Years After Operation.

McNeill, in *Brit. Med. Jour.*, April 3, 1909, p. 841, reports a case. The left breast and all lymphatic nodes were thoroughly removed. For 14 years the patient's health was good. Then the disease reappeared in the ends of the old incision, ulcerated, spread rapidly, and finally involved the other breast, and she died.

Case of Arthrodesis for Flailfoot.

(Reported by A. R. Shands, M. D., at the Washington, D. C., Medical Society, May 26, 1909.)

Dr. Shands presented a patient to show the strikingly good results obtained by the application of a somewhat rare operation, arthrodesis, in the treatment of certain paralytic conditions. The little girl was the victim of acute anterior poliomyelitis, both feet having been paralyzed; one remained completely useless and was a source of annoyance on account of its extreme flexibility—such as to make the term dangle-foot or flail-foot applicable. The operation of arthrodesis was done, after the method of Whitney. It consisted simply in opening the joint and denuding the articular surfaces—in this case those of the astragalus and the bones of the leg; the result was, of course, a beneficent ankylosis. The improvement in the little girl's locomotion was very marked.

Pancreatic Cyst in an Infant.

(From the British Journal of Children's Diseases.)

Drs. Telling and Dobson report a case from the Women's and Children's Hospital in Leeds of an infant, eleven months of age, brought in for a swelling of the abdomen of two months' standing. The child was in fair condition, the abdomen a little full. The stools were normal. The girth was $18\frac{1}{4}$ inches. The swelling was mainly central. There was resonance in the flanks and dullness at the umbilicus. The weight was $19\frac{1}{4}$ pounds. Two weeks later the abdomen measured $21\frac{1}{4}$ inches. One month after admission, on examination under anesthesia, a globular, firmly fixed tumor which did not move with respiration was made out. Two weeks later at operation it was found that the tumor was a cyst arising from the head of the pancreas. The cyst was drained and $1\frac{1}{2}$ pints of fluids escaped. This was milky, slightly bloody, alkaline. Sp. gr. 10.25. Contained much albumin, but no sugar. No fermentation was obtained. No organism was found, but the fluid contained pus, blood, and homogeneous debris. The patient made an uninterrupted recovery.

Bence-Jones Albuminuria.

(From the Vienna Cor. Medical Record.)

Dr. Paul Gerber has reported a case of Bence-Jones albuminuria, which he had recently observed. The peculiar behavior of the urine on addition of acetic acid led to the discovery of this rare condition. The patient was a diabetic, 56 years old, who constantly showed sugar in the urine, usually amounting to less than one per cent. The addition of acetic acid and of potassium ferrocyanide to the urine led to the appearance of a moderate cloud, which could be estimated to amount to not more than $\frac{1}{2}$ per cent. of albumin. On the other hand, quantitative estimation of the protein contained in the urine, the usual albuminometer being used, gave much higher values, reaching as high as 12 per cent. The biuret reaction was very marked. The addition of concentrated acetic or nitric acid to the urine led to the formation of a marked precipitate, the fluid being very quickly transformed into a thick, gelatinous mass. The substances which could be precipitated from the urine by the addition of alcohol or of ammonium sulphate gave the typical reactions of Bence-Jones body.

Interesting Specimen of a Heart.

(Dr. C. N. B. Camac Presented This Specimen at the Meeting of the New York Academy of Medicine, May 18, 1909, as Reported in the Medical Journal.)

The patient had been under observation for seven months. He first came to the Cornell dispensary with considerable cardiac embarrassment. He had a pulsating liver, which was observed by a number of men; at no time that he was under observation was he without this expansile pulsating liver. Over the heart was heard a loud systolic murmur, which could be differentiated into two parts, one coming from the mitral orifice, the other from the tricuspid. An adherent pericardium was suspected. During the seven months the patient was bled nine

times; after each bleeding his mental condition would clear up, his breathing would become better, and he would be comfortable for three or four weeks, when he again would have this cardiac distress. A question arose, did he have cirrhosis of the liver? The autopsy revealed a widening of the mitral orifice, probably the original lesion; there was a slight puckering of the margins. The tricuspid opening was of enormous size. Practically the whole circulation was carried on by the right heart. The liver, although it had received the back pressure for a period of seven months, showed no fibrosis at all. The microscopical sections showed a very slight degree of fibrosis. The particular interest in this case was the fact that the right heart practically had maintained life for a long period of time. Cirrhosis of the liver did not develop, in spite of the great back pressure. There was no adherent pericardium.

Abstracts from Medical Journals

Dangers to the Child in Operative Deliveries.

(Boston Med. and Surg. Journal, June 24, 1909.)

Dr. S. A. Houghton found that of 1,008 deliveries at the Boston Lying-in Hospital in 1907 and a part of 1908, 58 were low forceps cases, 44 high forceps, and 37 versions. The same number of cases fifteen years ago gave 78, 7 and 13, respectively. He says that a long first stage due to uterine inertia and not to obstruction injures the child in the slightest. Every method should be employed to get the head into the pelvic brim before we use compression and traction on it. In the institution named with the decrease in low forceps cases and the increase in high forceps and versions there has been an increase of nearly 100 per cent. in the still-born babies and in the deaths in the hospital. The paper is a plea for a more careful recognition of the rights of the child at the time of delivery and a greater judgment in the selection of mothers for whose relief the forceps may be used on the child.

Placenta Praevia.

(From the Boston Med. and Surg. Jour., June 3, 1909.)

Drs. Mason and Williams have gone over the records of the Boston Lying-in Hospital for the past thirty-five years with the object of studying placenta praevia. The authors found that among 32,453 out-patients during a period of twenty-seven years, there was about one case of placenta praevia to every 700 pregnancies. The most important results of their investigation of the hospital records were those in regard to the treatment of the condition. After briefly outlining the histories of the fatal cases, the authors sum up their conclusions as follows:

(1) Improvement in the results of the treatment of placenta praevia is to be expected not so much from any particular method of delivery as from early delivery; (2) The advantages of early delivery are as great for the child as for the mother; (3) Every patient should be instructed and enabled to notify a competent obstetrician at once of any uterine hemorrhage during pregnancy; (4) Any hemorrhage during the second half of pregnancy demands an im-

mediate investigation of the contents of the lower uterine segment; (5) A routine vaginal examination should be made on every patient at the end of the seventh month; (6) In multiparae, rapid dilatation, followed by version and extraction, offers a safe and satisfactory method for both mother and child; (7) In primiparae, at the beginning of hemorrhage, while still in good condition. Cesarean section should be the operation of choice.—A. M. A. Jour.

Indications for Operation on the Stomach.

(From the Pennsylvania Medical Journal.)

Dr. J. J. Gilbride, of Philadelphia, read a paper with the above title before the Philadelphia Medical Society, February 24, 1909. He said that the most common condition of the stomach for which operation is performed is stenosis of the pylorus. Of course, the primary condition, such as gallstone disease, etc., may demand operation irrespective of the degree of the stenosis. Then again pain, vomiting, loss of weight or some other symptom, may call for operative interference. The onset of symptoms of pyloric stenosis, with or without previous stomach disturbance, in persons over thirty-five years of age, should receive prompt surgical attention. He has seen several such cases recently in which there were no symptoms except the age of the patient and sudden onset of symptoms suggestive of the presence of malignancy. The symptoms and signs in those cases were those of benign stenosis, and yet the patients had cancer of the pylorus. Cancer of the curvatures or of the body of the stomach may be advanced before symptoms appear. If the growth can not be extirpated and stenosis be present, gastroenterostomy is indicated. In certain cases of extensive cancerous involvement of the stomach a jejunostomy may be advisable to prevent death from starvation. A gastrostomy is likewise indicated in some cases of cancer of the cardia. One should not wait to establish a definite diagnosis of cancer before recommending an operation as an exploratory operation is demanded if there is definite suspicion of malignant disease. Any operation is contraindicated when metastasis to distant parts has occurred or when advanced cachexia, ascites, etc., are present. The frequency of the occurrence of cancer on the basis of gastric ulcer calls for more aggressive treatment of chronic ulcer of the stomach. When operation is done for chronic ulcer the removal of the ulcer when practicable is the better procedure. The recognition of duodenal ulcer is very important. Moynihan says that these ulcers should always be treated by operation. The great majority of gastroptosis can be treated by mechanical, dietetic and medicinal measures. Little or nothing will be gained by operation if the abdominal wall gives no support or if there be a marked visceroptosis. Some cases of atonic dilatation of the stomach in which gastroplication was performed with beneficial results have been reported. However, gastric atony, hyperchlorhydria and other neuroses are as a rule not suitable cases for operation. Those cases of congenital stenosis of the pylorus in which the patients recover under medical treatment are stenosis of a mild grade. If the stenosis be at all marked, an operation should be performed without delay. Exploratory laparotomy has its indications in obscure stomach symptoms which

fail to respond to skilled treatment, but as a short cut to diagnosis it should not be employed.

The Gilliam Operation.

(From the Journal of Surgery, Gynecology and Obstetrics.)

Dr. D. Tod Gilliam, in a communication in the above journal, says:

Dr. J. A. Polak, in a report of pregnancies following ventrosuspension of the uterus, makes this statement: "Alexander's and its modifications, Dudley's, Baldy's as well as Goffe's, and vaginal fixation, have had attention, until Gilliam's method of suspending the uterus was published. In this operation, we thought we had an ideal procedure, as it permitted not only the performance of the necessary intra-abdominal repair, needed by so many of these women, but allowed us to suspend the uterus by its natural ligaments. My records show that 33 of these operations were done, in which 6 primary suppurations occurred. Two patients became pregnant, and were delivered at term without complication. At the post-partum examination, a month after the confinement, their uteri were found low and retroplaced. A second objection is the likelihood of suppuration in the wound."

I am under obligations to Dr. Polak for giving me the opportunity to throw some light on this subject. I would state in the first place that so many suppurations, or indeed any case of suppuration following the operation of round ligament suspension of the uterus as devised by me is the result of faulty technic. I would not for a moment have it thought that I suspect Dr. Polak of carelessness or uncleanness, but I am assured that in some one or more particulars he has done violence to some of the more susceptible tissues in such a way as to weaken their resistance. In my earlier operations I had not infrequent suppuration of a most discouraging character, until it occurred to me that it might be due to the bruising and stretching of the subcutaneous fat in the effort to retract it from the face of the fascia. For years past I have made it my practice to clear the fat from the face of the fascia with a sweep of the knife, since which time I have had no suppuration. It was a surprise to me to find that after these suppurative cases the uterus remained in its normal position, showing that the ligamentous attachments had not been severed. Now as to the retroplacement after parturition. This so far from being a fault is a recommendation for the operation. The ligaments elongate in pregnancy to accommodate themselves to the growing uterus (a happy thing for the woman), then after pregnancy undergo involution, slowly, to be sure, but in the course of time it will be found that the uterus is back in its place and the ligaments performing their function, just as before parturition.

Prostatic Abscess.

(From the Therapeutic Gazette, Philadelphia.)

Dr. Alexander, in *Annals of Surgery*, April, 1909, states that the object of his paper is to record a series of operations upon the pathology and operative treatment of abscess of the prostate caused by gonorrhoeal infection. He has for the basis of his report 68 cases occurring in

the service of the Bellevue Hospital. Twenty-six of these were treated by perineal section and drainage, and 42 by prostatectomy. Nearly all the patients were young men. Twenty-one cases were associated with perineal or ischial abscesses. Alexander states that nearly if not all ischio-rectal abscesses which come under the observation of the genito-urinary surgeon are of prostatic origin, and that the reason for so many ischio-rectal abscesses relapsing after treatment by simple incision and drainage is because the prostatic origin of the infection is overlooked. In the majority of the cases reported the process was confined to the prostatic capsule. A number of the patients were admitted to the hospital with a diagnosis of acute epididymitis, the prostatic condition being overlooked.

More than 50 per cent. of the cases were suffering from retention of urine, which was usually complete. This retention had usually been preceded by frequent and painful attempts to urinate. In the case of a single focus of sup-puration or a large prostatic abscess where one or both lateral lobes had been practically destroyed by suppurative processes, median perineal section and drainage of the abscess into the urethra is the method of choice. In multiple abscesses of the prostate, which are by far the most numerous, time can be saved and a more perfect cure can be made by the entire removal of the diseased lateral lobe or lobes by median perineal prostatectomy.

The position of the abscesses in the prostate and the relation which they have to the urethra is subject to great variation. The abscesses always occur in the lateral lobes, and especially in that part of the lateral lobes situated at the side of the urethra. It is not uncommon to find suppurating foci in both the lateral lobes, though one is usually more affected than the other. Early operation may do much to preserve at least one-half of the prostate. The abscess may be situated near the urethra, or in the centre of the lobe, or near the capsule. An abscess of small size near the urethra may rupture spontaneously into this canal, and if the drainage is good the cavity of the abscess may heal. This happy termination is, however, more theoretical than real. Multiple suppurating foci scattered throughout the prostate occur as a rule, and therefore in many cases even though one abscess has ruptured spontaneously into the urethra an operation will be required.

Alexander states that as our knowledge of diseases of the prostate become more accurate it will become more and more apparent that these suppurative conditions of the prostate cannot be treated by such methods as are now employed, as, for example, by way of dilatation of the urethra or by massage.

Medical Journals' Editorials.

WHEN TO GO ABROAD TO STUDY.

(From an Editorial in the Journal of the Kansas Medical Society.)

We do not mean to disparage the ability of the European medical savants. Nor do we belittle a pilgrimage to these foreign meccas by those who wish to supplement an education already well rounded, by a comparative study of some or many of its phases as influenced by foreign environment. We would not depreciate

any of the good qualities for which the foreign schools are noted. But we deplore that any of their attributes or achievements should divert our students from the superb resources at their very door. And we deride the ridiculous farce played by so many, year by year, who know little enough about medicine, and still less about things preliminary to medicine, when they tell us they are going to Europe to perfect themselves under the great masters, or that they have already obtained their very superior brand of knowledge from such a source. O. P. D.

SECRECY VERSUS LACK OF KNOWLEDGE IN MEDICINE.

(From the A. M. A. Journal, July 17, 1909.)

The Midland Druggist and Pharmaceutical Review seems disposed to give members of the medical profession some kind and disinterested advice, and it is pained to see that we adhere to the benighted notion that secrecy in medicine is to be condemned. To quote:

"As to secrecy of composition, does the physician know the inner nature of the antitoxins and serums which he prescribes, or has he fathomed the chemical mysteries of digitalis, ergot and dozens of other articles of materia medica which are yet largely sealed books to the chemist? He uses these articles solely because experience has taught their value in the treatment of certain pathologic conditions, and he would in the highest degree be negligent and false to the trust reposed in him by his patient should he refuse to prescribe a known valuable remedy simply because its composition happens to be unknown to him. The patient calls his physician not merely to prescribe the treatment that has received the approval of some official body, but because he believes he will prescribe the remedies which experience has demonstrated to be useful in the affection from which the patient suffers."

True, the physician, or the physiologic chemist, has not "fathomed the chemical mysteries of digitalis, ergot," and several other drugs. Neither has he learned all there is to know about quinin or mercury. He does know, however, that quinin will produce certain well-defined effects in malaria and that mercury may be relied on in syphilis. On the other hand, he does not know what result will be obtained by using "Blank's Malaria Cure" or "Slow's Sure Specific." Moreover, even if he finds out what either of these nostrums does to-day, he has no assurance that it will do the same to-morrow. The argument of the Midland Druggist amounts to this: You don't know everything about any one drug; therefore, it is unnecessary for you to know anything about any empirical combination of drugs, said combination being likely to vary, both in individual content and in content proportions. Truly a logical proposition. There is an essential difference between secrecy that is unavoidable and that which is contrived for purposes of gain or deceit. The fact that we are not able to fathom the mysteries of many remedies with which Nature has supplied us is no reason why we should use those made by man in which the element of mystery is purely artificial and exists only for the purpose of commercial gain. When the physician consents to prescribe remedies whose composition is known only to the manufacturer, he is abdicating his office as physician and assuming the function of the pre-

scribing druggist who recommends "patent medicines," about which he knows little, for diseases of which he knows less. In such cases the use of secret remedies is a fault which disgraces the members of a profession. The unknown composition of natural remedies is a hindrance to the advance of pharmacy and medicine, but the use of secret remedies on the part of the physician is a dereliction of duty. The first will be removed by the advance of science; the second can be removed only by raising the ideals of the two professions, and we are sorry to see a representative of pharmacy not only disregarding the highest ideals of his own profession, but endeavoring to lower those of the medical profession as well. There are, however, we are glad to say, pharmaceutical journals which, recognizing the viciousness of secrecy in medicine, would never lend their pages to furthering the cause of nostrum prescribing as is done in this case.

A PLEA FOR MORE STRINGENT HEALTH LAWS.

(From the Kentucky Medical Journal, August, 1909.)

The vital importance of more effective health legislation—especially in regard to certain diseases—will be apparent to every thoughtful individual to whom the subject is properly presented; hence, the importance of its thorough presentation.

One disease in particular which is little understood by the general public, and whose grave import cannot be overestimated, is ophthalmia neonatorum. That its seriousness is recognized by the profession is evidenced by the fact that one of the few committees appointed to conduct special investigations by the American Medical Association in Chicago (1908) was created to learn what measures are taken by the various States to control this controllable scourge.

When within the past fortnight a three-weeks-old child, afflicted with ophthalmia neonatorum was brought to the writer for treatment, at the request of the family physician; when it was learned in a conversation with said doctor over the 'phone, that he had seen the case but once in the sixteen days of its progress; when the parents, who live in an adjoining county, some sixteen miles out in the country, announced their intention of returning immediately to their home after this one treatment; and especially when it was learned, on investigation, from the parents' own statements, that they have a thirteen-year-old child in the school at Louisville, totally blind from the same cause; all this shows the crying need for regulations which will make such occurrences impossible. Moreover, by these parents' own statement, the first child was not taken to a doctor until three weeks after her eyes became affected when, they said, it had been too late to do more than stop the suppuration, the entire cornea having sloughed away. Yet they could neglect this second danger signal! For be it understood, they were now anxious about this baby and said they were very uneasy because of having one blind child. Is it not time for the enlightened in each community to prevent the possibility of such instances?

Without public sentiment to back their enforcement, the most perfect laws could avail little, but public sentiment can be created and the

family doctor—than whom no man has a greater power to mould opinion—can do much toward creating it. And this sentiment, once aroused, can demand that all cases of sore eyes in the newly born, be reported by any person knowing of it to the proper authority in each district, that all such cases shall, immediately on infection, receive treatment from a reputable physician, who must personally see and treat that case each and every day.

If humanitarian considerations be left out, the economic principle (already recognized by some cities and States) that it is cheaper to provide treatment, when necessary, than to maintain a helpless citizen, should be an effective argument in favor of an appropriation from the State.

Success depends on the reporting of these cases promptly to a doctor, thus placing the responsibility. And even if no appropriation is made for their treatment, the doctor should report all such, thus making reliable data concerning them.

N. B.—Since the above was written the committee referred to has made its report to the association at Atlantic City, a report so important that it is printed in full in the A. M. A. Journal of June 19, and so suggestive to merit the close attention of all doctors and humanitarians.

MEDICINE AND THE PRESS.

(Editorial from the Illinois Medical Journal.)

The subject of the presidential address delivered at the Quincy meeting by Dr. Pettit is certainly one on which the medical profession as a whole needs a great deal of instruction. Dr. Pettit has brought this matter squarely to the attention of our membership and, we believe, has established his contention that, in order to bring about many needed reforms, it is absolutely necessary for us to get in touch with the general public through the medium of the press. An article by Professor George W. Crile, of Cleveland, the well known surgeon, which appears in the Cleveland Medical Journal for May, 1909, supplements Dr. Pettit's address so well that we take pleasure in making some quotations from it. Dr. Crile was led to contribute this article because of his experience in connection with a public lecture given by him before a professional organization in Philadelphia. This lecture was first printed in the New York Journal. It was then, without Dr. Crile's knowledge, taken up by the New York Times and finally published in the Cleveland Leader, each transfer after it left the purely medical journal making it more sensational until its final appearance made it a matter of grave concern to the reputation of Dr. Crile. A portion of his paper follows:

"On this occasion I will limit my remarks to two questions: What is the cause of the present unsatisfactory relation between the profession and the press? Can it be remedied?"

"Some of the fundamental causes are the following: Medical men of standing have traditionally conducted themselves according to the proposition that their professional work is entirely private and privileged. The invasion of this right by newspaper publicity is universally resented. Is the quest of the newspapers for medical news due to some change in the relation between medicine and the public? Prior to the development of scientific medicine there was

scarcely any relation between medicine and the general public. Like the practice of law to-day, the relation was to the individual, but, as the age of empiricism gave way to the age of scientific medicine, medicine, in its growing mastery over diseases, has come almost unexpectedly into the gravest of responsibilities, both private and public. In this rising tide of its efficiency, medicine finds itself wielding a new and mighty power, affecting not alone the ordering of the life of the individual, but much of the conduct of the municipality and the state. It is, for example, making possible a world-wide conquest of the tropics by the white man; its influence upon commerce and industry is large, and it is adding year by year to the expectancy of life. The public has evidenced its appreciation of the work done and its belief in the future by the bestowal of greater authority and larger responsibilities, and by donating annually millions upon millions for the construction and maintenance of hospitals, medical colleges, and research institutions. There is no question as to the general and deep interest of the public in medicine.

"It is obviously absurd to suppose that communication with the press can be avoided. Even if it could be, is it desirable to keep all medical news from the public? The press is, or may be, beyond doubt, the most powerful means of influencing public opinion in the beneficent lines so much desired by all medical men—the teaching of hygiene, public health, sanitation, preventive medicine, and other subjects of general interest and benefit. Why not harness the forces of contention to do the work of useful public enlightenment? From my investigation, I am satisfied that the press would welcome co-operation in professional matters. I believe, indeed, I have been told that the press would be glad of reasonable medical news supervision by a responsible physician or a committee of such—a committee which would pass upon the contents and the form of all press items affecting our profession, and advise the local dailies as to the probable effects of such 'news' on the public and on the profession. Much harm could thereby be prevented and much good could be accomplished. Or would it still be better to have an accredited medical editor attached to each paper?" (See page 267.)

CHANGE IN THE METHOD OF ADMINISTERING STATE INSTITUTIONS.

(From the Illinois Medical Journal.)

The present method of administering the State institutions by local boards, the members of which are appointed for political activity and receive no compensation for their work, is, as we have had occasion to frequently remark, inadequate and inefficient. Two members of one of the largest institutions of Illinois have been absent from the State for several years and have, of course, been out of touch with the management and needs of the institution. These men having nothing at stake cannot be severely criticised for their lack of attention to duty, and, on the other hand, the institution has probably been conducted as efficiently without their presence as it would be if they were to visit it once every ninety days, as was their custom.

One of the bills introduced into the Senate provides that there shall be a central board composed of three members who shall give their en-

tire time to the management of these institutions and be given salaries adequate to the responsibility involved. This plan of managing the State institutions appeals to us as an excellent one, and we hope our readers will lend their indorsement to securing a passage of the bill providing for the appointment of such a board. It will, of course, be fought by local interests who see in the institutions simply means of getting appropriations to be expended in building up their respective communities.

One of the State officers said many years ago, "That the State could well afford to burn down all of the existing institutions, sell the grounds upon which they stood and collect all in one community where the entire sum necessary to care for the unfortunates could be expended in a business-like way."

Several of the younger States are taking this view of locating the charitable institutions, and while it will probably never be possible to carry out such a plan in Illinois, yet the next best thing of having a central board of management should be, and we believe will be, finally adopted. In the meantime full credit should be given to the present State Board of Charities for the successful efforts they have made to better conditions, notwithstanding the abuse that has been heaped upon them by certain cheap politicians from time to time.

PUBLIC POLICY IN THE LEGAL PROFESSION.

(Editorial from the Ohio State Medical Journal.)

Public policy is getting hold of the legal profession for the same reason that it is directing the efforts of the medical profession. The committee on ethics of the American bar, at its Seattle meeting in August reported to that body a code of ethics which is intended to correct certain abuses of the public interest. This code declares that it is the duty of the lawyers to prevent litigation, to make peace instead of legal warfare between individuals inclined to litigation. Grievances of attorneys against judicial authority should be taken to proper tribunals; the practice of discussing privately the merits of cases with trial judges is condemned; the law's delay on technical grounds, the play of politics in the election of court officials and the proper adjustment of fees enter the code. Rendering of decisions on the merits of the case and not on legal technicalities, personalities between counsel and flattering juries, are unprofessional.

It behooves the legal profession to become more ethical in order to eradicate the disrespect of the courts. The new code is based upon this fact. The American bar and American medicine have each awakened to the fact that its movements are primarily in the interests of the American people; that professional ethics, rights and duties among members of the same profession and toward the public, and public policy, must enter alike the processes of the law and medicine.

Quacks and all manner of unprofessional conduct must go in order to maintain the honor and dignity of both professions. Reorganization of the medical profession began about six years ago. It is gratifying to see attorneys take steps with the physicians in this altruistic movement for the elevation of professional standards.

County Medical Societies.

Bergen County.

The following Symposium on Typhoid Fever has been arranged for the meeting of the Bergen County Medical Society, to be held October 12:

I.—Typhoid Fever, Bacteriology and Pathology of, by Dr. D. S. D. Jessup, of New York, Pathologist Women's, Hahnemann and Englewood Hospitals, Assistant Physician Vanderbilt Clinic.

II.—Typhoid Fever, Symptoms, Complications and Sequela of, by Dr. Morris Manges, of New York, Visiting Physician Mt. Sinai Hospital.

III.—Typhoid Fever, The Medical, Hydrotherapeutic, Dietetic and Prophylactic Treatment of, by Dr. Warren Coleman, of New York Visiting Physician Bellevue, Professor of Clinical Medicine at Medical Department, Cornell.

IV.—Typhoid Fever, in Infancy and Childhood, by Dr. Le Grand Kerr, of Brooklyn, Pediatrician M. E. Swedish and Williamsburg Hospitals.

V.—Typhoid Fever, Surgical Aspects of, by Dr. John Douglas, of New York Assistant Surgeon St. Luke's and Bellevue Hospitals.

(Congratulating the Bergen County Society on the new and enlarged life upon which it is entering, we call attention to Dr. J. Finley Bell's communication in our Correspondence columns.—Editor.)

Gloucester County.

H. A. Wilson, M. D., Reporter.

The twelfth annual social session of the Gloucester County Medical Society was held at the Hotel Pitman, Pitman, September 16, 1909.

Drs. Strock, Mecray and Smith, of Camden County; Dr. Miller, of Cumberland, and Dr. Chavanne, of Salem, were present as visiting delegates, and in after-dinner speeches, full of wit and wisdom, contributed much to the pleasure of the occasion.

Dr. L. M. Halsey, of Williamstown, and Dr. C. S. Heritage, of Glassboro, who are seeking rest and recreation in the Maine woods, sent greetings, and the secretary was directed to express to them the regrets of the society at their absence and hopes for their speedy return, improved in health. Messages of sympathy and regret were also sent to Drs. Laws, of Paulsboro, and Oliphant, of Bridgeport, who were prevented by illness from meeting with us. Following the dinner an hour was spent in the amusement room of the hotel and in social intercourse, after which the society adjourned.

Attendance at Medical Meetings.

The following remarks were printed on the program of the thirty-third annual meeting of the Northern Tri-State Medical Association: "The man who does not attend medical meetings should be classed with the quacks. If he is above the average he should give society the benefit of his wisdom. If he is below, he should go and learn. If you have a good idea bring it with you. If you have a fallacy the sooner you get it knocked out of you the better for suffering humanity. The public would do better to inquire, 'Do you attend medical societies?' than 'Where did you graduate?'"

Next Meetings of County Societies.

Counties.	Place and Time.
BURLINGTON	October 13, Florence House, Florence, 1 o'clock P. M.
CAMDEN	October 12, Dispensary Building, Camden, 12 o'clock M.
CUMBERLAND	October 12, Commercial Hotel, Bridgeton, 1 o'clock P. M.
ESSEX	October 5, Public Library Hall, Newark, 8 o'clock P. M.
HUDSON	October 5, Lincoln Hall, Jersey City, 8:30 o'clock P. M.
HUNTERDON	October 26, Grand Jury room, Flemington, 10:30 o'clock A. M.
MERCER	October 12, City Hall, Trenton, 8:15 o'clock P. M.
MIDDLESEX	October 20, Packer House, Perth Amboy, 2 o'clock P. M.
OCEAN	November 3, Lakewood, 4 o'clock P. M.
PASSAIC	October 12, Braun Building, Paterson, 8:30 o'clock P. M.
SALEM	November 3, Schafer House, Salem, 1 o'clock P. M.
SOMERSET	October 14, Ten Eyck Hotel, Somerville, 3 o'clock P. M.
SUSSEX	May 10, 1910, Cochran House, Newton, 11 o'clock A. M.
TRI-COUNTY MEDICAL ASSOCIATION	Morris, Sussex and Warren, October 12, at Newton, Sussex County.
TRI-COUNTY MEDICAL SOCIETY	Cumberland, Gloucester and Salem, October 26, at Bridgeton, Cumberland County.

We will each month insert in the Journal notices of the county society meetings, and it is earnestly requested that the secretary of each society will send direct to the editor, Dr. English, New Brunswick, N. J., such notices by the 20th of the month preceding the meeting. Also that full reports of the meetings be sent to him as soon as possible after the meetings have been held, such reports to be sent either by the secretary or reporter, as shall be agreed upon by them.

The Medical Knocker.

(Editorial in the Arkansas Medical Journal.)

"There is no profession nor vocation in the walks of life but what has its knockers. When it comes to medical organization there are knockers galore. We suppose that each county society can look over the professional field in its vicinity and find medical knockers inside of the society who pose as members for the sake of being members in name only, and not from an honest desire to better conditions as they exist. It chanced to be our experience one day recently to come in contact with one of these strange composite characters, a fellow who cared naught for his brother practitioners, and, seemingly only cared to rock along in the channel, and rake in the shekels, regardless of the medical organization that existed in his county, and regardless of the county society work being done by his brother practitioners.

"When asked something in reference to the county work, he said: 'Doctor, I don't care anything at all about the medical society. I never attend the meetings. I pay my dues and let those that enjoy keeping up a medical society go ahead. They never bother me, nor do I ever bother them.'

"I asked him if he didn't think that he owed something to the medical profession, as well as to his patrons. He said that his patrons were all satisfied with his practice so far as he knew; that he had as good success as any one else did; he didn't know that he could better himself by attending his society. This indeed, was a reflection on the work done by his county society; but it showed a disposition on his part to be willing to go along in the same old rut, taking his patron's money without giving them any adequate return in the way of the best services that he could possibly render.

"Is it the fault of the county society in not making their meetings more interesting to this character of man? Is he so strangely constituted that he could not attend any kind of meeting regardless of the program? Our opinion is that he might be termed a medical knocker. A man whose standing room in a county medical society would be worth more than his presence. This man can see no merit in any effort that is being made to further the interests of organized medicine. He can see no good in anything except the little sphere in which he lives. What should be placed on this man's tombstone? As a suitable epitaph, an epitaph that would do him full justice, we suggest this:

"Here lies a medical knocker
Whose only purpose was to knock;
Always an ethical mocker,
His timely demise caused no shock."

Local Medical Societies.

Orange Mountain Medical Society.

Reported by Dr. D. E. English, Summit.

The Orange Mountain Medical Society met in regular monthly meeting at the William Pierson Medical Library Association rooms in Orange, on Thursday evening, September 23d, Dr. D. E. English being host. Dr. Thomas W. Harvey was essayist and read a most interesting and instructive paper entitled, "Some Summer Saunterings in Professional By-paths," which brought out a long and animated discussion. Besides a large attendance of members, the following were present as guests: Dr. Byron Theodore Davey, instructor in surgery, N. Y. Post-graduate Medical School; Drs. Thomas P. Prout and William J. Lamson, of Summit, and Dr. Joseph A. Stites, of Springfield. Dr. James S. Brown, of Montclair, related a very interesting case of recovery from apparently fatal septic peritonitis, in which he used treatment by enzymes.

A committee was appointed to draft resolutions on the death of Dr. Thomas S. P. Fitch.

Summit Medical Society.

Reported by Dr. D. E. English, Summit.

The annual meeting of the Summit Medical Society was held at the Highland Club, Summit, on Friday evening, September 24th, being entertained by Dr. Eliot Gorton. Dr. Gorton read a valuable paper on "Suggestive Therapeutics," showing how healing by faith and suggestion was the oldest form of treatment for disease in the world, how it has been utilized by the quacks and irregulars, and how it should be used by regular scientific physicians. There was a full discussion, followed by a pleas-

ant social hour. The following guests were present: Drs. James T. Harrington and Dr. Luce, of Summit.

Dr. William J. Lamson was re-elected secretary and treasurer. The society has no other officers, the members in alphabetical order serve as chairman. Dr. T. Y. Sutphen, of Newark, a former member, was elected as honorary member.

What the County Secretary Can Do to Make the State Journal a Forceful Element in Medical Organization.

Read by E. J. Goodwin, M. D., St. Louis, Before the Missouri Society of Medical Secretaries, May, 1909, and Printed in the Missouri State Medical Association Journal.

Upon the secretary, more than upon any other member of the county society, rests the burden of keeping the work of the society up to its highest pitch of usefulness, and the members instinctively expect the secretary to exhibit an active, keen and lively interest in everything they themselves attempt to do. If the secretary fails to do this, the interest in the work of the society immediately drops, just as the engine slows down when the steam is shut off; for the secretary is usually the motive power of the society machinery, and if he fails to perform his functions faithfully, cheerfully and conscientiously, the other members fall into a state of indifference that spells ruin for the society. They do this sometimes in spite of the most energetic and faithful work on the part of the secretary; but in that case he has the satisfaction of knowing that he did his best to prevent such a fate. When a society stops working, the association's influence in that community is practically dead; and it would not take many societies of that kind to cripple the work of the general body very seriously. Fortunately, however, we have a good body of earnest, hard-working secretaries, and therefore we have a number of good societies. But we have not as many of the good sort as we should have, and not all of them are doing all they should do, and are capable of doing, to make their societies more effective and more influential bodies in benefiting the members, as well as effecting a greater and larger benefit for the profession throughout the State and for the general public. Every society in the State, no matter how small it may be numerically, which holds meetings and keeps up a live interest in medical organization, contributes a powerful influence towards the fulfillment of the aims and object of our organization. That this is not mere idle talk, was demonstrated during the meeting of the legislature this year by the passage in that body of medical bills that will raise the practice of medicine to a much higher plane in this State than it has ever occupied before. Previous to the reorganization of the State Association, and the creation of the county medical society, the ordinary legislator paid scant heed to measures which the medical profession introduced; but now the voice of the profession commands the attention and respect which the power and influence of such an intelligent and devoted body of men should properly receive. Every secretary here is entitled to feel that he has contributed largely to this long-desired and much-sought-for consummation; and, feeling so, he should be

strongly encouraged in his work for the future.

The duties of the secretary are so manifold and his attention to these duties so very important in maintaining the interest of the members in society work, that he should take advantage of every means which will tend to make his work effective and lasting; and the Journal, I believe, is his most important ally in accomplishing this end. The great value of the Journal as a means of giving permanence to the labors of the secretary and to the influence of the society, has not been fully appreciated by all county secretaries, for many of them do not give prominence to the work of their societies through the pages of the Journal. I think those societies which have sent reports of their proceedings to the Journal for publication will testify that attention to this simple matter has been very effective in maintaining the interest of the members in society work. Every organized body should have a medium of communication through which the members can keep in close touch with the events that occur from time to time in the different districts of the State, as these events have something in them which in some measure is interesting and useful to the entire membership. For instance, in St. Louis recently, the notorious Larsen, who advertised to cure all digestive diseases by his "teleconi" system, was fined \$500 for practicing medicine without a license. A very important ruling by Judge Williams, the trial judge, defines the practice of medicine as "holding one's self out and representing and professing to be able to heal disease, no matter by what process." Larsen was arrested by the health department of St. Louis about twenty-one times, but used every possible means of evading the law, without success. He was permitted to pay \$150 in fines and leave the State. The judicial decision defining the practice of medicine will be of great service in exterminating the advertising medical fakir from all counties. Now here is an item of very considerable interest to every physician in the State, particularly to every member of our organization; and yet only a comparatively small number would ever hear of such an event through the newspapers, whereas all may learn of it through the Journal. Optometry would be flourishing in our State in a short time had we not had a good organization to fight the measure introduced to legalize this practice and a Journal in which to publish the truth in regard to the dangers of such a fallacious doctrine.

These successes are a source of encouragement to every member, but only through the Journal can we bring such matters to the attention of the members. The doctor who lives in a district remote from the points where such events occur, feels that he is closer to the members throughout the State because he can read of what they are doing; his interest in society work therefore is kept alive, and he is more ready to assist in promoting the effectiveness of his own county society than he would be were he not informed of the work that other societies and other members are doing. Every occurrence, therefore, that can be construed into having an interest for the members in general, should be reported in the Journal; and, of course, it is the duty of the secretary to transmit the information to the editor.

One of the important functions of the Journal is the publication of papers read at the county society meetings; therefore the secretary should

make it a point to select the good papers and send them to the Journal. When a member has devoted much time to the preparation of a paper and reads it before the society, it is a graceful acknowledgment of appreciation by the other members of his society if it is sent to the Journal for publication; for usually whatever has interested the members of your own society will hold the attention of other members in various parts of the State and bring out the fact that your society is doing good work. I believe, therefore, that it would be a good plan for the secretary to see that the Journal has a paper from some member of his society every three or four months. The knowledge that the paper will be published in the Journal will be a healthy stimulus to careful preparation of the paper, and cannot fail to stimulate and sustain greater interest in the general work of the society. The fear that few papers would be good enough to appear in the Journal should not deter you from adopting this plan, for you can easily distinguish between the papers which have some merit and show careful work on the part of the authors and the ones that would not reflect much credit either upon the author or the society; and the authors themselves, as a rule, will be the ones who will object to the publication. And every paper thus prepared and read means increased interest in county society work, not only from one who reads the paper, but also from those whose interest is enlisted as a result of the work of the author of the paper.

Another way in which the Journal can be made to do greater service for the society is for the secretary to send copies to eligible non-members. There is still quite a number of good men outside the county society who, if constantly and periodically urged, would be induced to join. About every three months the secretary should make up a list of non-members in his county and have the Journal sent to them. At the same time the secretary should write a letter informing them that a sample copy of the Journal will be mailed, inviting their attention to the Journal, and emphasizing the reasons why it should be to their interest to join the county society. Coincident with this the secretary of the State Association can mail a letter of invitation to join the county society, and the editor at the same time write a similar letter. In this way the influence of the society is extended and sooner or later you will get most of the desirable physicians, if not all of them, to join the county society. If the copy of the Journal that is sent contains a number of papers read in the different societies, and particularly if it contains a paper by some member of your own society, together with a good report of the last meeting, the effect upon the non-member would be very beneficial in its influence for good.

Finally, whenever you hear of a member who complains that he does not receive his Journal regularly, you should make it your duty to notify the editor. Of course, it is easier to say "write to the Journal about it," but to do so is to miss an opportunity of showing the member that you, as secretary of the society, are watchful of his privileges and benefits of membership; however, if you yourself would take the trouble to write a postal to the editor, simply stating that Doctor So and So complains about non-receipt of the Journal, you would show the member that you consider the Journal an important feature of membership, and you would

gain his friendship and co-operation and compel his interest in society work.

Medical Economics and Ethics.

This Department embraces the Doctor's qualifications and position, his relations to his patients, the profession and the public, his achievements, etc.

Tact.

There is no better market for tact than the home of and the presence of the sick. Human nature when sick and the human nature of friends of the sick is often a strange, unknown quantity, and the physician must meet emergencies arising from this source and he must often meet them instantly, with great resourcefulness. It is tactful to acquire and hold the confidence of the patient's friends in and about the home, for many a patient is completely under the influence of his friends.—Leukocyte.

Sympathy.

Sympathy more than any other quality wins the hearts and confidence of patients. The cold, calculating man, even though he be exact and skilful in his science, has never a warm welcome in the sick-room. To be only "a case," however interesting, and not a suffering fellow-being, is what a patient particularly abhors, and rightly. The physician should be hopeful and encouraging without being untruthful, flippant or insincere. He must have a keen sense of appreciation of exactly what it is that people must need in a physician. They call him when they are in pain, in trouble or in alarm. Besides physical relief, they want a certain moral support, some one to lean on, to allay their fears if they are groundless, as more often than not they are found to be.—L. E. Holt, Jour. A. M. A., xlviii., No. 10.

The Doctor Out of His Territory.

(Paper by Dr. W. W. Anderson, Newport, Ky., from the Kentucky Medical Journal, September 1, 1909.)

In order to render efficient service to his patients, their physician must be within easy call. The right kind of medical practice has its territorial limitations within the bounds of distance for prompt response. The effective physician can not wait the time of convenience or "stand upon the order of his going." The telephone, the traction line and the automobile, with good roads, have extended the limits of our fields without abolishing them.

Thus it comes to pass that every physician has that territory which he justly regards as his proper field of labor, occupied it may be jointly with others, within which he is able to render prompt and regular service for fees that are fixed by the custom in his community. If called beyond this territory, he charges an additional amount. The addition is first, to compensate for the time required and for the risk of loss at home, and second, to discourage distant calls. In this latter respect, the extra fee is like the charge for night calls, not a money-making device, but a corrective for one of the evils of practice.

One of the fruitful sources of distrust and misunderstanding between physicians, an abuse not yet corrected even by good medical organization, is the practice of making calls outside our proper territory without additional charge. When I leave my own territory and invade my neighbor's without extra compensation, I am wronging all parties to the transaction. I wrong myself; for if I am worth calling an extraordinary distance when other doctors are nearer, I am worth an extraordinary fee. If the patient did not value my service above the service obtainable nearer, he would not call me from a distance. I wrong my own community where my patients have a right to promptness in the service I have offered to them and such promptness is jeopardized by my extra-territorial excursions. I wrong the profession in the community I invade, by becoming a long-distance rival and cheapening professional service. I wrong the community I invade for each community should demand and support medical efficiency at home and will certainly do so more readily if obliged to pay extra for long distance service. I wrong the distant patient, for I cannot serve him with the promptness and regularity that is essential to the best work.

It will be better for all concerned to so conduct ourselves as to concentrate our work within natural territorial limits. Even when we charge an additional fee for outside calls, the work rarely pays. The additional fee is not enough to make good the labor, the time and the loss of business at home. When we endeavor to hold or secure distant practice by meeting the rates of the near-by doctor, we belittle ourselves and cheapen the profession, neglect our proper field of work, spoil the distant patient and serve him uncertainly and justly incur the distrust and ill-will of the doctors whose territory we invade.

It is far better to suggest to the distant caller the importance of having a medical adviser within easy reach, aid him if need be in the selection of one and, if it seems advisable, see the case as consultant.

Consultations promote efficiency and goodwill in the profession, while the cheap invasion method leads to inefficiency and discord.

The Physician Aside His Profession.

(From the Texas State Journal of Medicine, August, 1909.)

Dr. Elbert Dunlap, of Dallas, Texas, in an address before the North Texas Medical Association, after speaking of the representatives of the medical profession in literature, art, music and the drama, said:

We adhere too closely to our professional work; not enough relaxation is taken to allow proper association with our fellow citizens, consequently we grow to feel that we should not interest ourselves in the affairs of the community. This is a mistake, and may in a measure account for the prevalence of suicide among the members of the profession, especially in foreign countries, where our profession next to the army furnishes the greatest number of cases of self-destruction. Alcoholic and drug addictions are due to the fact that the body and mind are so greatly fatigued as to demand some form of stimulating help to enable them to properly care more for work, and to free the mind from the terrific responsibilities attending the care of

diseased and suffering humanity. The Harvard Medical College, the finest in the world, was erected because some one in the medical profession possessed standing as a citizen and influence sufficient to interest men of capital. The personality of medical men made it possible to secure three millions of dollars from Mr. Morgan, Mrs. Huntington and Mr. Sears with which to build these five beautiful marble buildings. It was the work of the profession that influenced Mr. Rockefeller, thereby securing one million of his dollars for the endowment of this same institution and several millions for the Rockefeller Institution in New York City. Can you think that these persons would have donated such amounts unless they believed in the profession? These acts show very distinctly that the medical men in that part of the country have created an influence which is much broader than the profession. * * *

There is a great need for activity along this line. Our public charities must be enlarged upon if we hope to establish a secure reputation for scientific work. We can not make great advance without opportunities for clinical work, and clinical work can not be properly carried on unless we have hospitals and endowments. The profession is too poor to provide such; we must look to the public which must be acquainted with such facts. It is proper that our full influence as citizens should be exerted in behalf of such work. Our wealthy and influential citizens should be urged to give financial support to institutions and measures which are fostered by our profession. We must have standing as representative citizens if we hope to secure help for legislative measures which are imperative, if the public is to be properly cared for in health matters.

Doctors and Medicine—Past and Present.

(Extracts from a Paper by Dr. J. Dillon, Eureka, Kans., in the Journal of the Kansas Medical Society, April, 1909.)

To tell all that medicine has done for the race would be to write, if not the largest, at least the brightest, volume of human history. But time and space limit reference here to but few of its achievements.

From what we can see about us to-day we can get but a faint idea of the devastation wrought in times past by epidemic diseases, which history tells us, "have often destroyed the army of conqueror; removed whole races of mankind from the earth; given the death blow to an advancing civilization, and left a strange and enduring impress on the intellectual life of great nations." It is estimated that during the entire hundred years of the 18th century the toll exacted from the world by small-pox alone averaged 600,000 human lives every twelve months. To-day, if the doctors were heeded, this grim destroyer would be virtually banished from the earth. * * *

When a railroad was built across the isthmus of Panama near the middle of the last century, if all the men lost in that work as a sacrifice to pestilential diseases had been laid side by side their bodies would have formed a continuous bridge reaching from ocean to ocean. When, some years later, the French undertook to dig a canal there the same foe defeated a proud nation and sent its builders back over the sea. When America essayed the same task she

sent to those foul jungles of ill omen and death-dealing fame, Dr. Gorgas, who waved the magic wand of modern sanitation over the zone, banishing pestilence and transforming this great charnel house of the world into a comparative paradise. * * *

But why continue to relate what medicine has done and is still doing for the world? It is a story that has no end; and the greater part has never been touched by recording pen.

He who kills his thousands and ten thousands on the fields of battle becomes the hero of history, the idol of the multitude and the theme of the legend, story and song, but he who lives and labors but to save is little heeded and soon forgotten. His work is done in modest humility and often with no hope of other reward than the consciousness of duty done. Often it is in the midst of humblest poverty in response to a poor mother's cry for help to pass the throes of maternity; or the doer bares his bosom to storm and cold and leaves his couch at midnight's darkest hour and, with no light save the lightning's glare to guide him, struggles through miles of mud and snow and rain to soothe an infant's cry and ease a sufferer's pain.

Notwithstanding the gibes of our critics, if all the people now living upon the earth and who would have been gone but for the doctors, were assembled together it would constitute an army greater than ever mustered under the banner of a Caesar, a Napoleon, U. S. Grant or Oyama; and if all whose miseries have been mollified and shortened were called upon to testify it would include the greater half of the people living in civilized lands to-day.

As physicians have always been, so will they ever be, found in the front ranks of education, science and every battle for human liberty, progress, enlightenment and all that tends to the uplift and betterment of mankind.

The Future of Medicine is in the Hands of the Regular Medical Profession.

Just as sure as I can be of anything, so sure I am that the future, the great glorious future of medicine, is in the hands of the regular medical profession. Regular medicine is not what it was a hundred or fifty years ago. We have broken the claims of authority, we no longer follow blindly the dicta of leaders, we investigate and analyze all statements regardless from what source they may come, heterodox opinions are now given space in almost all our journals, and what is of the utmost importance, in the profession itself there are thinking and fearless critics who are not afraid to point out our weaknesses, to ridicule our foibles and to guide us to the right path. And let us remember that all the accessory aids which are required for the progress of medicine, i. e., the microscope, the bacteriologic laboratory, the chemical laboratory, all the physical instruments of precision, are in the hands of the regular profession and not in the hands of quacks. And let us remember that every discovery of any importance within the past half or three-quarters of a century—*anesthesia, antiseptis and asepsis, diphtheria antitoxin, the X-ray, Finsen light, radium, antimeningitis serum, the role of the mosquito in the transmission of malaria and yellow fever (a discovery which alone is worth billions of dollars to the human race), the isolation of the*

active principle of the suprarenal gland, the introduction of cystoscopy, the discovery of the tubercle bacillus, the gonococcus, the *Spirocheta pallida*—in short every discovery of importance either in sanitation, prophylaxis, medical and surgical treatment, or in diagnosis of disease, has come from the hands of the regular medical profession or those directly connected with it. And let us also remember that the requirements for entering upon a medical career are becoming higher and stricter, the preliminary education is of a higher character and the course itself is longer and better in every respect.

Nil desperandum. The future of medicine is in the hands of the regular profession, and we are tolerant enough to take in everybody who is sincerely desirous of practicing scientific medicine, even if he happened to graduate from a sectarian college. But we do not want ignorant and presumptuous quacks.—Critic and Guide.

Resolutions on Division of Fees.

The Board of Councilors, the Court of Medical Ethics of the State Medical Association of Texas, at its last meeting adopted the following explicit resolutions:

Whereas, The Board of Councilors of the State Medical Association of Texas has been called upon for a decision as to the ethical nature of the practice of dividing fees, that is, giving or receiving commissions or rebates without the patient's knowledge, as between the specialist and the general practitioner; and

Whereas, The Board having given the matter careful consideration, and recognizing the importance of the subject and its far-reaching effect, does hereby unanimously

Resolve, That in its opinion said practice, or any modification thereof, is not only unethical, but unjust to all concerned; that it is unethical in that it tends to commercialism, to place money before professional skill, to make the patient a commodity to be disposed of for a price, thereby constituting a breach of sacred trust on the part of the physician in that he deceives and fails to deliver to his patient that which he has sold—his honest opinion as to where the most skilful special treatment can be obtained; that it is unjust in that the practitioner takes unearned money from the specialist, the specialist to secure his just compensation must overcharge the patient who is thereby defrauded; the whole placing the physician and specialist in a compromising position calculated to bring reproach upon the profession. Furthermore, be it

Resolved, That the Board recommends that both practitioner and specialist deal directly with the patient, each charging a fee proportional to services rendered and the ability of the patient to pay, in order that, uninfluenced by money consideration, the practitioner may choose specialists for their honesty and skill, and that specialists to secure business may not be induced to offer other than their integrity and ability.

More Fee-Splitting Axioms.

1. Both physicians and specialists make a fee in harmony with the patient's ability to pay.

2. The patient should know the proposition of a joint fee which is received by the family physician and specialist.

3. The division of every joint fee should be understood by the patient.

4. The surgeon may operate for and receive his fee from the family physician.

5. The family physician should not expect a percentage of the surgeon's fee as a commission for favors bestowed.

The Natural History of the Medical Profession

Rev. Dr. A. A. Berle, Boston, at the annual dinner of the Rhode Island Medical Society, in his speech on the above toast, said: "The mystery of the medical profession is just beginning. Experience with 200,000 people who cross the threshold of my church and contact with humanity makes me believe that the mystery has not begun to be penetrated. The Christian Science movement is one of the gravest of menaces, undermining the soundness of thought of this generation. The next generation will reap the harvest. You members of the medical profession ought to speak out against it. Do not be deterred by the cry that you are speaking for your pockets' sake."

Miscellaneous Items.

Conference for Prevention of Infant Mortality.

A campaign in the interest of babies' rights to health and to all that promotes health in the way of favorable environment, and of favorable physical, mental and moral inheritances, has been inaugurated by the American Academy of Medicine. As an initial step in the movement, a conference is to be held in New Haven, Conn., next November 11 and 12, at which leading physicians, sociologists and educators from all parts of the country will join forces in a study of the problem. The general subject of the conference will be "The Prevention of Infant Mortality," and the four aspects under which it will be considered are the medical, philanthropic, institutional and educational.

These sections, in the order named, will be under the direction of Dr. James M. Mason Knox, Jr., of Johns Hopkins Medical School, Baltimore; Professor Edward T. Devine, of Columbia University, New York, and editor of *The Survey*; Homer Folks, secretary of the New York State Charities Aid Association, and Professor C. E. A. Winslow, of the Massachusetts Institute of Technology. Such topics as congenital debility, environment, communicable disease, unsuitable food, economic loss from infant mortality, sources of milk supply, sanitary inspection of tenements, day nurseries and fresh air societies, training of mothers, will be thoroughly discussed and plans formed for an educational campaign next year. Those interested in this conference include many well-known physicians, social and philanthropic workers.

That thousands of children do not get a fair chance to live is learned from government census reports. The last figures available, those of 1907, for the fifteen largest cities in point of population in this country, show that during the single year ending June 1, 1907, the number of deaths of children under two years of age was nearly 60,000. In this modern slaughter of the innocents the highest place was taken by New York City, with 21,882

deaths under two years out of a total of 79,936 deaths of all ages. Chicago comes next, with 8,381 deaths under two years out of a total mortality of 32,198 of all ages. Philadelphia, with a total mortality of 27,176, had 6,632 deaths under two years of age. Baltimore's total mortality was 11,182, and the number of deaths under two years was 3,974, the large mortality among the colored population showing an effect in the general figures. Boston's total mortality was 11,704, and the mortality under two years was 1,790. Pittsburg's total mortality was 7,378, and that under two years was 2,330. Washington with a total mortality of 6,342, had 1,339 deaths under two years, and here again the mortality among the colored population affected the general figures.—Newark Evening News.

Death, Disease and Dollars.

Of all the motives which should induce mankind to enter into the field against preventable disease, the lowest, no doubt, is that which can be summed up in dollars and cents. Yet even this motive, if it prove effective with any, is not to be despised. There are not lacking impressive figures to bring this side of the question home to one's pocketbook, if not his heart. Some of them are given in the first report of the National Conservation Commission, the excuse for their inclusion in that document being found in the declaration that, "since the greatest of our national assets is the health and vigor of the American people our efficiency must depend on national vitality even more than on the resources of the minerals, lands, forests and waters." If only three-fourths of the loss of life from tuberculosis, typhoid and other prevalent and preventable diseases were saved, there would be, according to this report, an increase of over fifteen years in the average length of life in this country. Furthermore, it is computed that there are constantly about 3,000,000 persons seriously ill in the United States, and that more than half of this illness is preventable. The report continues: "If we count the value of each life lost at only \$1,700, and reckon the average earning lost by illness at \$700 per year for grown men, we find that the economic gain from mitigation of preventable disease in the United States would exceed \$1,500,000,000 a year." The growing support which health campaigns are slowly but surely attracting gives hope that the day may not be far distant when a part of this saving, both in human lives and in dollars and cents, will be effected.—Newark Evening News.

Is it not true that the health of the people is of as much importance as the health of animals? Consider the millions of dollars the national government spends for the health of animals. If a tithe of what, for instance, is expended in efforts to control hog cholera pleuropneumonia and other diseases of animals, was spent for improving the health of the nation, we would not stand where we are and be a byword for the nations of the world in consequence of our ignorance and indifference in this matter. We have precedent enough in the direction of the control of animal diseases to justify making the strongest possible appeal for the government to do something for the control of human diseases.—Dr. William H. Welsh.

Christian Science Called a Fraud.

The Rev. Johnson Myers, Chicago, recently denounced Christian Science as one of the greatest menaces of modern times, stating it was a fabric of lies and fraud built upon a foundation of error. He declared from his own personal knowledge this delusion was responsible for scores of deaths. He himself has charge of at least one funeral a month which is directly chargeable to Christian Science. Some of the other things that Rev. Johnson stated are as follows:

"I remember that the first woman who left this church to become a member of the Christian Science organization died within two weeks. She went bravely, however, glorying in her agony. She declared to the last that there was nothing the matter, that she was quite happy and that she felt no pain.

"Why, there is a 'healer' who lives but a short distance from my own house, a few blocks from this church, who had been claiming to heal others, but finally got down seriously ill herself. Her father was summoned and found her in great agony. 'Now, if you wish to, you may lie there in your pain all night,' he suggested. 'But if you want a physician I will summon one as soon as you say the word.' The word was said, the woman was taken to a hospital and an operation was performed for appendicitis according to the physicians' material plans.

"There isn't a hospital in this city which does not hold Christian Science members who are being treated with medicines and by physicians."

Homoeopathy at the University of Minnesota.

As the result of the small attendance of students in the homoeopathic department—some twenty-six professors and only two or three students, none in the freshman year—the department has been abolished, and simply the chairs of homoeopathic materia medica and therapeutics retained.

American Association of Clinical Research.

A meeting of physicians and surgeons interested in scientific clinical research is called for Wednesday, October 27, 1909, at John Ware Hall, Boston Medical Library, No. 8 Fenway, Boston, Mass., at 10 A. M. The object of the meeting is to establish an American Association of Clinical Research; to establish clinical research on an incontrovertible scientific basis in hospitals, and to institute a journal. All physicians and surgeons are invited to participate. Dr. James Krauss, of 419 Boylston street, Boston, is chairman of the committee.

Home for Blind Babies in New Jersey.

The International Sunshine Branch for the Blind expects to found a home in New Jersey for blind babies. The Arthur Home property in Pine Grove avenue, Summit, N. J., has been presented to the society for the purpose.

Ethmoiditis.—In acute suppuration or phlegmonous ethmoiditis there is usually a history of a cold in the head or intense neuralgia for several days. This is marked by swelling of an erysipelatos type along the nose to its root and above it on the forehead.—Frederick Krauss in the New York Medical Journal.

The Tuberculosis Commission.

Governor Fort has filled the State-tuberculosis Commission, and under its auspices meetings will be held in the principal centres of the State to arouse interest in measures to prevent the spread of tuberculosis.

It should not be necessary to carry on a campaign of education in the present time to secure active aid against the disease. All know, or should know, that it is not a hereditary disease as was at one time believed, but is a communicable germ disease.

If the germs can be suppressed the disease will disappear. The germs are disseminated by the victims, and where they are unable or unwilling to exercise proper care, the power of the law should be used to secure safety for the mass of the people. This involves the isolation of the victims and necessarily a place in which to treat them.

While this disease is no respecter of persons, it is more dangerous under unclean and unsanitary conditions, and this exposes the poor and the careless in a greater degree than the cleanly and careful to its ravages. It should not be necessary to teach any one that sleeping places should be clean and well ventilated, but there are so many of these places which are not clean or well ventilated that an educational campaign along this line seems indispensable. The prompt and effective removal and destruction of the sputum is another point on which education is required. It is this that spreads the disease. Dried and in the form of dust that is invisible to ordinary vision it can be carried in the air and can propagate the disease in the mucous membrane of any person who has a tendency to catch disease of any kind, and the malady is usually well advanced before its presence is recognized.

The trouble with the educational campaign is that it does not, as a rule, reach the people who are most exposed. The class of citizens who will attend lectures on this subject is already well informed. What is required is some means for reaching the people who live under unsanitary conditions and for inducing them to adopt better methods. This will not be an easy task, but it is not impossible, and if the State Commission will labor along lines leading to the crowded tenement sections the whole community will be benefited.—Evening Journal, Jersey City.

Medical Laws Part of Educational System.

And here we come upon a subject upon which there is much appreciation. The medical laws are but a part of the general educational laws of the State. These laws are wide in their application and cover many professions and diverse conditions. There is nothing exceptional in the laws covering medical practice. They are the farthest possible remove from class legislation. They are simply a part of the great educational system of the State. The medical profession has upheld the hands of the State educational authorities whose aim has been to enact a broad and consistent system of just and equitable laws. A state educational system has, therefore, been built up, of which the laws controlling medical practice are an integral part.—F. M. Crandall in Journal A. M. A., August 15, 1908.

STATE MEDICAL EXAMINATION.

The regular examination of the State for licensure in Medicine and Surgery will be held in the Capitol building, Trenton, on Tuesday, Tuesday evening and Wednesday, October 19-20.

The examinations for State licensure in Chiroprody and Midwifery will be held in the Capitol building on October 19th, from 9 A. M. to 6 P. M.

Applicants for examinations should file their applications early in September. The statute requires that all applications must be filed at least ten days before the examination.

All certificates of preliminary education must be approved by the State Department of Public Instruction, Trenton, N. J.

Expert Testimony in Missouri.

The Missouri State Medical Association is seeking to reform the present method of introducing expert medical testimony in the courts. Dr. A. W. McAlester, of Kansas City, secretary of the association, has sent copies of resolutions adopted by the state organization to the Missouri Bar Association with the request that it co-operate in inducing the state legislature to pass new laws governing expert medical testimony. This is an extract from the resolutions:

"It is, and has been for many years, a matter of common knowledge among medical men that the general plan of expert medical evidence in vogue in the courts of this country is crude in character, unscientific in conception, illogical in scope and frequently tends rather to the hindrance than the furtherance of the end of justice."—K. C. Star.

Typhoid Epidemic Probably Due to Flies.

Over forty cases of typhoid fever have occurred in Washburn's brickward in the town of Ulster, N. Y. The water has been pronounced pure by the State Bacteriologist at Albany after bacteriological analysis. The State board is of the opinion that the epidemic can be traced to flies or mosquitoes. The well from which the water was taken is eighty feet deep in solid rock. The State department has also recommended that the patients be isolated from flies or mosquitoes while sick or convalescent, and this will be done with the forty-six patients remaining in the town. Nets have been provided in the houses in the vicinity to keep out flies and mosquitoes which might transmit the disease germs to other people.

Expert Testimony Bill.

At a meeting of the Maryland Psychiatric Society, held June 30, the "Expert Testimony" bill prepared by the Baltimore Bar Association for presentation to the next Legislature was discussed by members of the association and physicians. The bill provides that the judge shall appoint experts and fix their fees, and they will, therefore, possess official standing and not be so likely to be partisans. The expert, after investigation, is to submit to each counsel a written report before testifying. A committee of three physicians was appointed to confer with a like committee from the bar association on the parts of the bill at which physicians and lawyers are at variance.

THE JOURNAL

OF THE

Medical Society of New Jersey

OCTOBER, 1909

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

Any one failing to get the paper promptly will confer a favor upon the Publication Committee by notifying them of the fact.

All communications relating to the JOURNAL should be addressed to the Committee on Publication, 252 Main Street, Orange, N. J.

OUR COUNTY SOCIETIES.

Many of the county societies will hold meetings during this month, and we suggest to the members the wisdom of carefully considering what have been their relation to their respective county societies in the past, both as to attendance and effort to increase their power for good, in the advancement of our profession and its influence on the public. That there is need of new life in these societies there is no doubt and our leaders are wise in emphasizing the necessity for more thorough organization and more unity and brotherly feeling among our members. We will not now dwell upon this subject, preferring to call our readers' attention to some articles relating thereto from the medical press which we insert in other columns of our Journal this month. We congratulate the many who are returning from their summer sojournings with increased bodily and mental vigor and suggest that they take up society work this fall with energy and fidelity.

Our members will bear in mind that the county societies were requested by the State Society to take action at their fall meetings, expressing the judgment of their members on the proposed change in the time of holding the annual meeting of the State Society, from June to September or

October. We refer to page 204 of the September Journal. The Middlesex County Society we believe is the only one that has taken action and the vote was unanimously against the change. One question raised in the discussion was whether any change should be made until the State Society had taken some action changing the ending of the society year—June 1st—whether it would mean two or three months' lapse of membership in the State Society and materially disarrange the society's work. Objections were that many members took their vacations in September, or did not return until in October, and that hotel accommodations were not so good unless at Atlantic City. We hoped our members would freely discuss it in the columns of the Journal, but Dr. Marcy's communication in the August Journal is the only one we have received. The question should receive most careful and prompt consideration and the best interests of the State Society and the securing of the largest attendance should be the chief ends sought in deciding the date of meeting.

NON-MEDICAL EXPERTS.

The following extract is taken from an editorial in *The Engineering Record*, August 7th, on "Engineering Services in Court Cases:"

There is a feeling of distrust in some quarters against expert engineering witnesses, on the ground that the engineer should testify to the whole truth and nothing but the truth, no matter who engages him, whereas the tendency of court practice is considered to make him suppress part of the truth for the benefit of his client.

It seems from the above extract that the evils connected with expert testimony are not confined to the testimony of medical men involving the sanity of defendants in homicide cases. The civil engineers and all other scientific men should unite with the medical men in earnest effort to correct these evils which are causing the perversion of truth and justice; which tend to make the ignorant and unreflecting skeptical as to all scientific testimony and subject able and honorable scientists to ridicule and distrust.

NEW JERSEY'S LEGISLATORS AND
LEGISLATION.

In looking forward to the choice of legislators, and the legislation in which medical men are specially interested and concerning which they have a right and ought to speak with authority because of their position and knowledge, we feel that a responsibility rests upon us in properly presenting the attitude of the profession on these matters which so vitally affect the State and her citizens. Governor Fort, in his address to the physicians at the Doctors' Day gathering at Sea Girt, referred to them as politicians and made some complimentary remarks concerning their popularity as candidates for public office, and their efficiency in official positions. It is not necessary to discuss what is generally conceded, we give in another column only one of many editorials from the daily press bearing on that subject, taken from one of our most intelligently edited and influential newspapers, the *New York Tribune*, on "A Well Managed City," in which credit is given to Dr. McBride, the Mayor of Paterson.

We shall not take exception to being called politicians if that word is rightly understood and properly applied. The word politics means the science of government, and surely physicians as educated men—scientific men—ought to be deeply interested and active in the endeavor to have the affairs of State administered wisely, scientifically and honestly, certainly when those affairs relate to matters concerning which they are the most competent to advise and direct, because of special training, observation and experience. We do not wish to be understood as advocating the nomination and election of medical men to the Legislature because they bear the title of M. D., for we are compelled to admit, and we beg newspaper managers and editors to correctly represent the profession as admitting, that there are a few men in our profession—as in every other profession and among all classes of men—whose questionable methods and acts in seeking office and in official positions, or in attempting to

shape or control legislation, the profession does not endorse and for which it should not be held responsible. Professional men who are seeking office for selfish ends and resort to dishonorable methods to attain these ends—politicians of the baser sort—are unworthy of official position or professional recognition.

We wish to have impressed deeply on the minds of the Governor, our legislators and newspaper editors, whatever their previous opinions of the members of the medical profession in New Jersey as politicians, may have been, that we are, as the one hundred and forty-three years' records of the Medical Society of New Jersey abundantly prove, loyal to our State and deeply solicitous for her material and moral advancement, and especially do we desire that the lives and health of her citizens shall be so wisely protected that New Jersey's record shall stand pre-eminent among the States in the enactment of wise laws with adequate appropriations, and in their intelligent and honest administration.

We believe that there should be at least two or three able physicians in the Senate and from six to ten in the Assembly; men who have the good of the State as their highest aim and who would seek to have enacted only such laws as will secure and protect the highest interests of our citizens. As to laws we need to exercise great care. There are far too many now on our statute books that ought never to have been passed and should be repealed; and, worse than all, many of our laws are so conflicting that unnecessary burdens rest upon our citizens and long and costly delay is occasioned in the administration of justice—if justice is not often utterly perverted. We need revision of our existing laws far more than new laws, and the temptation of some medical men to seek unnecessary legislation should be resisted. We also express our conviction that no laws should be passed without far more critical examination than is usually given, especially when amended in the closing hours of the legislative ses-

sion, which often causes conflicting provisions or ambiguous phraseology. We refer to, without discussing, the tuberculosis law passed at the last session, which on critical examination will be found to be one of the most crude, impracticable and, in some of its provisions, objectionable laws on our statute books. If laws of such importance cannot be submitted before final passage to the Attorney-General for examination, there ought to be a committee of honest law experts to do that work, in order that the detection of errors shall not be left to the Governor to make after the Legislature has adjourned. A law greatly needed—the Midwifery bill—passed this year, was vetoed on account of technical flaws.

There are two bills—the most important of all suggested by the medical profession—which should be very carefully drawn and passed. The Medical Practice bill and a bill for the selection of medical experts and the regulation of their testimony in cases involving the question of the sanity of testators or prisoners. The latter bill we specially referred to in the September Journal. The law defining the practice of medicine and so regulating the practice that the citizens of our State—especially those who from lack of intelligence are incapable of discriminating—shall be protected from becoming victims of the imperfectly educated prescriber, the ignorant and designing charlatan and the nostrum venders, and that the lives and health of our citizens shall be properly safeguarded. Our State Society has a record on this subject unsurpassed by that of any other State, in endeavoring to secure and maintain a high standard of medical education. We cannot now rehearse its many successful efforts which began in 1767, when the special attention of its members was directed to the great importance to the profession and the public of admitting none but young men who had received a good education, into their offices as students of medicine.

Of late years the great difficulty in securing proper legislation has been a lack of

agreement among our members upon the provisions of such a law, and the unwarrantable, as it is false, belief that the profession was seeking such legislation for its own advantage and profit. The wise action of our State Society at the recent annual meeting, in its attempt to secure unity of action, should remove the first obstacle. We hope to convince those who are ever prone to impute improper and selfish motives, of their error, by appealing to their better judgment and bring them to see by the conservative and wise bill that will be offered, that our sole motive is the public good in the establishment and maintenance of a high standard of medical education. Any man of ordinary intelligence should need little argument to convince him of that fact. We must rely upon the intelligent class and especially the intelligent and honorable editors of the press of our State, to give the less intelligent correct information on all these matters which are of such vital importance in the conservation of human life and health. Let the sensational and venal press have the monopoly with its fearful responsibility of perverting truth and influencing the ignorant and malicious against the benefactors of humanity.

There is one other phase of this question to which we call special attention and which calls for the selection and election of intelligent and honest legislators, and would indicate the wisdom of the election of some medical men. It is not enough that wise and proper laws to meet the requirements for proper health conditions should be enacted; but it is essential that adequate appropriations should be made in order that they may be successfully administered.

Here is one of the most defective pages in New Jersey's record concerning its health laws, which has caused her to fall behind some of her sister States, notably New York, Pennsylvania, Massachusetts and Michigan, when from her position and the general intelligence of her citizens she should, as in former years, stand at the forefront. We mention, for example, the

insufficient appropriation made annually for the work of the State Board of Health, and especially for the work of the Bacteriological Laboratory. One medical inspector for the entire State, on whom in no small degree rests the lives and health of our citizens in times of threatening or prevailing epidemics, when there should be not less than five inspectors. Think of the miserable pittance allowed for the work of the laboratory—so exceedingly important—which provides for less than one-fifth of the force the work demands, compelling overwork of the few, sometimes day and night, and confining them to quarters which for highest efficiency should be multiplied eight or ten times in space provided. (See Dr. D. E. English's report in the Official Transactions, pages 160 and 195, for a statement of present conditions and needs.) Should this department of our State government be so crippled while others of comparatively far less importance are well provided for?

We suggest a few concluding facts for consideration. There were about 36,000 deaths in New Jersey during the year ending July 1, 1909. Over 5,000 were caused by typhoid fever, measles, scarlet fever, diphtheria and tuberculosis; about three-quarters of them, we estimate, were preventable, which represent a loss of capital to the State, according to generally accepted bases of calculation, of about \$10,000,000, to say nothing of the cost by loss of time from their occupations of those who recovered, or of the thousands who died from pneumonia and infantile diarrhoea, a large proportion of which cases also were preventable. The amount appropriated from year to year by our State for the promotion and protection of the public health is very trifling compared with the millions which are devoted to this service in Pennsylvania. We ask whether the economy our State is practising in its appropriations for this work should be characterized as unwise or as criminal carelessness in failing to safeguard human lives? Let us have less partisan politics and more concern for the public good.

FREDERICK A. COOK, M. D.

When we consider the reputation and previous experience in exploring expeditions of Dr. Frederick A. Cook, his calm and deliberate statements and his dignified manner in the unfortunate controversy over the matter, we cannot doubt the honesty of his belief that he reached the North Pole; and if the competent tribunals before which he proposes to submit his proof shall endorse his claim as its discoverer, as we hope and believe they will, a new chapter will have been added to the record of wonderful achievements by members of the medical profession, and this last one after centuries of vain search, the outlay of immense sums of money and the sacrifice of many hundred lives.

As American citizens and medical men, we will then be justly proud of the fact that this great discovery was not only made by an American citizen, but by an AMERICAN PHYSICIAN; so that again an American and an American physician will take his place in the front rank of the world's greatest scientific discoverers. We give the following extract from the New York State *Medical Journal* editorial, September, 1909:

Dr. Frederick A. Cook, of 670 Bushwick avenue, Brooklyn, graduated in medicine from New York University in 1890. In 1895 he joined the Medical Society of the County of Kings. In 1896 he resigned on account of removal from the State. He was reinstated in 1901, and in 1906 was made an honorary member. * * *

That medical men are playing an important part in various roles in the world to-day is well known, and in all expeditions of exploration the surgeon has always been a prominent and useful member of the party. Many know of the excellent missionary work that has been done by Dr. Grenfell in Labrador among the Eskimos and the people with whom Dr. Cook, Peary and others have had to deal, and his friendly influence has no doubt been of value to these explorers who needed the help and assistance of the native inhabitants.

To go from the Pole to the Tropics is a long way, but the medical profession can also recall with pride that but for the work of Gorgas and other medical men the Panama Canal might still be a dream rather than almost an accomplished fact.

Also the following extracts from an editorial in the *Journal of the American Medical Association*, September 11, 1909:

The present expedition was without the elaborate preparations customary for those who

have sought the pole. In the final dash, which, contrary to the usual plan of explorers, was made in the winter, Dr. Cook reduced his equipment to the minimum to facilitate speed, and took with him only two Eskimos. Furthermore, he slipped away from this country without heralding his goal. So, as his return startled the world, he meets a demand for proof of his success, a demand which he, of course, expected and a demand which is natural under the circumstances. It does not seem to us to be within our province to decide without reservation that he reached the pole. If a cure for cancer were announced we would feel that the layman who accepted it on newspaper report was a little premature. The examination of Cook's records and data and the placing of the seal of approval on his achievements belong to the scientists who are competent to judge in such matters. We wish Dr. Cook a prompt and enthusiastic acceptance by the authorities whose word has weight.

The medical profession is proud of Dr. Cook, thrilled by his invincible spirit for the conquest of a baffling goal and deeply appreciative of the honor which he has conferred on our calling. This spirit of attacking a difficult problem which has baffled many men is the spirit the medical profession loves to uphold as its ideal. With a far different method but often with the same feeling, the scientist searches for the cause of disease and for its cure. We congratulate Dr. Cook and wish him a speedy return to his native shores and to his wife and children who have so bravely and patiently borne his long absence.

England's great statesman and Christian gentleman — Gladstone — is said to have made the remark: "Physicians will yet rule the world." We are not accustomed to indulge in prophetic utterances, nor do we deem it wise to overstimulate our members' ambition in that direction. We are content to express the desire and hope that their highest ambition shall be to prove themselves worthy of the designation of "the World's Greatest Benefactors," as they continue to act as suffering humanity's most devoted servants.

It was the editor's great pleasure to attend the opening of the new Eye and Ear Infirmary at Paterson last month. It is a model building, equipped with all the modern instruments and appliances, and reflects great credit upon the members of the profession and the citizens of Paterson. The clergyman and the architect who spoke eloquently, in setting forth the need and the blessing of such an institution, we are pleased to observe, emphasized the fact that it was for the indigent class of Pat-

erson's citizens, and they gave special credit to Dr. Walter B. Johnson, the executive surgeon—a Fellow of our society—for his energy and persistency in securing this new building. Its erection is a fitting completion of twenty-five years of good work. We give, in other columns, a description, with cuts, of this building, its staff and work.

We congratulate our medical brethren of the adjoining State—Pennsylvania—on the grand success of the fifty-ninth annual meeting of their State Society, in Philadelphia, which is concluding its sessions as our Journal goes to press. With a splendid program, able men to discuss a large number of scientific subjects, a well-planned scientific exhibition, many clinics and bountiful and varied entertainments, it could not fail to prove one of the largest and best annual meetings the society has held. We feel assured that it will result in larger, fuller life to the society and will prove an inspiration and uplift to the profession throughout the State and to those beyond its borders who were privileged to attend.

We call special attention to Dr. Halsey's communication on page 259 referring to the Medical Practice Bill.

Medical men have been sadly derelict in bringing to bear the influence on public affairs which should have been exerted by a learned and influential profession. We have tamely relinquished almost all political power and influence until, as a profession, we have almost ceased to be a factor in shaping legislation. We are largely to blame for this ourselves, as we have maintained an attitude of cold hostility toward any member of our profession who ventured to seek political preferment no matter how able and well qualified he might be. In the meantime we have begged favors when we should have been in position to have dispensed them. We should not submit to being relegated to a subordinate position. We should take a lesson from the legal profession on this subject.—Dr. Geo. T. McWhorter.

We acknowledge with thanks the receipt of three papers, one on "When to Operate in Acute Abdominal Affections," by Dr. A. J. Walscheid, of the town of Union; one by Dr. K. H. Goldstone, of Jersey City, entitled, "A Plea for More Internists," and the other by Drs. F. W. Pinneo and H. S. Martland, of Newark, on "Teratology," with a case report. We shall endeavor to give them early insertion in the Journal.

Correspondence.

Medical Expert Testimony.

Newark, N. J., Sept. 10, 1909.

Dear Mr. Editor:

I am anxious to send you a line concerning the editorial on "Expert Medical Testimony," which appeared in the September number of our Journal.

Any change from the present method of securing expert medical opinion will be better than what we have now.

It seems to me, however, that the six propositions in your article entirely cover the ground, and should receive the careful consideration of those legal men who are anxious for a reform in this matter.

Since my address to the State Society on this subject I have in a quiet way talked to many of our leading lawyers.

It seems to me that if a commission is appointed, as you suggest, it should be composed of men who are in favor of a change and such a commission should come from our State Society and State Bar Association.

It seems to me that at the present time no political office-holder should have anything to do with the appointment of such a commission.

Will you please permit me to suggest that copies of the September Journal be sent to the Legislative Committee of the Bar Association, which at the present consist of such excellent men as:

Messrs. George A. Bourgeois, Chairman, Atlantic City; Charles W. Fuller, Jersey City; Cornelius Doremus, Ridgewood; J. Kearney Rice, New Brunswick, and Adrian Riker, Newark.

I fear that we will be slow in getting a result, but I am sure that we have the great body of the intelligent public behind us.

Yours truly

Edward J. Ill.

To Dr. D. C. English, New Brunswick, N. J.

Medical Practice Bill.

Dr. David C. English.

Dear Doctor: Trying to get some rest and a much-needed vacation, I am up in the woods of Maine, far away from the busy centres. This is a delightful place, an island in Moosehead Lake, ten miles from Greenville and fourteen miles from Mt. Kineo. A camp on Sugar Island, small houses built of logs, with broad porches, open fireplaces, and a most beautiful

view of the lake. Good beds and the table is excellent. Boats at one's command, and a fine motorboat to take you to the many pleasant places on the lake. Fine walks through the woods and one occasionally catches a glimpse of a deer running through the woods. In the early morning they come almost down to the camp. Mr. Greenleaf, the proprietor, is a very pleasant man, doing all in his power to make it pleasant and agreeable for his guests. Every few days he takes us in his motorboat up the lake and we go in the woods, wander around through the woods, and have a fine dinner cooked by the guide out in the open air. You see, we get very close to nature and it is an ideal plan to get the rest that most physicians need. Dr. Heritage, of Glassboro, is with me.

Now a word as to legislation. The proposed Medical Practice bill has been sent to all the county societies and the councillors, and I trust that it will be thoroughly explained to the county societies. I trust the prospective members of the Legislature will be interviewed, and before the election takes place our committee will be in possession of information as to the standing of all the incoming members of the Legislature. I would like to suggest that some strong, active aid be given to Dr. Ramsay in his fight for the Assembly. He was a tower of strength and of such valuable assistance to your Legislative Committee that we would be well satisfied if he should be elected. It should not be possible to enact legislation which medical men of the State are convinced would be detrimental to the welfare of the general public. We want more doctors in the Legislature, the public must be educated as to our position, there must be more publicity and we must take the public into our confidence. Let us all determine that we will work to accomplish this end, and then we will have upon the statute books of New Jersey a law in which we will all have a just pride—a law which will be superior to any State in the Union. We must make the effort of our lives this winter, and, as Dr. Henry H. Davis has said, let it be the first bill introduced. Then, with the whole medical profession at the back of your committee, all working for the same end, we may be optimistic, but we cannot see failure. We hope to introduce the bill again this coming session, legislating out of office the present Bovine Tuberculosis Commission and putting the whole matter into the hands of the Board of Health. Isn't it a deplorable condition that a board has existed the length of time of the present Bovine Commission and does not know its powers or duties; has been expending fifteen to twenty thousand dollars a year, while bovine tuberculosis has increased? There must be a more rigid system of examination and quarantine, and the examination must be made by men paid by the State whose sole aim is to make a thoroughly reliable test and no favors shown any one. Let us all enter into the campaign with spirit and a determination to win. Use your county and city papers in a full and truthful explanation of our position, and I think we will be successful.

Very sincerely yours,

L. M. Halsey.

Moosehead Lake, Me., Sept. 20, 1909.

(This subject should be discussed at the County Societies meetings this fall.—Editor).

Bergen County Society Reorganized.

My Dear Dr. English:

As you have probably heard, we have reorganized our County Society and have placed it on a somewhat different basis in regard to the reading of papers and scientific work. We have made some changes in our constitution and by-laws, which I hope will not be incompatible with those of the mother society. In rewriting we have had a copy of the State laws beside us in order to avoid any such complication. Our meetings are held monthly, except in June, July and August. The September meeting is devoted to the clearing up of business, and thereafter the business part of the meetings will be very brief, or in case some new business might come up, in order that it may not interfere with the scientific work, we expect to call a special meeting in order to dispose of it. The next meeting will be held on the second Tuesday in October. It will consist of a symposium on typhoid fever and the contributors have practically signified their willingness to have their papers published in the State Journal. The scientific committee of our society, of which I am chairman, are very desirous of having these papers appear in one issue of the State Journal. One of my reasons for writing this letter is to give you ample time for the consideration of so doing. Another reason is to extend to you a cordial invitation to be present. Doubtless, the secretary will send you an invitation with program.

Our society started about seven years ago to establish a position for itself in the affairs of this county, as regards sanitation and hygiene. During this time we have succeeded in having the county build a new jail and county house. We have driven the Hackensack Water Company to putting in a filtration plant, and we now have a committee to see that the filter is kept in repair. We have prosecuted one itinerant practitioner of medicine, who after being held for the grand jury was permitted to go by the judge. The action of this judge was most extraordinary and discourteous, if not illegal. The society is now drafting a letter of protest to the judge, and in addition we are insisting that the prosecutor present the evidence on which he was arrested to the grand jury. We will undoubtedly get an indictment, when we will call on this judge to produce the prisoner.

The days of monkey business in Bergen County with the medical profession are at an end. One of our meetings this winter will be devoted to medico-legal subjects, expert medical testimony, at which meeting the Bar Association will be invited to join us. **We shall endeavor not only to do better work, but also to send you notices and full reports of our meetings.**

Very sincerely,

J. Finley Bell.

Englewood, N. J., Sept. 22, 1909.

Anti-Vivisection Congress.

At the International Anti-Vivisection and Animal Protection Congress, held in London last month, Mrs. Belais of New York made one of her characteristic speeches, in which she said that the salvation of both animals and man depended on disproving the germ theory of disease.

Medico-Legal.**The Legal Status of Osteopathic Practitioners.**

A decision was handed down recently by Supreme Court Justice Crane, of Brooklyn, denying to the Society of Osteopaths the injunction for which they applied to prevent the Board of Health from enforcing the new section of the Sanitary Code which prevents the issuing of transit permits for the removal or burial of dead bodies except on the certificate of a physician holding the degree of doctor of medicine. The new section was promulgated after the courts had decided against the Board of Health on the question of receiving death certificates from osteopaths. The judge in his decision said that whereas under the old code which provided that any attending physician might sign death certificates, osteopaths, being considered as physicians under the law, might do so. However, as the new sanitary code specified that the certificates must be signed by a physician holding the degree of doctor of medicine, osteopaths did not come within the law. He further decided that the Board of Health was acting within its rights in restricting the issuing of burial permits only on the certificates of holders of the degree of doctor of medicine, and that the new section of the sanitary code must be considered to be legal. According to this osteopaths may sign death certificates, but no body may be removed or buried unless a physician also certifies to the death or the coroner is consulted.

Validity of Claims of Physicians for Making an Autopsy.

The Supreme Court of Arkansas says, in *Clay County vs. Thornton* and another, that the latter parties, two physicians, filed claims of \$25 each for professional services rendered in making an autopsy at the direction of a justice of the peace, acting in the absence of the regular coroner, who resided more than twenty miles from the place where the death of the subject occurred. On behalf of the county it was said, in opposition to the claims, that the jurors were not sworn in the immediate presence of the dead body, as is contemplated by the Arkansas statute, and that they did not together view the dead body before holding the inquest, as provided by the law, and because of the failure of the acting coroner to comply with the literal terms of the statute in this respect it was contended that the allowance to the physicians for making the autopsy was not valid. But the court does not agree with that. As it views it, this was a matter of procedure that addressed itself to the acting coroner and did not render an act done by the physician in good faith under the direction of the acting coroner unlawful.

It was also contended that the acting coroner exceeded his powers in employing and directing more than one physician to make the autopsy, and that, on that account, the county was not liable. The presiding judge, however, found from the evidence that the services of the two physicians were necessary to ascertain whether the circumstances of the death of the young woman indicated that she had been foully dealt with, and that the fees charged were reasonable. This being so, and the findings and judgment

of the lower court, allowing the claims, being sustained by evidence legally sufficient, the Supreme Court affirms that judgment in the physicians' favor.

What Physicians May and May Not Testify To Involving Range of Bullets.

The Criminal Court of Appeals of Oklahoma says, in *Price vs. United States*, that it was entirely proper for a physician to describe fully the location, character and range of a bullet wound. But it was error, the court holds, to allow physicians to testify to their opinions as experts as to the position of the arm of the person shot at the time he received the fatal wound based on the range of the bullet after it entered his body. Medical science does not undertake to decide what range a bullet, fired from a gun or pistol, will take after coming in contact with, or entering, the human body. The reports of army surgeons and of army hospitals prove that there is no rule on this subject. They present the most astonishing, contradictory, and apparently impossible results. Therefore it has been uniformly held by the courts that this is not a proper subject for expert evidence. From this it necessarily follows that a physician should not be permitted to testify as an expert to the position of the body of a person when a wound was received, based on the range of the bullet after it entered his body.—A. M. A. Journal.

Competency of Physicians to Testify as Experts.

The Court of Appeals of Maryland says, in *United Railways and Electric Co. vs. Corbin*, that while great latitude has been allowed in the examination of medical experts, they should not be permitted to express their opinions because they are physicians, but experts must be confined to subjects about which they are, or are presumed to be acquainted. If a physician does not know more about the effect of a given cause than jurors or other people do, his opinion can be of no service in enabling the jury to reach a proper conclusion. A physician may be a very intelligent man, and may be very well versed in his profession, but that does not make him competent to speak as an expert of things he is not specially acquainted with.

A physician who had been practising since 1895, being a graduate of a medical college and for six years connected with a hospital, was competent to express his opinion as to the mental condition of a woman whom he attended for four or five days after she received certain injuries, and saw her a couple of times later when her condition was such that he called another physician in consultation and advised her to go to the country so as to avoid excitement, but did not see her again until a few days before the trial of the action she brought to recover damages for her injuries.

It cannot be doubted that there may be cases in which the opinions of physicians on such subjects may have undue weight. The opinion of a family physician of a juror will naturally have more influence on him than that of some other physician whom he does not know, or does not have the same confidence in, and hence trial courts ought to be careful to see that a physician so called on to testify has either had the opportunity to form a correct opinion from his

own knowledge of the person whose mental condition is being inquired into, or that it is based on all the facts in the case reflecting on the subject, which facts the courts should be satisfied are sufficient to enable him to form an intelligent opinion from. The weight of the testimony is for the jury, but its admissibility is for the court to determine.

But the law of Maryland does not require the physician to be an alienist—in the sense that he is a specialist in that line. If such were the law, it would often deprive the jury of such aid as an honest and intelligent physician could give them in reaching a proper conclusion. It would greatly add to the expense of such trials, and would often deprive those of limited means of mental testimony, if no one but a specialist should be permitted to testify.

Again, where a physician had testified that he had had two electric shocks himself, and had had three patients suffering from electric shocks, though the latter were shocks from lightning, and not from electric wires, the court thinks that such experience as he had had, taken in connection with his medical knowledge, was sufficient to justify the court in permitting him to answer the question whether the condition of the plaintiff "was such that might naturally and probably have been produced by an electric shock."—A. M. A. Journal.

Admissible Opinion Evidence.

The Supreme Court of Georgia says that in *Seaboard Air Line Railway vs. Maddox*, a suit brought by the latter party for a personal injury, a physician examined the injured party on several occasions. On the trial he gave testimony by answers to interrogatories as to the results of his examination, and his opinion in regard to the condition of the plaintiff and of the extent and probable permanent character of the injury. It is held that there was no error in refusing to rule out his entire evidence because on cross-examination he stated that his opinion was based both on a personal examination and a report made to him by another physician accompanied by a sciagraph, the witness also stating that the condition of the spine of the person examined was evidently the result of an injury, and that his opinion was based on personal examination independent of the sciagraph, and was simply confirmed by it and the report of the other physician.

Court Enjoins Physician.

A decision which had no precedent in the State of Massachusetts was handed down by Judge Morton in the Supreme Court of that State recently, when he issued a permanent injunction restraining one physician from practising in Brookline during the life time of another physician, unless he conformed to an agreement entered into by the two physicians in 1906. The agreement which was signed when the enjoined physician began his duties as assistant to the other, provided for the mutual benefits to be received under the contract, and also provided that in the event of the breaking of the agreement the assistant should not practise in the town during his employer's lifetime. A few months ago the agreement was broken, and the assistant started in to practise for himself. Hence the enjoinder.

Hospitals, Infirmaries, Sanatoria, Etc.

The Paterson Eye and Ear Infirmary.—Opening of New Building.

This infirmary, which was incorporated twenty-six years ago, decided on its twenty-fifth anniversary that a new building of suitable character, capacity and equipment should be erected to commemorate the twenty-five years of its existence.

At a meeting of the Board of Governors, held at that time, it was decided that an appeal should be made to the general public to assist them in raising a building fund sufficient in amount for the projected undertaking.

Houman, the architect, who donated his services to the work; a prayer by the Rev. Charles D. Shaw, and the benediction by Dean William McNulty. After the services, which were very brief, a reception was held until 9 o'clock P. M., during which time several hundred visitors inspected the building and were entertained by the Ladies' Committee.

Dr. Johnson reported the total subscriptions to date \$25,616, and total disbursements of \$27,977.32, leaving a deficit of \$2,361.32, and that



The appeal was made through the mail and the generous citizens of Paterson responded so liberally that the Board of Governors have been able to erect and equip a building complete in every detail of substantial construction, suitably arranged for the work, sanitary and easy of administration, which on the 23d of September was formally opened.

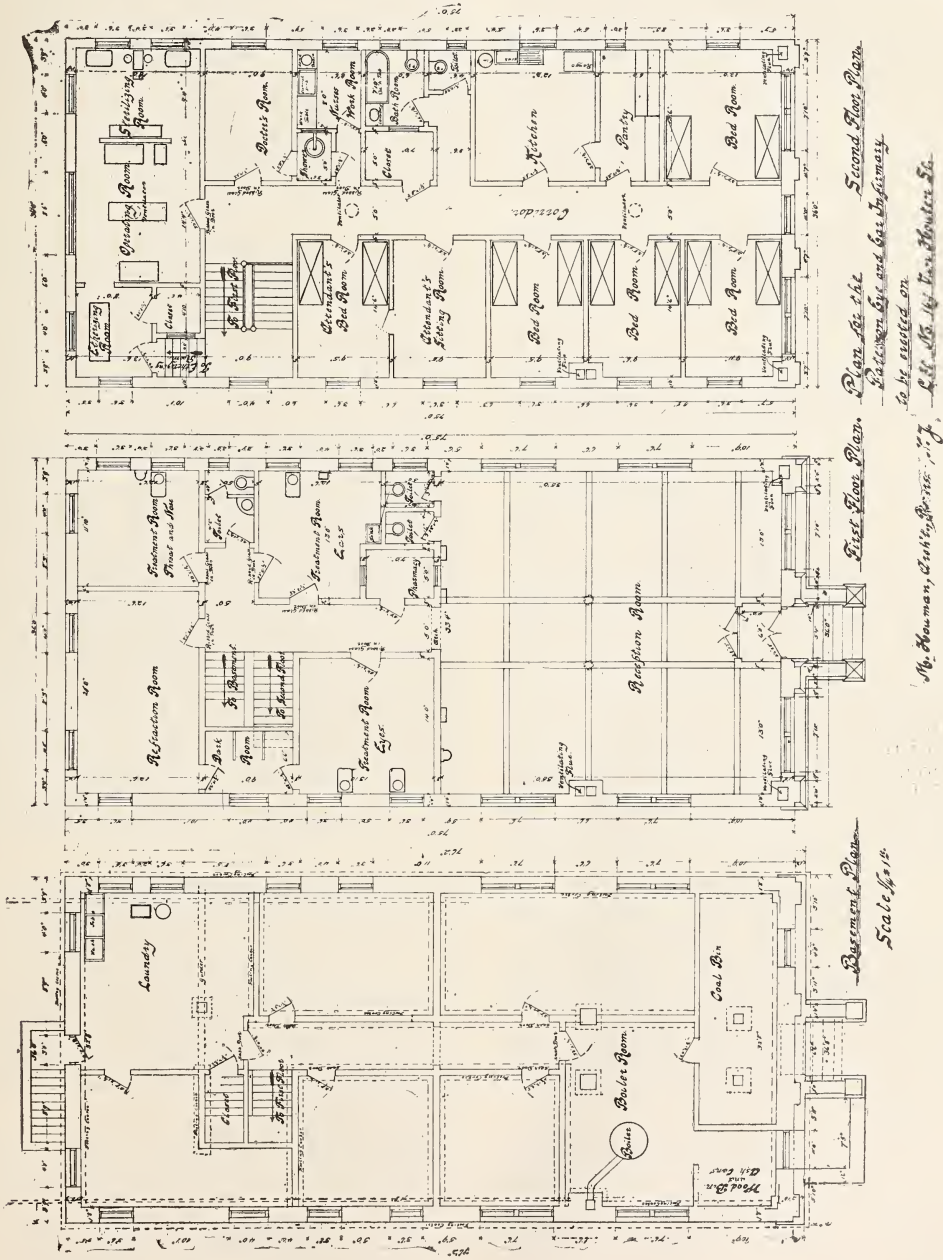
At the formal opening, which was given by the Board of Governors and the Medical Department, there were present those who by financial aid, had made possible the erection and completion of the building and the medical men of the city of Paterson and vicinity. At four o'clock a brief religious service was held. The opening remarks were made by the Rev. B. Canfield Jones, the financial statement by Dr. W. B. Johnson, a brief talk by Mr. Marinus

this deficit had been subscribed by Mrs. Robert Barbour, who had previously given the land upon which the building was erected, in memory of Robert Barbour, a charter member of the Board of Governors. The pledge, that the building should be opened free of any interest-bearing debt was thus redeemed. The Medical Department of the institution is constituted as follows:

Executive Surgeon—Walter B. Johnson, M.D.
 Consulting Surgeons—David Webster, M. D., John C. McCoy, M. D., N. J. Hepburn, M. D.
 Consulting Physicians—William Blundell, M. D., William K. Newton, M. D., Frank R. Sandt, M. D.
 Assistant Surgeons—J. William Atkinson, M. D., Charles W. Harreys, M. D., Elias J. Marsh, M. D., E. Lucas Henion, M. D.

Clinical Assistants—Jos. Payne, M. D., William Spickers, M. D., Thos. A. Dingman, M. D. The building, the elevation and the floor plans which are shown in the cuts, is complete in every detail. On the main floor there is a large reception room with a seating capacity of about 200; passing through the corridor, the eye-treatment room and the refraction room are

vacuum cleaner, which not only sweeps, removing the dust from the building, but also scrubs, removing by suction the dirt and water. On the top floor are located the etherizing room, operating room, sterilizing room, which are most elaborately equipped and in which the light, which comes from the north through a large plate glass window, is most perfect. On



connected by the ophthalmoscopic room on the left side, the nose and throat room, the ear room and pharmacy on the right side. On the lower floor, on the left side, are situated the X-ray room, the pathological room, the work room and the boiler room; on the right side, a large dining room, store room and an electric power laundry. In the work room is located a

this floor are also the doctors' room, kitchen and pantry, shower baths, bath rooms, nurses' work room, toilets, bed rooms and rooms for the attendants. The floors throughout the building are of concrete treated in a special manner which renders them impervious to water, acid-proof and germ-proof. All corners on floors and ceilings are rounded. The stairways are,

like the floors, of reinforced concrete construction. In order to thoroughly appreciate the completeness in every detail which has been attained, it will be necessary that a personal inspection shall be made, as words cannot convey the thoroughness with which the work has been accomplished.

The following compose the Board of Governors: W. O. Fayerweather, president; Arthur Ryle, vice-president; Samuel J. Watson, treasurer; William McGill, secretary; Dr. Walter B. Johnson, William Barbour, Jacob Weidmann, Henry F. Bell, Joseph W. Congdon, Frank B. Hurd, Garret A. Hobart, Ernest Ryle, Edward T. Bell, John W. Ferguson, J. Edwards Barbour, Charles L. Auger, Isaac A. Hall, John S. Cooke, Henry G. Campbell, Nathan Fleischer.

TUBERCULOSIS HOSPITAL AT SNAKE HILL, HUDSON COUNTY.

(From The Observer, of Hudson County, Sept. 17, 1909.)

There will be a big celebration on October 1 at Snake Hill, when the new Tuberculosis Hospital is formally accepted from the builders by the Hudson County Board of Freeholders and is thrown open for inspection and the occupancy of patients. The board of managers, under whose direction the various buildings making up the tubercular village have been erected, will act as a reception committee, and the affair will doubtless be largely attended.

The completion of the hospital and environment will mean the achievement of a high ideal, not only for the medical profession of the county, but for Dr. Gordon K. Dickinson, Mrs. Caroline B. Alexander, H. O. Wittpenn and Robert Davis, all of whom have joined heartily in the project and have taken a great interest in it from the first. The committee directly in charge of the work and which will manage the institution, is composed of Dr. G. K. Dickinson, of Jersey City, president; Dr. G. E. McLaughlin, Dr. E. J. Valentine and Dr. F. W. Mallalieu, of Jersey City; Dr. Joseph Stack, of Hoboken, and F. Sternkopf, of West Hoboken.

Boon for the Afflicted.

It is believed that the managers will be able to get the buildings all finished by the first of next month, with the possible exception of the laundry, bids for the work on which were received by the Board of Freeholders at a meeting held in the Court House yesterday afternoon. This will be pushed, however, to a quick completion, and in the meantime the buildings can be occupied, without any great amount of inconvenience.

This institution, which will accommodate at least 185 patients, is the outgrowth of a pet notion of persons in Hudson County interested in social and sanitary problems. While Mr. Wittpenn was supervisor of Hudson County, he came upon a balance of \$10,000 remaining in the county treasury at the end of the fiscal year. This was the nucleus of an expenditure that will amount to more than \$100,000 and which will give to those afflicted by the dread tuberculosis a much more satisfactory manner of living and greater possibilities for being turned free again in the world, cured. * * *

That the work on this institution has been done economically, while at the same time

achieving as good results as are possible, is clearly proved when the cost is compared to that of the famous State sanatorium at Glen Gardner. This cost \$300,000, while the Snake Hill institution will have cost little more than one-third this amount, although the accommodations for patients and attendants are the same.

Snake Hill to-day is one of the beauty spots of New Jersey, and, with the improvements that are constantly progressing, it will be only a matter of a few years before Hudson County can claim the model community of public institutions in the United State. Standing out boldly, almost in the centre of the Hackensack meadows, Snake Hill may be considered the chance product of geological phenomena. From its rugged promontories there is a magnificent view of all points of the compass.

An Ideal Site.

From the brow of the hill—the site of the Tuberculosis Hospital—there is an unobstructed view down the Hackensack Valley, to the Atlantic Ocean. Manhattan's high buildings are visible on the east. On the north there is a wonderful view along the rear of the Palisades, while the distant Orange Mountains form the western vista. The site is ideal.

When the next session of the State Legislature is under way, a bill, with greater benefits to Snake Hill as its object, will be introduced by some member of the Hudson County delegation, and there is little doubt of its passage. This bill will allow the turning of the old almshouse at Snake Hill into a hospital for the incurable patients received at Snake Hill, and in this way they can be separated from those for whom there is still a chance of recovery. It is planned to fit the discarded buildings up comfortably and give the inmates every care.

At the last session, Assemblyman Mark A. Sullivan presented such a bill, allowing the Board of Freeholders to make a special appropriation of \$50,000 for this purpose. This bill passed both houses of the Legislature, but it was "lost" in the transmission to Governor Fort for his signature, and nothing has been heard of it since that time.

NORTH HUDSON HOSPITAL.

(Extract from The Observer of Hudson County, Sept. 20, 1909, on the laying of the cornerstone Sept. 19.)

The ceremonies attendant on the laying of the cornerstone were appropriate and the speakers were well chosen. Especially significant was the fact that five clergymen, all of different denominations, were on the platform and took part in the program.

The ceremonies were opened by the Rev. Gilbert Marshall Foxwell, of Grace Episcopal Church, who delivered the invocation. Following the prayer, President Menegaux made his address of welcome. He thanked the people for their attendance and briefly outlined the work that had been done by the board of governors up to date and announced what would probably be their procedure in the future. Mr. Menegaux said in part:

"We offer no apologies for the work we have accomplished thus far in the matter of securing a proper home for the North Hudson Hospital. We will shortly move from our old building, whose capacity is only twenty beds, into the

new building whose cornerstone is laid to-day. Here fifty beds will be possible, but we are not satisfied with increasing the capacity of our building. With the larger building the cost of maintenance will be more and we must do better work in order to live up to the requirements of our new environment. We have overcome disadvantages and surmounted obstacles that were many and great and I have no fear for the future. The work we would accomplish must be done and the work we have started must be maintained. To support a hospital that is suitable for a community of 80,000 people is a difficult task, but the people are generous and I hope that with their assistance we may be able to one day possess a hospital as good if not better than any in the State."

Father McLaughlin, of St. Augustine's Church, said in his address:

"One thing I ask all who hear me to remember. This institution is not a municipal hospital. The cost of its maintenance is borne only in part by the towns for whose sick it cares. It is largely dependent on the charity of the community at large; that is on the charity of each one of you. Help its board of governors in their work of caring for your neighbors who are sick or injured."

Rev. Dr. I. W. Gowen, Rev. Edward Dawson, former Congressman McEwan and former Mayor McCauley made stirring addresses. President Menegaux had to delay the installation of the cornerstone a full minute until the applause following Dr. Gowen's stirring address had subsided. In his talk which preceded the actual laying of the stone, Mr. Menegaux said:

"I feel keenly the responsibility that is mine in being the head of the institution whose cornerstone we lay to-day. I would have relinquished my post long ago, were it not for the fact that I refused to desert what appeared to be a sinking ship. I am now fully sure that it is not a sinking ship, but I will say that the conditions of which Dr. Gowen spoke must cease to exist, or I shall cease to be president of the North Hudson Hospital. However, we understand these conditions and propose to remedy them."

Then Mr. Menegaux took up the trowel with which he was to spread the mortar beneath the stone and continued:

"If I have ever labored for the success of this institution I feel more than repaid by the privilege that is given me to-day of laying this cornerstone. It stands on a sure foundation of solid rock that will neither crumble nor decay. If I may do so I would like to speak of this trowel with which I am about to lay the mortar beneath the stone in a figurative sense. May it be used to cement the people of this community into one purpose, to put their shoulders to the wheel and make this hospital what its founders want it to be."

Worthy Institution.

(Editorial from The Observer of Hudson County, Sept. 20, 1909.)

Yesterday the Board of Governors of the North Hudson Hospital Association put in place the cornerstone of its new building, which promises to meet the needs of that rapidly growing section for many years.

For a long time the association has worked at a great disadvantage. There are no men of great wealth in that section to endow the

hospital, and the patients who receive treatment there are not always in a position to pay for their treatment.

It has been supported largely by voluntary contributions, and the rest has been made up largely through the efforts of the Board of Governors, the Women's Hospital Guild and the Young Women's Auxiliary and small appropriations from the several municipalities.

The building hitherto used for a hospital has been unsuited to the purpose. There has not been sufficient room, and, consequently, the managers have not been able to provide accommodations for all who sought admittance.

Despite these handicaps, the association has held together, and kept the institution open and done the best that could be done with the means and facilities. When the new building is ready for use, the managers will be able to treat any case brought to the institution, and it will be provided with the most modern hospital equipment. It is believed that, with a new building and ample facilities for the treatment of all classes of cases, the hospital will receive more liberal support and be in a position to command greater respect and more liberality on the part of those who may become patients and reap the benefit of its services.

QUEEN ALEXANDRA SANATORIUM.

DAVOS, SWITZERLAND.

This Sanatorium (under Her Majesty's patronage), which is to be opened early next autumn, is destined to rank high in the list of the National Sanatoria of cosmopolitan Davos, Switzerland. But though national it will be unique in welcoming patients, not only from the Empire, but from the States, as it was founded for the benefit of all English-speaking nationalities, the only qualifications needed being evidence of medical suitability and of inability to meet the heavier cost of treatment at hotels or private institutions. The following notice, which appeared in the British Medical and other journals for July 31, has been forwarded to us by the joint honorary secretary, Dr. William Ewart, as of special interest to the American public and profession:

"The prospective opening of the Queen Alexandra Sanatorium at Davos for the reception of patients early in this autumn was announced from the chair at the sixth annual meeting of the Council, held at 11, Chandos street, Cavendish Square, W., on July 16th, by the president, the Lord Balfour of Burleigh, K.T., P.C., who has laboured so long and successfully in the difficult task of raising funds. A splendid donation of £25,000 lately received from a munificent sympathizer, who desires that his name shall not be published, not only supplies the amount required to complete the work and to open the sanatorium free from debt, but provides means for its scientific equipment and for future extensions. It should be mentioned that Lord Strathcona, with his well-known zeal in the promotion of all charitable and useful works, not long ago gave a donation of £2,000 for the purposes of the sanatorium. For the present the sanatorium will accommodate 54 patients, all in single rooms. But the public rooms are designed for a full complement of 120 patients. The Davos Invalids' Home, the original foundation of the late Mrs. Lord, which for

so many years was the only representative of our national charity in Davos, has now ended its task and fulfilled the purpose for which it was initiated—that of developing into a National Sanatorium. The Home had been granted Her Gracious Majesty's patronage as far back as 1899."

SANATORIUM INCORPORATED.

East Lake Sanatorium, Bridgeton, has recently been incorporated with a capital of \$100,000, by Drs. Jacob G. Streets, Joseph Tomlinson and John H. Moore.

Non-Medical Press Items.

A Well Managed City.

(From the New York Daily Tribune, August 3.)

(Andrew F. McBride, M. D., is Mayor of this city. He is a permanent delegate to our society from Passaic County.—Editor.)

The city of Paterson, N. J., has suffered so much in recent years from bad government, from fires and from a largely undeserved reproach of being a headquarters of criminal anarchy that it is gratifying to find it now making a far more favorable record, which, indeed, might well cause the Silk City to be an object of envy to many more pretentious municipalities.

The report of the Mayor for the last fiscal year makes a really remarkable showing. For the eighteen years immediately preceding the last two years there was invariably a deficit in the city's accounts at the end of each fiscal year. But the year before last that dismal rule was broken with a small surplus and last year the surplus was the largest in the city's history, although all bills had been paid and there had been exceptionally large appropriations for public works of various kinds. There were also large payments on the public debt, so that while \$300,000 of school and street improvement bonds were issued, the net bonded debt was decreased by \$88,000 and the floating debt by \$224,000, and the yearly interest charge was reduced by more than 27 per cent.

All this was accomplished without increase of taxation. On the contrary, for the ensuing year the tax rate has been materially reduced, an achievement which may not be rivalled by any other city in the State. The secret of it all is that taxes have been thoroughly and promptly collected, needless expenses have been avoided, and the whole city government has been conducted in an economical as well as a highly efficient manner. Thus a considerable block of municipal bonds were paid off during the year with money saved in the various departments, and at the same time the general testimony was that the departments were more efficiently conducted than ever before.

Much credit for this commendable state of affairs is justly to be given to the Mayor and his lieutenants and to the various commissions which have been directing the business affairs of the city; for it will be recalled that Paterson is one of those cities which have revolted against aldermanic inefficiency and corruption and have adopted the system of government by commission. But we should probably give the chief credit after all to the aroused and aggressive public sentiment which made itself felt

at the polls and thus brought about this municipal revolution. There is much in the saying that every city is as well governed as it deserves to be. Paterson has shown itself worthy of a better government than it used to have and it is now getting its deserts.

Mayor has Stood by the People.

(We take the following extracts from the Trenton True American, which we are pleased to receive as an exchange, concerning the Mayor of that city, Dr. Walter Madden, who is a member of the Mercer County Medical Society.—Editor.)

Mayor Madden has supported the people's cause against the aggressions of the trolley company since he went into office. * * *

There is no taint of trolley alliance on Mayor Madden's career. What he recommended in his 1908 and 1909 messages is now being adopted. It is undoubtedly true that only Mayor Madden's expressed determination to attack the validity of the company's franchises brought about the settlement which is now pending. * * *

The Mayor, leading a public sentiment that would offer no mercy to the offenders, began battle in the open. He called upon President Rigg to restore the tickets, which the latter refused to do, at first.

The Mayor warms up to the fight, he digs into the law books and he finds that the Trenton Street Railway Company's franchises will probably not stand the scrutiny of the courts. This he announces publicly. * * *

Mayor Madden got into the thick of the single fare fight at the very beginning of the trolley controversy. He brought the matter to a focus early Wednesday evening, when he asked City Solicitor Bird whether the trolley company had the right to charge more than one fare in the city limits, and, if not, whether he as Mayor had the right to revoke the licenses of cars for such infraction of the law. That the Mayor meant business was clearly shown, and it is fair to assume that the board of directors knew this when they took action in the matter yesterday. * * *

That the Mayor was legally empowered to compel the company to submit is shown by a communication sent him by City Solicitor Bird, defining the Mayor's powers in the matter. Mr. Bird's opinion was forwarded to Mayor Madden after the action of the board of directors was recorded. The opinion is as follows: * * *

"You will observe that under this section the right of the company is limited to a charge of five cents for the transportation of each passenger within the corporate limits of the city, and that you, as Mayor, are empowered to revoke the license of any car which is not run in accordance with the provisions of such section."

Advertising Medical Fakirs.

(From the Greenville Herald, as Reported in the Texas State Journal of Medicine.)

Mr. E. W. Harris, editor of the Greenville Herald, seems to know the advertising fakir and to realize that only a rascal can take money to knowingly advertise a fraud. He said editorially in part:

"For many years there has been a great deal of advertising in the newspapers by men claiming to be specialists, advertising of the most

extravagant, not to say disreputable, character. These men, as a rule, are largely quacks and charlatans who prey on the credulity of sufferers, usually from some chronic disease. Naturally such character of medical advertising brought all medical advertising into disrepute, and caused the adoption of the code of ethics now enforced by the American Medical Association and followed by the State and county societies.

"In so far as placing the stamp of disapproval upon unprofessional or questionable medical advertising, the members of the Hunt County Medical Society may not be aware of the fact, but it is a fact that they have had the hearty co-operation of the Herald. It has been several years since we have accepted the advertising of medical specialists who make extravagant claims in flaming announcements. This article was suggested by the fact that we have just declined to quote rates for a large advertisement in both the daily and weekly to a specialist who desires to locate in Greenville. It is a very safe proposition to hold that afflicted persons who can not be relieved or cured by regular medical practitioners of known character and ability, or who can not be relieved by surgical treatment, have little or nothing to hope from 'specialists' who claim to cure everything, and who are usually men of little character and less ability."

The Physician and the Press.

(From the Chicago Record-Herald.)

In recent medical conferences the need of closer relations between the medical profession and the general public formed one of the leading topics for discussion. The consensus of opinion now is that the era of mystery is past and that the physician should be the public's guide, counselor and friend. Medicine to-day is largely preventive, and the war on contagious diseases is a campaign for education, cleanliness, registration and wide observance of reasonable rules of right living.

This recognition of the need and value of publicity not unnaturally leads to a reconsideration of the "ticklish" question of what is indiscriminately called "advertising." The old-fashioned idea is that all forms of advertising are prohibited by medical ethics, and that the physician who directly appeals to the public writes himself down as a "commercial" practitioner of low ideals. A candid treatment of the subject, such as is found in the address of Dr. Pettit, president of the Illinois State Medical Society, at the Quincy meeting of that body, shows that the old so-called ethical principles are honored in the breach rather than in the observance. There are many indirect forms of advertising which the profession tolerates and which are really objectionable on the score of good taste. There are forms of direct, honest, truthful advertising which are irrationally tabooed. Common sense, in these days of publicity and the all-powerful popular newspaper, can not but insist on a thorough restudy of the ethics of advertising and on proper distinction between the legitimate use of the press, the dissemination of beneficial information and the abuse of publicity through fraud, exaggeration and flamboyant sensationalism.

There is evidence that the progressive men of the medical profession are clearing their minds of prejudice and cant, and that the rela-

tions between the public and the physicians are undergoing a significant change. As Dr. Pettit testifies, more has been done for the anti-consumption crusade through the co-operation of the press than could have been accomplished in fifty years by the unaided efforts of health boards and private practitioners. (See page 245.)

Doctors to Retard Suicide.

(From the Atlantic City Union, Sept. 18, 1909.)

A writer in a medical magazine blames the physicians for not doing more to check the prevalence of suicide. He thinks the doctors should preach incessantly the gospel of play and relaxation, for the reason that Americans work too hard and use up their nerve force long before the period of life when nerve exhaustion is normal.

"The medical profession," says the writer, who is a physician, "can do more than it has done in preventing suicide, by advocating more play and relaxation. Fun is as necessary to health as work, and we may find that the proverbially good-natured fat men never kill themselves. They have too good a time. The typical suicide is the lean, underfed, overworked, overworried, playless fellow, who enormously overestimates the importance of his own work, and whose brain is so starved that it cannot do good thinking."

It is seriously doubted whether all suicides are insane. Physicians have held that many self-murderers have been merely suffering from an "exaggerated depression of spirits," such as most persons experience occasionally in some degree, at least. That suicide is preventable to a great extent is proved by statistics and observation. In the case of one of the large fraternal insurance societies when a rule was made providing that the insurance lapsed should the member take his own life within five years of admission, the number of these deaths fell off by one half.

One Man Against a Horde.

(From the North American, Philadelphia, August 17, 1909.)

Denver will see an unprecedented sight next week. One man will stand alone assailed by a combination of enemies more powerful than ever before confronted a single government official.

United in an unrelenting desire to discredit Dr. Harvey W. Wiley, the chief chemist of the Department of Agriculture and the Board of Food and Drug Inspection, and drive him from the public service, are the Beef Trust with its "jungle" record, Standard Oil with its glucose cheats, the makers of bogus liquors, the united food poisoners of the country, the oleomargarine manufacturers, the misbranders of medicines and adulterators of drugs and all the political allies and dependents of these varied interests, who see in Wiley the one great obstacle to a continuance of their past profits made by swindling and poisoning the people.

But the assaults of these will not be the strangest feature of the annual convention of the Association of State and National Dairy and Food Departments.

Dr. Wiley for thirty years has been a worker in a branch of the Department of Agriculture. The Cabinet officer who is at the head of that department will be on hand on this occasion

with numerous assistants and the full body of the Remsen board chemists not to support, but to discredit his subordinate, who is forced to remain in Washington, so that he cannot speak in his own defense.

And against all this opposition Wiley stands alone save for the support of the scientific and best medical thought of the country. He is no politician. About the only product of modern business probably that he would be utterly unable to analyze is a "pull."

He has only his knowledge, his rectitude, his courage, his devotion to duty, his honorable record of achievements against great odds for the saving of human life and the safeguarding of public health, and the confidence of all disinterested Americans in one of their ablest and most honorable public servants to sustain his cause.

The forces massed against him with the tacit assent, if not the complete approval, of the national administration, may not overwhelm him on this occasion. For most of these State food and dairy commissioners are courageous, honest and well-informed men.

Later he may be officially discredited and overborne. But even then, as now, we think that there will be something of the rarely heroic in the unflinching stand of Dr. Harvey Wiley for the people against his own interests and against such tremendous odds.

Cancer Due to Radio Activity.

(From the New York World, Aug. 22, 1909.)

After several years of investigation Professor Lazarus-Barlow tells the Royal College of Physicians he believes he has discovered the origin of cancer. Prompted by the undoubted fact that workers in X-rays are liable to suffer from cancer of the hand, he studied the radio-active properties of certain substances supposed to be causes of cancerous growths, such as clay pipes, soot, paraffin, tar, gall stones, etc. His idea was that radio-activity might be the long-sought-for cause of the disease.

He included in his studies and experiments the animal tissues and organs which are most afflicted by cancer. He likewise subjected the cancer growths themselves to examination. He made a most curious discovery, namely, that many of the things supposed to cause cancer possess certain scotographic power—the power to affect a photographic plate in the dark. Some animal extract, he found, display powers akin to those of the well-known and admittedly radio-active substances.

Furthermore, Lazarus-Barlow found these animal extracts regulated, to a certain extent, the rate of development of animal cells. From this he thinks it not improbable the present notions of scientists as to the laws of radio activity may require important modifications when applied to biology, owing perhaps to the presence of the protein molecule, as in the case of osmosis.

Taking up the question as to the relation between clay pipes and cancer, Lazarus-Barlow says the common explanation of chronic irritation is meaningless, or only indicates some common factor of a great variety of conditions.

This common factor, he suggests, is radio activity. This, he said, would explain the widely held belief in "cancer houses," or houses where more than one inmate, either at the same

or different times, is seized by cancer. In such cases the radio activity would be in the building material, or even in the soil under such houses. Nor does the belief in radio activity as a cause, he says, conflict with Cohnheim's theory of "embryonic rests," or with Virchow's theory of mechanical irritation, or with Adami's theory of habit or growth, since radio activity in the tissues, or in the causative agent, might be the underlying force in each. Even the germ theory might be reconciled with this idea, says he, for it is supposable the germ might be itself radio active.

Some interesting discoveries were made by Lazarus-Barlow as to the respective liability of men and women to cancer, and also as to the comparative liability of the different tissues and organs. Contrary to the general belief, the liability of cancer in both men and women; though it increases as they grow older, suddenly stops in middle life and does not, therefore, continue to the end of life, except in the case of cancer diminishes more or less suddenly. The maximum is reached, after which the liability to cancer diminishes more or less suddenly. The maximum of one organ does not occur at the same age as that of another. In the alimentary canal or great intestine the liability is much greater in man and it reaches the maximum ten years earlier and persists five years longer than in woman.

Book Review.

Practical Diabetics with Special Reference to Diet in Diseases, by W. Gilman Thompson, M. D., Prof. Medicine, Cornell Univ. Med. Col., Phys. to Presb. and Bellevue Hospitals, New York. Fourth edition, illustrated, enlarged, and entirely rewritten. D. Appleton & Co., New York and London, 1909.

This book of Dr. Thompson has for some time been a standard in diabetics. This fourth edition is completely rewritten and considerably enlarged. For the successful practice of medicine a thorough understanding of diabetics is of more importance than is a knowledge of materia medica. This book of nearly 1,000 pages considers extensively and judiciously the diet appropriate for each different disease and, while leaning always to the practical side of diabetics, enters quite fully into its scientific considerations. It is Dr. Thompson's sound good sense in the selection of practical results rather than of scientific theories which gives value to this work. Practitioners who consult this work will not only be guided to the selection of the diet best suited to any particular disease, but they will also know why it is the best.

Parenthood and Race Culture. An Outline of Eugenics. By Caleb Williams Saleeby, M. D., Ch. B., F. Z. R. Edin., etc. Moffat, Yard & Co., New York, 1909.

This Outline of Eugenics is an able presentation of a most interesting subject. The author assumes that the qualities of the parents rather than the quantities of their descendants are the important factors in determining the destiny of nations. Many communities have already endeavored in a negative way to limit the increase of their weaklings by laws restricting the procreation of confirmed criminals, inebriates, the insane and feeble-minded, but little has been done on the positive side to improve the human

species by "mating" so as to increase the good qualities. Positive eugenics is the subject presented by the author. He predicts with Mr. Galton that "it is quite conceivable that a non-eugenic marriage should hereafter excite no less loathing than that of a brother and sister would do now." Whether we accept all the conclusions of the writer or not, we must certainly approve his efforts to make "selection through marriage" a means for the improvement of the race.

Personal Notes.

Dr. Charles F. Adams, Trenton, and wife, have returned from a two months' trip through Europe. They are spending a few weeks in their handsome bungalow along the Delaware.

Dr. Calvin Anderson, Madison, has been nominated for Mayor of that city, Republicans and Democrats uniting in his support.

Dr. John H. Carman, Plainfield, recently returned home from Cape Porpoise, Maine, where he spent several weeks.

Dr. D. E. English, Summit, acted as host of the Orange Mountain Medical Society, at its meeting in the room of the William Pierson Medical Library Association, September 25th.

Dr. Richard P. Francis, South Orange, with his wife, recently returned from their European trip.

Dr. John F. Hagerty, Newark, has been spending his vacation recently attending the Mayo clinics at Rochester, Minn.

Dr. Luther M. Halsey, Williamstown, has recently returned from a season of rest in the Maine woods, we are glad to hear in improved health.

Dr. Charles S. Heritage, Glassboro, has improved in physical condition from a few weeks' rest in the Maine woods.

Dr. George C. Laws, Paulsboro, we regret to report, is confined to his home by illness, as is also Dr. Eugene T. Oliphant, of Bridgewater.

Dr. Alexander Marcy, Jr., Riverton, recently returned from a trip to the far West.

Dr. William J. Matthews, Hoboken, and wife, have recently returned from an extended trip to Europe.

Dr. Isaac McMunn Holly, of Brooklyn, N. Y., has recently purchased the Kenilworth Inn, Pluckemin, and is having it put in first-class condition as a sanatorium under his professional care, for his surgical cases.

Dr. William H. Merrill, South Branch, has given up his practice there and removed to Somerville.

Dr. D. J. Milton Miller, Atlantic City was elected first vice-president of the American Pediatric Society, at the last annual meeting of the society.

Dr. H. Garrett Miller, Millville, has announced his candidacy for the nomination for Councilman-at-Large in that city.

Dr. John N. Miller, Newton, with his wife, have recently enjoyed an automobile trip to Long Island.

Dr. Henry Mitchell, Asbury Park, with his wife, expects to sail October 10th on the steamer Cleveland for several months' sojourn abroad.

Dr. J. E. Anderson, Neshanic, we regret to hear, has for some weeks been confined to his home by illness.

Dr. George B. Philhower, Nutley, with his

wife, has been enjoying a month's trip through the West. They visited the Alaska-Yukon Exposition, Yellowstone Park and California.

Dr. Richard H. Parsons, Mt. Holly, has recently enjoyed a trip to the West.

Dr. Charles W. Priestley, of New York, formerly of West Hoboken, was appointed one of the staff of physicians and surgeons for the Hudson-Fulton celebration.

Dr. William L. Pyle, Jersey City, spent the month of August among the White Mountains.

Dr. William E. Ramsay, Perth Amboy, has been nominated as one of the candidates of the Democratic party for the Assembly from Middlesex County.

Dr. John P. Reilly, Elizabeth, has recently returned from his vacation trip.

Dr. W. Blair Stewart, Atlantic City, was elected vice-president of the American Academy of Medicine at the thirty-fourth annual meeting, Atlantic City, June 7, 1909.

Dr. Herbert B. Vail, Belleville, has been suffering from a severe sprain of his ankle caused by a fall, as his horse took fright as he was about entering his carriage.

Drs. John G. Wilson and John L. MacDowell, Perth Amboy, have been spending their vacations in Nova Scotia and expect to return about October 10th.

Dr. Joseph C. Young, Newark, has returned to Newark, from his summer home at Millington.

Married.

ERLER—VLIET—At New Brunswick, N. J., September 5, 1909, Dr. Eugene W. Erler, to Lillian Irene Vliet, of New Brunswick.

HERON—BREUNING—At Lakewood, N. J., recently, Dr. Alexander M. Heron, of Lakewood, to Caroline Madeline Breuning, of Brooklyn, N. Y.

Deaths.

ADAMS—At Jersey City, N. J., September 8, 1909, Dr. Hugh T. Adams, died as the result of a railroad accident, at the age of 63 years. Dr. Adams was a native of Ireland and a graduate of Queen's College, Dublin, in 1869.

ANDREWS—At Navesink, N. J., July 6, 1909, Dr. Russell G. Andrews, for forty years a practising physician at Navesink and the Highlands, N. J., in his sixty-ninth year. He was a graduate of the Albany Medical College in 1866, being at the time of his death the sole surviving member of his class.

BURNET—At Newark, N. J., September 7, 1909, Dr. James Brown Burnet, aged 67 years. He was a graduate of New York University Medical College in 1866, and a former house physician of Bellevue Hospital.

GAUNTT—At Burlington, N. J., September 3, 1909, Dr. Franklin Allen Gauntt, aged 51 years. He graduated from the Jefferson Medical College, Philadelphia, in 1886, and practised medicine in Burlington.

SWEENEY—In Newark, N. J., August 20, 1909, Dr. Daniel L. Sweeney, aged 61 years. He graduated from the College of Physicians and Surgeons, Keokuk, Iowa, in 1882, and has practised several years in Newark.

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

Monthly Statement, August, 1909.

Compared with the corresponding period last year there is only a slight increase in the number of deaths in New Jersey reported to the Bureau of Vital Statistics for the month ending August 15, 1909, the figures are as follows: Deaths reported in August, 1908, 3,209; deaths reported in August, 1909, 2,255.

By certain age periods the deaths were divided as follows:

	1908.	1909.
Under one year.....	1,084	1,040
Over one and under five years...	274	291
Sixty years and over.....	686	742

It will be noticed from the above figures that the death-rate for this month (considering the increase in population) is lower than for the corresponding month last year.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending August 15, 1909, compared with the average for the previous twelve months, the latter averages being given in parentheses:

Typhoid fever, 29 (26); measles, 11 (20); scarlet fever, 25 (28); whooping cough, 31 (22); diphtheria, 21 (47); malarial fever, 1 (2); tuberculosis of lungs, 254 (301); tuberculosis of other organs, 71 (53); cancer, 164 (135); cerebro spinal meningitis, 18 (22); diseases of nervous system, 355 (341); diseases of circulatory system, 271 (341); diseases of respiratory system (pneumonia and tuberculosis excepted), 106 (184); pneumonia, 114 (251); infantile diarrhoea, 656 (214); diseases of digestive system (infantile diarrhoea excepted), 248 (194); Bright's disease, 179 (204); suicide, 36 (36); all other diseases or causes of death, 665 (591); total, 3,255 (3,012).

Laboratory of Hygiene, Bacteriological Department.

Specimens for bacteriological diagnosis:

From suspected cases of diphtheria, 161; tuberculosis, 301; typhoid fever, 262; malaria, 21; miscellaneous, 27; total, 772.

Laboratory of Hygiene, Division of Food and Drugs.

During the month ending August 31, 1909, 741 samples of food and drugs were examined in the State Laboratory of Hygiene. There were found below the standard: 63 of the 607 samples of milk; 3 of the 22 of cream, and 2 of the 25 of white pepper; 35 suits were entered for milk adulteration and two for pepper adulteration. All of the other 71 samples of spices were found above the standard, as were also those of cocoa, alcohol and cream tartar.

During the month ending August 31, 1909, 113 inspections were made in 63 cities and towns.

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

Milk, 430; butter, 287; foods, 643; drugs, 34. Other inspections were made as follows: Milk wagons, 395; milk depots, 111; grocery stores, 277; drug stores, 60; milk cans, 717.

Dairies Inspected.

The number inspected and the number above and below 60 per cent. of the perfect mark respectively, are given as follows:

Counties.	Number inspected.	Above.	Below.
Bergen	1	0	1
Burlington	115	33	82
Camden	1	1	0
Gloucester	3	0	3
Hunterdon	2	2	0
Mercer	8	2	6
Middlesex	5	4	1
Monmouth	88	23	65
Ocean	4	2	2
Somerset	3	3	0
Sussex	4	4	0
Union	1	1	0
Warren	2	2	0
Totals	237	77	160

The milk supply of the following State institutions was investigated:

The New Jersey Sanatorium for Tuberculous Diseases, Glen Gardner.

The New Jersey Village for Epileptics, Skillman, N. J.

The Tuberculosis Sanatorium is supplied by a local milk dealer from a creamery at Hampton Junction, and is the mixed product of several dairy farms. The farms on which the milk is produced were inspected and rated from 63½ per cent. to 72 per cent. on the official score card.

The Village for Epileptics maintain their own dairy and produce all the milk used in that institution. The animals in the dairy have all been tuberculin-tested, and all sanitary precautions are taken to protect the milk produced against any contamination.

Number of samples of water taken from dairy premises, 70.

Creameries Inspected.

Camden, Columbus 2, Colts Neck, Glenwood, Hampton Junction, Quarryville, Pemberton.

Number of water samples taken from creamery premises, 2.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the laboratory, 232; public water supplies, 76; dairy wells, 86; sewage samples, 21; private wells, 40; creamery supplies, 2; miscellaneous, 4; State institution supplies, 3.

Inspections.

Public water supplies inspected at Bridgeton, Collingswood, Midland Park, Gloucester, Long Branch, Hackettstown, State institution supply at Glen Gardner.

Sewage disposal plants inspected at Overbrook, Soho, Riverside, Burlington, Jamesburg (State Home), Princeton, Woodstown, Collingswood, Plainfield, Deal Beach, Allenhurst, Loch Arbor, Asbury Park, Vineland, Asya, Glen Gardner, Moorestown, Newark City Home, Point Pleasant, Bradley Beach, Spring Lake, Avon, Ocean Grove.

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MEDICAL EXPERT TESTIMONY*.

BY THOMAS P. PROUT, M. D.,
SUMMIT, N. J.

"If one were asked in what respect we had fallen farthest short of ideal conditions in our whole government, I think he would be justified in answering, in spite of the failure that we have made in municipal government, that the greatest reform which could be effected would be expedition and thoroughness in the enforcement of public and private right in our courts."

Thus spoke the Hon. William H. Taft in a speech before the Civic Forum more than a year ago. A startling statement indeed, the significance of which would, perhaps, be more fully appreciated by the physician if to-day a like indictment could be justly found against medicine. Imagine, if one can, the shock to the community if a man eminent in the profession, should appear before an audience of two or three thousand laymen and state that one of the greatest defects in our social system at the present time, notwithstanding the great increase in poverty and crime, was the failure of medical science in the control and eradication of pestilential disease, or its failure to effect any control over diseases common to the human species during the last century and one-quarter.

This statement of Judge Taft amounts to an announcement of the complete failure of the courts in the performance of one of their proper functions. One of the functions of the courts is to deal with certain diseases of the body politic. Can any one

who knows say that such diseases have diminished? Can any one say that they are more expeditiously and thoroughly dealt with? Certainly not, if he has droned through a few days of actual attendance in court. Certainly not, if he has had access to the statistics dealing with the administration of justice in the various portions of our country. Certainly not, if he has actually sat upon the bench with an open mind (as Judge Taft evidently has) and seen simple civil actions at law consume years in getting upon the court calendar and then be adjourned and readjusted, first upon one pretext and then upon another, until at last, after weeks, and often months, of toilsome, brain racking attendance upon court, the case reaches a tardy judgment only to go through a period of endless review in courts of appeal.

I dare say that one of the worst failures of all in legal practice, one that makes for extremely long delays in the administration of justice, and one that can never be thorough in a scientific sense, is the present method of court procedure in the matter of procuring and presenting expert medical testimony, more especially in insanity cases.

I recently sat in a court of law, a district court of the United States, where I listened through many long days to the testimony of witnesses in the weary travail of justice, toward the determination of an issue largely medical in character and withal very simple in its medical aspects. The action at law was a bankruptcy proceeding and the medical question at issue was this: Was the man who, during a ten months' period, placed his fortune in jeopardy, sane or insane? A quiet gentleman of retiring disposition and with excellent business judg-

*Read at the 143d annual meeting of the Medical Society of New Jersey, at Cape May, June 24, 1909.

ment, in character amiable, modest and with simple tastes, suddenly becomes emotionally exalted and an object of deep concern to his relatives. He does many strange and unaccountable things, to the amazement of his neighbors and friends. His exalted notion of his business ability makes him a target for sharps and charlatans who straightway jeopardize his fortune by getting his signature to notes for which he furnishes the security at bank. After involving him for large sums the wind goes out of the fictitious companies that he had been induced to finance; the thieves get away with the "swag" and the creditors from whom the companies he had financed obtained their goods, descend upon him to pay up. He knew nothing of the operation of these companies; he was not represented in their various boards of directors; had no voice in their expenditures, and, in fact, in every instance but one, he had not even the paper of the companies that he had been induced to finance, and his holding in the one exceptional instance was limited to one share. At about this time he reached the end of the exalted phase of his mental illness and passed into a state of depression and his relatives petitioned for the appointment of a guardian. This mental attack was the more severe of three, two having occurred previously, both of which were similar in character to this one. The two preceding attacks occurred during the years 1900 and 1904 respectively.

The question requiring the court's decision then, was this: Besides knowing whether or not he was actually bankrupt, was the man sane or insane when he placed his property in jeopardy? If insane, there need be no further despoliation of his fortune in the adjustment of the debts of the fictitious companies that he had been induced to finance.

Why should it take the court a matter of months to determine an issue so simple? The court only wants a few facts and those who know and can give them are accessible. His friends, neighbors and relatives testify voluminously as to his changed character and strange actions during this period. His family physician testified to his changed conduct. He was closely observed by two physicians for several weeks, who gave testimony as to his disturbed and exalted mental state over the entire period covered by the transactions. In fact, his volubility, his flight of ideas, his lack of insight, his wretched judgment and his exalted emotional state were all pointed out

and many examples of his strange conduct recited at length.

What, then, is there in court procedure that so befogs and perverts the truth that the ways of justice are slow and difficult?

There appears to be a number of difficulties.

Two physicians appear for the prosecution as experts, whose function it is (in conformity with our present-day court methods) to cast doubt upon the evidence, to suggest questions in cross-examination and to befog the facts presented by the medical experts of the other side. These facts are matters of medical knowledge about which they may or they may not have the slightest doubt and concerning which, in this instance, for example, there could not have been the slightest disagreement among almost any number of medical men who had had any experience with insanity cases, provided they had access to all the facts. In fact, for either to have gone into the consulting room with another physician and to have disagreed upon the diagnosis, with all the facts and the history of the case spread out before them, would have been to have impeached their intelligence or their medical knowledge, or both. But present-day legal procedure is such that physicians acting in this capacity are usually prevented from examining the patient in question. Their position in court as medical advocate and witness is such as to often forbid their having any information at first hand. We, therefore, witness the long hypothetical case recited in court in the form of a question carefully expurgated as to wording of all matter having prejudicial bearing upon one side and ending with the perfunctory proposition, "Would you consider such a man sane or insane?" Now every one in court knows the answer before it is given. That it will be favorable to whichever side has done the expurgating is a foregone conclusion. Our court procedure and court precedent have determined that the witness may be cross-examined only upon the evidence he has given. If his sole evidence is a carefully expurgated hypothetical question, and such is the case on the side of the prosecution in most insanity cases, the cross-examination may not go outside its boundaries.

And so it comes about that in such a case as I have briefly reviewed for example, one learns from the lips of a man giving so-called expert testimony that the patient's friends and neighbors were all wrong in

judging him unbalanced; that his relations were in like manner deluded; that his family physician was incompetent to judge of him, and, finally, that one's own judgment and diagnosis of his case, though based upon months of personal contact, was nevertheless an entirely impossible one. And furthermore, in spite of the fact that not a single witness hinted at the existence of the emotional depression of neurasthenia, in spite of the fact that there was not so much as a mention of fatigue on the one hand or exhaustion on the other that might form some basis for the assumption of the existence of a neurasthenia, in spite of the fact that there was no evidence presented tending to show that there existed any of the many somatic symptoms that belong to neurasthenia and contribute such a preponderating sum to its symptomatology, nevertheless you are solemnly informed that your case that you have known and lived with and studied day in and day out over a long period is merely neurasthenia after all; and you hear this opinion solemnly spoken to the court as if from the Olympian clouds, and this, too, by a man who has never seen and examined your patient. From a medical standpoint, could a more absurd situation than this be imagined—a situation the direct resultant of our present-day methods of court procedure?

The figure of Irving's old Wouter Van Twiller smoking his pipe and sitting in stolid and solemn judgment upon the case presented by two of his fellow citizens of old Dutch New York, and, after having heard all the evidence on both sides, finally determining the issue of the case by observing the weight and determining the number of leaves and noting the number of pages in their separate account books, is no more absurd for its day, than that of the present-day medical expert who allows himself to give an opinion regarding a given case without any knowledge of the case at first hand.

Now I have presented here no fancy nor unusual picture, but rather, I regret to say, an every-day occurrence in our courts of law, and there is no gainsaying the fact that such occurrences lower the worth of medical opinion adduced in court not only in the eyes of our own professional brethren, but in the eyes of the law and the courts as well.

But worse than anything else is the effect of all this sort of thing upon the minds of the men composing the jury. It would not

be so bad if the jury were composed of learned men who are able to discern the motives of witnesses, but with untrained men in the jury box naturally the effect is most disastrous to the cause of justice and tends to create a situation in which the determination of justice becomes most difficult. The ordinary jurymen when confronted with a proposition such as this distinguishes but two facts, viz: that one side has said one thing and that the other side (to his mind at least) has said exactly the reverse. The obvious thing for a jury to do with such testimony is to ignore it and that is a very frequent way of disposing of it. One of the worst features of the whole matter is that the amount of time consumed in disposing of a simple medical question, that would take but an hour or two at most in the consulting room, often runs into weeks, sometimes into months, when taken into court. This method of court procedure, slow and cumbersome as it is in itself, is further weighted down with matters of precedent, until the weary and (now) ponderous figure of Justice remains almost motionless in a trial growing ever narrower and narrower, her weight of woe increasing with every dragging footstep.

So far as the physician is concerned, what end does he serve in court under such circumstances? It seems almost impossible that he should serve any good end under present methods of court procedure. He is permitted to appear as the mouthpiece of certain interests only. A representative of one of the noblest branches of science, he relates facts reservedly, often beclouds the truth in a fog of words and fills the situation with the doubts of the man who knows nothing. In the interests of justice he has served no purpose. In the interests of truth he has not served at all. He has been acting out of his role and he is a failure by those standards by which high minded men are judged. No other conclusion is possible if we are to trust the statements of certain eminent jurists who have recently put themselves upon record regarding this matter, as well as the statements of many eminent physicians in speech and writing.

By our methods of legal procedure then, the medical expert is assigned the role of pawn, the hired pawn of science, and he must, therefore, give himself wholly to the matter of revealing just so much of its truth as befits the man who accepts the role of pawn in the lawyer's game. In the defence of his king the lawyer's role is knight,

but, sad to tell, his king is not always Truth, or Right or Justice or even Consistency. But, let that moment arrive for the sacrifice of the pawns, and their heads fall like a meadow of daisies before the mower.

A striking example of this sort occurred in the recent Thaw trial. The prosecuting attorney read his famous hypothetical question of thirty thousand words or more to his body of experts (six in number), and in reply to the perfunctory query with which it closed, each, of course, pronounced the hypothetical Thaw "sane." Two experts for the defence had, of course, already pronounced the real Thaw insane. If, therefore, numbers count for anything in legal matters as we might at times assume that they do, the prosecution was supported by six experts and the defense at that time by two, so that the prosecution had the advantage of numbers and we might reasonably assume that the prosecutor would himself feel more or less committed to the view that the hypothetical Thaw was sane. But no, the knight determines upon the sacrifice of the pawns, and so, the very next day, we witness the prosecutor asking the court to appoint a commission to examine into the mental state of the prisoner at the bar, and giving as his reason for such request *his own belief* that the prisoner was then insane and unfit to be on trial in a court of law. Could anyone conceive of a more humiliating sacrifice of a body of experts than this at the hands of a prosecuting attorney?

Of course, "the little rift within the lute" here lies in the attempt to harmonize two widely variant professional ideals totally incapable of harmony.

The physician's proper ideal in the pursuit of his vocation is Truth. To aid in the determination of truth, to add new methods and to discover new facts, thousands of laboratories have been equipped and a great mass of scientific data has been built up which, were he to ignore it, would render him criminally negligent. Concerning a given medical question the physician should devote himself to the matter of knowing the truth, and to that end he may exhaust the facilities of the laboratory and the library, and call to his aid the special knowledge of a fellow practitioner.

On the other hand, the ideal of the practising attorney is something very different. We might think of it as justice, but it is hard to see how a hired advocate for one side of a cause can be other than the advocate that he is. The lawyer, therefore, has

no share in justice; it belongs alone to the Court. It is not truth, and cannot be truth, for the methods of the dead centuries are the methods of this day. Therefore, so far as truth has any part in the ideal of the legal profession, it must of necessity be fundamental, and something that has been unaffected by the scientific progress of the world. However, there seems to be no such thing as the progress of science in so far as the law is concerned. There can be no such thing since the one guiding star of every court is *precedent*. Think of it. The great ship of justice barnacled all over with the precedents of the centuries, 'till she navigates the present day streams of an active science with the greatest difficulty, and comes into port only after long and arduous travail or comes not at all. "I have found," says the court, "that such and such is a case which constitutes *the precedent* by which we may be guided in this matter," and straightway the needles of the legal compasses all turn toward the guiding star.

"What did you notice about Mr. X at that time?" asks the lawyer of a lay witness.

"I noticed that he was very much excited," answers the witness. "Strike it out," says the court, in injured tones, without even waiting for an objection from the opposing attorney, and then adds by way of warning, "Now mind, you must *not* express an opinion."

"Well, he talked in a very loud tone of voice," concludes the witness.

Admonitions of this character are destructive to the very cause of justice that the court is trying to serve. The inexperienced and timid witness tries to state truthfully his impressions, and in consequence of the court's forceful language, he is overwhelmed with the feeling that he is restricted in the matter and manner of expressing his facts, and the impressions these facts conveyed to him. In order to conform to legal restrictions he withholds and declines to express the very things that most impressed him in the cause at issue. He has taken an oath to tell the truth and the whole truth, but the attitude of the court is often such as to render him mentally incapable and unfit to state the truth; and furthermore as concerns the court one cannot escape the feeling that the mental strain involved in the matter of making the court language conform in every particular exactly to precedent, must be very great indeed. Where a statement of opinion be-

gins and ends I have no doubt was determined by some particular precedents three or four hundred years ago, and they are probably all set out somewhere in voluminous detail. In the every day life of the twentieth century, however, we are permitted to say that a man is excited or calm without at the same time feeling that we are expressing any opinion as to whether he is crazy or not.

To be of the slightest importance in a present day court of law, you should have been born a Methuselah, and should have managed to have gotten some opinion written down in the books about two hundred years ago. At or about the year 1700, legal knowledge, as applied to insanity cases, filled up, and, if you do not happen to be in hearty accord with at least some of the happy immortals who got in before the books were finished, closed and forever sealed by tradition, practice and precedent, (that most worshipful trinity of legal procedure) against the unholy additions and alterations suggested by science, you are of very little use in so far as medico-legal knowledge is concerned in a present day court of law. The last twenty-five years will not serve you—you must pay homage to something much more venerable.

"Does the man know the difference between right and wrong?" asks the Judge, by way of polishing you off after a rather long and tedious cross-examination. Shade of Connolly (1760-1820). You experience a feeling of hopelessness creeping over you, for you know deep down in your soul that after all, this is felt by the Judge to be *the* crucial question. You would like to know Connolly's answer to that question a hundred years ago, but you don't, and the tremendous gap in your intellectual baggage yawns wider and wider every fraction of a second. It is undoubtedly put down in one of the books, and is commented upon by the judge in his charge to some ancient jury; nevertheless, there is no escaping the truth, no matter what Connolly said, and so, by way of reply you answer that "he would probably decide a given moral issue correctly, and that he does therefore know the difference between right and wrong," and then you awaken some morning a week or two later to find that he has condemned one of the clearest possible cases of alcoholic amnesia to the gallows. To be sure, a clear understanding of states of amnesia is a growth of the last twenty years, and can hardly be considered venerable enough for our present-

day legal tribunals. Furthermore, it matters not to the court that questions such as this no longer figure in the determining of a man's sanity or insanity. The fact that fully 70 per cent. of the insane display a moral acumen quite equal to their normal fellows in the decision of a given moral issue, is of no consequence in our modern courts of law. That venerable old question, hoary and worn with age, is still propounded in one form or another in our criminal courts whenever and wherever insanity is the issue. It might as well be asked—does he know his right hand from his left? in so far as it has the least bearing upon his mental balance, and the court's inferences from the consequent answer would be as equally sane and just as that of an inference and judgment based upon an answer to a question such as this which ignores completely the changes which have taken place in two centuries of medical science. Medical practice has changed scores of times since the days of Connolly, but that seems of no consequence in matters of jurisprudence. Connolly was probably asked the same question a century and more ago, he answered it in a certain way, his answer and the judge's comments and decision thereon to that ancient jury are well put down in a certain law book, and doubtless they are reverently brought forth from time to time to determine present day manners of procedure. After such an experience one wonders how the court, were he ill, would like to be treated after the manner of the medical practice of the dead centuries—too absurd for patient comment.

"Expedition and thoroughness in the enforcement of public and private right in our courts" is a sentiment that we need to have written all over us in legendary characters. It certainly marks the flood tide of civilization in a country. The extremely slow administration of justice was bequeathed us by the Spanish in the Philippines and in Cuba, but were this country of ours as poor in material wealth as those islands were at the time of our occupancy, I doubt if we would to-day be able to show any superiority in certain localities. A delayed administration of justice means a very costly administration of justice, and our system at present is such as to make for the maximum of delay. The old maxim, "slow justice is no justice," is an oft demonstrated truth.

A gentleman asked me a while ago to appear and give testimony in a civil pro-

cedure, involving a medical question, and concerning which I had some information at first hand. After giving assent I asked him about when he would want me, and was surprised when he told me that my services would not be required under three years from that date. Could there be a more striking confirmation of Judge Taft's remarks quoted above? Could anything be more deterrent to one with a perfectly clear case, and a just cause than the contemplation of a delay so unreasonably long? Think of it,—three years before one can begin a simple civil action in the courts; then add at least three years more before a final judgment is rendered by the superior court, to which it will undoubtedly be carried, and you have some idea of the very serious side of a suit at law.

But, can we really expect anything else than delay, serious delay, from a profession so shackled to the practice and precedent of the dead centuries? For my part, I fail to see any opening, any escape, although it is a melancholy matter to contemplate, seeing that the world is in torment about its present affairs. That it should look to the legal profession for a share of help is most natural; but that there should be such dilatoriness, such lack of thoroughness, such failure to appreciate and make use of the facts of science "in the enforcement of public and private right in our courts," is most keenly disappointing, not to say disastrous.

As regards the matter of medical expert testimony the fault in the whole matter lies first, with the physician who allows himself to give an opinion regarding a living case, which he has never examined, a thing that he would not do under any other circumstances, and in the second place the fault lies (and much more largely) with the members of the legal profession who are the willing victims of the greatest known collection of antiques in the shape of precedents, and to which they insist that the science of medicine shall conform, and away from which, so far as medico-legal matters are concerned, it may not stir.

I confess that the difficulty here seems so woven into our fundamental law that the matter of reform looks almost hopeless. However, in discussions of this problem from the legal fraternity, we hear very little except criticism for the physician. We are simply reminded of the fact that we should not do thus and thus; and it is perhaps unfortunate that certain methods

of procedure obtain in our courts, and that the physician does so and so. Perhaps we will hear from time to time a few scathing denunciations of the physician who gives medical expert testimony, such for example as that which characterized our annual dinner two years ago, but we will be fortunate if we hear the least suggestion of a reform of legal practice that shall remove the chiefest obstacle from the way of justice. I am sure if our present methods of administering justice are such that a physician is made to go into court as an avowed advocate for one or the other side, and actually takes the stand as a witness for that side, the fault is not with the physician, but with the court practice that permits such an anomalous situation. However, we may look in vain for the suggestion of a workable reform from any member or any body of members of the legal profession. This is not an impossible problem, and it might well be studied by our legal friends with many another problem of like character in the domain of jurisprudence that is now blundering itself along to a tardy solution.

It certainly appears to me, an outsider, as though the law of the future must of necessity take upon itself a more scientific aspect if it is to keep pace with the progress of the world. There should be a body of men in the legal profession who embody something of the spirit of what ought to be its highest ideal, and who are studying the modern problems of our complex social system with a view to simplifying law, and making its application to the every day human problems of life easy and quick. Those who make laws to govern men and protect the social structure of men should study men; not alone by reading books about them, but by actual contact as well. Such study could well begin for the lawyer among that great mass of abnormal men with whom he first comes into contact, and who constitute our prison population. After working awhile with calipers and tape measure, after making some estimates of his mental horizon, and after working at him for a time in a laboratory of physiological psychology, he will see the criminal from another viewpoint. He will learn that after all, the criminal class, 70 per cent. of them, are distinctly abnormal men, and that our present penal system is about as well adapted to him as is a locomotive to a mountain trail. Laws that shall discount his faults and weaknesses and cor-

rect his wrongs with exact justice to him and his fellow man, must follow in the wake of a comprehensive study of him.

However, criminology is a department of medicine, treated by the lawyer with scant courtesy at the present time; if he were wise, he would at least try to understand it, for the next fifty years should see it revolutionize our penal system. Meanwhile the cause of common justice will probably continue to shamble itself along weighted down with the iron shackles of legal precedent and practice. But when these ills are overcome, and that distant day has fully dawned, that day when man's lawgivers shall have come at last to really know something of him, we shall see the law simplified and shall see it applied to a weak and erring humanity in such manner that crime and poverty shall wane in the light of that tribunal which shall have come into a perfect understanding of man, his faults, his weaknesses, his defects, his environment, and the staggering weight of heredity that is so great a determining element in his character. Yes, this broader field of criminology belongs to the lawyer; the prisons filled to overflowing with convicted criminals can well become the laboratory centres of an active science of jurisprudence which shall study man with the view to making his laws, with the view to making them just, and with the view to administering them justly. Such serious contact with the woes of humanity will bring a more perfect realization on the part of the lawyer to the fact that the law and the courts are made for men and not for the lawyer.

In the matter of the reform of criminal practice in so far as it concerns the physician we may start out with the fundamental proposition that almost any three physicians who have had sufficient training in a given department of medicine will come to an agreement on a given case belonging to their domain, *provided they have access to all the facts*. Keeping this fact in mind, why may we not modify criminal practice to meet this condition? Let a given medical question be placed in the hands of medical men, and let it be done something after this fashion: Let the court grant to each side the privilege of naming one medical expert, such medical expert being for the time a *quasi* officer of the court, and let it be arranged that they shall in due time agree upon a list of names of six other experts from which list the presiding judge shall appoint a third expert to serve with

these two already appointed. The three shall now jointly arrange to examine the case in question, and they shall have full authority to call to their aid a practitioner in any special branch of medicine whose special knowledge may aid them in arriving at an opinion. Having agreed concerning the case, let one of the number who shall have been designated chairman, act as spokesman and present the case to the court in its medical aspects, and, if there be dissent in whole or in part on the part of any one of the experts, let that also be presented. The judge may then, if he deem it advisable, appoint one or two other experts who shall consider the points of difference, and agree or disagree with the majority report. Such final opinion will then form the basis of the medical cause at issue.

All physicians so serving should be considered officers of the court, and should be paid as experts out of the public funds. In order to dispose of a case after this manner the services of the physician in court would seldom be required for longer than one day, and even extreme cases would require but two or three days at the most, thus saving large sums to both the prosecution and the defense, now disbursed in the way of needless fees to physicians for an endless and senseless attendance upon court. A method of procedure such as this would at once largely do away with hypothetical cases, and the recitation of hypothetical questions in court, one bane of the present system, the fallacy of which, and the pernicious character of which, as previously pointed out, does not appear to be well understood. The answer to a hypothetical question depends entirely upon who constructs it; furthermore, a hypothetical case of one disease can be made a hypothetical case of another disease, by a slight rearrangement of the wording. However, bring the physician into actual contact with the case, and spread all the evidence before him, and the matter is quite different. In most instances the experts must agree or be accounted ignorant.

There are no doubt serious constitutional obstacles in the way of making any move for betterment in the case of expert testimony, but, of course, even this is no valid reason for neglecting a reform so obviously needed. The truth should be made easy of demonstration, and so far as the law and the courts are concerned, if there be any body of men who can aid in the attainment of the truth in order that the ends of just-

ice may be properly served, they should not be buried under precedents centuries old and a practice so mouldy with the ages that the least faint glimmerings of justice that shimmer through are finally lost in the hazy atmosphere of ancient strife.

DISCUSSION.

Dr. BRITTON D. EVANS, Graystone Park, opening the discussion, said that he had listened with a good deal of pleasure to Dr. Prout's very interesting and able paper, and that he practically agreed with nearly everything said in it. There were, however, a few points about which he had slightly different opinions; and he remarked that it had been generally conceded that experts in mental diseases frequently do differ in their opinions. This morning, however, he said, they had had a most magnificent exemplification of the fact that experts in other departments of medicine differ once in a while, and differ with a great deal of feeling, upon what to others would seem the fundamental principles of that particular department, obstetrics. This department is known to be a very old institution, and if the medical profession has ever had, he said, an opportunity to agree on any one part of their work, they have had an opportunity to get together in obstetrics and gynecology. With such a variety of opinions on the part of very eminent men, on what seemed to most of the audience to be matters of the greatest importance he thought it was up to them to criticise medical experts because of not always being harmonious.

Dr. Prout had referred to the Thaw case. Dr. Evans said that he purposely had had very little to say about this matter, as it would not have been becoming on his part to have gone into the public prints or to have discussed publicly any matter of vital interest involved in that issue. Since, however, Dr. Prout had directly spoken of it, Dr. Evans desired to say that Dr. Prout's presentation of the fact that the district attorney in that cause called six eminent experts, one of whom had had the opportunity to examine Mr. Thaw, and that five of them promptly said that they believed him to be of sound mind, while the other believed him to be insane, was correct. The five who thought him sane had never seen him; they had not examined him; and they were in no position to give testimony such as persons could who had seen him; or such as they themselves could have done, had the opportunity to examine him been given them. The expert who had seen him, Dr. Hamilton, contended that Thaw was insane when he committed the act, and also at the time of his trial, and so got into trouble with the district attorney. The testimony of these physicians was practically set aside by the district attorney, and Dr. Evans had heard him say to the Justice of the Supreme Court, after these physicians, without any examination of Mr. Thaw, had testified that they believed he was sane at the time that he committed the act: "If your honor were in possession of the facts that I possess as to the early history of this man, the hereditary taint in the family, and the various attacks that he has had, you would have no more right to continue this trial than if it was prohibited by statute;" yet some mem-

bers of the medical profession were told after this by the district attorney: "I get it from the family physician and the physicians who attended him in London that he was insane at that time; and I know what I am talking about, your honor."

Then, Dr. Evans said, physicians who had never seen Mr. Thaw in any capacity have glibly criticised the defense's alienists, who had examined him from time to time and had tried to arrive at truthful and scientific conclusions. He thought that physicians should remember that the more respect they tried to show one another, the more respect the public would have for them. Criticising unduly one's fellow practitioners tends to belittle the grand organization of which all are members and adds nothing to one's own reputation.

Dr. Evans said that Mr. Thaw had been about two years in the Asylum for the Criminal Insane at Matteawan, and had had several trials before the Justice of the Supreme Court in the State of New York. Dr. Evans asks whether the Supreme Court had done anything to show that the contentions of the experts for the defence were wrong, answering his own question in the negative. If, he said, the court is right, some one else must be wrong.

In regard to the court's changing the system of employing expert witnesses, Dr. Evans said it is very easy to talk about this. The objection, however, is that we live in a country that has a grand old paper, which has been the guiding instrument that has led it through many serious conflicts, and still holds it steady and makes it one of the grandest nations on the face of the earth; and that in that constitution there are certain rights guaranteed to the citizens, which are carried into the court and are observed by the justices and lawyers, governing and controlling the court's proceedings. It is all right to say that the Governors of the States ought to appoint the experts, and that they should serve this way or that way. It is all right to say that the justices and courts should select the experts, also; but, nevertheless, the constitutional right of the citizen allows him to summon experts from anywhere that will tend to help his cause, and whatever boards of experts might be selected could not, under the Constitution of the United States, prevent him from defending himself by calling such witnesses as might examine him and protect his interests.

Another thing that Dr. Evans contended was that the appointment of these experts by the Governor would not guarantee them to be all right. Some of the appointments made by the Governor, and some made by the justices of the court, that he had seen, he thought, could be criticised freely. It had also been contended that if the board of experts were appointed for life in a particular State, this would make them free from criticism and enable them to agree. In confutation of this, Dr. Evans said that, though the Supreme Court of the United States has a life tenure and its members are appointed because they are men of trained legal ability, have distinguished themselves in law, and are individuals of the highest order, its members have been known to differ. He referred to the Dred Scott case, in which every man had the same items and the same facts submitted to him, and in the same way; yet in which they did not agree on any one point. There was a difference

of opinion among them that was decided by one vote; and the opinion thus decided upon was declared the opinion of the Supreme Court. The justice who delivered this one vote was Chief Justice Tawney, who afterward delivered that famous *omiter dictum* which did much to involve this Nation in the Civil War. These were people with a life tenure, and people among whom one would not think that there would be partisanship.

The procedure in criminal trials, he said, is a constitutional arm of the government, and cannot be put aside by petty quibbling in the Medical Society. It is open to criticism, and there is room for improvement in it; but it cannot be put aside as easily as it can be criticised.

Dr. Evans said that the subject was of such breadth that it seemed useless to discuss it. He thought it was up to some one to take it up where Dr. Prout had left off, and add to the general interest in it. Although he had had much to say, he felt that the time to do so was inopportune, owing to the lateness of the hour.

DR. EDWARD J. ILL, Newark.—It seems to me that this is not a question of difference of bedside opinion. When the day comes that there will be no such difference of opinion there will be no physical body.

The reader of this paper deserves great credit for his just criticisms of the law, the court and its affairs. Such words cannot be spoken too often nor too forcibly. They should come from this our profession—the one most maligned in this matter, but not without a semblance of justice, for we are sadly at fault.

The whole machinery of the law is as fixed and stationary as if held down by a geological formation of the past ages. Dr. Prout's paper should be widely circulated among the legal profession so that its honest members will bestir themselves in an energetic endeavor to excavate this cumbersome machinery and place it on a level with present day thought and the achievements of advanced scientific research.

The reader of the paper truly says "The physician's ideal in the pursuit of his vocation is truth." But is such the case with our hired medical experts? By no means. Their vocation is very often the perversion of truth. May I be permitted to say, however, that there are exceptions to this rule, and that courts and juries ought to know of these exceptions until such a time comes when our actions shall have ceased to be a travesty on justice, and when we shall have rehabilitated our profession's position as an instrument for right and justice.

If we would only abolish that "bane of the present system"—the hypothetical question—it would be a great point gained.

Unfortunately, we are the victims of the traditional law, practice and precedent. Among the bad things handed down to us from England nothing worse has ever come to us than the cumbersome machinery of justice. Our patriotic duty demands that we break away from this and adopt those better methods which other progressive countries are striving for. Why we cannot break away from it no one can tell except our inherent conceit that we are the salt of the earth, and that no other country has anything to offer worthy of our study or adoption.

The reader rightly scores the court for intimidating the witness. Even more than that

the court often insults or permits insult by the attorney without rebuke. No civilized country seeking right and justice should permit such treatment of witnesses.

The anomalous situation of the medical expert as an avowed advocate for one or the other side is placed at the door of the court. That is true, but only in a measure. It is our duty not to be made a tool by others in doing an injustice. We should strive with every honest fiber in us and with every tradition of our honest and proud profession to reduce and eventually to eradicate an evil to which we have lent a hand.

At present there is doubt whether we shall succeed in changing the laws. But we can show our displeasure by criticising and rebuking those who permit us to be used as tools for deception or for the miscarriage of justice.

Dr. Prout's suggestions as to remedial measures could well be adopted and deserve our most careful thought. Their adoption would certainly bring about a great improvement in the present condition.

Until something is done for us we shall not regain the respect of the people which we have lost. If we as a body had not lost this respect do you suppose that such humiliations would have been offered us by the administration of this State as we have been obliged to endure for the past two years?

DR. PROUT, closing the discussion, said that he had nothing to add, except to thank the members of the society for listening so attentively to his paper.

PRIZE ESSAYS.

Second Prize Awarded at the 143d Annual Meeting of the Medical Society of New Jersey, Cape May, June 23, 1909.

THE SYMPTOMS, ETIOLOGY, PATHOLOGY AND TREATMENT OF EXOPHTHALMIC GOITRE.

BY FLOY McEWEN, M. D.,
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This disease, which is variously spoken of as Graves's disease, Basedow's disease, Parry's disease, Tachycardia Strumosa Exophthalmica, Glotzaugenkrankheit and Morbo di Flajani, was first completely described by Graves, of Dublin, in 1835, and independently, in Germany, by the Merzburg physician Basedow, in 1840, though the connection between goitre and palpitation had really first been observed by Flajani, of Rome, in 1802, and Parry had called attention to the exophthalmos as early as 1786, and had described it in a paper which was published after his death in 1825.

SYMPTOMS.

The cardinal symptoms of the disease are rapid heart action, protrusion of the eyeballs and enlargement of the thyroid gland.

Of these three characteristic symptoms the rapid heart action is the most constant, the most important and usually the one first developed. Its presence is so constant that it led to the dictum of Charcot, "no tachycardia, no Graves's disease." Indeed it is so frequently the prominent symptom that its presence alone always leads to the suspicion that we are dealing with a masked form of disease—*formes frustes*. The rate of the heart's action varies. In ordinary cases the pulse rate will be from 100 to 120 in the minute. In the severer cases the pulse rate may reach 170 or more. In a case observed in the Johns Hopkins Hospital a pulse rate of 200 per minute was maintained for days. The tension in such cases usually remains high, and the volume full. Recent researches seem to show (Donath: Spiethoff) that the blood pressure is in some cases increased, in some cases diminished, while in others no change in the pressure is apparent.

The heart is irritable and excitable, and exertion and excitement quickly increase its action. The heart action as a rule is regular.

The enlargement of the thyroid gland ordinarily follows the rapid heart action. It occasionally, however, is absent. When present, the enlargement is usually uniform, though it may appear unsymmetrical. Palpitation of the thyroid often transmits a thrill to the fingers, and with the stethoscope may be heard a humming murmur. The gland is ordinarily soft, and is apt to vary in size from time to time.

The exophthalmos is the least constant of the three symptoms, and usually the last to be developed. It may be so light as to be hardly perceptible. On the other hand it may be so pronounced as to prevent the closure of the eyelids. It is rarely unilateral, although a few such cases have been reported. There is diminished reflex excitability of the eyeballs and a marked "stare" results when the exophthalmos is at all prominent.

In addition to the three characteristic symptoms of the disease there may be, and usually is, a variety of nervous disturbances. Of these minor symptoms the most prominent is a tremor affecting either the muscles of the whole body or only those of the arms and hands, so that finely co-ordinated movements as in writing, sewing and buttoning the clothes become difficult or impossible.

If we place our finger tips against the finger tips of the patient we may sometimes

feel the so-called "railroad tremor" from its resemblance to the tremors felt in one's feet when standing upon a railroad bridge during the time a train is passing over it. Some observers include this tremor among the cardinal symptoms of the disease. It varies much in degree, in one patient being the chief cause of complaint, while in others its presence will be recognized only after careful examination. It is an early symptom, involuntary, fine in character, numbering about eight to the second (Osler), though sometimes coarse and exaggerated, and is particularly noticeable when the patient is flurried.

Most of the patients are irritable, hysterical, depressed and nervous. This nervousness is so intense that in many cases the patient's life is made miserable. Nervous chills and tremblings add much to the patient's distress, and excessive perspiration of the palms of the hands is a source of great annoyance, while various vaso-motor disturbances still further add to the patient's discomfort. They blush easily, feel a burning heat, have the *tache cerebrale*, urticaria, pruritus, and circumscribed areas of oedema. Trousseau records a case where the trembling was so great that a mother was unable to sign the marriage contract of her daughter.

In extreme cases insanity may develop. Sweating is often excessive, brown pigmentation or bronzing of the skin, resembling the Addison's disease, is occasionally seen, and headache, tinnitus aurium, a dry nervous cough, insomnia, a "giving way of the legs," and painful cramps of some of the muscles are occasionally complained of.

A wavelike undulation over the surface of the tongue is sometimes felt due to fibrillary twitchings of that organ.

Fever is not a regular feature of the disease, but there may be from time to time slight and temporary elevations of temperature (100° to 101.5° , 38° to 38.8° C).

The urine shows no special or constant disturbances, although albumen, glycosuria and polyuria are sometimes observed.

Epistaxis has been reported by several observers, and digestive disturbances with perverted appetite, diarrhoea and vomiting are common. This vomiting at times assumes a serious phase, and is accompanied by marked prostration, restlessness and extreme dyspnoea. In several such attacks the breath has been observed to have a peculiar sweet odor, and the urine has given the odor of acetone.

Diarrhoea is present in about one-half the cases, and comes mostly in attacks recurring every few weeks. It is at times a serious symptom and may cause a fatal outcome.

Anorexia is common, but a voracious, insatiable appetite is frequently observed. Strangely enough in spite of the enormous ingestion of food in such cases the emaciation is constant and progressive. This loss of weight is sometimes amazingly rapid, amounting in one case to 50 pounds in nine months. A curious phase of the emaciation is that at times it is limited to one portion of the body. Von Schrotter reported such a case, in which very fat legs contrasted sharply with the emaciated chest and shoulders.

Anaemia is a fairly constant symptom of the disease, especially in young women, but other blood changes are inconstant.

Acute cases running a short course have been reported, but are rare, the disease usually lasting for years.

Some of the cases recover altogether, the percentage of recoveries being variously estimated at from 20 to 25 per cent. Other cases recover only in part, although the improvement may be decided and lasting.

Occasionally the thyroid enlargement is so great that the pressure on the trachea causes syncope and extreme dyspnoea, which may lead to a fatal issue.

The following case histories represent fairly the ordinary types of the disease:

Case 1.—E. W., female, aet. 18. Admitted to ——— Hospital, November 8, 1904. Does not feel sick at all. Never menstruated. Chief complaint palpitation of the heart. Eyes began to be prominent four years ago. Color rather pale always. Palpitation of the heart followed the prominence of the eyeballs. Feet have been swollen off and on for the past two years. Not much headache. Stomach gives no symptoms. Urine has not attracted attention. Appetite good. Examination: Pulse tense and rapid, 140 to the minute. Eyeballs prominent. Examination of the blood showed the haemoglobin to be 60 per cent. The urine was of a specific gravity of 1025. It contained no albumen and no sugar.

Case 2.—E. M., female, aet. 30. Admitted to ——— Hospital, January 7, 1905. Has not been well for past six weeks. Some oedema of feet and legs. Dyspnoea on exertion. Severe general headaches. At times fibrillary contractions of muscles of the fingers, eyelids and eyeballs.

Oppression of the chest. Urine diminished in quantity. Pulse 100. Thyroid gland enlarged. Patient is nervous and excitable.

Case 3.—R. H., female, aet. 25. Admitted to ——— Hospital, August 17, 1905. Well, till three years ago. Then without any apparent cause began to suffer from palpitation of the heart and dyspnoea when it beat fast. Patient nervous and eyes prominent. Two years ago a swelling was noticed in the throat (thyroid); it lasted one year, and has now disappeared. During the three years has had no treatment. Pulse is 120 to 136. Patient is feeble and weighs 87 pounds.

When the three characteristic symptoms of the disease, rapid heart action, goitre and protrusion of the eyeballs are present, the disease can hardly be mistaken. If however, as sometimes happens, the rapid heart action is the only one of these symptoms present, then other evidences of the disease must be sought for. The following signs are commonly observed and aid in the diagnosis of undeveloped forms of the disease.

Von Grafe's sign consists in the lagging of the upper eyelid in downward movement of the eyes. The movements of the upper eyelids and globes fail to correspond. To obtain this sign the finger or a pencil is held horizontally in front of the patient's eyes, and they are directed to follow it while it is gradually lowered. If the sign is present the upper eyelids lag, not closely following the movements of the eyeballs, so that the sclerotics may become visible between the lids and the cornea.

Stellwag's sign consists in an increase of the palpebral fissure due to retraction of the upper lid and diminished frequency, and incompleteness of winking under reflex stimulation. In consequence of the retraction of the lids the sclerotic may show all around the iris. The diminished reflex excitability contributes to give the eyes their staring look.

Mobius's sign.—This consists in an insufficient power of convergence for near objects. A near point cannot be seen with both eyes at once. On convergence the patients experience a sense of strain, but have no double vision.

Bryson has pointed out that the breathing capacity is diminished, and he regards this diminution in the chest expansion as a characteristic sign of the disease.

Vigouroux's sign is a lessened resistance of the skin to the galvanic current. It is

probable that the increased moisture on the skin is the cause of this great diminution of the electrical resistance of the body.

In the absence of the characteristic signs, the presence of tachycardia or an irritable heart action with fine general muscular tremors point strongly to this disease.

From actual cardiac disease due to other causes, the cardiac symptoms in Graves' disease may be distinguished, according to Grocco, by the thyroid enlargement and the exthalmos; or if these are absent, by the prominence of tachycardia and by the appearance of the patient, which is usually one of terror with mental agitation or depression or with an alternation of these two conditions.

In marked cases the cardiac impulse may be heard several feet from the body, as far as four feet according to Graves.

ETIOLOGY.

Although Zuber has collected 47 cases in children, exophthalmic goitre has not as yet been observed in infancy, the youngest reported case being in a child two and a half years old. With this exception, no age is exempt from the disease, but it is most common between the ages of 15 and 50. Augustus Eshner's table of 227 cases gives the average age as between 30 and 31 years.

Depressing mental states as fear, worry, excessive grief, domestic infelicities and over-fatigue are believed to be exciting causes.

It is much more frequent in women than in men, and has been observed especially to follow states of exhaustion, as after rapid child-bearing and exhaustive discharges. There is in some families a hereditary predisposition. Of the 50 cases collected by Wilthuisen, of Denmark, only 8 were in males.

The theory that the disease was due to a neurosis of the heart was accepted for a long time. Strength to this view was lent by the fact that in many there was no protrusion of the eyeballs and no enlargement of the thyroid gland, simply an increase in the rate of the heart's action. Later it was thought that the disease was due to changes in the thyroid gland, that too much secretion (whatever that may be), was produced. This view was held up to a very recent date. Within the last few years attention has been directed to the gastro-intestinal tract as the possible seat of the trouble, and the frequency with which gastro-intestinal disturbances and impaired assimilation have

been observed in this disease, has added strength to this view, and extensive laboratory investigations have tended to confirm the theory advanced by Thomson, of New York, in 1897, that the disease was caused by auto-intoxication of gastro-intestinal origin.

Indoxyl - potassium - sulphate (indican) and skatol are commonly present in the urine in addition to a marked Ehrlich's-aldehyde reaction.

The faeces frequently give a decided Schmidt reaction, and when rubbed into an emulsion with normal salt solution and stained by Gram's method, often show a bacterial flora composed largely of the anaerobic putrifiers, in which the bacillus aerogenes capsulatus—the gas bacillus of Welch—and the bacillus putrificus of Biensstock largely predominate. The tests are made as follows:

For the detection of indoxyl-potassium-sulphate (indican) we use a solution composed of chloride of iron 0.75 grams (grs. 12) in 250 c.c. (8 ounces) of c.p. muriatic acid. In a test tube is placed 10 c.c. of the urine to be examined, to this is added 10 c.c. of the above solution and 2 c.c. of commercial chloroform. The test tube is then stopped with a rubber cork, and the whole shaken vigorously for two or three seconds. The chloroform is then allowed to settle to the bottom of the fluid. The presence of indican is indicated by a blue green or purple color. If the chloroform comes down a pure white, indican is absent.

The dimethylamidobenzaldehyde reaction of the urine, commonly spoken of as Ehrlich's aldehyde reaction, is supposed to depend upon the presence of urobilinogen in the urine. Two solutions are used in this test:

(a) R

Dimethylamidobenzaldehyde 15 grams.
Concentrated sulphuric acid. . . . 30 c.c.
Distilled water. 270 c.c.

(b) A 10 per cent. solution in water of c.p. hydrochloric acid.

To a test tube containing about 15 c.c. of the urine to be examined we add 10 drops of solution (a) and 6 drops of solution (b).

The whole is then gently shaken and heated over a spirit lamp. The appearance of a cherry red color indicates the reaction.

The reaction is seldom found except in the urines from persons suffering from pathological conditions, and it is the urines of persons with the urinary evidences of excessive chronic intestinal putrefaction (ex-

cessive indican and high ethereal sulphates) that are especially liable to exhibit the deepest cherry color tints on being treated with Ehrlich's reagent.

The Schmidt reaction is the reaction of the faeces with a concentrated solution of mercuric chloride according to the manner first described by Schmidt in 1895, and is of much value in determining the presence of a substance supposed to be hydrobilirubin. This test is performed as follows: 15 grams of faeces are placed in a glass mortar, and an equal quantity of a saturated solution of corrosive sublimate added, and gradually worked into an emulsion with the pestle. The marked red color with yellowish fluorescence, which is a characteristic of Schmidt's reaction, is supposed to depend on the occurrence of a combination between the mercuric salt and hydrobilirubin. This test yields its maximum intensity in about an hour.

The dimethylamidobenzaldehyde reaction of the faeces.

If we extract 2 grams of human faeces with 20 grams of an 0.85 per cent. watery solution of sodium chloride, the extract will yield with the acid solution of dimethylamidobenzaldehyde, previously given, a color reaction which will vary from a light rose to a deep cherry red. This reaction is supposed to depend upon the presence in the faeces of urobilinogen.

The presence of any one or all of these reactions invariably means that the proteid elements of the food stuffs are somewhere in the body, usually in the gastro-intestinal tract, undergoing putrefactive decomposition.

PATHOLOGY.

The nature of the disease would lead one to suspect a lesion of the sympathetic nervous system. Numerous autopsies, however, and the most searching examinations have so far failed to show any definite or constant pathological changes either in the nervous system or elsewhere.

TREATMENT.

We have to improve the general health, relieve the distressing symptoms, cure the anaemia and regulate the action of the heart. We should try to secure freedom from worry, excitement and mental strain.

In acute cases and in the acute exacerbations of chronic cases, rest in bed is imperative. It arrests the progress of the disease and alleviates many of the symptoms. It is of the greatest advantage to

rest a few hours every day, to avoid unusual exertion, fatiguing walks and unnecessary climbing of stairs.

Pregnancy usually has a favorable influence on the disease.

To relieve the distressing mental and nervous disturbances the sovereign remedy is dry cupping of the back. Four or five cups are placed along the lower cervical and dorsal vertebrae on either side, and left on for one or two minutes. These cups are repeated two or three times a week or oftener, according to the severity of the symptoms.

For the rapid heart action we give tincture of strophanthus 5-10 drops three times a day, or use electricity in the form of galvanism. One pole, the anode, is put at the nape of the neck and the other—the cathode—is applied over the sympathetic nerve in front (inner side) of the sternocleido-mastoid muscle, first on one side then on the other, and the constant current allowed to run for five or ten minutes. Weak currents should be used. The tumultuous action of the heart is often relieved in this way.

The treatment of the disease itself will be influenced somewhat by the views which we hold regarding its nature. If we regard the disease as due to autointoxication of gastro-intestinal origin then the management of the diet becomes of the greatest importance. Fruit, vegetables, cream, bread, butter and eggs are allowed, but very little meat. Thomson is very emphatic on the dangers of meat, and says that it should never be allowed. The following menus for one day will suggest the lines to be followed:

Breakfast—Oatmeal, hominy, cream of wheat or pettjohn with milk and without sugar. After porridge the patient may have baked or creamed potato, bread and butter, toast or hot corn bread. Water to drink after eating.

Dinner at midday—Rice, hominy, corn meal or any cereal as a vegetable served hot with butter and salt; potato and two green vegetables; lettuce, and all green salads with French dressing; bread and butter. As dessert fresh, ripe, raw fruit, without milk, cream or sugar. Water to drink after eating.

Supper—A cereal of any kind hot with butter and salt or with milk poured over it, and without sugar; baked or mashed potato, and one or two green vegetables; bread and butter or toast. Water to drink after eating.

In case 3.—The patient's diet was limited at first to peptonized milk, matzoon, bread, rice, eggs and fresh raw tomatoes with salt. A five grain blue pill given twice a week, and the following as an intestinal antiseptic:

℞ Beta-naphthol bismuth.....grs. 5
 Ichtholgr. $\frac{5}{8}$
 Sodium benzoate.....grs. $2\frac{1}{2}$
 Ft., one capsule.

Two capsules with one-third of a glass of water half an hour after meals.

Under this treatment improvement was very considerable indeed. The goitre and exophthalmos improved, the patient gained flesh and strength, improved in color and picked up in every way.

Oct. 4th, the weight had increased to 95 pounds; Oct. 12th, 98 pounds; Oct. 19th, 102 pounds; Nov. 9th, 104½ pounds; Nov. 15th, 106½ pounds; Nov. 29th, 110½ pounds; Dec. 6th, 111½ pounds.

The pulse, however, remained at 120 to 140.

The one thing that seems to be uninfluenced by this treatment is the pulse rate. The heart action does not improve, and if continued it leads to permanent hypertrophy, and the longer it lasts the harder it is to cure.

In line with the administration of intestinal antiseptics in cases of Graves's disease with excessive intestinal putrefaction, much success has recently attended the internal administration of lactic acid bacilli. The acid medium which the lactic acid bacilli produce is unfavorable to the development of the putrefactive organisms which flourish in the large intestine. Of the many strains of lactic acid bacilli studied, the most suitable for this purpose appears to be the bacillus bulgaricus discovered by Grigoloff, of Geneva, and later extensively studied by Metchnikoff. The bacillus bulgaricus is non-pathogenic, and does not decompose fats or produce alcohol as do the lactic forming organisms found in koumyss, matzoon and kephir. It is therefore regarded as superior in many ways as an intestinal antiseptic.

The bacillus bulgaricus may be cultivated from the faeces as early as six days after its administration has commenced (Leva), and may be found in the colon weeks after its administration has ceased. Pure cultures of the bacillus bulgaricus may now be obtained, and are sold under the names of lactobacilline, sauerin, yoghourt and maya. It comes in tablet form, the dose of which is two tablets after each meal.

Apart from theories, however, many of the best results have been derived from the simple drugs—iron, arsenic and belladonna. If the patient is anaemic and the haemoglobin is down to 60 per cent, 50 per cent., or 40 per cent., then iron is indicated, and if there is improvement the heart action becomes more quiet, the goitre lessens in size and the protrusion of the eyeballs diminishes.

If there is no anaemia then belladonna is given alone. The belladonna is given in either case, but with anaemia iron and arsenic are added.

℞ Ac. arseniosi.....gr. 1-30
 Ext. belladonnae.....gr. $\frac{1}{4}$
 Ferri sulphatis.....grs. 3

One such pill t.i.d. after food.

If, however, the blood is normal, then iron is of no especial value, and we give belladonna.

℞ Ext. belladonnae.....gr. $\frac{1}{4}$
 Sodii bicarbonatis.....grs. 2
 Ext. gentianae.....gr. 1

One such pill three or four times a day.

The addition of bicarbonate of soda to the pill seems to prevent the poisonous effects of the belladonna, and patients seem to bear the drug better.

Phosphate of soda 30 grains at the beginning of each meal has given good results in the hands of many.

The administration of thymus extract has at times been followed by temporary benefit, but thyroid feeding is contraindicated.

CLIMATIC TREATMENT.

Climate, with its change of scene and change of air, often proves of much benefit. Mountain air, especially the high altitudes of Switzerland and Schmeck's, Hungary, 3,400 feet above sea level, have a special reputation in Graves's disease, and the gaseous, thermal, muriated baths of Nauheim and those of the Healing Springs, Virginia, sometimes prove efficient in quieting the action of the heart, and in improving the general condition.

Douching and massage have likewise been of much benefit in the hands of French observers.

SERUM THERAPY.

Following the lines of serum treatment for other diseases, serums have been tried in exophthalmic goitre with varying degrees of success. Schultes reports a case of Graves's disease treated with the serum from dogs, in which the thyroids had been

previously excised, following the plan of Ballet and Enriquez. The patient, a female, 49 years old, had suffered from symptoms of exophthalmic goitre for four years. Palpitation and nervous symptoms had greatly increased in severity for three months, and for six weeks she had mental disturbance, reaching a climax on the day before admission to the hospital when she had delusions and hallucinations, and took very little nourishment. The exophthalmos was marked, the thyroid much enlarged, cardiac dullness increased to the left, pulse 140, muscular weakness pronounced. At first a half gram of the serum of sheep, from which the thyroid had been removed, was given by the mouth three times a day, later the preparation prepared by Merck under the name of antithyroidin, and the dose was daily increased until she took four grams three times a day. No other treatment was employed. After 15 days of the treatment she had become mentally clear, and was quiet. After 24 days she was free of symptoms of psychic disturbances, and pulse 100. A week later the pulse had fallen to 88. She was able to sew, which had formerly been impossible on account of the tremor. She was discharged after 49 days as well.

OPERATIVE TREATMENT.

The removal of the thyroid gland in Graves's disease is theoretically correct, but is equally favorable and unfavorable. The first operation was performed by Tillaux in 1880. Since then about 200 cases have been reported. Starr's table gives 190 cases operated on. Of these 23 died as the immediate result of the operation; 3 were in no way improved; 45 were improved, and 74 were reported as entirely cured. In 45 the results were doubtful. The surgical technique has varied considerably in the hands of different operators. Poncet advised a simple exposure of the gland (exothyreopaxie); Kocher advised in addition to removing a part of the gland to tie three of the four thyroid arteries. Other methods of procedure are section or removal of the cervical sympathetic trunks (Jaboulay, Balacescu); stripping of the capsule of the gland, and bilateral resection of the sympathetic nerve (Schwartz). Removal of the entire gland is not to be advised. Only partial extirpation of the thyroid is advocated, but even partial thyroidectomy is a serious operation, hemorrhage being very difficult to control. The patients do not take the anaesthetic well, and many have died on the

table with sudden high temperature, and greatly increased pulse rate.

A general anaesthetic adds greatly to the dangers of the operation. Kocher did all of his operations under local anaesthesia, using a 1 per cent. cocaine solution. If operation is decided upon psychic excitation may be obviated by what is known as "stealing the gland," i. e., removing it without the patient's knowledge after the manner of Crile (Annals of Surgery, June, 1908). Even where operative treatment is successful the benefit following surgical interference is sometimes not observed for several months, and Trendelenberg does not regard the cures as permanent.

It is apparent that operative treatment has little to commend it over other methods of treatment, while adding a death rate of 12 per cent. as the immediate result of the operation itself.

With great exophthalmos the eyes should be protected against external injuries.

WHEN TO OPERATE IN ACUTE ABDOMINAL AFFECTIONS.*

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When the general practitioner meets with an acute abdominal condition, he very often is confronted with such a complex symptomatology that his judgment is taxed to the utmost in forming an opinion as to the lesion existing or its pathological state. If he will, however, carefully interpret the physiological interference, he may, in the great majority of cases, assume control of the pathological picture, and be able to judge with more or less certainty whether to call upon the surgeon to bring about surgical interference or treat the case expectantly. In the latter event, a still stricter and more attentive observation becomes necessary to be able to prevent the patient from entering into the surgically dreaded condition of peritonitic involvement and tympany.

The utopia of success in surgery is not the skillful technique, or mechanical ability of the operator, as much as the ultimate result of cure following the operation. What I mean by cure is, a complete return to as nearly a normal condition as possible without any discomfort, pain or irritation of any kind or at any time. To bring

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about this result, the surgeon must depend entirely upon the general practitioner who equally shares the responsibility toward his patient; as his recommendation both in regard to operator and operation is recognized along the lines of confidence implicitly placed. He must endeavor, therefore, to present for operation material, which is as nearly "selected" as possible, and upon which the surgeon will be able to re-adjust pathological changes to as nearly normal as he can. To accomplish this, a thorough knowledge of surgical physiology will, in the greater majority of instances, give one a clearer elucidation of the pathological course and the surgeon will be able to do better work with more rapid recoveries, whereas, on the other hand, he is compelled to modify his incision to allow for drainage, subjecting the patient to the danger of ileus from constricting adhesive bands, post-operative pain, hernia and secondary operation.

When to operate, therefore, becomes an important question in abdominal surgery. Its decision is governed by symptomatic exhibition and careful observation of the patient.

It is not within the province of this paper to go into the consideration of individual, organic conditions with their respective manifestations, but rather to deal with those general symptoms which occur in every acute, abdominal affection and the study of which controls the prognostic outlook.

The portal of destructive entrance into the system is the peritoneum and its participation in abdominal disturbance is the basis of all conclusions directing surgical intervention, hence its study is of paramount importance. The normal peritoneum is smooth and shiny and covered with a simple, endothelial layer which excretes a small amount of serous fluid for peristaltic lubrication. On the surface of this endothelium and between its cells, numerous apertures are to be seen which directly communicate with a multitude of lymph cells, vessels and capillaries in the sub-serous and connective tissue. The lymph channels are particularly plentiful in the omentum, diaphragm, ventral surface of small intestine, liver and spleen. The flow of lymph reaches the general system chiefly through the diaphragm from a direct peritoneal current, absorption being very active, in fact, to such extent that animals are able to absorb eight per cent. of their body weight in fluid through the abdominal cavity. An-

other characteristic is its extensive surface which, according to Wegener, is equal to nearly all of the body covering. Its third property is the extraordinary transudation or exudative power, throwing off sufficient serum and lymph to produce adhesions around an infected zone.

The prognostic course of an abdominal condition, therefore, is not dependent upon the condition itself or the quality of its irritant, but entirely by the virulence of the bacteria, the power of peritoneal absorption, bacterial, intra-abdominal drainage, formation of adhesions and ability of the leucocytes to combat infective attack. It is a battle with "the survival of the fittest" and if the bacteria get the upper hand, the peritoneum becomes the entrance of a general intoxication inundating the system with septic material. Conversely, if adhesions firmly encapsulate the infected zone but the bacterial activity continues, a paresis may develop, bringing about intestinal obstruction and subsequent septicæmia.

The symptoms produced by this virulence of infective peritonitic response and circulatory reaction, should be carefully studied, to be able to judge with a safe amount of certitude when surgical interference is demanded before the peritoneum ceases to be a protector against and becomes a conveyor of septic intoxication.

In every abdominal condition, therefore, there immediately occurs peritonitic reaction which classifies itself into a pathologico-anatomical, etiological and clinical division. In the pathologico-anatomical, we recognize the primary development of serous formation responding in the form of an exaggerated peritoneal exudation and developing into a serous sero-fibrinous and purulent stage. The etiological division is either of an infective or aseptic origin, the former being controlled by the various bacteria and their toxins, the latter from a chemical or mechanical inception. The clinical arrangement is compended in a diffuse or circumscribed variety, the former exemplifying the failure of protective, adhesive formation, the latter explicative of the result of exudative resistance against a not too virulent infection. As the membrane abdominis immediately responds to attack, it is obvious that the clinical manifestations which develop in the reaction, should receive momentary attention. In other words, the first consideration in every abdominal condition is the solution of the question: "What is the peritoneum doing?" To ascertain this, one's attention should be

directed to the circulation and a thorough and frequent examination of the blood in the form of a differential blood count to establish the leucocyte numbers should be made. Every leucocyte increase is the expression of organic reaction against infection. White cell reaction is brought about particularly from infective inflammation of serous covering and the peritoneum with its extensive area and absorptive qualities is especially vulnerable to its influence. The deductions which clinical data will show, as well taken are: *That an inflammatory zone affecting a large area in the abdomen will show a higher blood count than involvement confined locally by an adhesive exudate.* Further, *as long as this exudate remains serous or sero-fibrinous, the absorption will be more rapid than when the effusion becomes purulent, and one will find that a rapid leucocyte rise, continuous and increasing, points to severe infection, whereas a sudden rise increasing slowly indicates encapsulation or a mild infection with good organic reaction.*

Leucocytosis of high degree, suddenly becoming less or absent, indicates a poor resistance and an unfavorable operative prognosis.

One will also find in all acute catarrhal conditions, particularly appendicular, that the blood field is not altered to any extent, but as soon as a purulent condition arises, the leucocyte count materially increases in accordance with the virulency of infection.

I feel that an occurrence of this kind is a safe point to call for surgical interference, and in the great majority of instances supuration will be found at the time of operation.

While the white cells have been taking care of the absorbed material, the seat of lesion has undergone local changes which manifest themselves in an interference of thermic conditions and alteration of pulse rate. It is interesting to note that leucocytosis will occur before any marked rise in temperature or disturbance of circulatory force, and that is why the blood count is of greater importance insofar, that its careful observation indicates more than the general constitutional disturbance. Next in consequence is the altered pulse rate. More information can be gathered from its study than attention paid to the thermometric interference. This is beautifully illustrated in the condition of acute intestinal obstruction when at its very inception, you will find a rapidly increasing white cell count reaching from twenty to forty thou-

sand and still very little, if any, temperature; concomitantly, however, there is a decided neurotic influence from peritoneal disturbance producing a gradually increasing pulse rate corresponding to the amount of irritation, and finally leading to the true picture of shock with sunken eyes, cyanosis and pallor. The effect of irritation to serous coverings and their relation to shock is well known, so it is only self evident that the peritoneum which is one of the most abundantly supplied, readily responds to sensory influence producing an equivalent effect upon the vaso-motor centres with subsequent relaxation of the arterial coats. Primarily this condition is partly reflex, but as the disease progresses, toxic stimulation enhances the already existing influence until collapse of true shock presents itself. This is clinically demonstrated in any of the fulminating types of abdominal supuration which rupture. A primary picture of elevated temperature, rapid and thready pulse rate with moderately distended abdomen, whose post-operative history presents a flaccid abdomen with cure of the lesion but the patient presenting symptoms of neurotic collapse and exitis from septic shock. A study of the pulse as relating to its character and volume is, therefore, in order, to give a clue as to the pathological changes which are going on. This is carried on by frequent measurement of blood pressure, at the same time, differentiating a regular, full, strong pressure pulse from a weak, thready, irregular one. *Every high, continuous blood pressure signifies active inflammation and should be carefully watched, studied and charted.* *Tendency to return to a low level, other signs being equal, indicates occurrence of toxæmia or septic depression.*

High temperature in an abdominal lesion always indicates active inflammatory process, but low, or even normal registration, does not contradict the existence of an active zone. It will also be noticed in the study of temperature and pulse rate that very often the latter stands in disproportion to the former, or a temperature of 101, for instance, accompanied by a pulse of 80 or normal. In these cases one finds he is dealing with a localized condition usually of a distinctly circumscribed nature. A pulse, however, which corresponds to the temperature, with a high blood pressure and white cell count, should be carefully watched, as it indicates an active condition of virulency. On the other hand (as we often find in gangrenous appendix), there is

a low temperature and high pulse rate, misleading one to form an opinion of innocent involvement which, however, a leucocyte count will set right. Another interesting point which very often is deceiving, is a rise of temperature coincident with formation of pus, high pulse and blood pressure and a sudden drop to normal or sub-normal. We are now dealing with a condition of perforation. Shortly after the thermometer drops the pulse will become full and strong, the arterial hyper-tension increases, the temperature again becoming elevated.

Other local signs are now more pronounced and the apparent calm before the storm, if not surgically interfered with, carries off the patient with general septicaemia. This clinically manifests itself by a drop in blood pressure, decrease in white blood cells and thready, weak and run-away pulse. Even in these cases, the temperature is the last to give in and remains high until nearly the end. The poorest result in operative surgery is obtained when operating in this neurotic, circulatory and general depressed state. The prognosis is always fatal. The study of blood pressure and temperature playing such an important role in abdominal surgery would be insignificant were it not for disturbances occurring at the seat of lesion. A consideration of local symptoms is, therefore, of great importance in prognostic observation. In this symbolical exhibition, both in the beginning and during the entire course of the condition, pain and tenderness are the manifestations which stand foremost in its assemblage. The consideration of their existence *per se* indicate nothing, but the study of their onset, degree, severity and continuation materially assist in forming an opinion as to the pathological changes which are going on.

Being of much greater importance, and as the former is the causative factor in the latter's increase or modification, it will not be amiss to go into the physiology of pain as abdominally explained. This question essentially involves the susceptibility of the visceral sympathetic and the psychological recognition of the existence of its interference. After years of divergent discussion, the subject has practically been settled in the last decade in a harmonious conclusion, that all organs which are supplied only by the sympathetic or vagus below the point of giving off its recurrent branch, are not susceptible to the sense of heat, cold, pressure or pain. This is practically illustrated in

surgery involving the stomach, intestines, liver, spleen, mesentery, omentum and gall bladder, which organs may be handled without the slightest algostic effect. If, however, any irritation or tension is brought to bear upon the parietal peritoneum, pain presents itself effectually, corresponding to the extent of influence at the seat of interference. This is brought about through some sympathetic connection with the spinal nerves, probably through the medium of the rami-communicans. The irritation must, however, be of distinct pathological form because sympathetic ganglia and visceral nerves are not receptive to pain unless there exists some congestive or inflammatory alteration involving their fibres. Even then, they will only show a sensibility depending upon the etiological severity. Electrical stimulation to the extent of tetanic contraction and anæmic appearance will not produce any intestinal pain. Further, it has been shown that extirpation of the sympathetic abdominal ganglia in a normally healthy dog did not produce any pain and that electrical stimulation of a normal not-extirpated ganglia did not produce shock. On the other hand, animals upon whom an artificial peritonitis had been produced by turpentine suffered pain, and in extirpating, or with continued electrical irritation, they were thrown into profound shock followed by death. Finally, after exposing the sympathetic ganglia to the atmosphere for a period of time, subjecting it to continuous irritation, there occurred a progressive and prolonged sensibility to pain. These experiences are ample proof that pain is due to a nerve change and that its degree of sensibility depends upon the extent of irritation. This can also be exemplified in an inflammatory neuralgic state, where the slightest electrical or other irritation produces most excruciating pain, whereas, upon healthy tissue, the same application does not bring forth the slightest doloric response. *In the occurrence of abdominal pain, therefore, one is safe in concluding that there exists an inflammatory reaction either of a congestive or structurally pathologic form.*

The next consideration is the study of its character to ascertain the extent of inflammatory involvement and severity. This may be judged by a summation of degree of manifestation. As the vaso-tonic centres, white cells, etc., respond to grades of virulency, so in this clinical picture, *the effect follows the amount of causative irritation.* A sudden sharp and continuous

pain bespeaks an active condition. Whether this active condition is mechanical, aseptic or infective depends upon the conclusions which clinically can be drawn after diligent observation and therapeutic application based upon functional lines. A *continuation* of pain *increasing* in severity and *corresponding* with high blood pressure and white cell count, including other before-mentioned constitutional disturbances, calls for the closest attention and if covering a period of twenty-four hours, for operation. Whether this pain remains general or settles itself into local area is not to be considered, as physiologically we know that with augmentation of pain, the peritoneal tension is increasing and local sensibility is becoming more acute. At this point, I desire to again call attention to peritoneal exudative activity as relating to pain. Encapsulating and encapsulated zones will, in nearly every instance, *point to more pain in the area affected* or, in the encapsulated form, will have more decided localized pain than in those conditions where the exudate is unable to cope with infectious rapidity. Abdominal pain, therefore, which rapidly localizes itself, points in nearly every instance to the formation of circumscribed encapsulation with good operative prognosis. I particularly desire to explain this point in appendicular lesions. Notwithstanding, when the appendix is in certain localization, we feel that there is no danger in waiting until encapsulation takes place, and operating after adhesions have formed, we, nevertheless, have found that the best results are obtained in an immediate operation. The logic of this is well supported when one takes into consideration that the already existing adhesions will be made more dense, new adhesions will be added, drainage is called for and the subsequent history may develop peristaltic interference with adhesion, pains or other more serious post-operative complications. We have found much better results in an immediate operation, careful walling off, removal with complete inversion of peritoneal covering and layer closure, placing confidence in the peritoneum to look after the exudate and returning parts to as nearly normal as possible. Abdominal pain, localized or general, suddenly subsiding, calls for immediate attention as in nearly every case of this kind, the white cells, blood chart pulse and temperature shortly afterward rise, complications developing demanding operative interference.

Pain produced from foreign bodies is

sharp, severe, intermittent and is relieved when the foreign body is removed. Pain caused from pathological inflammation is continuous, may or may not be severe according to extent of involvement and does not respond to palliative treatment unless the peritoneum can cope with its severity. In the former instance, it disappears rapidly and in the latter slowly.

The extent of irritation already existing can be graded by the amount of pain produced locally in area and by palpation (which represents the most important sign of localized abdominal diagnosis), that of tenderness. Here again, as before, we must judge the condition by the amount of pain produced at the time of the first examination and subsequent observation. An increasing amount of tenderness, be it superficial, moderate or deep, certainly calls for no other opinion than severity of condition. With blood, pulse and thermic examinations, pain points to the lesion, while tenderness indicates extent of inflammation.

As soon as the inflammation has reached the stage of oedematous saturation of the perietal peritoneum it begins to involve the musculature. This is exemplified in rigidity due to direct irritation and reflex response. In operative selection, frequent examination for this sign will be able to give a clue as to pathological progress and operative opinion may be controlled according to its onset and extent.

Gastro-intestinal disorders which exhibit themselves in eructation of gases, hiccough, nausea and vomiting are also important indications for selection of favorable cases. They are brought about by the pathological effect upon the intestinal serosa interfering with peristalsis. As a result, there is manifested a parietic condition of enteric walls clinically showing itself in either one of the before-mentioned symptoms, the severity or continuation of which indicates the amount of irritation and assists in judging the necessity of interference.

Having presented the surgical physiology in abdominal lesions which are of importance as relating to prognosis, I will sum up the consideration of observation necessary to bring about selected cases.

The first point of importance is to be certain that one is dealing with a pathological abdominal lesion. Peritonitic response exists with every abdominal interference, and, therefore, a single observation of clinical symptoms is absolutely useless. Frequent and regular blood counts should be

made of from 12 to 24 hours' intermission. Blood pressure should be taken every three hours with pulse and temperature observation. The character of pain should be carefully noted, its location, direction and severity interpreted with further and frequent examination for increasing tenderness and muscle alteration.

Each symptom must be physiologically studied and, if intelligently understood, compared and differentiated, it will, in the great majority of instances, be an easy matter to bring selected and clean cases to the operating table. What I mean by clean and selected cases is the presentation for operation of those conditions which are just about to involve the peritoneum, but have not sufficiently done so to prevent it from taking care of the diseased parts after extirpation without drainage. The result will be a selected incision, a selected abdominal toilette allowing for thorough covering with smooth peritoneum, and a confinement to bed of only one week. Much as I realize that there is no fixed rule which governs operative selection, as every patient is very often an enigma even unto himself, I will say, however, that physiological attention to symptoms, each and every one, will in many instances bring forth better results in operative judgment.

It has been a great pleasure for me to be allowed the honor of accepting an invitation to read this paper before your society. I sincerely hope that the subject as well as its rendition has been presented to you in a way that you do not feel time ill-spent in giving it your attention. I also hope that its discussion will be active for, although I have made this particular branch of surgical work the object of my special attention, I always find that animated criticism brings out the foundation of new theories and considerations from which beneficial deductions can be made.

A PLEA FOR MORE INTERNISTS; AN ABSTRACT.

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It is a recognized fact with reference to medical centres that in small cities or in towns medical men lean toward surgery rather than to medicine. In a lesser community especially one on the advance of growth, you will find the majority of prac-

tioners making a claim to surgery, while on the other hand there is a dearth of internists. By the latter I mean a recognized physician who has given his time and attention and desire to the interpretation of medical pathology, who has acquired the finer points in differential diagnosis of internal diseases and who has fitted himself by close study and a large hospital or dispensary practice to fathom the workings of the internal organs, to know their physiology, to be able to detect abnormality in their workings, to be able to explain the causes of disease—the exciting and the predisposing—so as to prevent epidemics and wisely direct the community as to prevention; to be able to translate internal morbid states with relation to symptoms, to correlate existing signs and symptoms and make an intelligent, definite disease out of them; to be able to treat the disease when once recognized in a modern, thoroughly scientific and rational manner, and lastly to be able to help his fellow practitioners when in doubt.

Internal medicine will ever be the foundation and the root of our science. It is the tree from which all other branches sprout; it has given the specialist his right to be called a physician. From it emanates all our dogmas and principles; it is supreme and none can pass it. One of the most prominent surgeons in my home town vouchsafed the statement to me that if he could begin anew, medicine would be his choice. Surgeons have wielded the knife and performed miracles; diseased tissues have been resected, many a life has been saved by judicious surgical intervention, regions hitherto unexplored have been opened to give the eye and the hand a chance to perceive the workings of their contents. Thousands of lives have been spared by the judicious use of the scalpel. Let us prostrate ourselves before our friend—the surgeon—and give thanks for his noble and able attainments; but surgery can never precede nor vanquish medicine. Surgery must always be the "tail end" of all medical efforts; it must always be but an adjunct to internal medicine and will never entirely conquer it; and it must always be the medical man's subsidiary; it can never replace internal medicine, but must of necessity correlate it. Surgery must fill in the niches and the voids; must await its opportunities, but medicine must of needs pave the way for its entrance and its progress. Surgery must not transgress nor trespass; it must walk side by side with internal medicine and aid it.

What constitutes internal medicine? What are its armamentaria? Internal medicine is made up of three main factors: One, the medical septuary as I have termed it (*Medical Record*, June 20, 1908); and secondly, but of no less consequence, preventive medicine; and a third, a separate but linking science, internal secretions.

I. Medical Septuary—Etiology, pathology, symptomatology, diagnosis, prognosis, prophylaxis, treatment. To reiterate or expand on the medical septuary would be unnecessary and ambiguous. But while here let me expatiate upon the facts already mentioned with reference to diagnosis. This spoke in the wheel of medicine is by far the most important. Would that we emulate in degree the energies displayed by our German brethren in diagnostics, and combined with our superior therapeutics our worth as healers would indeed be great. The German makes his diagnosis positive before proceeding to treat, uses all the energies to arrive at a definite conclusion, verifies it by autopsy in the fatal cases and then is satisfied that nature combined with a few simple remedies will cure the patient. As clinicians we are superb, as laboratory workers we are nonchalant. We fail to have recourse to the modern aids to diagnosis. The German uses everything from the Roentgen ray, the microscope, the sphygmograph, to the opsonins and diagnostic inoculations. We Americans, I am sorry to admit, rely entirely too much on the symptomatic method of treating disease at the expense of the rational method which pays due regard to the cause of disease, its mode of development, tissue changes, disturbances of function, and the physiological effects of remedies used; it includes all the other methods and is the ideal method. The American practitioner, possessed of keen foresight, inspects, percusses, auscultates, asks questions, turns these observations over in his mind and makes his diagnosis accordingly. It is not intended for one moment to underrate the American practitioner; as a surgeon, he is at his best; as a specialist, he is clever; as an internist, he is lacking.

II. Preventive Medicine—The science of the future embodies the study of air, water, food, soils, sites, buildings, the removal and disposal of refuse and excreta, personal hygiene, infection and disinfection, parasites, climate and weather, vital statistics and sanitary law. It also embodies the teaching to children of the hygiene of sex, the enlightenment of the public by pamphlets and lectures on the prevention of vener-

al diseases and tuberculosis, the teaching of mothers on infant feeding and the general care of children, the regulation of the study hours for children, the segregation of defective and diseased children, the limiting of the sale of liquor, etc., etc. Besides the above, preventive medicine includes a study of epizootic diseases like anthrax and actinomycosis. Non-epizootic diseases—the exanthemata and other communicable diseases, like beri-beri and cholera. Parasitic diseases, occupation diseases, diseases of alimentation from deficiency of food, excess of food, injurious food, diseased foods, contaminated foods and ill-balanced dietary affections like scurvy and rickets.

III. Internal secretions, the third component of internal medicine, consists of a study of the secretions of the adrenals, the pituitaries, the thyroids, the parathyroids, the thymus, the leucocytes; the internal secretions in their relation to pharmacodynamics; the leucocytes, pituitary bodies, the thyroid, the parathyroid and adrenals as the fundamental organs in the pathogenesis of immunity and therapeutics; the physiology of the adrenals as viewed from the standpoint of clinical pathology, in its relation to the respiratory processes and the composition of the blood; in its relations to the general oxidation processes; a study of the adrenals and the vasomotor functions; a study of the adrenals and the pneumogastric; the internal secretion of the pancreas and spleen; the internal secretions in their relation to immunity, and the preservation of life.

To return to the original dictum and gist of this paper, let us try to fathom this all-important question. Why does the medical man shirk internal medicine? First let us go back to the personnel of the profession. The majority of men take up the medical profession as a means to a livelihood. A small but potent minority enter it for honor or glory, or whatever the profession is supposed to be imbued with. Among the latter are men who never practice their chosen profession, and some who make a bid for practice but rarely are to be found in their offices, and another class who make "fashionable calls." This minority all told have no right to practice medicine according to the law of common decency and the rights of man, because they are not fit. Some of them have their pet hospital connections which money has bought, but usually the assistant—a poorer but more studious man—does the work and the sen-

ior goes about flouting his "visiting pediatricist to such and such a hospital." Considering the majority, those that really practice their profession, there are men who were unfortunate not to possess a rich pater, and who go into the thing for the money that there is in it and for that only, and these few are as unfit as their rich brethren. These men make use of their business intuition, their shrewdness, and commercial alacrity to corral in the "shekels" and therefore, have no time for the furtherance of knowledge, especially of internal medicine, the most difficult study in our art. These men sacrifice knowledge for gold and generally succeed—financially. Another class included in the majority are men of ability, though they, too, seek the goal of riches and hence take up surgery or the specialties which are better paying. Another factor, and a very important cause for the dearth of internists, is found in the medical facilities or rather lack of them in small cities. In large communities, or medical centres, like Vienna, New York, Baltimore, there are numerous hospitals, public and private, and a host of clinics which furnish enough places for the majority of practitioners. In these cities the men are apt, learned, practically if not theoretically, and make good practitioners and internists. In small cities, with perhaps a medical population of 200, and with three or four hospitals, with a possible roll all told of fifty attendants, and with no dispensaries of any account, the question at once arises, where do the other 150 practitioners get their clinical knowledge? Some, but very few indeed, occasionally seek the larger cities, for the advancement of knowledge. The rest fall dismally into the rut of prescription writing and three-minute calls. No man who has "burned the midnight oil" in acquiring a good knowledge of the practice of medicine can follow those lines. The Germans, a perfect example of whom is found in the great Abraham Jacobi, acquire first a deep knowledge of the main stem, internal medicine, and then take up the branches as concomitants of knowledge or as a means to a specialty.

To conclude—as a word of advice to the beginner—I would say, "Fit yourself to understand the workings of the internal organs and the changes in them occurring in disease; learn the nature of diseases and their causology; strive always to correlate your symptoms into one definite disease—science has already accomplished that for you; acquire an insight into preventive

medicine, so that you may be a helper in preventing disease, especially epidemic diseases; fit yourself in the use of the microscope and the X-ray and the sphygmograph, and when your diagnosis is made, get at the cause and treat *that*, using all the rational means at your command, especially antitoxins, serums, hygienic measures, hydrotherapy, fresh air and good food, and when you desire to aid nature—as in causing a movement of the bowels, stimulating the heart, furthering elimination, overcoming acidity or alkalinity in the stomach, building up the blood elements, destroying bacteria—then resort to prescription writing, which should consist of the drug desired, a synergist possibly, and a vehicle. And tell your patient that this prescription is simply to tide over present abnormal conditions until nature is ready to respond in its own way, the best and surest way and the least damaging way."

BANQUET SPEECHES.

143d Annual Meeting of the Medical Society of New Jersey, Hotel Cape May, Cape May.

Dr. David St. John, the President, acting as toastmaster.

Dr. St. John: It is my pleasure to introduce to you Hon. Frederick J. Melvin, Mayor of Cape May.

MAYOR FREDERICK J. MELVIN'S ADDRESS.

Mr. President, Ladies and Gentlemen: I was not aware that I was to be called upon to say anything this evening. However, it is a great pleasure and honor that has been accorded me, to be here with you this evening and enjoy this beautiful sight and this generous repast.

I cannot add very much to what I said yesterday, though I said very little then, regarding the present annual gathering, but from the appearance of this bright assembly, it occurs to me that the time that you have been among us has been spent pleasantly and, I hope, comfortably and profitably. We, the people of Cape May, desire to express our high appreciation of this second visit of your society to our city. As I remarked yesterday, this has been an innovation in the proceedings of the Medical Society of New Jersey, this grand old organization, in selecting the same city twice in succession for convention purposes; and I am satisfied that the efforts of the members of the committee to whom have been assigned the duty of arranging the proceed-

ings of this meeting have been most carefully and thoroughly planned. I hope their efforts have been perfectly satisfactory.

For the people of Cape May, whom I have the honor to represent, I thank you for coming among us; and, as I remarked yesterday, I hope my wish will not be in vain, when I declare to you that I hope Cape May will be selected for the time to come as the permanent meeting place of the Medical Society of the State of New Jersey. It is indeed a pleasure to be here with such a distinguished assemblage, and to know that we are surrounded by those who spend all their time in their professional life in administering to our ills and sufferings; and it affords us the greatest pleasure to contribute in any way that we possibly can to the few hours of relaxation that you take from your many arduous hours of hard work. I feel it an honor, I can assure you, to be here and enjoy it with you, and I hope I may have the pleasure of knowing that I shall see you all here again in 1910.

Dr. St. John: In the discussion of Dr. Davis's paper this morning, it was made apparent that one of our distinguished guests from Philadelphia, Dr. Richard C. Norris, was able to cope with an emergency. Such an emergency arose, when a message arrived from one of our expected speakers saying that he would not be able to be present this evening. Our thoughts turned naturally to Dr. Norris. When asked to speak to-night, he said: "Yes, I am a specialist in emergencies. If you will tell me what to talk about and give me fifteen minutes for preparation, I will take the case." It is my pleasure to introduce this distinguished specialist, Dr. Norris, of Philadelphia.

DR. RICHARD C. NORRIS' ADDRESS.

"The Influence of the Medical Society."

Mr. Toastmaster, Ladies and Gentlemen: It is not given to me to be the silver-tongued orator that you might require on this occasion; but when your president requested me a few moments ago to meet the emergency occasioned by the absence of one of the gentlemen chosen to address you, since my life work has been devoted, as he has said, to emergencies, I felt that I must respond to the call. Cape May talent has been offered to you in the beginning of this evening's entertainment, and I feel it to be a distinguished honor that I should succeed one so gifted as our Mayor.

Those of you who have visited Cape May in years past and have come again after the lapse of a considerable length of time will note many changes in this summer resort—changes far reaching in their effects on its future; and this reminds me of the distinguished artist to whom there once came the children of a rich deceased brewer, with the story that they were very anxious to have a portrait of their father. There was no photograph of him in existence, but they insisted that the artist should paint his portrait. Not being willing to lose a good fee, the artist said: "Well, I will undertake this. Tell me what your father looked like." The son, and afterward the daughter, gave in their own way a vivid description of their parent. The artist painted the picture; and when it was finished, the family were asked to assemble and view it. When the screen that covered it was withdrawn, the elderly sister looked at the picture in amazement, and said: "Yah, das ist mein fadder; aber mein Gott! how he is changed!" So, when you come to Cape May as it is to-day, you see great changes—changes that bespeak for it in the future great prosperity and larger development, until it shall again be a summer resort of national renown.

I have been asked to speak on the influences of the medical society. No theme should be more popular with a man of our profession or inspire him with greater enthusiasm; for I take it that the influence of the medical society upon the individual in the rank and file of our profession is the greatest influence in his professional life. When we consider the influence of the medical society upon the State, its domination of many factors in the daily life of the public is so great that we cannot properly estimate the importance of that influence. Most of you, when you graduated and were fresh from the teachings of your professors, looked upon each individual professor as the man who had reached the greatest perfection in his special line. Their personalities dominated you and made you what you were at that time. When you grew to manhood in the profession, and your ideas had matured, I ask you to-night whether it is not the medical society's teachings and influences that guide and dominate your professional lives far more than those of any medical school. Read the transactions of the medical society; they dominate the thought and represent the achievements of our profession. Not the dogmatic professor in the chair, but the

hard-earned experience that comes from actual work, as expressed in the discussions of our society, creates and moulds and influences every phase of the physician's and the surgeon's life.

When we come to consider the influence of the medical society upon the State and the public at large, we find that its controlling influence is not less great and equally far-reaching. What advances in hygiene, public health, in sanitary legislation, that have benefited any State, have not originated in the legislative committees of the State medical societies? It is not individual effort that accomplished these things, but concerted effort; and it is to our State societies that we bring the product of our wisdom and experience which shaves for us the medical legislation of our country. The day is not far distant when our National Government will recognize this influence, and a department of public health with a seat in the Cabinet in the city of Washington will control legislation relating to the public health throughout our country, solely and wholly through the influence of our State societies.

When I come to speak of this, the New Jersey State Society, I am reminded of the story of the old darkey slave who had come from the South, and who said to his companion: "Look here, Bill, I think Massa Jones is the greatest man that ever lived." "Oh, see here, Sambo," said Bill, "he is surely not as great a man as Napoleon. He did not kill so many people to get great." "Oh, yes," said Sambo, "he is a greater man than Napoleon." "Now, Sambo," said Bill, "I know you has a grand idea of Massa Jones; but surely you don't think he is as great as General Grant." "Yes he is as great; he has fought for many a nigger." "But he is not as great a man as Abraham Lincoln?" "Yes he is. Abraham Lincoln had his sorrows and his troubles, but our Massa has no trouble at all." "I believe you think he is as great as the Lord himself." To his Sambo replied: "Look here, Bill, Massa Jones is a young man yet. Just give him a chance."

The New Jersey State Society, young as she is in spirit, and old as she is in achievement, has taken her place in the annals of the State societies in this country. She is one hundred and forty-three years old to-day, with a past record that stands for achievement in everything that makes toward the advance of medicine. When you review her history and think of the great men in this State in our profession,

men like Burke and Johnson and Marsh, the father and son, and Elmer, the senior, and other great men who have passed away, but who have ranked among the highest; who have given their best effort for this society, and their hours of toil to shape its destiny and make it what it is, your heart should thrill with the emotion that can come to a man only when he realizes that those who have preceded him have done their work well and have left you their good works as your heritage. On your shoulders rests the responsibility and, I trust, the determination to do as they have done.

Some of you may not remember and realize it, but it is true that no society in this country has done more to elevate the standard of medical education than has your State society. Hark back for but a few years. By elevating the standard of your examinations, you started the movement for higher medical education. The men from our large teaching schools in Philadelphia and in New York, came before your State Board and many failed to meet your requirements. Even in my day as a student it was realized that the New Jersey State Board was the most difficult to pass. This was true twenty years ago. It was the influence of men in your society that made the examination so rigid that the standard of medical education in Philadelphia and New York had to be rapidly elevated, in order to enable students from these places to enter your portals without failure. Prior to that time also, a man had to be well equipped and well trained, for those days, to practise in your State.

The work of your society has been well done. You, gentlemen, are the ones to carry it forward. Besides the scientific attainments and the elevation of the sciences of medicine and surgery, which you gather here to enlarge by your experience and wisdom, remember the humanitarian side of our profession, and do not forget that not the least of the beneficent influences of our society is that it fosters good fellowship and cultivates a kindly feeling toward each other. There has swept over this country in this age a revolution in men's consciences. The time has come when the standards of life have been raised—when goodness and greatness cannot be separated, and those of you who set the standards for the New Jersey State Society must remember that, aside from scientific attainments, the standard of hon-

esty, of righteousness and of square dealing is the quality that must prevail and give you strength.

In conclusion, I trust that you will come back here again, and frequently; and as you do so, and meet your old friends and have developed that spark of friendship and comradeship which is a large element in our society life, you will recall the early influences of the New Jersey State Society, and will remember Cape May as one of the places in which you have met twice in succession. No matter where you may meet in the future, see to it that you accomplish, in your scientific proceedings, as much or, it possible, more for the welfare of humanity than has resulted from your deliberations here to-day.

Dr. St. John: During the dark days of the early 60's, when war clouds hung with dark, threatening bulk over our country, and the great and good Lincoln was almost weighed down and disheartened and discouraged by the opposition at home and the doubtful attitude of our neighbors abroad, he summoned to his council chamber some of the strong patriotic men of the nation, and asked that some one be sent over to England to proclaim from the pulpit and platform the justice of our cause, in the endeavor to correct the biased views there prevailing, and set us right. Among those chosen for this patriotic purpose was the justly famed orator and patriot, Henry Ward Beecher. Another chosen for this mission was a young clergyman from New Hampshire, whose ability and patriotism were already known. The good work that these strong men did for our cause in England at that time is part of our history.

Actuated by these lofty aims and purposes, this singularly strong young clergyman from New Hampshire has been standing up manfully and eloquently in the pulpit or on the platform, and with his pen, for the right and against the wrong in religion, in politics, and in the social problems which concern the people. He has been the actor in a hundred battles for the cause of right, and I take great pleasure in introducing the Rev. Dr. James M. Buckley, who will respond to the toast, "Modern Quackery."

REV. DR. JAMES M. BUCKLEY'S ADDRESS.

"Ancient and Modern Quackery."

Mr. Toastmaster, Ladies and Gentlemen: I desire to speak of important matters in a colloquial way. The subject is "Ancient and Modern Quackery." A certain man,

when he was a boy, was stung by a hornet. He said to his mother, "What was it that hurt me so, and what did he do it with?" That sting made out of him one of the greatest of entomologists. From that time until his death, he was engaged in researches in entomology. Now I believe that nine men out of ten are controlled by some one thing that has struck them very peculiarly. They may not know it, but if they are carefully observed, it will be found that the general tenor of their minds comes from some one thing or one saying.

When I was a boy of ten, a fine-looking man called upon my mother. He spoke to her for half an hour, without noticing me. He then called me to him and said: "I have on my estate two hundred horses. Most of them are Shetland ponies. I have three hundred varieties of singing birds. If you will come to visit me, I will give you a Shetland pony for yourself." While this was going on, my mother was tapping her forehead, and when the man went away, I said: "When can I go to get that pony?" Said she: "He is deranged." Some years ago I visited the lunatic asylum at Trenton; a friend took me through the institution. While we were in one of the wards, I saw a sight that impressed me more than anything I had ever seen. I saw the man that had promised me that horse, and he had on a straight-jacket. I heard him curse the God that made him, and in a second I understood what "deranged," "crazy" and "daft" meant, and that he was insane when he promised me the pony and the birds.

That was a tremendous impression. I should not be here to-night, if that had not happened. Dr. St. John is a member of the Board of Managers of the State Hospital at Morris Plains, of which I am the vice-president. He is the chairman of the Medical Committee, of which I am a member. By that committee, he rules me; but in case the president is not there, I rule him. He is responsible for thrusting me upon your notice.

This thing has followed me all the days of my life. I went to New Hampshire, and had not been there long before I was appointed on a committee of three to examine an asylum. When I went to Europe, the Governor of the State asked me to visit every insane asylum in Great Britain and Ireland and give him facts with which to wake up New Hampshire on the subject of the insane. That, however, was not the end. * * *

The abnormal has followed me from the

time that the man promised me the horse, and a short time ago I found myself elected vice-president of Comstock's institution. If that is not abnormal enough, I will apply for admission to something else. Many of these abnormal things I have followed up. I spent a year to get a definition for quackery, and this is about the definition I succeeded in obtaining: A quack is a man who produces certain effects and intentionally assigns other than the real causes for them. In the next place, a man is a quack who declares that *he* has produced certain effects, though these effects were produced by *nature*; and the third and last definition is that a quack is a man who declares that he has produced certain effects by means of certain causes, when those causes had nothing to do with the operation, and he knows it. Put these three together, and you have a quack.

There is a great difference between a fraud and a humbug. The latter is not what he thinks he is; therefore, he is not a fraud. He is trying to make people believe that he is what he thinks he is, but he is not that thing. The fraud makes people believe he is not what he is, and he knows he is doing this thing. It is difficult to distinguish, and say that one is all quack, and one all fraud. There are some technically called quacks who are honest, and they act exactly like the quacks who are not honest. Their errant consciences approve them and they get the rewards of the quack.

I speak of modern quacks; and yet, if you go over the subject, you will find every form of quackery now in existence to be as old as civilization. The ancient oracles were quacks, and fooled their contemporaries. They made up all those peculiar answers. Another variety of quack was the astrologer. Astrology is alive to-day; a man in England has made an immense fortune in the last sixteen years by his astrological almanacs. Whether he thinks he is an imposter or not, I cannot say. The heavenly movements are remarkable and those that are regular can be counted on. According to astrology, I ought to have been hanged for murder twenty-five years ago; but I have not been discovered as a murderer yet, and have not got out of the world. The peculiar uncertainty of comets and shooting stars enables them to build up a most extraordinary system, and some of them actually believe in the science.

Witchcraft is almost as common in the United States to-day as anything else.

There have been 297 arrests for practising witchcraft in four States within the last two years. It is very easy to believe in the reality of witchcraft. Wherever there is a belief in this, there is plenty of it; and there is also the witch-killer. This belief is all through the interior of Pennsylvania, all through Tennessee, and through almost all the Southern States; and it runs through England, Ireland and Wales. I once took a pedestrian tour through Ireland, and did not find a peasant's house in which there was not the belief in witches or the equivalent thereof, until I got up to the part settled by the Scotch Protestants; and there are some there.

As to alchemy—the making of gold out of baser substances—you find that there are some people who honestly do believe it. Some have given up all their fortune in the endeavor, and have lost it. Have we not, within a few weeks in France, seen some of the greatest men had been fooled by a man who was manufacturing diamonds? We will pass alchemy by; it was a pseudoscience.

Now we take up another thing. In all ages, ventriloquism has been the basis of a presumed connection with the other world. I do not doubt that some here, learned as they are, believe that there is a certain method of speaking from the abdomen and of using organs that all do not possess concerned in this art. If not, I congratulate the society. Any old inhabitant of Philadelphia will know about Signor Blitz, who gave exhibitions in ventriloquism there for many years. I took lessons of him and of two other ventriloquists, and there is nothing in it but imitation. When they wish you to be able to make it appear that some one above or down in the cellar is calling for help, or something of the kind, they tell you to send a boy up into a tree and learn to imitate on the ground the sound produced by the boy above. I had no difficulty at all in mastering it. Anybody with common sense and an ear for music can become a very easy-speaking ventriloquist within three months; yet that to-day is the principal thing that many spiritual mediums employ.

You know something about the seventh son of the seventh son, yet have you ever come in contact with that sublimest of human mortals? Those people who are declaring now that Mars is inhabited say that there are evidences that its inhabitants are mortals. Therefore, I say human mortals. The seventh daughter of the seventh

daughter is, however, the most majestic being on the earth. I know this, for I was introduced to her in London. Wherever there are lies or superstitions, there are dupes learned or ignorant.

We shall now take up some other things that have been existing from time immemorial, that are here to-day. One is the peculiar reading of character by palmistry, pedomancy, etc. Perhaps you have read of Puddin'-head Wilson. One day, the editor of a magazine said to me: "Write something for me. I do not dare to send out this book without some sort of antidote for palmistry." So I exposed the whole thing from the beginning. The fact is that all these mounds and lines are simply the result of the fact that we do not do anything with the backs of our hands. The Talmud says that every child born into the world is born with its hands clenched. A Frenchman got a kid that had not been tanned and made a complete hand with mounds and lines, and reproduced everything that is done. Palmistry is a wonderfully charming thing, when the subject is a beautiful young lady and the palmist is a young man of about the same age. It is to them the most extraordinarily fascinating science in all the world. But I have traveled in a country where the people do not pay any attention at all to palmistry. They prefer pedomancy. I have also been in a country where the people think that they can read character by the collar-bone. They call it scapulmancy, or a word to that effect.

What shifts modern spiritualism will turn to. Perhaps some of you remember Newton, who traveled all over this country and made a great fortune. I traveled with him once from New Orleans to St. Louis. In Havana, Cuba, he had had eight hundred people a day consult him, so that the police had to keep order. He had healed thousands. He was traveling with his daughter and she was sick. I asked: "Why do you not heal your daughter?" and he replied: "It seems that God prevents me from healing this one thing, lest I should be too proud." He talked with me at intervals for two days, and said: "I can stand up before any audience, after they have seen some of my miracles, and thrust out shocks of vitality; and the people who receive these shocks will rise and will not know why they do so." Well, that seemed to me to be very remarkable. I was invited to deliver a lecture, and I gave it the most mysterious name that could be

thought of. It was entitled: "Divers Mysteries of Human Nature Unveiled." You see, I could say anything under that head. If I did not get a mystery thoroughly unveiled, I was unveiling it; and if I was unveiling it and had not got it unveiled, it was still mysterious. I said to myself, if Newton can bring the people up, I will try it. In the course of the evening, I said: "I feel impressed to send forth shocks of vitality. Let those that feel them rise and testify to the mystery of the universe." Several rose—more men than women. Let me, however, tell you, so that you may not think so badly of the men, that there were only one-tenth as many women as men in the room. I am very accurate in my statements, and I do not wish to put the masculine end of humanity in such a bad light as they would appear if the numbers had been equal, and yet only three women had come under domination and so many men. There was a great principle involved in this. What was that principle? The union of confidence, reverence and expectancy. From some things that I had stated, these people began to feel that I had absolute knowledge of what I was talking about; and then, when they saw me do this thing, that instinct which is present in parents' minds when they are concentrated upon an act that is taking place before their eyes, made them automatically rise, like the man who went in and saw the trip hammer going down at the iron works. He stood looking at it for a while, and at last began to keep time with it. Finally he put his hand down, and it came down and smashed it. He said: "It did itself; I did not do it." It was just this way with these people. I found out that I could cure any one that Newton could cure, or any one else. The only thing that I had that made me weak was a little conscientiousness in regard to the process. I could not tell the people that it was a real thing, but Newton did tell them that he was sending out shocks of vitality. He was a very nice old man, and I could not tell whether he believed in himself or not. I had a wen on my head, about the size of a small hickory nut, and when he operated on it on the steamer, he said: "I am impressed to paralyze that duct." He tried, but it stayed there until a surgeon removed it. I thought from his manner, however, that he absolutely believed in himself.

We will now come to Dr. Dowie, my old friend. He began as an honest Christian man. He was a Congregational minister,

and had so much vim and energy that the Premier of one of the States of Australia offered him the Bureau of Education, if he would not upset the political aspect, as he threatened to do on some other subject. Dowie spent three hours telling me about his conversion and his life, and a more eloquent three hours of talk I have never heard. At last he came to the conclusion, and really believed that he was a sort of demi-god. I saw him in his magnificent library. He had in it three golden telephones (the ornaments, I mean), and he had a number of men. When he called the register of tithes, the man came and stood trembling before him, as if Dowie were a divine being. He charged me in the public prints with lying, as I had told him that if he would give me this interview, I would never reveal anything he told me in it. I took with me a distinguished man, a bishop, and told him to listen to everything that was said. It was all put down by the bishop. I had not said that I would keep *brivate the fact that I had had an interview*. When in the *Century* I said that his mind was clear and that he was able to reason, as was proved by a conversation of three hours, he charged me with lying, because I had made known that I had had an interview. But I did not reveal what he said.

He came to New York, at great expense, to make the people of that city believe that I had lied. He died as crazy a man as there has been in any insane asylum at any time. He had been crazy for the last four years of his life. He was a development from honesty into quackery. When he got where he could not make things good, he would lie. His own daughter was burned to death before his eyes, and the wretched man manufactured the excuse that God had punished her because he had told her not to use ardent spirits, and she had an alcohol lamp to get heat to curl her hair with. She got on fire and was burned to death, and he himself died of two different diseases that he had said he could cure, provided people would give up surgery and medicine, and fall down before God and be baptized. His was an awful case that might be dwelt on at some length.

Now we come to the New Thought idea. There are about one hundred and seventy persons in the United States at the present time that are not Christian Scientists, but are working a system of new thought. They are in five classes. I saw two of these in Los Angeles, and talked with them for

hours. They use semi-dreamy, poetic language, and have nothing at all to say that can be understood. One of them addressed me like this: "If we look upward, we behold the cosmos, as it were, surrounded by red and gleaming lights. We descend in our thought lower, to a stratum in which we find——" and so on indefinitely for about fifteen minutes. I reduced the ideas of all to this: "You are sick, you think. I am the person, and the only person, that can get you out of this scrape." That was the whole thing, but it took them three-quarters of an hour to say it. One class is really learned in all metaphysical matters, and one class is built up on East Indian lines. Most of them have learned from Mrs. Eddy how to be silent, to be soft, and to be sweet.

I have full knowledge of the course in Christian Science, though it was impossible for me to believe in or to practise it. From about five of these teachers, together with an acquaintance with two or three persons that had left the sect and had no conscientious scruples about telling what they had learned, I succeeded in hearing all that they had to say from beginning to end. They have nothing affirmative to say, except the three things that Mrs. Eddy harps upon all the time: That matter is nothing; that sin is nothing, and that God is impersonal. Now I happen to be the president of a hospital in Brooklyn, which I founded twenty-eight years ago, founded by a friend who gave me nearly half a million dollars, and many people are there that have come from Christian Science practitioners. They are all over the country in hospitals.

If you analyze the thing, you get from Dowieism this idea: "Dowie is God's special messenger." He had a special prayer machine. Right in my presence he got a telegram to pray for somebody. He prayed, and the machine, which worked by electricity, recorded: "John A. Dowie prayed at 11:25 o'clock on June 7th," and so on. I asked him what he did this for, and he said that he expected to hear from these people that just at that very second the person prayed for felt greatly relieved. The important thing in the sect was Dowie—his looks, his words, his promises, and his supreme confidence. The only thing in Christian Science is the other thing, with different phraseology. I could go out tonight and take ten uneducated persons, telling them that I had become a Buddha and could do miracles, and would have half of

them ready to testify to this in the morning. I have done it in public many times. One of the greatest physicians in the United States heard me. I said to an audience in Connecticut that I could compel people that I had never seen to come up to the platform. The son of that distinguished physician, a boy in Yale University, that I had never heard of, got up and began holding himself back; and the father was almost crazy with indignation to see his boy do it. There was not a thing in it, except my absolute apparent confidence.

Regarding hypnotism, this has been practised under a number of names. First, it was called mesmerism; next, animal magnetism, etherology; later, electrology and psycedunamy. The whole thing is based on confidence, reverence and expectancy. Any man here who has brass enough in his face and strength enough in his lungs can affect about half of all the population with whatever system he gets up.

And now what shall we say? Hypnotism is a positive fact, and it is not done by the will. If you have ever hypnotized anybody and you say you do it by the will, I will say that you do not understand your subject. It is not your will. I have hypnotized a number at a time in the presence of a thousand people. One of these was Professor Fuertes, of Cornell University, and he gave me a certificate, which was published in the *Century*. I just said to these people: "Shut your eyes, put your hands thus and stand." In four or five minutes some of them would pass into a situation in which, the next time I passed along to feel their hands, I could say: "I have my hands over your eyes; do you see a light?" If they did not see the light, I did not pay any attention to them; but if they did, I could make them see a great deal more in a very short time.

Now about the Emmanuel Movement. I suppose some of you saw my article in the *Century* about that in February last.

What is the Emmanuel Movement? It is the same business of speaking authoritatively. It is the same business of the hypnotist. I do not say now that in all respects the movement is the same as hypnotism, but it would end in some cases in hypnotism. The ancient Methodists used to fall on the floor unconscious, and they were practically in the same condition that a hypnotized person is. The Emmanuelist tries to put himself on a plane with the New Testament, but in the New Testament it did not require several interviews to ef-

fect a cure. You can believe me or not, but you can read the New Testament yourself, and you will find that in each and every case the man was present but once, and the cure was made at once. The Emmanuel Movement requires half a dozen to twenty-five or thirty of these interviews. There is no such thing as that which is recorded in the New Testament anywhere, from beginning to end; and I charge them, not with being quacks, but with doing what a quack would do in the same circumstances, when they undertake to combine the elements that I have rapidly sketched with the work of Christ and His Apostles.

Furthermore, if the ministers of the Gospel in this country take up this matter and attempt to carry it out, put in in your books and in your minds that I have prophesied to you this night that such a reign of scandal between the pastors and the people has never been as this will bring about. For instance, there comes to the pastor a woman who is hysterical and is not happily married; perhaps a good but a weak woman and very imaginative. She considers herself suffering with neurasthenia, and probably she is. She will not acknowledge the hysterics, but the Emmanuel Movement requires that the pastor shall know her whole state; before he can do anything for her, he must hear how her present state arose. The Catholic Church is protected. The priest hears confessions in the church, standing in a box, and delivers himself in that box; but for the ordinary Protestants to have people in these particular situations to come to them and lay bare their private history and everything connected with their troubles and difficulties—well, there may be men who can preserve their equilibrium throughout all these circumstances, but there is no reason to think that such relations can possibly be maintained in an ordinary Christian church by the minister with the people. What husband who has an idiotic wife—and if he is also idiotic, so much the worse—would allow her to go to any one but the family physician or some great expert and tell the things, and bring to bear the peculiarities I have mentioned, the operation of suggestion, and everything of that kind? Very few would do it.

There was a certain pastor in the West who preached an hour and a half. When he got to the end of his discourse, he said: "Oh, brethren, what a field appears before us now!" Another old preacher spoke up and said: "There is a big field, but do not take the bars down."

Dr. St. John: We have with us to-night a distinguished member of our profession, an ex-president of the American Medical Association, and an intimate friend and medical adviser of New Jersey's distinguished citizen and great Governor, Grover Cleveland. I beg to present Dr. Joseph D. Bryant, of New York City, who will respond to the toast "The Saying and the Doing."

DR. JOSEPH D. BRYANT'S ADDRESS.

"The Saying and the Doing."

Mr. President, Ladies, Members of the Medical Profession of New Jersey, and Distinguished Guests: I am, indeed, pleased to be with you to-night. It affords me the special opportunity of speaking, and of listening to words of others, and of seeing things perfectly soberly (as no temptation for other than this has as yet been offered) that on occasions like this I have not before had the privilege of enjoying. I fully realize the importance of an association like this of yours, composed of about twelve hundred members which turns out thirty-three and a third per cent. of their number at an annual meeting at this time. I have listened to what has been said to you by my distinguished friend on the left; and am willing to realize that justice promptly comes from New Jersey, and always comes effectively and finally. I am also glad to acknowledge that New Jersey has done for the medical profession very much indeed which New Jersey and other States should be proud to know, and which the medical profession generally should regard as beneficent, and, therefore, I believe I can see the reason why the New Jersey profession does so much good. The benign influences with which the members are surrounded, and the gentle consultants that they have with them, those which they have within their home circle, and likewise at the banquet table with their friends and professional brethren, bespeak of decided forethought and wisdom, both here and at home. When I shall again attend at Albany the meeting of the New York State Medical Society, which numbers over six thousand, but whose proportional professional attendance at its annual meetings is far less than yours, I shall bring to their notice the fact of the healthful influence exercised in your deliberations elsewhere and here to-night by the presence of the gentler sex. It may be possible that his honor, the Mayor, will later extend to us of New York the opportunity to join with you in an occasion of this kind.

At this time I wish, with your permission, to refer to what I have not before stated to an assembled body. The gracious words uttered by your chairman regarding the distinguished gentleman who had his birth in New Jersey and died in New Jersey just a year ago to-day (June 24th) lead me at this time to say something regarding him. He was my friend. No man could have had a better friend; no country could have had a greater patriot; and no people could lose a stronger supporter or a more sincere and devoted adherent than was Grover Cleveland. And how strange it is that, on the corresponding day of his death, in the city of New York, there is being tried by the district attorney, on behalf of the people, the question of whether or not the last, or almost the last, paper attributed to him, published by the New York Times, is or is not a fraud. It may be interesting for you to know that his friends regard it as a fraud, and will testify that it is a fraud, and we sincerely hope the people will take that view of it.

I was asked by my friend, the chairman, if I would come and address you. I had little notion when I came, that I should be expected to speak to ladies; but I thank them for their presence. I was informed that my friend on the right, the distinguished gentleman who has just addressed you, would be here and would speak of "quacks and quackery." I can understand well, indeed, how it was that the president, when he wrote him, might have said: "We want not an old man in his dotage, nor a young man in goslinghood, but we want a man who is well informed on the modern affairs of things." I am glad, indeed, that he honors the occasion.

"The Saying and the Doing," I believe, is the sentiment to which I am to speak. We say what we will do, and what we ought to do, and what we intend to do. But the question is, do we, as doctors, do more than others in this regard?

The pamphlet which I have here was once known as the Code of Ethics of the American Medical Association. It is now known as "The Principles of Ethics of the American Medical Association." But a few years ago, there was a committee appointed at Saratoga to take up the consideration of the code of ethics and make it, if possible, more commendable and palatable to the varying digestion of those who were subject to its influence. It was my privilege to be on that committee, associated with the late Dr. Senn, of Chicago; Dr. Welch,

of Baltimore; Dr. Happel, of Tennessee, and Dr. Harris, of New York. We gave to this little brochure great consideration.

Wishing to know how it might appeal to laymen, I laid it before Mr. Cleveland to examine. No one on the committee worked more earnestly than he, or more conscientiously in examining the various sections in this pamphlet; and the modified text bears his language and his sense of right and wrong in many places. I speak of this to show the great interest which Mr. Cleveland took in everything that related to the welfare of all orders of citizens and the people at large, and also to emphasize the profound interest that he manifested in doing what he could to add to the betterment of perplexing situations.

I shall refer to but a few sections of the pamphlet at this time. The section which relates to the obligation to maintain the honor of the profession, reads as follows: "The honor of the profession"—not the honor of the man engaged in the profession—not the honor of the patients who may seek him—but the honor of the profession itself. How many of us stop for a moment to think what we ourselves do in the affairs of life, irrespective of those belonging to the practice of medicine, reflect upon the profession to which we belong, for good or evil according to the nature of the act? Show me a man who honors his profession, who speaks well of his profession, who speaks well of the members of his profession; and I will show you a man that adds honor to it, and whom, as a rule, every one speaks well of; but show me a man who speaks slightly of his brother practitioner or of his profession, or who speaks with suggestive shrugs regarding things that require calm contemplation and wise judgment, or should go unspoken, and I will show you a man who does not stand in the community as well as he thinks he does, and adds limited honor to his calling. I will read more of the section now:

"Every one, on entering the profession and thereby becoming entitled to full professional fellowship, incurs an obligation to uphold its dignity and honor, to exact its standards, and to extend the boundaries of its usefulness." How many of us have read that within a month? How many have not read it at all? How many were aware of such a sentiment? I am not going to put it to vote, so you need not leave the room; but I will venture to say, without any fear of gainsay, and with all due respect, that there are in the profession of

this State or any State in the Union, too many of our calling who are not aware of its presence, nor never have had this fact impressed upon them.

"Every one, on entering the profession," does not mean medical students especially, but should, I think, include them; and I believe that the faculties of medical colleges are as strictly obligated to teach the principles of medical ethics—the science of human duty—as other branches of a proper medical curriculum. I have been a member of a teaching body of a medical school for thirty-two consecutive years, and I will say with regret that only within the last two or three years has this institution begun to inculcate properly the principles of professional manhood by telling the young medical men how they should treat one another and how they should regard their profession. I freely confess that to the faculties of medical schools belong in large degree the blame for the inconsistencies of action that often, too often, characterize the members of our profession. I wish to say that the school to which I belong is giving fifteen to twenty lessons each term in the principles of medical ethics. Questions are submitted to the students, and they are asked to state how they would act in such instances; and the degree of innocence and unsophistication which students show in submitting answers to these questions fully justifies the faculty in establishing this somewhat new and unusual field of instruction.

There are two or three facts to which I will call your attention, by way of emphasis, and it is in the line of the remarks of my distinguished friend regarding "patents and secret nostrums." From the Principles of Ethics, I read the following: "It is equally derogatory to professional character for physicians to hold patents for surgical instruments or medicines, to accept rebates on prescriptions or surgical appliances." There was no keener assertion in the committee at the outset than on the question of patents. One member said: "I am in favor of patents on surgical instruments." I replied, "I am not, until it shall be shown that the poor shall in no way be burdened as the result of it. Neither you nor I, nor any just member of the profession, would care to receive a royalty on an instrument conceived for the purpose of relieving the poor, which would put a burden on an individual or an institution devoted to the care of this class of people." But the question is up again now in the

portion of the section which says, "hold patents for any surgical instruments or medicines." There is an apparent desire to have the words "surgical instruments" stricken out. I will ask if it makes any difference in principle whether you use iron or steel in the form of medicine for benefiting digestion or for mechanical purposes in controlling deformities. If you take it off the limbs, take it out of the pills, and I am frank to say that I am of the opinion that often it can be better borne on limbs than in pills. I trust sincerely that much serious thought will be given to this proposed encroachment. Remember that the moment we, as a profession, say that any mechanical thing that we may devise for the benefit of the people shall bear a mark that shall increase our opportunity for gain and oppress the needy, we shall then be far removed from that which teaches us a profession is not a business. In any instance, please remember that should you yourself wish to devise some simple instrument that might benefit a poor family, that if you were to trespass upon a principle covered by a patent, not only you, but the patient wearing it might be subject to a penalty.

Another evil that some of our profession would prevent and some would utilize relates to the following: Section 4, "It is derogatory to professional character for physicians to pay or offer to pay commissions to any person whatsoever who may recommend to them patients requiring general or special treatment or surgical operations. It is equally derogatory to professional character for physicians to solicit or to receive such commissions." I will give an illustration:

Some years ago, in my Sunday clinic, it was necessary to secure patients for clinical purposes. A friend whom I had known for many years sent me patients for operative action on these occasions. I welcomed them and thanked him for them. One day a laboring, sea-faring man from the southern coast of Long Island said to me: "Doc, what do you want to do that operation for and get nothing for it? Your friend gets pay for 'em." I replied, "I do not believe it." "I know, I guess," said he; "I find the patients, and I will bring 'em to you in the same way that I take 'em to him." In other words, I might operate on them and give him some of the money. I have not seen this individual since.

I speak of this with great regret. It is

like tearing open wounds—this lack of respect of those who regard business and professional transactions as being of similar moment.

While roaming about in a distant city, a member of the profession wrote letters to a number of distinguished surgeons, saying: "I am a country practitioner, which affords me opportunities for meeting many patients with troubles of a surgical character. I am not a surgeon myself, but am interested in the patients. If I turn them over to you, how much is coming to me?" I put it in ordinary crude business phraseology, but, of course, it was classically expressed. Do you know how many bit? I do not, but a great many bit and were bitten. Indeed, how sad is this, but it served them right. Their names were not uttered, but they were known and are yet remembered.

It is against this sort of thing that I strongly plead with you to oppose. Its slimy presence is apparently crawling into the profession and defiling the shrine of its manhood.

I desire to speak of one thing further, because the ladies are here. I desire to address them upon a matter in which they can lend great help, both by precept and example. The fact that human life and happiness are opposed in the scale of painless sacrifice of animals utilized in the effort to preserve this supreme gift seems not to lessen the antagonism of those who oppose animal experimentation for scientific purposes. You have had contests in New Jersey, and we in New York, relating to this matter. We have won out thus far, as have you, but the enemy is not asleep; he needs watching. Here is something that happened a year ago last winter (I am coming to the ladies later). A gentleman came into my office and said: "I would like you to put down your name here; Dr. So-and-So has done it, and others are doing it. I have come to see you especially because I know of your influence." Always look out for those fellows who try flattery! I examined the petition which I was asked to sign. It declared that vivisection should be regulated. "It says nothing against the practice, but only that it ought to be regulated." I replied: "It does not need regulating; the law cares for abuses." "Perhaps it doesn't," he said, "but people say so." I replied again: "I deny that it needs regulating, and I will not sign the petition. How much do you get a month?" I asked. He replied: "I get one hundred dollars a month for passing this around." Men

who, in their simplicity of heart or thoughtlessness or lack of proper knowledge, had signed it were among the best medical men; but when their oversight was pointed out to them, they withdrew their names promptly and fought nobly to maintain a proper status. So, gentlemen, please do not be taken unawares.

Now with becoming discretion and profound regard, I will briefly refer to the ladies. The "lovely women whom angels are painted fair to look like," so often add to their charms those of the plumage of beautiful birds as to encourage their slaughter to meet the cruel demands of vain desire. Is not this true? Let us stop a moment and think of it. It is a vain desire. The birds are slaughtered, and some of the ladies here present may be opposed to animal experimentation. If so, the inconsistency of the situation should be plainly obvious.

Bills or measures needlessly directed to the regulation of animal experiments are abroad in the land. Consequently, men loyal to the spirit of scientific endeavor and others who are for peace, should be on their guard, as nothing will satisfy the average anti-vivisectionist except prohibition of animal experimentation, which seems evident from the history of these contentions in England.

I will not longer detain you, but I thank you again, Mr. President, for the opportunity of speaking on this occasion and also express my appreciation of the patience so graciously shown by those who have honored me by their attention. If I have said anything which offends the delicate sense of propriety which is such a potent charm of the gentler sex, then indeed, I humbly make amends for the offense. That your society may continue to prosper in all respects and be the model of all others in scientific attainment and support, is my expectation and hope.

The absence of a "history" should never be allowed to weigh against the diagnosis of syphilis—especially hereditary and tertiary syphilis. The disease is often contracted unknowingly as well as innocently, as by nursing infants.—*Amer. Jour. of Surgery.*

Remember that a syphilitic mucous patch comes quickly, not slowly; it is soft, not indurated; it remains but a short time, not persistently; it is preceded or followed by other mucous patches, and it is apt to be associated with other signs of syphilis.—*W. Amer. Jour. of Surgery.*

Clinical Reports.

CONGENITAL OPENING OF ABDOMEN, WITH PROTRUSION OF ALL THE MOVABLE VISCERA.

Case of Omphalocele.

By Frank W. Pinneo, M. D., Reporter,
Essex County.

In the Journal of the Medical Society of New Jersey, October, 1906, I reported, through the courtesy of Dr. C. H. Wintsch, a *Celosoma*, a case of wide, median, congenital cleft of both thorax and abdomen from neck nearly to the umbilicus with entire extrusion of both heart and abdominal organs. It was pointed out that the cleft, as was shown in the photographs printed, did *not* communicate with the umbilicus and that this proved the case one, not of arrested development with patent umbilicus, but of amniotic disease within the first six weeks of intra-uterine life, the umbilicus being closed.

The report which I send you herewith, of an Omphalocele, a case similar, though not so rare, is of interest, by way of contrast, in a study of ante-natal pathology and the production of monsters, which, notably, are aberrant not in a uniform way but with marked individual differences. A recognition that defects in *production* must have occurred in the embryonal period (the first six weeks) of intra-uterine life, while only failures of *development* can have occurred in the foetal period (later) will often quickly determine whether differences, in two cases like these, are merely superficial individualities or illustrate a wide divergence in the causes originating the deformities and the times of life when they began.

This subject has a practical and not merely academic significance, for are we not often confronted with the inquiry whether a defect, physical or mental, in a child can be due to something unusual in the life of a parent, especially the mother during pregnancy. Is it not worth while to know, in a given case, that a mental deficiency is not hereditary nor reflects on the generation of other, healthy, children, but is due to amniotic adhesions in the first weeks of pregnancy, a disease as definite in its cause and effects and time of occurrence as a *noliomyelitis* in infancy that we can see? Is it not well for us to know the high

morbidity traceable to instrumental deliveries and not too quickly call "congenital" or "hereditary" the stigmata of idiocy?

The case herewith reported, by Dr. H. S. Martland from the pathological laboratory of the Newark City Hospital, is one of Omphalocele (not uncommon in lesser degrees), a non-development dating back to the tenth week of foetal life (when the umbilicus closes and all the abdominal organs are found inside).

CASE OF IMPERFECT CLOSURE OF THE VENTRAL ABDOMINAL WALL.

Reported by H. S. Martland, M. D.,
Newark, N. J.

(From the Pathological Laboratory of the Newark City Hospital.)

The photograph in opposite column represents a full term, female child who was born with an omphalocele or funicular hernia.

The child lived one hour after birth, weighed nine pounds and cried and kicked vigorously. After birth, which was normal, the mid-wife was astonished to find a large yellow mass at the child's navel, looking like a toy balloon.

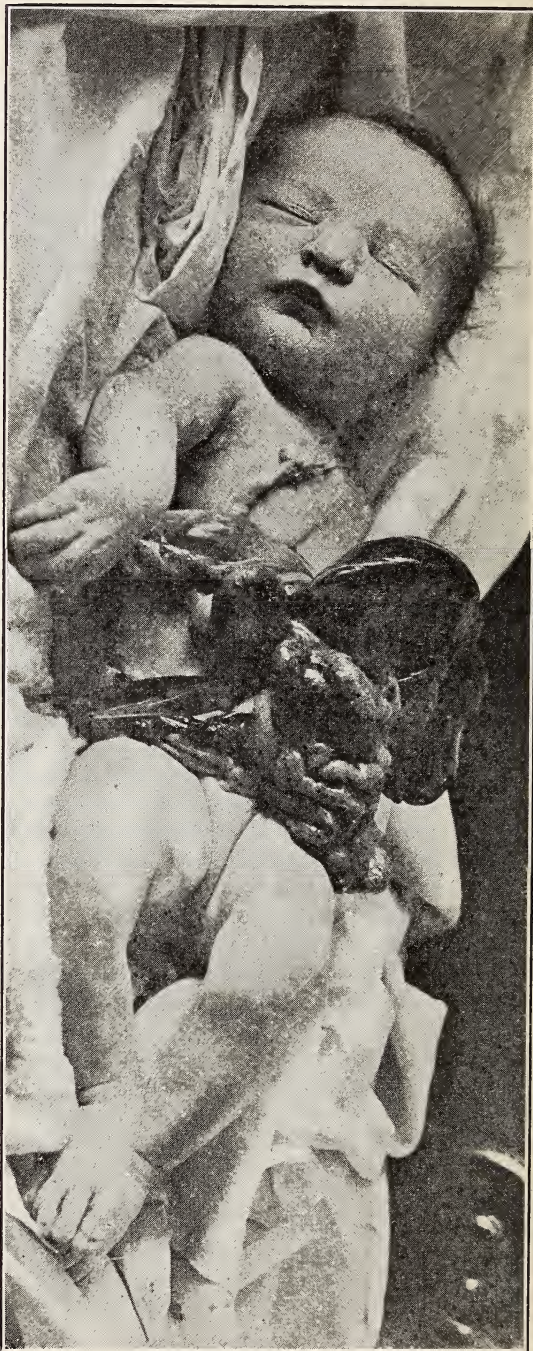
Dr. Daniel Elliot, county physician, was called in, and it is through his courtesy that I report the following:

At the navel was situated a large, globular mass, representing a dilatation of the cord some 25 cm. in diameter, the undilated portion of the cord sprung from near the apex of this mass, and consequently appeared somewhat shortened. On opening the dilated portion of the cord, which was composed of amnion with an inner lining of parietal peritoneum, it was found to contain all the movable viscera of the abdomen, namely, the stomach, small intestine, large intestine down to the beginning of sigmoid, great omentum, liver and spleen. Communication with the abdominal cavity was established by a tight, round opening admitting the tip of the index finger (see thumb forceps). The fixed abdominal viscera remained in the abdomen, that is the adrenals, kidneys, bladder and internal genital organs.

The liver presented a large single cyst in the left lobe, and microscopically showed groups of aberrant bile ducts. Both kidneys presented congenital cysts.

I regard the above case as a malformation, due to defective union of the ventral somatopleuric folds (membrana reuniens

anterior) in the abdominal region. The movable abdominal viscera have pushed before them the parietal peritoneum through the defective abdominal wall, and



as a consequence the umbilical cord was invaded by the hernial sac and its contents, rather early in foetal life.

Although the most frequent seat of imperfect closure of the ventral wall is at the umbilicus, nevertheless the case is of suf-

ficient interest on account of the large contents of the sac, and the presence of congenital cystic kidneys with aberrant bile ducts.

SARCOMA OF THE KIDNEY, PROBABLY CONGENITAL, IN AN INFANT.

Dr. J. Finley Bell, of Englewood, Reported This Case at the New York Academy of Medicine, Section on Pediatrics, May 13, 1909, as Recorded in the American Journal of Obstetrics.

The patient was a male infant, four months old, seen in consultation on February 17. The baby had been breast-fed, and Dr. Paratt, who called Dr. Bell in consultation, had not seen the baby from the time of birth until the previous day. The baby had been apparently normal at the time of birth. The enlargement of the abdomen was of two weeks' standing, but the baby had cried a great deal, and for the past four weeks had not nursed as vigorously as a normal baby should. The urine was diminished in quantity. Examination revealed the fact that the child was much emaciated, the abdomen greatly enlarged, the fontanelles open and their contour and size about normal. The heart was displaced, the apex beat being 1.50 cm. external to the nipple line and in the third interspace; the sounds were normal but weak. Vesicular breathing was diminished and bronchial breathing accentuated. There were no rales. The chest conditions were due to the enormous pressure against the diaphragm from below, crowding the thoracic organs upward unto the apical portions quite horizontal. The circumference of the abdomen at the umbilicus was 49.5 cm. The largest circumference was 51.5 cm. The veins and capillaries of the abdominal wall were prominent. There was an umbilical hernia and the skin was tense and shiny. The entire abdomen was flat on percussion. The area of liver dullness was very high; the spleen could not be found. On close examination there was greater prominence on the left side. Owing to the marked dyspnea, cardiac embarrassment and severity of pain the child was removed to the Englewood Hospital and tapped. The punctures in several places gave a clear, straw-colored fluid of syrupy consistence. About 400 c.c. of fluid was removed, but there was no appreciable difference in the abdominal distention. There was, however, some respiratory relief. A trocar was introduced on the following day with the hope of reaching a large cavity in the sac in order to relieve the thoracic pressure so that with good feeding the general condition of the baby might be improved as a preparation for a radical surgical operation. After repeated efforts to relieve by tapping it was concluded that they had a congenital hydronephrosis to deal with and that this hydronephrosis was multilocular. It was decided to hazard opening the abdomen. The child being in a desperate condition, the parents consented. The abdomen was opened in the medium line between the umbilicus and ensiform. For a time the respiration seemed to improve under chloroform when suddenly, just as the abdomen was entered, it ceased and the

radial pulse disappeared. Artificial respiration was immediately performed and amyl nitrate substituted for chloroform. In a short time respiration was reestablished and oxygen was administered while the operation was being completed. There was considerable shock, and active stimulation was required during the night. The baby was unable to suck after the operation, and was fed with a dropper. Two days later the mother's milk failed, so that whey and cream mixture were substituted. The patient continued stationary until the wound refused to drain, when respiratory and circulatory conditions grew worse and on April 3 the baby died. While these cases are by no means rare, they occurred with sufficient infrequency to make each one interesting. From the history, course, and autopsy findings one was justified in making a diagnosis of congenital sarcoma of, or in the region of the left kidney, its hylum or ureter causing obstructive hydronephrosis, multilocular in character.

Autopsy on Dr. Bell's Case.—Dr. D. S. D. Jessup, reported that the abdomen was filled with a large retroperitoneal mass lying more on the left side than on the right. It extended from the diaphragm to the symphysis and overlaid the right kidney. It was a thin-walled multilocular cyst, and running over its surface from the region of the spleen to the right brim of the pelvis were colon and sigmoid. The mass was adherent laterally on the left side and posteriorly to the muscles. The renal vessels entered and left it opposite the left kidney. After the removal and escape of considerable fluid the tumor measured 20x18 cm. The anterior portion was composed of many thin-walled cysts. Posteriorly the kidney structure was continuous with a soft pale growth which extended forward through the mass to the cystic portion. There were regions of escaped blood and dark necrotic tissue. The liver was small and congested, the gall-bladder distended with light yellow bile, the spleen small, firm and red, and the lungs congested at the base. Sections from various portions of the tumor showed a growth of large oval and spindle cells which appeared to bear an intimate relation to the connective-tissue stroma. There were areas of red cells in the stroma and thin-walled blood-vessels distended with red cells. The walls of the smaller cyst were composed of connective tissue infiltrated by the new growth cells and lined by flattened cells. Sections of the kidney parenchyma showed thinned blood vessels, proliferation of the glomeruli and some increase of connective tissue. A diagnosis was made of spindle-celled sarcoma with cystic degeneration. A section of the right kidney showed swelling of the tubule cells, congestion and patches of round-celled infiltration. The right adrenal was normal. The heart was also normal.

SHOT IN THE APPENDIX VERMIFORMIS.

Reported by H. S. Martland, M. D., Newark, N. J., in the A. M. A. Journal, Oct. 16, 1909.

History—J. D., male, aged 30, was admitted to the surgical division of the City Hospital, service of Dr. E. R. Haussling, suffering from an acute appendicitis, which he had had for two days. The patient was immediately operated on, and the appendix, which had not ruptured, was removed. A localized abscess developed,

which drained well. The patient left the hospital in twenty days cured.

Appendix—The appendix measured 5 cm. in length; its outer two-thirds was triangular in shape, and sacculated. (See illustration.) The dilated portion contained pus, necrotic tissue, fecal matter, and twenty-two shot. The size of the shot was No. 8, and they showed signs of discharge. Microscopic examination showed an acute suppurative inflammation, together with a chronic process. The proximal end presented a thickened and rigid muscularis, which caused the lumen to remain patent and large.

It seems probable that the presence of the shot had only an indirect part in causing the present attack, and that their presence in the appendix was due to the unusually large and rigid opening into the cecum, caused by a previously existing inflammation.

The patient attributes the presence of the shot to the eating of stewed rabbit.

Howard Kelly says:

"Of the heavy bodies which gain access to the appendix, the most common are shot or bullets. The role of shot resembles that of concretions, being purely passive; such bodies may occasionally produce abrasions of the mucous membrane, but, as a rule, they act indirectly, by obstructing the lumen, or by causing pressure anemia of the wall, and diminishing the vitality of the tissue."

Foreign bodies in the appendix, however, are unusual; in 1,000 cases at the Johns Hopkins Hospital they occurred in four cases only.

TETANY FOLLOWING GOITRE REMOVAL.

Dr. Julius Boese has lately observed a case of tetany coming on after the removal of a goitre. The patient was a girl of 20 years, who was suffering from a large colloid goitre which had compressed the trachea, producing a saber-like deformity. During the operation care was taken to leave intact the posterior capsule of the gland as well as the upper lobes. Very severe tetany appeared 24 hours after the operation; the administration of parathyroid extract as well as other remedial measures proved quite without effect, and transplantation of parathyroids was decided upon. These organs were obtained from another patient in whom a unilateral goitre was removed. The glands were transplanted pre-peritoneally, and the effect of the operation was most marked. The phenomena of tetany, which seemed to endanger the life of the patient, disappeared very quickly, and three days after the transplantation she was quite free from symptoms of the disease.

THYROIDECTOMY FOR EXOPHTHALMIC GOITRE.

(Reported by Dr. H. A. Ferguson at a Meeting of the Chicago, Ill., Surgical Society, and Published in the Illinois Medical Journal, April, 1909.)

This case occurred in a girl, 22 years of age, in which there were present, in an exaggerated form, all the typical symptoms of this affection. The disease had been present for about five months, the exophthalmos first attracting the patient's attention. Several years previously

the girl had suffered quite severely from abdominal cramps. A severe general pruritus and excessive sweating were marked symptoms. The pulse rose as high as 142. Although the patient had a most voracious appetite, she had lost about twenty pounds in weight during the existence of the trouble. A thyroidectomy was done, and the result was a most astonishing one, the symptoms disappearing rapidly within a few days. Even under conditions tending to cause mental excitement there was not the slightest evidence of muscular tremor, which, before the operation, had been quite pronounced. The patient gained over twenty pounds in weight during the first month after the operation.

FATTY INFILTRATION OF THE LIVER IN AN INFANT OF THREE MONTHS.

From the Boston Med. and Surg. Journal.

The patient of C. A. Pratt was a normally born infant, fed on artificial food after the first seventeen days. It did well for about three months, when it began to have poor appetite, and for a short time was obliged to be fed on a new food supply during extremely hot weather, when she developed evidences of extreme indigestion. Examination showed a distended abdomen and an enlarged liver. The symptoms of indigestion continued and she died in about a month. An autopsy was held and a typical fatty infiltration of the liver was revealed. The cause of the initial toxemia was undoubtedly the new food taken in the hot weather. It contained some cream, but the liver was undoubtedly enlarged before this food was begun. It does not seem to the author that this toxemia would have proven fatal had the condition of the liver been normal, so that the ordinary body metabolism could have been carried on, nor does it seem probable that if the mother had been enabled to continue the nursing that the liver lesion would have developed. He rejects the theory of a congenital condition. The child never had any jaundice. The liver seemed to fill the entire abdomen. The case is reported on account of the apparent rarity of such a large liver in such a small child.

METRRORRHAGIA AT ADVANCED AGE.

Lewis, Lancet, April 24, 1909, Medical Record, N. Y., May 15, 1909, p. 859, reports two cases: one at 73 years, the menses had ceased at 53; at 73 years there was an escape of blood lasting nine days, followed by a continuous stained discharge. On examination an adenomatous polypus was found, and removed without incident. The other woman was 70 years old; menses had ceased at 50. She had had a discharge for eighteen months. Here also was a polypus. Hemorrhage at this age generally means malignant disease.

TOBACCO POISONING IN AN INFANT.

J. Lemaire reported to the Societie de Pediaetrie a child of one year of age who ate a cigarette containing 1.02 gm. tobacco, or probably about 0.002 gm. of nicotine. After sleeping for an hour he awoke, cried, and vomited. There

was diarrhea, pallor, and cold sweating. Two hours later he was prostrate and drowsy, very pale, with cold extremities, but no cardiac or respiratory disturbance. Tobacco was vomited and passed in the stools. Tea, brandy, and warmth were administered, and at midnight the patient went to sleep. In the morning he awoke quite well.—British Journal of Children's Diseases.

Reports of Medical Societies.

CAMDEN COUNTY.

Henry H. Sherk, M. D., Reporter.

The regular meeting of the Camden County Medical Society was held at the Dispensary Building, October 12, 1909. The president, Dr. W. B. Jennings, occupying the chair. Suitable resolutions on the death of Dr. Garrison, formerly of Collingswood, were adopted.

Dr. Joel W. Fithian then read an able paper entitled "Operations of Preference in Contracted Pelves."

He said in part, that tight lacing and the present artificial mode of living made child-bearing women unfit for their duties. The feeding of the infant on condensed milk and other poor food caused rickets, etc. That most cases of contracted pelvis were not recognized until seen in labor; that half the story is in examination; that a pelvis of three and a half inches will always cause trouble. He advocated dieting of this class of cases, and that premature labor should be produced at eight months. Symphysiotomy is not popular and is an obstetrical botch. In a case of contracted pelvis with a three and a half inch diameter Caesarean section offers a woman a safe chance—is as safe as laparotomy. It is a well-known fact that obstetrical surgery has not advanced as rapidly as general surgery. He arrives at the following conclusions:

First, routine examinations should be made in all cases, especially with the pelvimeter; second, Caesarean section should never be done after the application of forceps; third symphysiotomy should be eliminated; fourth, craniotomy should never be done on a living child.

Dr. J. S. Baer thought it most important to know the previous condition of the patient, so that the proper treatment could be outlined beforehand. He agreed with Dr. Fithian that in all cases of three and a half inches diameter Caesarean section should be performed, that premature labor makes a plea for the study of cases.

Dr. Emma M. Richardson thought that the poor pay received accounted for the non-examination of cases. Better pay will give better services. She also advocated a retaining fee.

Dr. P. H. Markley believes that all primiparae should have pelvic measurements. Dr. Anna M. Hand, of Cape May, never found a contracted pelvis in 2,000 cases. She thought that a pregnant patient should do her own work as much as possible.

Other remarks were made by Drs. Palm, Iszard and Nicholson.

"Frequent Causes of Deafness in Children" was the next paper, and the subject was ably handled by Dr. Levi B. Hirst. He attributed

most of the cases to enlarged tonsils and adenoids, and advised the removal of these growths and subsequent proper treatment. The paper was discussed by Drs. Sherk and H. H. Davis.

Dr. Davis stated that his observation in examining school children was that eighty per cent. suffer from enlarged tonsils, and that he recommends their removal as often as possible. He has seen marked improvement after their removal in hearing and in general intelligence.

"Breathing in Phthisis" was a classical paper read by Dr. William A. Westcott. Among other things the doctor gave a demonstration of breathing before the society. He first emptied his lungs, then closed his nostrils with his index finger and thumb, then sucked air through his mouth into his lungs, and at the same time swallowing this he claims makes the epiglottis act as a check valve. The air is then exhaled slowly through the mouth. This exercise, he said, should be practiced several times a day.

He summarizes thus: First, drugs for moral effect; second, alimentation; third, feeding of the lungs.

Dr. Markley, in discussing the paper, said that while he thoroughly believed in deep breathing, yet in some cases he thought it undoubtedly did harm.

The society voted unanimously in favor of holding the annual meeting of the State Society in June.

The following guests were present and took part in the deliberations of the meeting: Salem, Dr. Henry Chavanne; Cape May, Dr. A. M. Hand; Gloucester, Drs. L. M. Halsey, H. A. Stout, G. E. Reading, H. A. Wilson and James Hunter; Burlington, Dr. P. Bovsen; Dr. Dey, of Collingswood.

ESSEX COUNTY.

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

The Essex County Medical Society held the first meeting of the season Tuesday, October 5th, at the Public Library, Newark.

Dr. H. S. Martland, pathologist at the Newark City Hospital, gave a lecture on "Arterio-Sclerosis," exhibiting a number of excellent specimens from the laboratory, and illustrating all with lantern slides of photomicrographs and sketches. The following was his scheme of classification:

Arterio-Sclerosis Vera: 1. (a) Circumscripta; (b) Diffusa. 2. Senilis. Arteritis Specifica: 1. Syphilitica; 2. Tuberculosa; 3. Infectiva; 4. Toxic. Endarteritis Obliterans. Periarteritis Nodosa. Hypertrophica.

Dr. Henry C. Harris, of Glen Ridge, was elected a member and Dr. C. C. Beling was received by transfer from the Morris County Society.

ORANGE MOUNTAIN MEDICAL SOCIETY.

Reported by D. E. English, M. D., Summit.

A regular monthly meeting of the Orange Mountain Medical Society was held at the William Pierson Medical Library Association rooms in Orange, on Friday evening October 15th. Dr. Mefford Rumanon, president, occupying the chair. Dr. Herman P. Gerbert was the host.

Dr. Richard Cole Newton, of Montclair, read a very thorough and carefully written paper on Polycystic Kidneys, with report of a case, and the exhibition of an interesting specimen. The discussion was opened by Dr. Eli Moschowitz, of New York, assistant physician Mt. Sinai Dispensary, and associate editor of the American Journal of Surgery. Dr. William H. Lawrence, Jr., of Summit, reported a rare and interesting case of congenital unilocular renal cyst. Dr. Mefford Runyon, of South Orange, related a case of tetanus following vaccination, which was treated by intraspinal injections of 20 per cent. magnesium sulphate solution. He recommended somewhat larger doses than are generally used.

THE SUMMIT MEDICAL SOCIETY.

This society will be entertained at the Highland Club, Summit, on Friday evening, October 29th, by the secretary-treasurer, Dr. William J. Lamson, of Summit. Dr. R. A. Hibbs, visiting surgeon to the New York Orthopedic Hospital and Clinic, will read a paper on Flat Foot. Dr. William H. Lawrence, Jr., of Summit, will open the discussion.—From Dr. English, Summit, October 12, 1909.

A CONFERENCE ON PELLAGRA.

The sudden appearance of this disease in the United States is rather mysterious, or would be were it not explicable on the assumption that it is a sudden recognition rather than appearance. It may also be explained on the theory of contagion in which case it would be necessary to abandon the belief in damaged corn as an etiological factor. What the cause is, and indeed what the exact nature of the disease is, will not probably be a subject of study and dispute for some time. Beriberi, a similar disease, has been studied for many years and it is even yet undecided whether it is caused by the eating of damaged or improperly cured rice or is a bacterial disease. But the sooner a systematic study of the malady is begun the sooner may we hope to discover the means of its prevention; and indeed no time should be lost, for in the few years that it has been recognized in this country it has already been found to exist in seventeen States. The State Board of Health of South Carolina is awake to the danger which threatens the country from this source, and through its secretary, Dr. C. F. Williams, of Columbia, S. C., has issued an invitation for a national conference on the subject, to be held in Columbia on November 3 and 4. The call which the board has issued extends an invitation to physicians and sanitarians throughout the country to attend the conference. The program of the meeting will include not only addresses, papers, and discussions, but a number of clinical cases will be presented, thus affording an excellent opportunity for the study of the disease. The subject of the treatment of pellagra is discussed by Dr. C. H. Lavinder, of the Public Health and Marine Hospital Service, in "Public Health Reports" of September 10. He says that arsenic is the remedy which has thus far given the best results in the treatment, but the success has not been great, and it is evident that a further study of the etiological factors is necessary as a preliminary to any satisfactory method of prophylaxis or treatment.—Medical Record.

THE PHYSICIANS' LEGISLATIVE LEAGUE OF NEW YORK.

This organization was incorporated recently. Its objects are to promote and stimulate a higher standard of professional ethics among members of the medical profession, to recommend the enactment and enforcement of laws tending to elevate the practice of medicine and surgery, and to oppose the passage of laws detrimental to the profession; also to arouse among physicians a regard for their rights in the profession and as citizens of the community.

NEW JERSEY SANITARY ASSOCIATION.

The thirty-fifth annual meeting of the New Jersey Sanitary Association will be held in the Laurel-in-the-Pines Hotel, Lakewood, N. J., on Friday and Saturday, December 3d and 4th, 1909. It is expected to be one of the best meetings the association has ever held. The hotel makes a special rate to the members and their families which holds good over the Sabbath following. The following is the preliminary program arranged to date:

The president's address will be on "The Physical Development of School Children," by Dr. William G. Schaufler, Lakewood, with discussion by Addison B. Poland, Ph. D., Newark; "The Value of Health Boards to Communities," by Hon. Otto Wittpenn, Mayor of Jersey City, discussion thereon opened by A. F. McBride, M. D., Mayor of Paterson; "Sanitary Conditions in Establishments Where Food Is Produced or Sold," by R. B. Fitz-Randolph, A. C. F., Trenton; "Infant Mortality and the Responsibilities of Boards of Health in Its Prevention," by Selskar M. Gunn, Health Officer, Orange; "Noises and Other Nuisances as Factors in Disease," by Henry Spence, M. D., Jersey City; "The Sewage Disposal Plants of New Jersey," illustrated with lantern slides, by Earle B. Phelps, Ph. D., Boston, Mass., discussed by Edlow W. Harrison, Jersey City, and Clyde Potts, C. E., Morristown; "The House Fly as a Carrier of Disease," illustrated with slides, by Daniel D. Jackson, M. D., New York City, discussed by Edward P. Hatch, Jr., New York City, and G. K. Dickinson, M. D., Jersey City; "Present Status of Tuberculosis Campaign and Essentials for Thorough and Prompt Success," by Dr. Lawrence F. Flick, Phipps Institute, Philadelphia, Pa.; "The Disinfection of Water and Sewage," by Clyde Potts, C. E., Morristown; "The Hook-worm Disease," by Dr. C. Wardell Stiles, Hygienic Laboratory, U. S. Public Health and Hospital Marine Service, Washington, D. C., and discussion thereon opened by George E. McLaughlin, M. D., Jersey City.

Dr. W. G. Schaufler, Lakewood, is president of the association, and Dr. James A. Exton, Arlington, is secretary.

The College of Physicians and Surgeons of Columbia University has begun its one hundred and first year with a total enrollment of 279 students, including eighty-five new members of the first-year class. The exercises were held in the main assembly room. President Nicholas Murray Butler delivered the address of welcome and Dr. Christian A. Herter, professor of pharmacology and therapeutics, spoke on "Imagination and Idealism in Medical Science."

THE JOURNAL

OF THE

Medical Society of New Jersey

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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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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.

Special attention is called to the changes made at the head of this column in reference to correspondence with the editorial and business departments of the JOURNAL. Correspondents will please strictly observe the rules there stated, and thereby assist the heads of both departments in their efforts to avoid mistakes and delays.

The Editor had the great pleasure of attending the recent meeting of the Bergen County Medical Society, at Hackensack, and was impressed by the large attendance of its members and the excellence of the papers presented in the Symposium of Typhoid Fever. He also appreciated the hospitality of Dr. St. John and the kindly reception by the members of the Society. We hope to have a full report of the meeting for the next issue of our JOURNAL.

We present this month Dr. T. P. Prout's paper on Medical Expert Testimony, which is worthy of careful consideration. It ably presents the subject from the medical man's point of view. We intended also to insert Hon. E. J. McDermott's report to the Ken-

tucky State Bar Association, which very ably presents the subject from the lawyer's viewpoint, but the printing of the supplement containing the society's official lists has compelled us to defer its insertion until next month.

DOCTORS IN THE LEGISLATURE.

We insert on another page an editorial from the *Newark Evening News*, commenting on our editorial on this subject in our October issue and we are pleased to note the editor's agreement with us—that there should be more representatives of our profession in the Legislature, but his reference to our lateness in calling attention to the matter for effect in this year's selection of candidates, indicates that he had overlooked our previous editorials on this subject, as in the September Journal, page 186, when we referred to Our Duty to the State. In fact we have frequently during the past two years advocated the nomination of a few capable medical men for the Legislature, not in the interest of the medical profession, but for the public good—to guide especially in such legislation as shall properly guard the lives and health of the citizens of New Jersey. In enacting laws relating to tuberculosis, ophthalmia neonatorum, abortion, the practice of optometry, midwifery, to some phases of the work of State and local health boards, to education involving health conditions—in all these matters scientifically qualified and practical medical men are the logical, proper guides in securing the best, most practical and efficient legislation. They are also the ones to guide in the enactment of medical practice laws which shall secure and maintain a high standard of qualification for the practice of medicine—not for the benefit of any sect or "pathy," but for the best interests of the citizens of our State, in safeguarding their lives and health. The Medical Society of New Jersey has ever had the public good as its aim in all its faithful endeavors to secure such legislation. We call special attention to the remarks of Dr. Richard C. Norris, of Philadelphia, at our

annual banquet, as found on page 293, in which he pays an eloquent tribute to the record our society has made.

We maintain that to secure this proper guiding of legislation—relating to the health interests of our citizens—it is vastly better to have some scientific, practical and honorable physicians as members of both branches of our Legislature than to give any number of "hearings" before legislative committees of non-medical men. We will not discuss this position now further than to say that in all such matters calm, deliberate consideration is always better than heated discussion with much specious and misleading argumentation that is apt to deceive the ordinary legislator.

We are exceedingly sorry to see it stated in the press that, instead of a dozen, only two physicians have been nominated for the Legislature, with the usual uncertainty as to whether they will be elected. As they are the only physicians in nomination, it would be unfortunate should they be defeated for political reasons. Several physicians have been nominated for mayors of cities or boroughs in our State. In Trenton the candidates of both parties are physicians, so that city is sure to have a good mayor—Dr. Thomas H. Mackenzie or Dr. Walter Madden, the former an officer, the latter a member of our State Society. It is worthy of note that the records that physicians have made in this and other public positions have very generally called forth words of high commendation for wise and efficient administration. As a class, physicians are intelligent, honorable men, not governed by such strong partisan feelings that they will sacrifice the highest public welfare for party's temporary advantage. We should, therefore, expect that they would make good public officials. When they fail to do so they discredit their profession and should be refused further nomination.

We again call attention to Dr. Halsey's communication in the October Journal, in

reference to the men who have been elected members of the Legislature—of the importance of interviewing them as to their position on health measures for public protection and of reporting their position to him as chairman of the Committee on Legislation.

THE TUBERCULOSIS LAW.

In the October issue of our Journal we spoke of the Tuberculosis law passed by the Legislature at its last session as "one of the most crude, impracticable and, in some of its provisions, objectionable laws on our statute books."

Commenting on our editorial, the *Newark Evening News* expressed the hope that its objectionable features would be pointed out. We will at present refer to a few of the most serious objections, which, we believe, make the law practically inoperative, and they are so glaring that we doubt if there will be any attempt to enforce the law. According to our understanding of the law, it requires the reporting of all cases of tuberculosis, by the physicians in attendance upon them, to the "health officer" of their respective cities or boroughs; there is no provision which compels the physician to make such reports in towns where there is no regular health officer. There are in our State only about thirty cities and boroughs which have an official who is designated as health officer. The sanitary inspector is the highest officer in all the other towns in our State; his examination for appointment to such position is different from that to which the health officer is subjected and his position and duties are different; this law does not recognize him as the proper person to receive reports of cases, so that more than one-half the population of the State is not covered by the provisions of this law compelling the report of tuberculosis cases.

Again, the health officer is made supreme over the local board of health, which, it seems to us, is not calculated to insure the greatest efficiency in the work of the local board, and makes possible conflict between

such board and the health officer. Then the health officer is placed above the physician in attendance upon cases of tuberculosis and judges of the character of the physician's work. The objections to this feature of the law are too obvious to need argument. But one of the most absurd provisions of this law is that it is made the duty of the health officer to examine the physician's report and audit his charges for the performance of the work this law requires, and if said officer does not approve said work and charges, he can do the work himself, approve his own work, charge up the bill and *audit his own account*.

We think further examination of the crudities of this law is needless. We believe the persons who are responsible for its passage have acknowledged that it has serious defects and propose to secure corrective legislation at the next session of our Legislature. We cite this law as a very pertinent illustration in our contention in the editorial in the October Journal on New Jersey Legislators and Legislation, that we need more capable and careful legislators and far more critical examination of proposed legislative enactments.

THE ANTI-TUBERCULOSIS MEETING AT TRENTON.

The public meeting held in the Taylor Opera House, Trenton, under the auspices of the State Tuberculosis Commission and other organizations enlisted in the State Campaign for the Prevention of Tuberculosis, on the evening of October 21st, was a great success, the opera house, notwithstanding the inclement weather, being well filled by an intelligent and appreciative audience, many being present from the different parts of the State. The medical profession was well represented, members being present from all sections of the State, not only from the leading cities, but also from many rural districts. The meeting demonstrated that the work carried on during the past few years by the New Jersey Association for the Prevention and Relief

of Tuberculosis had, in a marked degree, been successful, especially in one of its most important objects—the education of the public as to the need of united and aggressive work for the eradication of the disease. The success of the meeting also showed that the State Tuberculosis Commission had adopted most excellent plans to secure an audience representing all sections of the State and all classes of its citizens and had carefully selected the ablest speakers they could secure. The addresses were of a high order of excellence and exceedingly practical and it was evident that the audience was in full sympathy with the measures that are in process of development for a more earnest, practical and effective State-wide movement under more effective official leadership and control than any voluntary association, with inadequate support and lacking power to enforce essential measures for the eradication of this great scourge, could possibly provide. We defer further comment on this subject until the next issue of our Journal.

COMMISSION TO FIGHT BOVINE TUBERCULOSIS.

An international commission of seven Americans and five Canadians has been appointed to consider measures for the eradication of bovine tuberculosis. The members are: Dr. J. G. Rutherford, Veterinary Director-General for Canada, chairman; Dr. M. R. Molar, Chief Pathologist of the Bureau of Animal Industry, Washington, D. C.; Dr. Fred Torrence, Winnipeg; Dr. Veranus Moore, Dean of the Faculty of Comparative Pathology, Cornell University; Dr. Schroeder, Washington; Senator W. C. Edwards, Ottawa; ex-Governor Huard, Wisconsin; Louis Swift, packer, Chicago; J. W. Flavelle, packer, Toronto; Dr. Charles Hodgetts, Chief of the Ontario Board of Health, Toronto; Dr. M. H. Reynold, professor of Veterinary Science, University of Minnesota, and Dr. Leonard Pearson, of Pennsylvania. Dr. Pearson has died since the date of his appointment and his place will be filled.

ALCOHOLIC HEREDITY.

The following is taken from a paper by Dr. Cohan, of Anna, Illinois, which appeared in the Journal of the American Medical Association:

"It has been disputed whether alcoholism is the effect or the cause of many neuropathic and psychopathic conditions. Both sides of the question can be answered in the affirmative. In many cases alcoholism is one of the most evident of psychopathic traits. We should look on the drunkard, not always as a creature who

indulges himself in vice, but as one chained to a habit through the shortcomings of his ancestors. For the real cause of much drunkenness in our land lies even deeper than the existence of the liquor traffic."

THE HEALTH OFFICER.

(From the Springfield (Ill.) News, June 10.)

For the first time in many years Springfield has a physician, instead of a politician, at the head of its health department, and the city is to be congratulated upon the innovation. A doctor, better than one from any other profession or calling, is competent to do the work of this important department, and what he has to tell the people from month to month may be accepted by the people as coming from one of authority. The public should co-operate with the doctor in all his endeavors. His recommendations will be worthy of consideration and his advice the kind that should be followed.

Editorials from Medical Journals

MEDICAL EXPERTS.

Hon. H. Garland Dupre in his oration before the Orleans Parish Medical Society spoke of the advisability of placing the selection of medical experts in law trials in the hands of the trial judge, and of making the remuneration of such experts a part of the costs of the proceedings.

This matter is one that is timely not only in Louisiana, but in Nebraska, and in all other States. As Mr. Dupre says, "The result would be that the experts would exercise quasi-judicial functions and not degenerate into assistant counsel for the plaintiff or the defense."

Mr. Dupre's oration is well worth reading by all the profession.—Western Medical Review.

MEDICAL EXPERT TESTIMONY.

(From American Medicine, March, 1909.)

The reform of expert testimony is now so urgently demanded by psychiatrists that it should not be a difficult matter to accomplish, particularly as they seem to be unanimous as to the general plan. The last important publication on the subject is that of Dr. George W. Peabody, of New York, in N. Y. Med. Jour., March 7, 1908, and it is so sane and wise a paper as to deserve earnest study by judges, lawyers and law makers as well as physicians. His plan applies merely to psychiatric experts but of course to be practicable it must be made of general application to include all other experts needed to assist the court or jury in understanding testimony given by the witness as to fact—chemists, engineers, surgeons and indeed any one of special knowledge who can explain what might be Greek to the judge and jury. The general idea is to have the expert called by the court, independent of both prosecution and defense, to be placed in possession of all the facts, to render his opinion in his own way and not to be held down to a few questions or the preposterous "hypothetical" case. At present the expert frequently leaves the stand knowing that he has not given his exact opinion, but merely exact

answers to some questions skillfully put to conceal or minimize or exaggerate opinions. It may not be practicable to have a body of "physicians to the court" to the exclusion of all other experts, for any kind of specialist may be needed at any time, though of course the alienist is in most frequent demand.

Courts are notoriously conservative. Of course there will be the usual objection that it is impossible to adopt anything unheard of in the old English law we inherited, but if there is any man on the bench who asserts that legal methods must not change and that courts must adhere to old ways no matter how archaic, he had better get off before he is declared a nuisance. If all judges had been of that frame of mind we would still have the "trial by combat" in which the two parties had to fight it out physically and the victor was decided to be the innocent party no matter what the evidence. Conservatism is still keeping a foolish archaic definition of legal insanity or rather responsibility, to the great injury of justice. It is high time that the whole procedure as to such trials be changed. The present methods not only hamper the elicitation of the whole truth, but lead to those unhappy exhibitions of partisanship which have led to the axiom of lawyers that they can buy any kind of expert testimony they desire—a cynical reflection upon the whole profession, and a most unjust one, too, because experts are honest and no matter how they may differ in opinion they do not differ nearly as much as lawyers do in their interpretations of both law and fact. The whole wretched business must be ended by making it possible for only one kind of opinion to be purchased—an impartial one secured by the court. Let each side have all the experts it needs to assist the attorneys—that's a democratic safeguard we cannot surrender—but they must be kept off the witness stand.

It is very gratifying indeed, to learn that in a very recent case the attorneys themselves petitioned the court to appoint an expert to examine into the facts of an alleged railroad injury—a kind of legal case almost as scandalous as the insane.

THE THAW DECISION.

(From the Medical Record, August 21, 1909.)

The decision of Justice Mills that Thaw, the murderer of Stanford White, is a paranoiac, and as such unfit for freedom, is one that cannot fail to give satisfaction to all sane citizens. It was preposterous that a dangerous lunatic should be loosed on the testimony of laborers, ministers and other ignorant laymen who had met him casually and held a few moments' conversation with him on indifferent subjects; yet a judge of less judicial mind than the one who rendered the decision might conceivably have been led to share the delusion of the man's afflicted mother that there is a conspiracy to keep him behind the bars of an asylum if not a jail. In his admirable review of the evidence in the case, Justice Mills lets it be seen that the testimony of Dr. Baker, of Matteawan, had much to do with the final decision to dismiss the writ. This is another ground for satisfaction, as showing how murder trials and proceedings of the kind just closed would be conducted if the medical experts were public officers, hired and paid by the State, absolutely free from bias, and without the

temptation to testify in a way pleasing to the side from which came their fee. The charge of venality so freely made against the medical profession in general and medical expert witnesses in particular during the first and second Thaw trials, could then no longer be made. If as a result of this trial, the needed reform in the matter of expert testimony is accelerated, the patient at Matteawan will, albeit unwittingly, have rendered one real service to the community.

FOUR THOUSAND CONSUMPTIVES STARVE YEARLY.

(Editorial From the Monthly Cyclopedia and Medical Bulletin, September, 1909.)

Cruel and inhuman practices are alleged in a statement given out to-day by the National Association for the Study and Prevention of Tuberculosis against the eastern doctors who persist in sending dying cases of consumption to the Southwest.

Fully 7,180 persons hopelessly diseased with tuberculosis annually come to die in the States of California, Arizona, New Mexico, Texas and Colorado, most of them by order of their physicians. The statement, which is based upon the testimony of well-known experts, and all available statistics, shows that at least 50 per cent. of those who go to the Southwest every year for their health are so advanced in their disease, that they cannot hope for a cure in any climate under any circumstances. More than this, at least 60 per cent. of these advanced cases are so poor that they have not sufficient means to provide for the proper necessities of life, which means that 4,315 consumptives are either starved to death, or forced to accept charitable relief every year.

It is not an uncommon thing, the National Association declares, for whole families, who can hardly eke out a living in the East, to migrate to the West in the hope of saving the life of some member of the family. In most instances, the abject poverty of such cases forces them to beg, or to live on a very low level. Often consumptives who cannot afford the proper traveling accommodations are found dead on the trains before reaching their destination. The resources of almost every charitable organization in the Southwest are drained every year to care for cases which would be self-supporting in their Eastern homes.

It costs, on an average, at least \$50 per month for the support of a consumptive in the Southwest, including some medical attention. The National Association strongly urges no one to go to this section who has not sufficient funds to care for himself at least one year, in addition to what his family might require of him during this time. It is also urged that no persons who are far advanced with tuberculosis go to so distant a climate.

Consumption can be cured, or arrested in any section of the United States, and the percentage of cures in the East and the West is nearly the same. Any physician, therefore, who sends a person to the Southwest without sufficient funds, or in an advanced or dying stage of the disease, is guilty of cruelty to his patient. Renewed efforts are being made to stop this practice, and to encourage the building of small local hospitals in every city and town of the country. Attempts are also being made in

Southern California and in Texas to exclude indigent consumptives or to send them back to the East.

STATE PSYCHOPATHIC HOSPITAL AT UNIVERSITY OF MICHIGAN.

(Editorial From the Pennsylvania Medical Journal.)

The first biennial report of this institution, of which Dr. Albert M. Barrett is medical director, has just been issued and contains much of general interest. The passages found on a preceding page are abstracted from the report.

Two hundred and thirty-nine patients were admitted into the hospital from its opening until June 30, 1908. These cases have been analyzed in the most interesting and instructive way by Dr. Barrett. The Kreplin classification is largely adopted. The relative frequency of the various psychoses will be seen by the following percentages which Dr. Barrett gives: Mania depressive, 17.1; dementia praecox, 16.7; alcoholic insanity, 5; general paralysis, 7.9; hysteria, 8.4. Smaller groups include melancholia, paranoia, senile dementia, imbecility, cerebral syphilis, Huntington's chorea, etc.

The psychopathic hospital at Albany, N. Y., and the psychopathic ward in connection with the St. Francis Hospital in Pittsburg have for some years been doing excellent work; now this larger and broader experiment of a State psychopathic hospital in intimate connection with a university will be watched with greatest interest. This hospital aims to bring not only "insanity" but conditions allied more or less closely to it under the same careful supervision, observation, and treatment as are now afforded persons sick from what are called physical diseases. Johns Hopkins University is preparing to build a psychopathic clinic which is made possible by a large fund given by Mr. Phipps. Dr. Adolph Meyer, who has been selected for the head of the proposed clinic in Baltimore, is at work studying out plans for it. Doubtless when this building is completed there will be incorporated in it all or most of what is best and most advanced in psychiatry. Altogether it would seem that the way has now been opened for psychopathic hospitals in connection with universities and with other hospitals in large cities where medical men, trained in this particular branch of internal medicine, can be secured.

D.

Editorials from the Daily Press

EXPERT MEDICAL EVIDENCE.

From the Toronto (Can.) Star.

Recent Canadian and American acquittals of murderers on the ground of insanity have induced criticism of expert medical testimony. It is noteworthy that the New York State Medical Society has adopted a resolution favoring a limited and uniform system for the securing of expert medical evidence in civil and criminal cases.

A year ago a joint committee of the Medical Society and the State Bar Association instituted an investigation into the evils growing out of the employment of medical experts as court witnesses. This committee now advises that the

Appellate Divisions be authorized by the Legislature to appoint not fewer than ten nor more than sixty physicians from their respective judicial departments to act as official medical experts.

But the important feature of the recommendation is that the county in which the action is tried shall bear the expense of the service of these qualified medical witnesses. The expectation is that medical testimony thus obtained is likely to be more trustworthy than when it is secured at the expense of the prosecution and the defense.

MEDICAL FAKIRS.

(From the San Jose (Cal.) Mercury.)

There is a disposition among the medical men of the State of Illinois to make it more difficult for young men to enter the profession. They contend that the tone has suffered because of lax graduation laws and because of indifference on the part of physicians to the need of restrictive provisions by which only properly-trained men may become practitioners. Half-educated, half-witted, in some cases "illiterate clowns," put out their shingles by the side of men who spent years in preparation and who are really qualified in the highest sense for practice. Thus the profession is crowded, reduced in standing, and in some communities disgraced, all because of the ease with which these "duffers" work their way into the ranks of good men.

A little while ago, at a banquet of medical men in California, the writer heard a speaker discuss the uses of the microscope. He had none himself, he said, and it was well he hadn't, "for if I had I would simply play h— using it." He added that many who did have them used them for "show," and knew little more about them than he did. There was probably a lot of truth in the statement of this country physician, who might have said too that if the physicians who could not write an intelligent prescription were weeded out there would be little complaint of overcrowding in California. For here, as in Illinois, the "correspondence" graduate is about as numerous and pretentious a creature as we have in the State. He puts a gilt frame about an elaborate credential, hangs it upon his office wall, looks into the faces of his victims with an air of wisdom which Plato might envy, feels the pulse, dashes off a stereotyped prescription, and with a smile of assurance tells the patient, whose trouble is probably in his head, that he will be well in the morning.

The medical profession, "the first estate," should have in it men of culture and training, of good manners and address. Their very appearance in public places should command respect, not derision, as is too often the case. The interloper should be driven out or kept out by qualifying examinations which he cannot pass. In some countries he is obliged to obtain his Arts Degree before he is considered capable of grasping the problems of therapeutics. And when he has passed his last examination he is put through another and more difficult test by a board known as a Medical Council, which finally determines his fitness for active practice. A profession as honorable and as useful should not be permitted to degenerate into "fakery" simply because of the laxity of the very men

whose interest it is to see that unscrupulous ill-trained men are kept out.

DOCTORS IN THE LEGISLATURE.

(From the Newark Evening News, October 12, 1909.)

The Journal of the Medical Society of New Jersey is a little late in declaring its belief that there should be at least two or three able physicians in the Senate and from six to ten in the Assembly at Trenton, at least in so far as such an expression may have any effect on the election this year. There are but two physicians running for legislative honors on the two big party tickets throughout the State. One of these is a candidate for the Senate and the other aspires to the Assembly, and there are no holdover Senators who are doctors. If, therefore, there is to be any legislation during the coming session dealing with health affairs and with medical practise, the physicians will not be in position to mold it from the inside, but will be forced to depend largely upon lawyers to pass the necessary measures, as has been the case in the past.

The Journal calls attention to the fact that the absence of doctors from membership in the Legislature has resulted in the passage of defective laws relating to the health of the State, and in the defeat of bills that would have placed New Jersey in the front rank of progressive States in the matter of acts governing the practise of medicine. It quotes a few facts for the consideration of the profession and the people of the State. There were about 36,000 deaths in New Jersey during the year ending July 1, 1909. Over 5,000 were caused by typhoid fever, measles, scarlet fever, diphtheria and tuberculosis; about three-quarters of them were preventable, which represent a loss of capital to the State, according to generally accepted bases of calculation, of about \$10,000,000, to say nothing of the cost by loss of time from their occupations of those who recovered, or of the thousands who died from pneumonia and infantile diarrhoea, a large proportion of which cases also were preventable. The amount appropriated from year to year by our State for the promotion and protection of the public health is very trifling compared with the millions which are devoted to this service in Pennsylvania. The Journal intimates that the economy this State has practised in the matter of appropriations for the preservation of the public health has been unwise, almost criminal, and it calls on the legislators for "less partisan politics and more concern for the public good."

There are physicians in New Jersey who would be an honor to the Legislature, and many of them. Why no more of the members of this profession have been sent to the Legislature can possibly be explained by the party leaders. Many a doctor in this State is vitally interested in politics—the science of government. This has been shown in a number of cases, where physicians have been chosen as Mayors and have given the municipalities excellent administrations, not only in health matters, but also in general business. If some of these doctor-mayors should aspire to the Legislature, and should appeal to the people at the direct primaries, they could undoubtedly be sent to Trenton on the records they have made, and

could do there for the State the same class of work they have done for their municipalities. Another year, perhaps, the suggestion of The Journal may bear fruit if the physicians will but get together.

STATE MASS MEETING TO DISCUSS TUBERCULOSIS.

(From the Trenton Evening Times, October 22, 1909.)

New Jersey's duty, as a State, toward the battle against tuberculosis, was exhaustively discussed last evening in Taylor Opera House, when the State mass-meeting of the New Jersey State Tuberculosis Commission was held. This meeting represented the first official step by this State in the general work of prevention and relief of the "white plague" by education of the masses. The primary object of the meeting was to give an opening to a movement intended to show New Jersey its responsibility in the tuberculosis war; to have the State realize this responsibility, and to have it make such financial provision as will enable the New Jersey State Board of Health to carry on an organized and official crusade.

The meeting developed one thing in positive form, and that was that Governor John Franklin Fort has given the subject of relief and prevention of tuberculosis much thought, and is ready to do all in his power to bring about some proper State recognition. The Governor closed the meeting with a direct appeal to the people of New Jersey to get into this anti-tuberculosis war. He said:

"Let us all stand together for the eradication of consumption."

In that brief sentence, Governor Fort sounded the keynote of every word spoken during the evening by such famed tuberculosis experts as Dr. William H. Welch, of Johns Hopkins University; Dr. Henry Baird Faville, of Chicago, and Dr. Richard C. Cabot, of Boston.

Another important utterance of the Governor's was that he is of the belief that New Jersey should use 3,000 acres of land, owned by the State, located in the pine belt of Burlington County, for the establishment of a city for the care of tuberculosis victims in stages of the disease other than incipency, which stage is treated at Glen Gardner.

In this connection the Governor said that the State can spend no money to better advantage than for the protection of the health of its people.

The meeting was opened with prayer by Bishop James A. McFaul, of Trenton, chairman of the State commission. In his invocation the bishop said that God has not given a greater manifestation of His providence than the endowment of eminent men with knowledge of the eradication of tuberculosis.

Bishop McFaul introduced Governor Fort, who was chairman of the meeting. The Governor said that the question of tuberculosis is a vital one, touching the individual afflicted with the disease, his home, his family and the generations following him. "What can we do in New Jersey," he continued, "to help in the great work of eradicating this disease? In the better homes there are means of prevention. The poor have not the means. Our duty is to make them healthier and happier. There is great need for education."

He then stated his stand in the movement as indicated in the opening paragraphs of this article.

One of the splendid oratorical efforts of the evening was the address of Dr. Henry Baird Faville, of Chicago, one of the six foremost tuberculosis experts of the day. He reviewed the work in the crusade that has been done by private organizations and by individuals deducting that the work of these interests is to show governmental agencies what can be done and that there is to do. He declared that this private work in New Jersey has shown the State what can be done and what there is to do.

"There is no person not menaced by tuberculosis. It is a race question. It goes to the very root of the human constitution. Can any plan for its eradication be too broad or too deep? Can any one doubt that this is the business of the State? Wipe charity from consideration of the subject and put the battle on the broad ground of the State's duty for self-preservation."

Dr. Cabot, who has done much for medicine in research work on the blood, gave an address that was filled with information and advice. He said in part:

"Prevention of tuberculosis is common sense hygiene. A campaign against it is a campaign against all disease. Every one in this audience has a little tuberculosis and you don't want more of it. The way to protect yourself is to fight against the disease.

"The fight against alcohol is a fight against tuberculosis, as alcohol reduces the ability of the human system to resist disease."

Dr. Cabot created a stir among his hearers when he declared that most hospitals in the United States are antiquated; that physicians are unable to detect tuberculosis in its early stages; that physicians are not properly educated; that medical schools do not properly educate, and that medical examinations are too lax. He said there is necessity to strengthen these important elements, and declared that the fight against tuberculosis is doing a great work in this direction.

Homer Folks, secretary of the New York State Charities Aid Association, discussed the value of hospitals.

Introducing his theme, he said that one-fourth of those who die die from tuberculosis, and that eleven-twelfths of all consumption is by contact with persons afflicted with the disease. The great work of prevention, he said, is to intercept the germ in its passage from one person to another. To do this he advocated the establishment of places where the sick can be given proper treatment.

He said that the value of hospitals is the serious lesson in the whole battle. He added that private charity was unable to do the great work, and that there is urgent demand for a new piece of governmental machinery to provide the necessary hospitals.

Dr. William E. Welsh, the celebrated tuberculosis expert, said that medicine's greatest trial is the curbing of the great plague of tuberculosis, and declared its eradication as a problem for the whole people.

"Control of tuberculosis," said Dr. Welsh, "means the uplifting of all society. Tuberculosis is dependent upon adverse living and industrial conditions. One of the most hopeful signs

of the whole battle is that labor unions have so firmly grasped the question."

In connection with the State's duty, Dr. Welch said that Legislatures will spend money for fighting diseases of plants and animals, but not a cent is given for the wiping out of human diseases. "The tuberculosis battle is a business proposition," declared Dr. Welch. He then showed that the economic loss from tuberculosis in the United States in a year amounts to more than a billion dollars, and that with the disease eradicated insurance companies alone in the United States would save \$12,000,000 each year.

Dr. Welch deplored the widespread agitation which has put tuberculosis in that class of diseases to be dreaded. In this connection he said that this fact has worked great harm to the fight. "There is practically no danger from mere casual contact with a tuberculosis victim. The unreasoning dread of the disease is a great injury to the movement, and should be checked."

Dr. Welch briefly outlined his ideas of an efficient program for tuberculosis warfare. He said that the fight should be made practical; that there should be compulsory notification, registration and inspection of tuberculosis cases; facilities for early diagnosis and efficient hospitals. "The investment of money in this direction will yield greater profits than in any other direction."

Dr. William A. Evans, Health Commissioner of Chicago, made an address that was filled with brilliant oratory. He made an appeal for co-operation and wiping out of public prejudice against health officials. He said that pure air is essential in the tuberculosis battle, and pointed out that while governments spend millions for pure food and pure water, relatively little is spent for pure air. He declared that the tax exacted from the people by tuberculosis is pauperizing a large percentage of our population.

William C. Smallwood, secretary of the State Commission, said a few words at the close of the meeting, asking the great audience to assist in the war by disseminating the enthusiasm shown by it in the opera house. The Rev. Dr. Henry Van Dyke, of Princeton University, pronounced the benediction.

Following the meeting Governor Fort gave a reception to the visiting guests at the State House. He was assisted by his personal staff and Mrs. Caroline B. Alexander, of Bernardsville; Mrs. Barker Gummere, Mrs. William S. Stryker, Rt. Rev. Bishop James A. McFaul, of Trenton; Mrs. Sidney M. Colgate, of Orange, and Dr. Gordon H. Dickinson, of Jersey City.

Hospitals, Sanatoria and Other Institutions.

\$22,500 to Aid Elizabeth Hospitals.

Elizabeth, Oct. 22.—Those interested in the collection of funds for the benefit of the local hospitals under the "half-day-pay" plan, met last night and submitted results of their work, which revealed that \$22,500 had been gathered by the energetic workers. The sum astonished the officials appointed to dispense the collection among the hospitals.

The Alexian, Elizabeth and General hospitals were the recipients of \$7,500 apiece, which will

be of great assistance to meet capably the increasing demands made upon the institutions by the public.—Newark Evening News.

Prepare for Hospital Fair.

The Guild of St. Barnabas's Hospital has completed the list of committees that will be in charge of the annual fair in the New Auditorium, November 18 and 19, for the benefit of the hospital. Mrs. Archibald Mercer is chairman of the general fair committee, with Mrs. Joseph Spurr as her assistant. Mrs. J. Lewis Hay will be in charge of the children's entertainment committee. An affair is being arranged for the little people, to be given both afternoons and evenings.

Tuberculosis Sanatoria.

The Soho section of Belleville was selected as the site for the proposed county tuberculosis sanatorium at a conference of the Republican members of the Board of Freeholders at the courthouse last night, and at the meeting of the board this afternoon the Public Buildings Committee will be authorized to seek bids for the construction of the institution on the ground adjoining the present Isolation Hospital. The money to cover the cost will be raised by a bond issue, while the freeholders have \$20,000 available for maintenance, which was raised in the tax levy.

Opponents of the Soho site were not able to show anything like the strength they had previously exhibited, but three votes being cast against locating the new institution on the grounds of the Isolation Hospital. Those who voted in the negative were Freeholders Black, Howe and Abner. Freeholders Althen and Nathan did not vote. Nineteen votes were cast in the affirmative. The buildings to be erected will be of moderate size, and open as far as possible to the air and sunlight. It is likely that accommodations will be provided for from 100 to 150 patients.

Freeholder Harrison, in urging that action be taken on the question, declared that the people in providing the \$20,000 for maintenance, had virtually directed the board to proceed with it at once, and said that it was not advisable that the personal feelings of freeholders be considered, but that the best site available at the present time be utilized.—Newark Evening News.

Typhoid at Reformatory.

Upon the report of Dr. George B. Wight, State Commissioner of Charities and Corrections, that there were four cases of typhoid fever among the inmates of the Rahway Reformatory, the State Board of Health took the matter up. An inspection along all lines was made. Three tuberculous cows were found. These animals were ordered killed by Dr. A. Clark Hunt, of the State Board of Health. He also superintended the cleaning of the institution.

Since this has been done there has been no further outbreak of the disease. The patients are all under the care of Dr. Hough, of the institution, and Dr. Hunt, of the State Board of Health, has been giving the matter his personal attention to prevent a further outbreak.—Newark Evening News.

Endowment of the Pasteur Institute.

The Pasteur Institute in Paris will shortly come into possession of a capital sum estimated at 30,000,000 francs (\$6,000,000), the product of the estate of the late M. Osiris, which is now being realized. In 1903 M. Osiris founded a triennial prize of \$20,000, to be given to "the person who had rendered the greatest service to the human race during the three preceding years." The prize was awarded to Dr. Roux, Director of the Pasteur Institute, for the discovery of the antidiphtheria serum. Instead of devoting the money to his own private purposes Dr. Roux made over the sum to the Pasteur Institute. The self-denying action so impressed the millionaire that he left the bulk of his fortune to the Institute as a token of admiration for the scientific attainments and self-abnegation of Dr. Roux. The Pasteur Institute is greatly in need of funds, and this endowment will firmly establish it as a monument worthy of the great master.

Open-Air Sanatorium in Vienna.

Sunlight, air and water are becoming to be recognized as the principal factors in preventing, if not in curing disease. The city of Vienna opened for the use of the public an immense area near the banks of the Danube. Four thousand persons can undress at the same time and free tickets have been granted to schools and workshops, so that on some days last summer 10,000 persons were seen there, going about in the open air practically naked. It must be admitted that the institution has done much to convince the lower classes of the good influence of a natural mode of life. No less than 200,000 persons have availed themselves of the opportunity offered them and for this year an increased area has been thrown open for the "air cure."

When will New York open such a sanatorium or open air resort?—Critic and Guide.

State Psychopathic Hospital at University of Michigan.

From the Penn. Medical Journal.

"The State of Michigan has the creditable position in the history of psychiatry in America of being the first to establish a university hospital for the care and treatment of mental diseases; and of providing adequate facilities for the instruction of medical students of the university regarding insanity. The achievement of this hospital is almost entirely due to the late Dr. William Herdman. * * * * * As a result of his interest and initiative there was passed by the Michigan State Legislature in 1901 (Act 161, Public Acts of 1901), an act to provide for the construction and equipping of a psychopathic ward upon the hospital grounds of the University of Michigan and to appropriate the sum of \$50,000 therefor.

"It must be borne in mind that there were no precedents to follow in drafting a comprehensive set of provisions for the organization and administration of a new hospital. The problem was to establish an institution of the type desired in the usual State organization for the care of the insane. It was essential that there should be harmonious co-operation with the asylums of the State, and at the same time the new hospital should be an integral part of

the University Medical School. * * * * * Patients may be admitted to the psychopathic hospital by any of the following procedures:

"1. Any judge of probate may commit any insane person to the psychopathic hospital, whom the director regards as a suitable patient for the hospital.

"II. A person may be sent to the psychopathic hospital as an observation patient for a period not longer than thirty-five days for any of the following reasons:

"1. When the judge of probate may have doubt as to whether the person is insane and desires such data as could be furnished by an observation under such conditions as the psychopathic hospital can furnish.

"2. When the mental condition of the person is associated with complicating physical disease which may be benefited by treatment by the physicians and surgeons of the general hospitals of the university.

"3. When the judge of probate regards a decree of insanity as inadvisable as when the disease will be of such short duration as to recover within the period of thirty-five days. * * *

"The patients who come to the hospital are afflicted with different forms of mental diseases. Some are noisy and restless, some are depressed and apprehensive and some bedridden from serious disease of the nervous system. Others come for relief from abnormal mental states which are not classed as insanities. These conditions are commonly known as psychopathic states, and it is these that this hospital can do most for. Such persons have various hysterical manifestations, severe forms of nervous prostration, or are troubled with fears of one kind or another that make their lives miserable. It is obvious that such a variety of conditions as these just mentioned need different arrangements for treatment.

"The considerable number of patients seeking treatment for various psychopathic conditions, and who are not insane, must be cared for apart from those who are insane. It is not an uncommon occurrence for patients of this class who come to the hospital, to refuse to remain when they learn that they cannot be given accommodations apart from those who are insane. The few of these patients who are brave enough to come into the hospital under the conditions which now exist, are greatly benefited by the treatment. However, it is always apparent that they would do better if they could be kept from contact with those who are insane. If this were possible, many others who could be benefited would enter the hospital. * * *

"In addition to its duties to its patients the psychopathic hospital is a part of the State's educational system, and will have a part in the training of the future physicians who will have the care and early treatment of those mentally disturbed throughout the State. Since the opening of the hospital, students of the medical department of the State university have enjoyed opportunities for the studying of mental diseases, not possible elsewhere. Clinical lectures on insanity have been given each week to senior medical students. The results of such practical instruction must be apparent to all. * * * * *

And because antitoxin is efficient in diphtheria is no reason for neglecting all local treatment—as some physicians unfortunately do.

Marriages.

LIPPINCOTT-CRAGIN.—In New York City, September 22, 1909, Dr. Lansing Y. Lippincott, of Metuchen, N. J., to Miss Louise W. Cragin, of New York City.

McELHINNEY - WARWICK.—At Long Branch, N. J., October 14, 1909, Dr. Dennis R. McElhinney, of Elizabeth, N. J., to Miss Lucy C. Warwick, of Long Branch.

ROBERTS-ALLEN.—At Merchantville, N. J., September 2, 1909, Dr. Joseph E. Roberts, of Camden, to Miss Ethel Alma Allen, of Merchantville.

PLUME - BARTLEY—At Flanders, N. J., October 20, 1909, Dr. Clarence Apgar Plume, of New Brunswick, N. J., to Miss Eva Slater Bartley, of Flanders.

Deaths.

BAKER.—In Jersey City, September 26, 1909, Dr. E. Mills Baker, aged 48 years. He was a graduate of the New York University Medical College, 1850. He was a member of the Hudson County Medical Society, the Medical Society of New Jersey and The American Medical Association.

His death was due to tabes. After returning from a visit to a patient, he complained of feeling ill, and a few moments after going to bed, breathed his last.

Dr. Baker was one of the well-known physicians of the city. He was born in Irvington, January 9, 1861. His early education was obtained in the public school of Irvington and the Newark Academy. He entered New York University, where he graduated about twenty-one years ago. He served for two years as interne at Christ Hospital, and at the end of his time there opened an office for himself. He married Helen Ambrose, of Digby, Nova Scotia, seventeen years ago. Besides his widow, three sons, Frank, Robert and Harry survive him. He was a thirty-second degree Mason of Enterprise Lodge, and was a member of the Royal Arcanum.—Hudson Observer.

CLUTE.—At Amsterdam, N. Y., September 24, 1909, Dr. Russell Clute, formerly of Maplewood, N. J., aged 33 years. He was graduated from the Albany (N. Y.) Medical College, 1903. He was for a few years physician to Christ Hospital, Jersey City.

Personal Notes.

Dr. John E. Anderson, Neshanic, and wife, have returned from a sojourn at Albany, N. Y.

Dr. Harry F. Bushey, Camden, attended the Elks' convention at Los Angeles, California.

Dr. D. J. M. Miller, Atlantic City, read a paper before the American Pediatric Society at Lenox, Mass., on "Some Considerations Concerning Scarlet Fever, Rubella, Scarlatina and Duke's Disease," giving histories of several cases.

Dr. Henry H. Davis, Camden, and wife, occupied their cottage at Island Heights, N. J., during the summer.

Dr. Eleanor Haines, Newark, spent four months in touring the West as far as the Pacific Coast.

Dr. E. L. B. Godfrey, Camden, and wife, after returning from California, occupied their cottage at Pitman, N. J.

Dr. Paul H. Marklev, Camden, spent his vacation at Betterton, Maryland.

Dr. James H. Lowrey, Newark, and wife, spent their vacation on Long Island.

Dr. Watson B. Morris, South Orange, has removed his office from Irvington avenue to 163 South Orange avenue.

Dr. Stephen Pierson, Morristown, enjoyed a few days' rest last month at Stamford, Conn.

Dr. Edward B. Rogers, Collingswood, has been appointed lecturer on pharmacology and therapeutics at Temple Medical College, Philadelphia.

Dr. Ezra B. Sharp, Camden, who was operated on in June last for gall bladder disease, and was confined to hospital and home for nearly three months, we are glad to report is recovering.

Dr. Henry H. Sherk, Camden, and wife, spent their vacation in visiting several cities in Pennsylvania.

Dr. John D. Ten Eyck, Franklin Park, captured four firsts and one second prize with his birds at the Inter-State Fair at Trenton this year.

Dr. H. Genet Taylor, Camden, and wife, enjoyed their vacation at Clifton Springs and Lake Placid, N. Y.

Dr. George W. Tyrrell, Perth Amboy, and wife, have sailed for a six months' sojourn abroad.

Dr. William B. Warner, Red Bank, was recently elected president of the Practitioners' Society of Eastern Monmouth County.

Drs. John G. Wilson and John L. MacDoll, Perth Amboy, recently returned from a month's visit in Nova Scotia. Each is said to have "bagged a moose and a caribon."

Dr. C. M. Slack, New Brunswick, and wife, will spend the winter months in Florida.

Dr. John F. McWilliams, Somerville, enjoyed a week's rest at Lake Hopatcong recently.

Dr. Gordon K. Dickinson, Jersey City, was elected vice-president of the Tri-Professional Medical Society of New York, at its annual session held September 21, 1909.

Dr. Horace G. Norton, Trenton, was recently elected secretary of the State Board of Medical Examiners.

Drs. John W. Reid, E. H. Goldberg, A. A. Mutter, W. R. Reick, W. D. Clouse and W. A. Doremus were recently appointed medical inspectors of schools in Kearny, N. J.

Dr. F. M. Donohue, New Brunswick, has returned from his summer home, Cedarcrest, Somerset County.

Dr. William G. Schaffler, Lakewood, represented the Presbyterian Church of that place at the recent meeting of the Synod of New Jersey at Atlantic City.

Dr. James Robinson English, of Newark, has given up practice for a time. After spending a couple of months at Liberty, N. Y., he will spend the winter in Southern California.

Dr. Thomas Byrne, West Hoboken, and family, met with a serious accident last month.

Dashing along Kossuth street, Union Hill, honking their horn and every moment throwing on the exhaust to add to the racket, an unknown party of automobilists caused the overturning of a carriage driven by Dr. Thomas

Byrne, a well-known physician, of Jefferson street, West Hoboken, and threw him and the six occupants of the roadway, seriously injuring one member of the party and painfully bruising the others. * * * Thomas, the eleven-year-old son of Dr. Byrne, was scraped and cut about the face, a heavy cut in his forehead necessitating several stitches. Mrs. Byrne's right knee and elbow were deeply gashed and she was bruised about the body. Dr. Byrne received a painful cut over the eye and lost much skin as a result of his contact with the hard road.

Dr. Byrne, bleeding and bruised, immediately gave his whole attention to the other injured members of his party until Sharpe's ambulance arrived. * * * They were all taken to Dr. Byrne's home in the ambulance, and upon their arrival there, had their injuries attended to by Drs. Jacquimin, Menger and Hecht. It was found necessary to administer an anaesthetic to relieve Mrs. Nesbitt's sufferings, and also to the doctor's son, while they were stitching the cut in his forehead.—The Observer of Hudson County.

Book Review.

The Practical Medicine Series—Volume IV., Gynecology, by Emilius C. Dudley, A. M., M. D., and C. von Bachelie, M. S., M. D., Chicago. Series 1909. The Year Book Publishers, Chicago.

This little compend is a valuable collection of the past year's advances in gynecological work. It is well illustrated and the chapter on perineal repairs worth the price of the series.

Renal, Ureteral, Perirenal and Adrenal Tumors and Actinomycosis and Echinococcus of the Kidney, by Edgar Garceau, M. D., visiting gynecologist to St. Elizabeth Hospital, Boston, etc. D. Appleton & Co., New York and London, 1909.

The scope of this work is shown by the titles of some of the chapters: Solid Tumors of the Parenchyma—Malignant and Benign; Embryonic Tumors; Tumors of the Renal Pelvis and Ureter; Polycystic Kidney; Serous Cysts; Perirenal Tumors; Adrenal Tumors; Actinomycosis and Echinococcus. To these is added a valuable chapter on the Determination of Renal Efficiency with a few practical observations on cystoscopy. The diction is clear and concise and the name of Garceau is a warrant for thorough investigation and impartial deductions. Numerous plates, taken from microphotographs, illustrate with beautiful accuracy the pathological findings. In treatment, which is necessarily very largely surgical, the author is judicious and conservative.

Books and Pamphlets Received.

Report of the Origin and Spread of Typhoid Fever in U. S. Military Camps During the Spanish War of 1898, by Drs. Reed, Vaughn and Shakespeare. Two volumes. Surgeon-General's Office, Washington, D. C.

Thirty-second Annual Report of the Board of Health of the State of New Jersey, 1908.

Reprints—"The Clinical History of Some Cases of So-called Cardiac Epilepsy," also "Medical and Sanitary Inspection of Schools," by Richard Cole Newton, M. D., of Montclair.

"Court Testimony of Alienists," by Britton D. Evans, M. D., of Greystone Park.

"Industrial and Personal Hygiene," also "Report of Committee on Social Betterment," 281 pages, by George M. Kober, M. D., LL.D., Washington, D. C.

"Report of Committee on Buildings of Model Houses," 111 pages, by General George M. Sternberg, M. D., LL.D., Washington, D. C.

"Tuberculosis in the United States," Bureau of the Census, S. N. D. North, Director, Washington, D. C.

Eleventh Annual Report of the Free Hospital for Poor Consumptives and White Haven Sanatorium Association, L. F. Flick, M. D., President.

Report of the Dependency and Crimes Commission, New Jersey.

"Adrenalin and Adrenalin-like Bodies," by W. H. Schultz, Hygiene Laboratory, Washington, Bulletin No. 55.

"Chemical Tests for Blood," by J. H. Kastle, Ph. D., Hygienical Laboratory, Bulletin No. 51

"The Influence of Certain Drugs upon the Toxicity of Acetanilide and Antipyrine," by Worth Hale, Assistant Pharmacologist, Hygienic Laboratory, Washington, D. C.

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

Monthly Statement for September, 1909.

The number of deaths reported to the Bureau of Vital Statistics for the month ending September 15, 1909, was 3,153, a decrease of 102 from last month and 311 less than the corresponding period last year.

The decrease in the mortality which is apparent from month to month is in a great measure due to the efficient local health authorities in many parts of the State, particularly the larger municipalities.

The State Board of Health is also making special efforts for the steady advancement of sanitary matters throughout the State.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending September 15, 1909, compared with the average for the previous twelve months, which averages are given in parentheses:

Typhoid fever, 23 (27); measles, 7 (20); scarlet fever, 11 (28); whooping cough, 33 (23); diphtheria, 31 (46); malarial fever, 6 (2); tuberculosis of lungs, 249 (300); tuberculosis of other organs, 53 (55); cancer, 119 (138); cerebro spinal meningitis, 18 (21); diseases of nervous system, 343 (347); diseases of circulatory system, 317 (342); diseases of respiratory system (pneumonia and tuberculosis excepted), 115 (184); pneumonia, 93 (254); infantile diarrhoea, 553 (208); diseases of digestive system (infantile diarrhoea excepted), 257 (194); Bright's disease, 204 (203); suicide, 32 (35); all other diseases or causes of death, 689 (590); total, 3,153 (3,017).

Laboratory of Hygiene, Bacteriological Department.

Specimens for bacteriological diagnosis. Specimens examined from suspected cases of diphtheria, 192; tuberculosis, 294; typhoid fever, 276; malaria, 29; miscellaneous, 21; total, 812.

Laboratory of Hygiene, Division of Food and Drugs.

During the month ending September 30, 1909, 476 samples of food and drugs were examined in the State Laboratory of Hygiene.

The following were found to be below standard: 32 of the 292 samples of milk; 42 of the 43 of butter; 7 of the 31 of cream; 4 of the 31 of white pepper; 2 of the 27 of black pepper; both samples—one each—of chocolate and but-terine.

Above standard were all 47 samples of other spices, and the one sample each of candy, cream tartar and Jamaica ginger.

The following suits have been instituted in cases of adulteration: 22 of milk, 39 of butter, 7 of cream, 3 of white pepper, 1 each of butter-ine and black pepper adulterations.

Division of Creameries and Dairies. Dairies Inspected.

Number of dairies inspected and number above and below 60 per cent. of perfect mark, respectively:

County.	Number inspected.	Above.	Below.
Bergen	1	0	1
Burlington	5	2	3
Camden	3	0	3
Essex	3	3	0
Gloucester	1	0	1
Mercer	3	1	2
Monmouth	13	3	10
Morris	7	6	1
Ocean	1	0	1
Salem	10	3	7
Somerset	1	0	1
Sussex	3	2	1
Union	3	3	0
Total	54	23	31

Number of samples of water taken from dairy premises, 28; number of letters sent to dairymen, 184.

The sources of the milk supply of the follow- ing State institutions were examined: State School for the Deaf, Trenton; State Normal School, Upper Montclair.

The Deaf Mute School receives its supply from the dairy of Charles Heath in Ewing Township, Mercer County, and is the product of one herd. The quantity used daily at this in- stitution is 100 quarts.

The pupils of the State Normal School at Upper Montclair, being day students, are fur- nished milk at lunch only. This supply is fur- nished by the Borden's Condensed Milk Com- pany and F. A. Offhouse. The dairies from which the supply is drawn were inspected during the year.

Creameries Inspected.

The following creameries were inspected dur- ing the month: Baptistown, Bernardsville, Bloomsbury, Chester, Elmer (2), Lamington, Lyons, Monroeville, Morristown, Pluckemin, Roys Crossing, Stockholm, Towaco, Troy Hills, Vails, West End, West Portal, Woodruff's Gap, Woodstown (2).

Number of creameries licensed, 9; number of letters sent to creamery operators, 11; number of samples of water taken from creamery pre- mises, 5.

During the month ending September 30, 1909, 79 inspections were made in 45 cities and towns.

The following articles were inspected during the month, but no samples were taken: Milk, 177; butter, 64; foods, 219.

Other inspections were made as follows: Milk wagons, 213; milk depots, 57; grocery stores, 99; drug stores, 9; milk cans, 66.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the lab- oratory, 158; public water supplies, 76; private supplies, 26; dairy wells, 34; creamery supplies, 1; State institution supplies, 1; sewage sam- ples, 17.

Inspections.

Public water supplies inspected at Midland Park, Camden, Collingswood, Merchantville, Gloucester, Summit, Cranbury, North Arling- ton, Kearny, Harrison.

State institution supply inspected at Skillman. Sewage plans inspected at Deal Beach, Al- lenhurst, Loch Arbor, Asbury Park, Ocean Grove, Bradley Beach, Avon, Como, North Spring Lake, Spring Lake, Hilliard's Island, Manasquan, Point Pleasant, Millville, Fleming- ton, Freehold, Essex Fells, Westfield, Odd Fel- lows' Home, Trenton; Burlington, Devlin Mfg. Co., Asyla; Collingswood, Merchantville.

Special inspections at Midland Park, Worten- dyke, Collingswood, Chatham, Summit, Cran- bury, Brown's Mills, Phillipsburg.

Stream inspection on Shrewsbury, Manasquan, Shark and Delaware rivers, Lake Hopatcong.

No. of persons summoned before the Board 116
 No. of cases referred to Attorney-General.. 70
 No. of plans for sewage systems approved.. 3
 No. of plans for water supplies approved.. 1

State Examining Board's Report.

	Exam'd	Pas'd	Failed
Arizona, July.....	5	3	2
Arkansas, July.....	85	39	46
Colorado, July.....	19	14	5
Connecticut, July.....	26	21	5
Illinois, April and May....	126	111	15
Iowa, June.....	99	92	7
Kentucky, July.....	124	107	17
Maine, July.....	31	26	5
Maryland, June.....	121	100	21
Massachusetts, July.....	109	75	34
New Mexico, July.....	1	1	0
North Dakota July.....	13	12	1
Ohio, June.....	183	170	13
Rhode Island, July.....	8	7	1
Texas, June.....	175	150	25
Utah, July.....	12	12	0
Vermont, July.....	28	28	0
Virginia, June.....	132	112	21
Wisconsin, July.....	50	40	10
Wyoming, June.....	6	6	0

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STERILIZATION OF CONFIRMED CRIMINALS, IDIOTS, IMBECILES AND OTHER DEFECTIVES BY VASECTOMY.*

BY WILLIAM J. CHANDLER, M. D.,
SOUTH ORANGE, N. J.

Students in sociology have called attention to two important facts: First, that the birth rate of the criminal and defective classes is increasing much more rapidly than that of intelligent and law-abiding citizens; second, that vices and defects are very generally passed along as an inheritance from parent to child.

Statistics show that criminals, imbeciles, rapists, idiots and the defective insane multiply twice as fast as the rest of the population. There are several reasons for this increase. The most obvious lies in the fact that these defectives have no sense of responsibility and seek only the gratification of their animal natures, while the more intelligent classes, realizing the responsibilities and burdens of rearing families, seek to limit the number of their offspring.

According to Dr. Belfield, "The records of the Illinois State Board of Charities show that the average number of inmates in the State asylums for the insane and feeble-minded had increased from 1,981 in 1880, to 11,157 in 1907; in other words, from about 600 per million to about 2,000 per million inhabitants."

The homicides also showed a rapid increase. According to the same source, "during the eight-year period, 1872-9, there were approximately 32 homicides per million of people throughout the United States;

during the eight-year period from 1899 to 1906 the ratio had increased to 75 per million. In the ten-year period, 1886-95, there were in England 5 homicides per million inhabitants, in Germany 5 per million, in France 12, in Spain 45, in Italy 76 per million. Thus Italy alone rivals the United States in contempt for society's edict against murder. (It is a notable coincidence that, while prior to 1880, less than 7 per cent. of our white immigrants came from Southern and Eastern Europe, since 1900 over 70 per cent. have come from these regions.)"

If now we turn to the second fact—heredity—we find the strongest evidence in its support. There are many examples to show this, but perhaps none is more convincing than the history* of the famous Jukes family, which has been carefully studied, and is full of instruction. The ancestral breeding place of this family was in a rocky, inaccessible spot in the State of New York. The ancestor of the family was born about 1720. This man lived to old age, when he became blind, and he left a numerous, and more or less illegitimate, progeny. Two of his sons married two out of five more or less illegitimate sisters. These were the Jukes. The descendants of these five sisters have been traced with varying completeness through five subsequent generations. The number of individuals thus traced reaches 709; the real aggregate is probably about 1,200. This vast family, while it included a certain proportion of honest workers, has been on the whole a family of criminals, prostitutes, vagabonds and paupers. Of all the men not 20 were skilled workmen, and 10 of these learned their trades in prison. One hundred and eighty received outdoor relief to the extent of an aggregate of 800 years;

*Read at the 143d annual meeting of the Medical Society of New Jersey, Cape May, June 24, 1909.

*Gaver in Ohio State Medical Journal.

or, making allowances for the omissions in the record, 2,300 years. Of the 709 there were seventy-six criminals, committing 115 offenses. The average of prostitution among the marriageable women down to the sixth generation was 52.240 per cent. The normal average has been estimated at 1.66 per cent. There is no more instructive study in criminal heredity than that of the Jukes family.

Every one of us, whose professional practice covers a decade or more, can add illustrative cases from his personal experience. A study of the animal creation confirms this doctrine of heredity. The raiser of fine stock discards the vicious, and breeds only from those with desirable qualities. How often we notice among our domestic pets the inheritance of traits, good and bad, running along through generation after generation. I leave it for the neurologists to explain whether the defective neuron of the parent is transmitted to the offspring. However that may be, transmissible degeneracy remains as a fact.

Realizing then the existence and importance of these conditions—the increasing numbers of criminals and defectives and the heredity of these defects—society has sought to protect itself against these demoralizing and destructive tendencies. Punitive laws have been enacted. Institutions have been erected, in which to maintain, correct and educate these defectives. Punitive laws fail of success. Instruction falls on the poor soil of mental and moral defectiveness and takes no root or soon withers away. These creatures are, therefore, for their lifetime a care and expense to their various communities. This is no inconsiderable tax. It is stated that in 75 years this aforementioned Jukes family cost the people of the United States \$1,308,000. The support of charitable institutions for the care of the feeble-minded, imbeciles and epileptics coupled with the maintenance of prisons for the criminal classes places an immense burden of taxation on the resources of the people. Much of this could be lifted and permanently removed if we had the power to prevent the propagation of defectives. Some States have sought to obtain this by the regulation of marriages. Kansas has a very stringent marriage law, which provides "that no woman under the age of 45 years, and no man of any age, except he marry a woman over the age of 45 years, either of whom is epileptic, imbecile, feeble-minded, or afflicted with insanity, shall hereafter intermarry or marry

any other person within this State." It is also made unlawful for any person to perform the marriage service for these defectives. Children born after a parent becomes insane shall not marry except under the above conditions. Michigan, Delaware, Connecticut, Indiana and New Jersey also have marriage laws. But unfortunately marriage is not necessary to propagation and it is notably true regarding defectives that many children are born to them out of wedlock. So long as these weak-minded and vicious people are kept in institutions they are safe, but without restraint they easily go astray. We thus have illegitimacy added to degeneracy.

This brings us face to face with the problem—how best to limit or prevent the propagation of defectives?

Segregation or colonization is costly and in addition deprives many otherwise more or less useful citizens of their personal liberty. There is a certain stigma attached to being subjected to such restraint, and this is felt oftentimes more keenly by the friends and relatives than by the subjects themselves.

Castration unsexes the individual, and, while advisable as an additional punishment for a limited number of criminals, is objectionable as a general measure.

The X-ray has been known to produce sterility in a large number of persons, but our knowledge of this agent is too limited and the experiments are too few to determine absolutely that it is certain, safe, effective and permanent in its results.

There is, however, a simple, safe and thoroughly efficient operation, which will prevent procreation and yet not unsex the individual. This is vasectomy—division of the vas deferens. It is a very simple operation and can be done with a local anaesthetic or with no anaesthetic at all. Dr. Harry C. Sharp, of Indianapolis, who was for thirteen years chief physician in the Indiana State Reformatory, and who has done many hundreds of vasectomies, uses no anaesthetic. He simply pinches up the cord in the groin, cuts down on the vas, separates it from the vessels and nerves, ligates, resects a small part on the testicular side and leaves that end of the vas open. He uses no sutures. The time of the operation is three minutes and the subject is back at his customary work in less than an hour. He states that this operation in no manner limits the marital relations, except in the prevention of procreation.

In order to secure the beneficent effects

of such a procedure several States have passed laws making it compulsory for these defectives after proper examination to submit to operation.

The Indiana law has been in force for two years and I submit its draft for your consideration:

"Whereas, Heredity plays a most important part in the transmission of crime, idiocy and imbecility;

"Therefore, Be it enacted by the General Assembly of the State of Indiana, that on and after the passage of this act it shall be compulsory for each and every institution in the State entrusted with the care of confirmed criminals, idiots, rapists and imbeciles to appoint upon its staff, in addition to the regular institutional physician, two skilled surgeons of recognized ability, whose duty it shall be, in conjunction with the chief physician of the institution, to examine the mental and physical condition of such inmates as are recommended by the institutional physician and board of managers. If in the judgment of such committee of experts and the board of managers procreation is inadvisable, and there is no probability of improvement of the mental and physical condition of such inmate, it shall be lawful to perform such operation for the prevention of procreation as shall be deemed safest and most effective. But this operation shall not be performed except in cases that have been pronounced unimprovable; *Provided*, that in no case shall the consultation fee be more than three dollars to each expert, to be paid out of the funds appropriated for the maintenance of such institution."

We believe that a law similar to the above should be enacted in every State. It would be wise to have its provisions extended so as to include habitual paupers and the defective insane.

At the recent meeting of the American Medical Association a paper on vasectomy was presented and elicited an able discussion. Dr. Sharp, the writer of the paper, operated on over 200 criminals by voluntary request, between the years 1899 and 1907. Since the enactment of the Indiana law he has operated on 256 under the provisions of that law. He has also done experimental work on the lower animals such as young calves, severing the vas in the male and the tube in the female. In the female he ligates the end next to the uterus, leaving the end next to the ovary open. In the male he leaves the end next to the testicle open. He finds that this prevents

cystic degeneration of these glands. In none of these cases does this operation unsex the animal, even though it be done before subject is sexually mature.

Dr. Sharp states that he has never seen any unfavorable symptom follow this operation, no atrophy of the testicles, no cystic degeneration, no mental disturbance; on the other hand, he has seen the operation develop a more sunny disposition, a brighter appearance; sullen, vicious characters become cheerful and docile; neurasthenics and the victims of self abuse have their power of self-control restored and many of the confirmed criminals who resisted most violently and with threats of personal injury to the operator, came back afterward to express their thanks for the great benefit the operation had been to them; and, more than this, they urged their fellow convicts to submit to the operation for their own good. And just here is where this method of preventing procreation has the advantage over all others proposed—it changes the violent, vicious and dangerous characters into quiet, peaceful and useful citizens; it makes advocates of its subjects.

We may not be able to perfectly explain these results, which are very frequent though not invariable, but they seem to confirm the deductions of Brown Sequard as to the effects of the testicular juices. Certain it is that the retention and reabsorption of these secretions seem to be accompanied by a restoration of mental and moral equilibrium and a greater power for the resistance of impulses.

We have said but little except by inference of the corresponding operation on the female. While somewhat more severe, yet in proper hands it should very seldom be followed by unfavorable results. The mortality rate with experienced operators is practically "nil." Its benefits are as great as those of its companion operation in the male. When we think of the thousands of young female defectives shut up and supported in the various reformatories and other institutions in this country, who cannot safely be allowed their liberty, because of their inability to support themselves and from the great frequency with which they fall under temptations and soon return to bring forth children, thus becoming a double expense to the community; and when we also think of how by a comparatively safe operation the general condition of many of them could be so improved and their power of self-control so increased that they could be safely permitted to go outside

and obtain some humble, honorable, self-supporting position in life, it seems but a matter of simple justice that we should demand a law giving them also the benefits of operation.

Dr. Charles T. Belfield, secretary of the Chicago Society of Social Hygiene, recently wrote me requesting that this subject be presented to you at our annual meeting. He says "that the sterilization by vasectomy of confirmed criminals and other defectives legalized in Indiana two years ago, and recently in Oregon also, is attracting widespread attention. For obvious reasons the public looks to the medical profession for advice about accepting this measure. Every medical society to which it has been presented, has passed a resolution approving such sterilization and recommending to the Legislature of its State the enactment of the Indiana law or its equivalent."

In compliance with Dr. Belfield's request I have collected a few facts and touched upon a few details sufficiently to introduce the subject to you. There are men much more experienced and able than I who will engage in the discussion. I trust that as a result a resolution may be passed instructing our Committee on Legislation to prepare a bill on the lines of the Indiana law and present it at the next session of our State Legislature.

DISCUSSION.

DR. GEO. H. BALLERAY, Paterson—Crime and its punishment properly come within the purview of preventive medicine. If the race is to be improved, the criminal element must be eliminated. Vicious tendencies are transmitted by heredity and modified by environment. The only efficient way of preventing crime is to unsex all criminals. For every crime above petty larceny, this punishment should be inflicted. As a means of deterring would-be criminals from indulging in their propensities, there is nothing which would act more powerfully than the fear of being unsexed. A male criminal may be willing to risk his liberty, or even his life, but not the witnesses of his manhood. Crime is often committed in order to obtain the means of satisfying the sexual propensity. The killing of a hated rival in order to remove an obstacle to the enjoyment of the woman of his choice, or the murder of a rich relative to obtain the means of satisfying his sexual desires, are common crimes of men. Among men criminals, robbery to obtain money to purchase the favors of some fair and frail one is of frequent occurrence; and its perpetrators are of all classes, including the burglar who breaks the bank from without, and the bank president who breaks it from within. Man, like the male of the lower animals, will incur any risk to satisfy his sexual instincts. This makes him a source of danger in the com-

munity. When a man allows his sexual passion to override his judgment, he then reduces himself to the level of a brute and should be treated as such. After he has been unsexed, such a man becomes a better citizen and may be a very useful member of society. The incentive to commit crime to obtain the means of satisfying his sexual desires is removed and he becomes useful in proportion as he becomes safe. The patient ox and the gentle gelding are not less useful than the fierce bull and the vicious stallion.

When one considers the perfect abandon with which the modern woman submits to the evisceration of her pelvis by her pet gynecologist, he concludes that the fear of being unsexed would not act as a means of deterring from crime, so far as women are concerned; but the fact of being rendered sterile would prevent them from propagating offspring that would inherit their tendencies, and in that way diminish the number of criminals. For that reason female criminals should be treated in the same manner as their male companions in crime. For murder the penalty should be death, but for rape, arson, highway robbery, burglary, grand larceny and criminal abortion, the criminal should be unsexed.

Criminals of all classes are increasing, but this is one result of the degeneracy of the race. Juvenile criminals are increasing in all so-called civilized lands. Statistics show this to be the case in Russia, Germany, France, Italy, Holland, England and America. In Germany, in ten years, adult criminals have increased thirty per cent., while in the same time juvenile criminals have increased fifty per cent. In Holland, in twenty years, juvenile criminals have doubled in number in proportion to the population. If, as seems proved by statistics, eighty per cent. of the parents of criminal children are themselves criminals, or moral delinquents, is not the only remedy the prevention of the propagation of criminals? This can only be done in the way which I have indicated. Why not try to reform criminals instead of unsexing them? For the reason that it would prove a useless task. If a man is accidentally subjected to an arrosement by a skunk, it will avail him nothing to pour eau de cologne on himself; the proper thing to do is to bury his clothes. The mere suggestion of the remedy which I advocate as the only efficient means of eradicating or minimizing crime, is enough to raise a howl of protest from the sentimental class. The antis, like the poor, are always with us. We have the anti-vaccinationists, the anti-vivisectionists, et hoc genus omne. These people are on a par with those refined ladies who visit a brutal murderer in his cell, bring flowers and delicacies to him, and treat him as if he were a hero. Verily, if "conscience makes cowards of us all," sentiment makes fools of us.

DR. THOMAS P. PROUT, Summit, said that it seemed to him that a procedure of this sort should be undertaken with some trepidation, as little is yet known about the ultimate effects of vasectomy. One cannot generalize much from three or four hundred, or even a thousand cases. By performing this operation on a lot of criminals places them in a position of absolute irresponsibility. If they are allowed their liberty, an element is freed into the community that is going ultimately to give a great

deal of trouble, because the responsibility of the individual has been taken away. Then while it would seem that vasectomy is a move in the right direction, Dr. Prout thought that it ought not to be undertaken without some thought regarding its ultimate effects. His own feeling was that the great problems of heredity would not be solved in this way. He considered it a sort of short cut in evolution, and said that short cuts in evolution did not go. By attempting to solve the problem in this fashion, medical men are putting many of the real problems of criminology behind them and adding less and less to human knowledge, which he did not consider a good thing. A question of this sort, he said, should be thought of very seriously before it is undertaken by the State.

DR. D. E. ENGLISH, Summit, said that he too had thought of the point referred to by Dr. Prout, making the criminals irresponsible; but he had further thought that they are already about as irresponsible as they can be. He was not in favor of the operation for females, in whom it is more serious than in the males. If done in females, it might be attended with some deaths; and this would bring the whole movement into disrepute. His impression was that very few prostitutes bear children; and almost none, more than one child, before the Fallopian tubes become sealed up with gonococci to such an extent that they are not able to have any more offspring.

DR. WALTER S. CORNELL, Philadelphia, said that he had read last year a very interesting case illustrating the tendency of the irresponsible defective to produce illegitimate children. In an institution for the feeble minded in Pennsylvania (and this was only one of several cases), there was an attendant employed to look after a certain number of these children. One day she came to the superintendent and said that she was going to resign. When asked why, she said that she was going to get married. The superintendent asked her whom she was going to marry, and she said she was going to marry Tom. Tom was a feeble-minded boy in the institution. The superintendent said, "You cannot marry a boy like that." "Well," she said, "I love Tom, and he loves me; and we are going to do it." In the absence of any law to prevent a person of twenty-one years (Tom was as old as this) from marrying, they got married; and the result was three feeble-minded children.

Dr. Cornell said that he had told this story to Superintendent Johnstone, of Vineland, who remarked: "That is the history of every feeble-minded training school in the United States." Therefore, while this was one specific instance, it could be duplicated at almost every other institution.

Dr. Neff, of Philadelphia, had consulted with Dr. Cornell in the preparation of a resolution to set aside a building for the separate care of the feeble-minded now in Blockley, for the reason that the care of the feeble-minded in that institution is so loose that every year one or two more illegitimate feeble-minded children appear. These defective feeble-minded women are preyed upon by the boys, and it is impossible to prevent these occurrences; so that the treatment of these people with the ordinary

paupers was the second point Dr. Cornell wished considered.

On one occasion, while visiting the New Jersey Training School, Dr. Cornell asked what were the ordinary causes of the feeble-mindedness, and was told that three-quarters of the inmates were degenerates. Therefore, three-quarters of the three or four hundred of these people in New Jersey are the children of people who had this stigma, the other quarter representing accidents of birth and other accidents. This was Dr. Cornell's third point.

So far as Dr. Chandler's paper was concerned, Dr. Cornell wished to make two or three comments. The first was about the number of children. Dr. Chandler had said that the present birth rate for the feeble-minded in Illinois was twenty per thousand. Dr. Cornell said that this agreed with the figures of the Indiana State Board of Charities, which state that one in every five hundred children born is feeble-minded. The majority of these children, however, die before they are eighteen years of age; and this reduces the figures considerably. So far as the Kansas law prohibiting the marriage of such persons is concerned, Dr. Cornell said that this will not have had a fair trial until the surrounding States have the same law; because all a man has to do is to take his fiancée and step over the line to get married, just as a good many Philadelphia people go over to Wilmington.

The results given in the paper regarding vasectomy, Dr. Cornell said, lack the accuracy of scientific verification. As to the fact that some criminals said that they felt better after the operation, Dr. Cornell said that if they felt the same, they were lucky. He thought Dr. Chandler's was a rather rosy view of the situation. The feeling of betterment, if it did exist in any case, was probably due to suggestion.

DR. CHANDLER, in closing the discussion, said that Dr. Balleray seemed to regard the treatment suggested as punitive. Dr. Chandler did not think it ought to be considered entirely so, as many of these persons are not criminals. They have not committed any crime; they are merely weak-minded. He thought that if these people could be put into a safer and better condition by this procedure, it was well to employ it; but he did not think that they should be punished at the same time. He thought that some of the criminals, also, could be improved by operation and stated that Dr. Sharp had done five hundred of these operations himself and has seen their beneficial effects in many cases. One man, a violent criminal, condemned as unimprovable (this being the only class operated on), said, when told that the operation was to be performed: "You can do what you like with me here, for I am entirely in your power; but when I get out, I will take it out on you." Dr. Sharp nevertheless performed the operation, after which the man was detained for a time. In the course of a few weeks, he came to Dr. Sharp and said: "Doctor, I do not feel so bitter toward you as I did." A little later, he said to Dr. Sharp: "You have done me a great deal of good. I no longer feel such incapacity for self-control as I felt before you operated." This man improved steadily, and gained more and more control over his impulses. Dr. Sharp explains this by saying that the testicular juices,

which continue to be secreted, are reabsorbed, and act as a general tonic and stimulant, resulting in a greater ability to exercise self-control by improvement. This is in line with what Brown-Sequard claimed for these juices.

Dr. Sharp also spoke of the effect of the operation on other habits, especially that of self-abuse, and mentioned the case of a young man who wanted him to operate for this. Dr. Sharp refused to do so for a long while, but finally was persuaded to do so. A short time afterwards, the boy said that he did not think the operation had done any good. In two or three weeks, however, he said he was much better, and was troubled only very infrequently. Later on, he said he was not troubled at all. The operation seems to produce beneficial effects not produced by castration or any other procedure; and Dr. Chandler said that if, while preventing the increase of these defectives, it would at the same time benefit them, he thought that they should have the advantage of it.

In regard to the question of irresponsibility, he said that these people are no more responsible after the operation than before, but are better able to restrain and control themselves; so that the effects of this operation, which has been done for several years (since 1900), though the law has not been in effect more than two years, have been observed for some time, and no harm has been noted by any of the observers, either from the operation in the male or from the resection of the tubes in the female. Such a law in New Jersey, he said, would diminish the taxation for the support of these people. Many young girls, who are now a burden upon the community, could be operated on and sent out to work for their living, and that too without risk to their moral character. The operation will thus prove a source of relief to their friends.

Dr. Prout is somewhat over-apprehensive as to the "ultimate effects of vasectomy." These ultimate effects concern mainly the individual criminal. He cannot transmit anything to posterity as he cannot have any descendants. Its effects on the individual have already been shown to be never injurious and frequently most beneficial. Instead of "freeing a number of irresponsible criminals," we find that those operated on often develop an increased sense of responsibility and are thereby far more likely to become good citizens. It is not a "short cut in evolution," but a practical cut-off of evolution. We are not seeking to obscure nor to evade the "real problems in criminology" but only to offer an additional stepping stone in their solution.

Dr. Balleray added to his remark that he would like to compromise with Dr. Chandler. He was willing that the operation should be performed on the feeble-minded; but when it came to punishing the criminal, he thought that the testicles should be removed. He thought this would have more of a deterrent effect than anything else that could be done, and would remove the sexual impulse. Such a man could commit a sexual crime after; but if the testicles were removed, it would be a finished job.

Dr. Chandler replied that in the main he agreed with Dr. Balleray, and that in his paper he had recommended castration for certain kinds (rapists, etc.) of criminals.

PATHOGNOMONIC SIGNS AS RELATING TO APPENDIX LOCALIZATION.*

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It is not my intention to speak or touch upon the typical and characteristic manifestations presenting when appendicitis occurs, for the symptoms of the disease, such as pain, tenderness, muscular rigidity, etc., are too well known to require any further elaboration.

More to the point, however, are a number of distinct signs which, if carefully observed and studied, permit a line of reasoning leading in the great majority of instances, to a correct opinion as to the location of the appendix; its pathological condition and, very often, a prognostic outlook of the disease. The importance of these signs carries weight with the general practitioner who meets with the condition in its first stages insofar that, in conjunction with other symptoms, he may be able to follow the pathological changes more intelligently and to decide with greater certainty than heretofore when to bring about surgical intervention. To the surgeon, the symptoms are of importance as from their interpretation he is able to locate and modify his incision, thereby avoiding a prolonged appendicular search at the time of operation.

The various positions which the normal appendix is able to assume present certain characteristic signs which we can safely classify as being diagnostic of these positions whenever the disease has advanced sufficiently to make these symptoms manifest. These signs are the important exhibitions controlling appendicular topography. They are brought about, not only from pathological changes of the organ itself, but also from the anatomical relation the appendix bears to surrounding adjacent tissue. In other words, they are produced by the pathologico-anatomical alteration taking place during the progress of the disease.

It has been plainly shown that appendicitis is caused from an infection brought about by bacterial migration and lodgment into the recesses and ridges of the Lieberkuhn crypts with their further invasion into

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the mucous membrane producing an increase of nucleated white blood cells under its epithelium. Depending upon the virulence of bacterial stimulation, these white blood cells or leucocytes increase, and if not checked involve the various coats of the organ. Upon reaching the serosa, they circularly distribute themselves, so that microscopically, one is able to distinguish a triangularly shaped mass of white cells with its apex at the origin of the infection, and its base spreading up to and around the serous coat. This infection may occur singly or be plural, so that from the recesses of the various crypts triangular leucocytosis exists which at the serosa, merge into one another.

While this leucocytosis has been going on in and between the walls of the appendix, its mucous membrane has also been passing through pathological alterations. The inflammatory reaction following the infection causes its follicles to swell and an exudate to be thrown off. The swollen follicles eventually produce a stenosis which, assisted by the membrane of Gerlach prevent the exudate from properly draining away. This condition, plus the bacterial virulence, lack of proper draining leucocytosis, is the picture of primary appendix infection. If the bacterial virulence is not controlled or checked the changes continue until the tension upon the walls result in *empyema*, *intra-mural abscess*, *gangrene* or *perforation*. With complete lumen drainage and abatement of infective activity, the leucocytosis ceases, the tissues go on to healing, leaving an intra-appendicular scar. If, on the other hand, the stenosis has prevented a thorough emptying of the lumen the exudate remains, acting as an irritant and producing the condition of chronic appendicitis with regular attacks, or a continuous annoying dull pain in the right iliac fossa.

As soon as the inflammation has reached the serous coat, it involves the surrounding peritoneum which now participates, in accordance with infective virulence plus pathological progress, spreading to surrounding peritoneal covering, fascia and muscles, along the mesentery to the retro-peritoneal tissue and causing symptomatic manifestations to arise, corresponding to the parts threatened or invaded.

The above described migration of bacteria into the mucous membrane of the organ is known as the entero-genetic form of infection. Kretz, after his examination, microscopically, has also added to this in-

formation on the hæmato-genetic variety. He says that the pathogenetic organisms, especially the streptococcus, are carried into the appendicular lymphatics by the blood vessels, lodging themselves in the glands and forming triangularly shaped leucocyte involvement toward the mucous membrane and toward the serous coat; in other words, emanating from each lymphatic gland, the leucocytes throw themselves out in both directions, continue to spread as in the entero-genetic type and bring about the same ultimate results.

My object in presenting this pathological picture is not to go into lengthy discussion or talk of the pathology of the disease, but merely to show that appendicitis is distinctly an infection, plus inflammatory reaction, producing a leucocytosis into and between its muscular layers with lack of proper lumen drainage. It is evident, therefore, that the pathognostic picture will vary, controlled by the virulence of the infection, the degree of inflammatory reaction, the retention or re-establishment of proper lumen drainage and the extent of peritoneal involvement.

The appendix can lie in different positions with its distal end or tip pointing in various directions. This is controlled by the anatomical changes in location which may occur to the cæcum. For instance, if this portion of the intestinal tract is partially distended with gasses, it may reach to the internal edge of the ilio-psoas muscle extending even to the anterior abdominal wall and inguinal region; if it is very much distended, it may reach to the median line of the abdomen, linea alba or the symphysis. If the cæcum is distended with excrementitious material, its location will be toward and into the true pelvis, its weight holding it in this position. If, on the other hand, the cæcum is empty, it will be found to lie high in the iliac fossa covered with small intestines. Then, again, in accordance with peculiar development of the mesentery, it may be turned anteriorly upward, covering the ascending colon.

Following these respective cæcal positions, the appendix may lie deeply in the pelvic cavity upon or at the edge of the ilio-psoas muscles along the ilio-pectineal line; outward and anterior, in the iliac fossa; upward and inward under the liver; upward, outward and backward toward the lumbar region and, lastly, toward the median line of the abdomen lying free in the abdominal cavity.

Intra-pelvic appendices present charac-

teristic symptoms in accordance with bladder or rectal involvement. There may occur bladder disturbance ranging from frequent micturition to painful urination, with or without colicky bladder, pains sometimes radiating to the urethra. In the female, the adnexa may be affected, causing irritation to the generative organs with a consequent disturbance of their normal functional activity. These symptoms may occur at the onset of the attack, continuing during its entire course or may terminate at the cessation of virulence and be relieved, forming adhesions with recovery, after exacerbation. If the disease progresses, however, the anterior wall of the rectum may become involved producing rectal tenesmus and painful defecation. Bladder and rectal symptoms may also make their appearance in the very beginning of an attack so as to entirely mask any direct suspicion toward appendicular lesion.

Oedematous saturation of the parietal peritoneum involving the ilio-psoas fascia and muscles, produce an important sign for topographical diagnosis. This sign is brought about through reflex and direct inflammatory irritation causing muscular rigidity and is exhibited by the patient complaining of pain when moving the right leg or keeping the thigh continuously flexed upon the abdomen, to bring about muscular relaxation. In the beginning, this symptom may be overlooked but as the disease progresses, it presents itself in mild degree, gradually assuming the more severe type—that of continuous flexion. It can clinically be shown by flexing and extending the thigh similar to bringing out Kernig's signs for meningitis and in performing this manipulation, we divide our examination into three stages.

First Stage—A slight movement of flexion and extension of the thigh and leg upon the abdomen.

Second Stage—By bringing the thigh to one-half its fullest degree of flexion and then extending the leg straight in the bed.

Third Stage—Extreme flexion of the thigh upon the abdomen and then to a right angle similar to Kernig's sign, then extending the leg. If the appendix is located upon or at the edge of the psoas muscles, these manipulations will produce appendicular pain and one will not fail in forming a conclusion that the appendix is located downward and inward, or pointing toward the inguinal canal. We have also found that if these stages of flexion and extension are carefully studied, one may in the great ma-

majority of instances, be able to judge the *severity* of the appendicular involvement from the *amount of pain* which the patient complains of while the examination is going on.

If the disease is of some days' standing and the symptom is positive, it is wise to make a rectal, or in the female, a vaginal examination, for even with absent bladder signs there may be pus in the pelvic cavity, especially in those positions where the appendix does not point toward the inguinal canal, but abruptly turns downward and dips into the pelvic cavity hanging over the ilio pectoneal brim.

The following case is an illustration:

Charles R., aged sixteen, first took sick two days before admission, with pain in abdomen which was general. Night of first day pain localized itself to right iliac fossa; vomiting began immediately, retaining no nourishment. Vomiting increased but severe abdominal pain has stopped since last evening. Case seen forty-eight hours after onset of pain.

Previous History—Always had indigestion and stomach ache after eating, with constipation. Four or five months ago had a severe cramp one night which disappeared the next morning after castor oil. At that time pain caused him to draw up his right leg and he had sharp, shooting pains down his thigh. He did not remember whether he had pain upon urination. In taking a deep breath, he does not remember whether it caused him any pain. He never had any pain in his back. After the first attack, he always had an uncomfortable feeling in the right side when running or jumping which would radiate toward his right leg. He still continued to suffer with indigestion. Two days before admission he suddenly experienced sharp pains in his right side and over the entire abdomen. In the evening this pain localized itself more in the right side, but at the present time he has no pain. Bowels have not moved in twenty-four hours.

Condition upon Admission—Rectal temperature 101.8, pulse 110, respirations 24, leucocyte 30,000. Patient presents a fairly well-nourished body, face flushed, with slightly anxious expression.

Inspection—Right leg flexed to second degree, abdomen not distended; bladder symptom positive, dysuria and frequent micturition.

Examination—Rectal examination shows tenderness upon deep pressure of anterior rectal wall. No rectal tenesmus or painful

defecation. Lumbar symptom negative. Respiratory symptom negative. Abdominal examination shows slight rectus rigidity, no dullness, no tumour. Tenderness over McBurney's point, moderate; area of most tenderness extending toward right symphysis, becoming more severe as symphysis is approached and requiring deeper pressure to bring out its fullest degree. Second stage leg examination causes severe pain. Point of most tenderness, located about an inch and a half above Poupart's ligament in the right inferior ilio-hypogastric angle, tenderness extending deeply downward and inward toward symphysis.

Diagnosis—Appendicitis destructiva, ruptured and adherent to psoas muscles, probably involving intestine, location over ilio psoas; probably pelvic pus.

Findings of Operation—Incision 1½ inches below McBurney's point toward right inferior ilio-hypogastric angle. Appendix located on ilio-pectoneal edge, tip hanging into pelvis, ruptured, adherent and pelvis containing pus.

Treatment—Amputation, Mayo's inversion, Lennander drain, closure with silk worm gut, through and through sutures.

Post-operative History—Uneventful; drain removed fourth day. Balsam Peru treatment in sinus.

Result—Discharged cured in sixteen days.

This case is illustrative of two conditions: first, of ilio psoas involvement; second, of pelvic encroachment with marked bladder symptoms. Even the history of the first attack designated the appendicular location. The rectal examination designating pelvic tenderness, assisted in making diagnosis.

As an illustration of the leg symptom existing alone, I cite the following case:

J. B. Z., aged twenty-one.

History of Illness—Six months ago, developed sudden pain which located immediately in the right iliac fossa, pain more severe upon raising right leg, vomited all day long, ceasing toward evening; attack lasted about sixteen hours, after which he suffered from indigestion but never had any more localized discomfort or distinct attacks. Felt perfectly well until this 7:30 A. M., when upon arising to go to business, he felt a sudden pain in his right side and groin. I saw him in consultation at 9 o'clock A. M. of the same day, and found a normal temperature of 98.2, pulse 80, respirations 20, patient complaining of pain in the right iliac fossa shooting toward his

right leg. Examination for tenderness toward lumbar region and lumbar symptom was negative; respiration symptom negative; bladder symptom negative; rectal examination showed no pelvic tenderness. The leg symptom was positive, but it required the third stage of flexion to produce very much pain. The pain was of a shooting character when the leg was not flexed. Tenderness over McBurney's point was not very pronounced but deep pressure toward the inguinal region caused patient severe pain. Vomiting negative.

Diagnosis—Appendicitis simplex. Location downward and inward over ilio-psoas muscles. Infection suggested as virulent and operation advised and refused. At 10 P. M. I was again called in consultation. Temperature now had risen to 102.8, pulse 108, respiration 26, and the above symptoms were worse. Patient had vomited two or three times during the evening. Right leg was flexed upon abdomen, extension and flexion at first stage caused severe pain, at second stage still more pain and at third stage produced pains to such extent that patient screamed. Leucocyte count 40,000. Very slight muscular rigidity. No distension of abdomen. Bladder symptom negative. Rectal examination negative.

Diagnosis—Appendicitis destructiva (intra mural abscess). Not ruptured. Advised immediate operation and it was allowed.

Findings at Operation—Appendix turned sharply upward from the cæcum, then pointing downward, tip resting on the ilio psoas muscle, *highly inflamed* and distended, but not ruptured, adherent to muscles. Appendix amputated, Mayo's inversion. Closed without the drainage; layer sutures; discharged cured on the ninth day.

In the position of upward, outward and backward, the tip directing toward lumbar region, the point of most pain will be located in the back. Particularly is this true and most pronounced in the sub-acute variety or in old standing conditions, leading sometimes to hasty diagnosis of lumbago. As a description, I will cite to you this very interesting history:

Miss C. M., age thirty-two, anæmic appearance, puberty at twelve, always regular. Dysm., negative. Fell from horse ten years ago, then commenced menstruating irregularly, coming on from two to three months with dysmenorrhœa. Uterine and adnexa history of no further importance as further examination showed negative. Six years ago, complained of pain in right iliac

region, first general then localized, sudden, severe, never occurred before; four hours after attack began vomiting continuously for twenty-four hours, terminating with nausea lasting about three days, constipation positive. Complained of more pain *in back* than in abdomen after the first twenty-four hours. Bladder symptom denied. Leg symptom not remembered. Respiration caused sharp pain along side of abdomen and back, mostly in the back and liver edge. History of five subsequent attacks with recovery. Between each attack, patient continuously suffered from constipation and what she terms a "*weak back*." Expressing it in her own words, she suffered from a continuous abdominal annoyance, but not a sharp pain and, when standing for any length of time, or with sudden jars, running, or jumping from cars, etc., she would have a severe pain in her back which made her think she was suffering from kidney trouble. On the first day she came under my observation, she had traveled some distance and came directly from the railroad station to my office. She was exhausted, complaining *mostly of severe backache*.

Examination—No untoward condition found upon abdomen from inspection. Tenderness over McBurney's point extending upward and outward for an inch and a half, then backward toward the lumbar region. No tenderness was mapped out below McBurney's point. Leg sign and leg symptom were negative. Vaginal symptom was negative. Coughing causes more severe pain in lumbar region than in abdomen; respiration superficial and deep and causes pain along outer portion of liver edge and back. One symptom in the leg manipulation which was noticed, and which I forgot to mention, was that upon third degree flexion patient complained of slight lumbar pain; it made her back sore. Temperature 98.2, pulse 98, respiration 20.

Diagnosis—Chronic appendicitis. Retrocaecal position, upward and outward, tip toward lumbar region, with adhesions at base involving iliacus and psoas muscles.

Findings at Operation—Diagnosis verified. Wound closed without drainage. Discharged cured in seven days.

I have but recently received a letter from this patient, who resides in the upper part of New York State, stating that she has entirely recovered and suffers no backache of any kind since her operation.

In these positions, whether the organ is located upward, outward and backward, or

upward and inward under the liver, another sign presents itself due to the respiratory act. At respiration, the liver is forced downward upon the intestines by the diaphragm and in this way an encroachment is brought about upon the appendix causing sharp pain under the liver, if the organ is diseased and located upward and inward. When in the lumbar position, however, respiration causes pain to radiate to the back and more to the right. A graduated degree of the respiratory act will be able to show the seat of most pain and in nearly every instance, leads one to the tender area. Further examination will then verify the position.

Having endeavored to show that the leg, bladder, lumbar and respiratory signs act as important factors in locating the position of the appendix, the next question which arises is the much-discussed manifestation of pain and its importance as relating to the pathological status as well as the topography of the organ. In accordance with the teachings of Lennander, Wilms, Tavel and others, we have found that pain is produced from inflammatory irritation to appendicular walls, placing them in such degree of contraction as to cause tension upon the meso-appendix and parietal peritoneum. Hence, it is obvious that pain at the onset of the attack is not localized but general until the infection has settled down to further organic involvement. As a rule, this requires about twenty-four hours. In nearly every case which has not, within this time, been drained of its exudate, one finds that the condition will be of a progressive nature, localizing itself in a painful area and, instead of subsiding, will go on to further complications. The radiation of pain during this period of time is important and the first twenty-four hours of an appendicular attack should be spent in careful observation of pulse, temperature, frequent blood counts and for some topographical sign. As the disease progresses, the latter will soon become manifest and it is then safe to assume that the serous coat has become involved.

In the position of the appendix inward and toward the median line, there is, however, an exception, particularly in regard to the localization of pain, and one will find in these cases abdominal pain continues to remain general, rarely localizing itself. Its base may be bound down with adhesions, but its tip lies free in the abdominal cavity stimulating the sympathetic plexus through its influence upon the peritoneum. This

variety nearly always causes the fulminating type of the disease, and in every respect is the most serious. The diagnosis of this position must be depended upon by mapping out the area of most tenderness and one may safely assume with absence of leg, bladder, respiratory and back symptoms, but the existence of continued general abdominal pain, concomitantly present with area of superficial or deep location of most tenderness extending inward and toward median line, that the location is intra-abdominal and calls for immediate operation. As an example, I cite the following case which came under my observation June 5th, this month. The girl, at present, is in the hospital.

C. R., age fifteen years.

Previous History—Negative. No previous attacks. Constipation ever since she can remember. Indigestion negative. Appearance presents a well nourished girl.

History of Illness—Forty-eight hours before, began with general abdominal pain. Constipated for three days. Character of pain, a dull ache which has been getting worse. Castor oil relieved pain for almost three hours. Pain returning, again became general. At this examination, "has pain all over stomach," as she expresses it.

Leg sign and symptom, absent; bladder symptom, absent; back symptom, absent; respiration symptom absent, but coughing causes pain which is general. Area of most tenderness, beginning at McBurney's point and turning sharply inward, toward median line two inches below umbilicus, best elicited upon deep pressure. No vomiting or nausea. Abdomen not distended. Rigidity of right rectus, positive. Rectal examination, negative. Temperature 102.8, pulse 102, respiration 28, leucocyte count 50,000.

Diagnosis—Appendicitis destructiva. Location toward median line. Operation, three hours after first visit.

Findings at Operation—Appendix highly inflamed at base, tip toward abdominal cavity, location median line, base adherent to the ilium. Not ruptured. Abdominal cavity contained (cloudy) serous fluid. Meso-appendix short and infiltrated.

Treatment—Mayo's inversion, stump drained, still in hospital, this being her tenth day.

Here we had an appendix highly inflamed, with formation of abdominal exudate, yet there was no localized pain. The operation proved that haste in operating

was well advised, as the walls of the appendix were becoming gangrenous.

In locations of the appendix outward and upward, or lying in the iliac fossa, it will be found that pain does not occur as acutely as in other locations. The appendix between cæcum and iliac bone is bound down with adhesions preventing further tension upon the mesentery. The pain, therefore, is moderate until the mass encroaches upon or involves neighboring parts. In these cases one will also find that after the first twenty-four hours, pain is apt to be less severe, but as the disease progresses and neighboring parts are involved, it again occurs in an acute form; the topographical diagnosis is easy, a tumor nearly always being felt and the muscular rigidity in nearly every case being more pronounced than in other positions.

The importance of McBurney's point in late years has also lost much of its significance as a fine diagnostic mark in the disease. Its degree of tenderness is never the same and this is easily explained, as for instance in a location inward, toward the median line, superficially placed under the abdominal wall. In cases of this kind, we find an equal amount of tenderness extending from base to tip which can be beautifully mapped out, as in the case just mentioned. Then again, with a distal appendicitis dipping downward over the psoas, one will find very little tenderness over McBurney's point, but as the organ is palpated, it will require more and more tactile pressure to bring out its fullest degree at the tip. In this way, tenderness is an admirable aid in topographical diagnosis as well as in forming an opinion as to the extent of inflammation. "Extent of inflammation may be gauged from the degree of pain produced by palpation!"

Any interference with peristalsis will reflexly bring about an interference with this vermicular act and cause symptoms of alimentary disturbance to arise manifesting themselves in either eructation of gasses, nausea or vomiting. This interference can only occur when the infection has reached the serous coat and through the inflammation irritating the intestinal coverings to bring about a paresis. Depending upon the degree of toxic stimulation, we may have graded varieties of effect, which in mild cases, lead to eructation, moderate nausea, slight vomiting, or in severe cases, to vomiting persistent and continuous. We have found in our experience corresponding with that of Sprengel that the forma-

tion of adhesions will check this intestinal irritation. One will observe that appendicitis bound down with adhesions will in the acute attack rarely produce gastric symptoms unless the disease is very progressive and has involved the cæcum. On the other hand, one will find that in chronic cases, adhesions act as an interference to peristalsis by binding the parts down. In this way, gastric disturbance manifests itself in the form of indigestion with frequent iliac annoyance from a gas distended gut. I will conclude by saying that to make a topographical diagnosis of appendicitis, it is essential, first, to take into consideration the *previous history*; second, the *character of pain, whether general or local*; third, the presence of gastric disturbance and bowel movement; fourth, the presence of bladder, rectal, leg, lumbar or respiration symptoms; fifth, the degree and direction of tenderness with a careful mapping out of points of most severity; sixth, leucocyte counts, temperature and pulse.

With an observing eye, a keen tactile sense, plus the balance of above mentioned considerations, the topography, pathology and prognosis of appendicitis can in the great majority of instances be made.

DISCUSSION.

DR. GEORGE N. J. SOMMER, Trenton, opening the discussion, said that Dr. Walschied was to be congratulated on the care with which he had developed his method of diagnosis of the position of the appendix in this disease, and stated that he wished to call attention to some few things that had seemed to him to be of importance in the diagnosis of the position of the organ. As is well known, he said, the appendix occupies normally one of three positions: the tip pointing upwards toward the liver, or hanging over the brim of the pelvis, or extending inward toward the abdomen. On the position the organ occupies, depends the diagnosis of some cases. The cases in which the tip is rotated to the outer side of the colon are favorable cases for operation: those in which it turns inward are more serious. General peritonitis sets in more rapidly in them after perforation, and the operative results are much less brilliant. When the appendix lies down in the pelvis, the abscess forming in the pelvis is also naturally less dangerous; so that it is less likely to be fatal to delay operation in this class. Not that he meant to counsel delay in any case of appendicitis. He thought the condition should be operated upon as soon as the diagnosis is made.

He considered a study of the blood-counts an aid in the diagnosis, and said that he had found that cases with counts over nine thousand are apt to be complicated with pus. He also wished to call attention to the advantage of making the differential leucocyte count. When there is a high differential count, particularly of the polymorphonuclears, the case is of a more serious type than when this is not the case.

Another point mentioned by Dr. Sommer was the frequent occurrence of pain in the right iliac fossa in cases of pneumonia in young children. Many children operated on for appendicitis have been found to have croupous pneumonia, and many a child has been killed because the distinction was not made. He had seen a number of cases of pneumonia in which there was pain, tenderness and rigidity in the right iliac fossa; and if he had not been awake to the significance of these in young children, these patients would have been operated on for appendicitis, with probably a fatal result.

Another point mentioned by Dr. Sommer was the adherence of the appendix to the ureter. These cases, he said, present symptoms analogous to those of renal stone. Many appendices have been removed when renal calculus was present, and vice versa. The use of the X-ray would have settled the diagnosis in these cases. Another thing mentioned in this connection was the occurrence of phlebo liths in the veins. These introduce mystifying shadows in the skiagraphs. This can be avoided by inserting a leaded catheter into the ureter and then taking the skiagraph.

He then referred to the brief occurrence of appendiceal symptoms in early typhoid fever, and said that he had seen three cases operated on that ended fatally and were pronounced to be typhoid fever with early infection of the appendix. They were not cases of acute appendicitis requiring operation. He had operated on four cases that he thought were typhoid appendicitis. All had presented acute iliac pain, a rising temperature day after day and a rising pulse rate. It was only upon the insistence of the attending physician that he consented to operate. All the patients had temperatures of 102 degrees, which fell to normal after the operation, and did not rise subsequently. The specimen from one of these cases was submitted to a pathologist, who reported acute appendicitis.

The next point he mentions was the rather frequent occurrence of tuberculosis of the appendix, either as a primary or as a secondary disorder, in miliary tuberculosis. He had operated twice in cases of miliary tuberculosis, the only symptoms being a tender appendix and loss of weight. During their stay in the hospital, these patients had no rise in temperature, but some months later both died of miliary tuberculosis. Another curious thing that he had observed in connection with tuberculosis was an occasional acute appendiceal abscess as a complication of that disease. He had seen two of these cases, in one of which there was a hyperplastic tuberculosis of the cecum as well. A fecal fistula developed, which persisted for over a year, and then closed. This patient is now in jail, and Dr. Sommer thought it might have been better had he died.

As regards the time of operation, he thought that the patients should be operated upon as soon as the diagnosis is made. In cases of doubt, a dose of castor oil is a very good temporary expedient. He believed, also, in the starvation plan of treatment in the so-called inoperative cases. He had seen such patients live long enough to be able ultimately to submit to an operation and be cured by it. He had also had good results with the Murphy method of Proctoclysis.

DR. THEODORE SENSEMAN, Atlantic City, said that he was perhaps too young to be old-fashioned, but that he was so to the extent that he did not believe that the location of the direction in which the appendix points is of any practical value. He admitted that an appendix pointing in a certain direction and rupturing might be more liable to produce general peritonitis than one pointing in another direction, but said that it should be removed before it ruptures. After it has ruptured, the treatment is the same, no matter which way it points. He thought that the first twenty-four hours in a case of appendicitis would be better consumed in getting the patient into a hospital and on the operating table than in taking a leucocyte count.

Pain, he said, is a distinctive symptom, but the worst pain often comes from appendical colic, from which the patient has recovered. Some of the patients with the worst gangrenous appendices have exhibited almost no pain or tenderness. This statement, he said, is borne out by the testimony of those who operate for appendicitis constantly.

Dr. Senseman said he wished to emphasize the point that it was not necessary to put the patient through manipulations to find the tip of the appendix; that much injury might be done when the appendix is full of pus and on the point of bursting.

DR. JOSEPH M. RECTOR, Jersey City, said that he wished to refer to a rather large class of cases in which the appendix is sympathetically connected with the uterine adnexa. Inflammation of either may be primary, or secondary to inflammation of the other; and the sympathetic relation existing between them is not only in the symptomatology, but also in the pathology. Primary inflammatory changes in the uterine adnexa will be found associated with secondary inflammation in the appendix. These constitute a large class of cases, which are interesting on account of their symptoms in diagnosing the topography of the uterine adnexa or the appendix. He asked whether Dr. Walscheid had made any particular study in that direction.

DR. WALSCHEID, closing the discussion, said that the cases in which the tip of the appendix points upward and outward into the iliac fossa have a better prognostic outlook than others, when subjected to operative procedure. He explained this by the facility with which adhesions form when the tip is in the iliac fossa, producing a barrier for the prevention of peritonitis. In the inward position, the outlook was illustrated by the case mentioned in Dr. Walscheid's paper. She was a young girl, and had been sick only forty-eight hours. There was abdominal pain, but no adhesions, except at the base of the ileum. The specimen exhibited shows the inflammatory condition at the base, and from its appearance it is apparent that there had been considerable danger of rupture.

Dr. Sommer had touched upon the subject of appendicular pain in connection with pneumonia. Dr. Walscheid remembered one case of this kind in a young girl who had been suffering with broncho-pneumonia for six weeks. The attending physician asked Dr. Walscheid to look at the patient, on account of abnormal pains in the right iliac fossa. She had a pro-

nounced appendicular lesion. A leucocyte count was taken, but they could not determine whether pus was forming in the appendix or pneumonia was causing the symptoms. He did not advise operation, but treated the patient with castor oil and ice bag, followed by recovery in a short time.

A point that he wished to bring out was that this condition illustrates the "Klebs" variety of infection. All cases of appendicitis that occur from pneumonia are hematogenous infections carried through the lymphatic glands by the blood, and brought to the mucous membrane, causing the condition.

He thought that Dr. Sommer was fortunate in having had a case of tuberculosis appendicitis. Dr. Walscheid said that he would like to see such a case. He agreed with Dr. Sommer that the time of operation should be as soon as the diagnosis is made, but said that there are a great many people who object to the operation, and also that it is often a difficult task to impress upon some persons the advisability of early operation. In such cases, careful observations of the patient should be made for twenty-four hours, and large doses of castor oil given. If, at the end of this time, the acute pain is still present, one should perform the operation, as the lesion is then progressive.

The mention of sympathetic appendicitis by Dr. Rector, brought to his mind the case of a young woman who had come to him with typical adneal and uterine symptoms, bearing-down pains, etc., giving no history of any appendicular attack. He went into the history very carefully, and could not find that she had had any symptoms except slight discomfort in the abdomen. On operating, however, he found more trouble around the appendix than around the ovary. The appendix was matted down with adhesions, and he considered the case one of sympathetic appendicitis following inflammation of the ovary.

Dr. Senseman had said that the location of the tip of the appendix was not important. Dr. Walscheid admitted that it was not of importance to the general practitioner; but he thought it important to the surgeon to know where the appendix was located. It controlled his incision, helped in prevention of subsequent hernia and shortened the time of operation. Further, in cases refusing operation, appendicular topography gives the surgeon a fairly safe idea whether adhesions may readily form and encapsulate the pus. This is illustrated in location between caecum and ileum, as compared to inward and toward median line. In the former instance walling off is more likely to occur than in the latter.

Shallow, catching, irregular breathing is characteristic of diaphragmatic inflammation—either peritoneal or pleural.—W., Amer. Jour. of Surgery.

Operation for cancer of the stomach after the diagnosis has been made by the presence of a palpable tumor cannot be hoped to be curative. The hopeful cases are those in which diagnosis is made through an exploratory opening which may be made under cocaine and only large enough to admit the finger.—W., Amer. Jour. of Surgery.

THE LABORATORY DIAGNOSIS OF TYPHOID FEVER AND THE TYPHOID CARRIER.*

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In presenting a paper on such a broad subject as the bacteriology and pathology of typhoid fever, I have selected two features, which are of general interest and in many ways closely related.

The first of these is the laboratory diagnosis of typhoid. In our laboratory diagnosis of typhoid we may employ one or all of the following procedures:

Urine—The diazo-reaction is present during the first week of the disease in from 70 to 80 per cent. of the cases. It lasts often not more than a single day, and is a confirmatory factor when taken with other data. It is also found in tuberculosis, measles, pneumonia and serous pleurisy, and in some other conditions. I have recently seen it in a case of colitis in which a provisional diagnosis of typhoid had been made.

Bacteriological examination of the urine shows typhoid bacilli in 20 to 25 per cent. of the cases. This is in the latter part of the fever. They are not apt to be found until the third week.

Blood—A low leucocyte count with a relative increase in the lymphocytes is present in typhoid fever, and is most marked in the second and third weeks. A sudden rise in the white cell count in the course of a typhoid may mean a perforation and beginning peritonitis, or a pneumonia, phlebitis, or other form of infection.

The Widal Reaction—This reaction is not present early in the disease, but is found with increasing frequency as the fever progresses. In the second week, Joslin¹ gives the reaction as positive in 75 per cent., and in the third week in 85 per cent. Park² gives 20 per cent. of positive results for the first week, 60 per cent. for the second, 80 per cent. for the third, and 90 per cent. for the fourth. Where repeated examinations were made 88 per cent. were positive at

some time during the course of the disease. The reaction, if found, may last only two or three days. A negative Widal early in the disease does not affect the diagnosis; later also it should not weigh too heavily against other data.

Blood Cultures—In contrast to the late development of the Widal reaction is the presence of typhoid bacilli in the circulating blood as determined by blood cultures. They are found in a large proportion of cases when the first symptoms appear, and Conradi³ reports a case in which bacilli were found four days before there were any symptoms. Coleman and Buxton⁴ have tabulated 1,137 cases in which cultures had been made, and found the percentage of positive results as follows: 224 cases in first week, 89 per cent.; 484 cases in second week, 73 per cent.; 268 cases in third week, 60 per cent.; 103 cases in fourth week, 38 per cent.; 58 cases after fourth week, 26 per cent. These percentages correspond to those of other observers.

In relapses the bacilli have been found in 90 per cent. of the cases. At defervescence the bacilli practically disappear from the blood, and the duration of the fever appears to be measured by the persistence of the organisms. Coleman and Buxton conclude from their study that bacilli are present in the blood of every case of typhoid fever throughout its course; that the bacillemia in typhoid fever does not constitute true septicemia, but that it represents an overflow of bacilli from the lymphopoietic organs. Comparing the results of blood cultures and agglutination tests, they found that out of 391 cases showing bacilli, only 94 gave a positive Widal. This low percentage of Widal's is explained in part by the fact already referred to, that the serum reaction may be present only for a few days, and that, therefore, daily examinations would have to be made, and in part by the fact that the bacillus must be present in the blood before the agglutinins can be formed.

The study of typhoid fever by the blood culture method has received impetus lately from the adoption by many of simpler technique in obtaining the blood, and the introduction of new and more favorable media for the growth and rapid identification of the bacilli. The ordinary method of obtaining blood has been to introduce the needle of a large hypodermic syringe into a vein, usually at the elbow, and withdraw several cubic centimeters of blood; but Maybee and Taft, of Boston⁵, have suc-

*Read before the Bergen County Medical Society in a Symposium on Typhoid Fever, October 12, 1909.

ceeded in making blood cultures from punctures of the skin of the ear, drawing up only fifteen to twenty drops into a sterilized pipette with a capillary end. With this smaller amount of blood, they obtained 95 per cent. positive results in twenty cultures made during the first week. In the later weeks their percentage of positive results was lower than that of other observers who used larger amounts, probably because of the smaller number of bacilli present in the second and third weeks.

Statham⁶ also uses a smaller amount of blood, about 1 c.c., obtaining it from a sterilized finger. In fourteen of his earliest cases he obtained 100 per cent. of positive results, using this quantity of blood. In sixteen cases considered to be in the first week, 93 per cent. were positive; in the second week, 71 per cent., and in the third week, 44 per cent. After the third week, 12 per cent. were positive.

The use of the smaller amounts of blood gives its best results during the first week, but this is just the period when blood cultures are most valuable, as the Widal test is most often negative. The withdrawal of the larger amounts of blood has often, in my experience, been the reason for a patient's refusal to permit a blood culture.

The introduction of bile media by Conradi and Kayser has been a recent factor in obtaining early and rapid growth of the typhoid bacillus. The blood is introduced into this sterilized bile and incubated, and the organisms obtained are further identified by such special media as the Hiss, Capaldi, or Drigalski-Conradi media. Several other methods are now also available and are employed by different groups of workers with about equally good results.

That the methods of making blood cultures in typhoid fever will in the near future be further simplified and so better adapted for general use in diagnosis, seems probable. It has already been proposed that culture outfits shall be furnished by municipal laboratories and reports given by them on typhoid cultures in the same way that other laboratory reports are now sent out. As one of the earliest and most certain methods of diagnosis, blood cultures are valuable from the standpoint of prophylaxis, especially in the mild cases often overlooked, and in the septicemic ones in which there are no characteristic lesions.

Feces—Blood cultures are most often positive early in the disease, Widal reactions late in the disease. Examination of the feces may show bacilli at any stage, but

they are most frequently found during the second and third weeks. They have been found in the feces eight and eleven days before symptoms appeared, and in a small percentage of cases may persist in convalescence long after blood cultures and Widal reactions are negative. The value of examination of the feces is especially great in the class known as "typhoid carriers," for here it usually furnishes the only evidence that the typhoid bacillus is being harbored by the individual. Cultures from feces, in order to be of value, must be made from fresh specimens as the bacilli die out very early.

The second feature to which I wish to call your attention is that of the so-called typhoid carrier. We are all familiar, both through medical publications and the lay press, with the cases reported in 1907 by Dr. Soper⁷, of the New York Department of Health. This was the case of a cook who, some six years ago, was in a family where a visitor contracted typhoid fever. In 1901 she went to live with another family, and the laundress was taken ill. Then during the next five years she worked in five different families, with the result that altogether she was the cause of twenty-six cases of typhoid fever, one of them fatal. The cook was removed to one of the city hospitals in 1907, and cultures were made of the feces every few days for fourteen months. Typhoid bacilli were found off and on during the entire period. During this past summer the patient tried to obtain her freedom, but was refused it on account of the persistence of the typhoid bacilli in her stools.

Davies⁸ investigated three outbreaks of typhoid fever due to a cook who, prior to 1907, had worked in institutions. Since then she had been under control, and frequent examination of the stools showed bacilli occasionally. The urine was negative. He found that she infected cases during the month of May each year for three years. In a second case the infection also occurred in May. He concludes that there is a periodicity of the state likely to produce infection, and that a patient with typhoid bacilli in the stools should not be considered safe until negative results had been obtained from April to November.

The Germans speak of two classes of typhoid carrier. One, the *acute carriers*, are those in contact with the disease and showing bacilli in their excreta for a short time; the other class, the *chronic carriers*, are those that have had typhoid fever and

continue to excrete bacilli. Illustrating both these classes is the report by Scheller⁹ of the investigation of an epidemic due to milk infection. At the dairy it was found that one woman was a chronic carrier, and that seventeen others associated with her also showed typhoid bacilli in their feces or urine or both. These seventeen "*acute carriers*" all cleared up in a month, but not the original carrier.

With a view to ascertaining the proportion of typhoid convalescents that become chronic carriers, a number of observations are recorded. Ledingham¹⁰ found among convalescent typhoid patients that bacilli were present in the feces in 10 to 13 per cent. At the end of six weeks this was reduced to 1.5 to 2 per cent.

Gratian¹¹ examined sixty-five convalescent cases during the period of convalescence. Of these, eleven showed typhoid or paratyphoid bacilli in the stools, seven showed typhoid or paratyphoid bacilli in the urine, and three showed typhoid or paratyphoid bacilli in both stools and urine, *i. e.*, 15 or 23 per cent. showed persistence of bacilli during the ten days previous to discharge. Among 101 cases which Kayser examined two years after cure, three showed bacilli in the feces. The length of time for which an individual may continue to be a carrier has in one case been found to be thirty years.

Observations thus far would indicate that probably 3 to 4 per cent. of convalescents become carriers, and the condition is most frequent in women, occurring about three times as often as in men.

The location where the bacilli are harbored is apparently the gall-bladder and biliary passages. Chari¹² first pointed out that the gall-bladder was affected almost constantly in those dying of typhoid fever, and in seven out of eight autopsies on typhoid cases, Forster and Kayser found bacilli in the bile. The bacilli have also been isolated in operations for cholecystitis. Experimental studies have shown that when injected into the blood typhoid bacilli could be recovered from the bile. Such knowledge, coupled with the fact that bile offers such a favorable media for their growth, indicates strongly that here we have the suitable conditions for the continued growth of the bacilli with their discharge into the feces of the carrier.

In conclusion, the carrier question presents a serious problem as to what shall be done with those individuals who are likely to infect others from time to time. In our

own community the courts have ruled in at least one case that the health authorities are justified in keeping the patient under restraint. In a certain class of individuals whose cleanliness of hands and person cannot be insured, and especially where their vocation is the handling or preparation of food for others, there seems justification in such a course. In France, there is now a regulation that every typhoid patient must be kept in the hospital until the stools and urine are free, and that every soldier returning to duty after convalescence must be examined to see if he is a carrier. In Germany also there are similar regulations.

In regard to the cure of these carriers, excision of the gall-bladder has been tried successfully in a few cases, but such a radical measure will not prove generally acceptable among the patients. Anti-typhoid vaccine inoculations are being tried with success in some cases¹³.

Whatever may be our opinion with regard to the control of these carriers, we cannot but recognize that in treating typhoid fever our responsibility to the community does not cease with the discharge of convalescent patients, unless we know that they are not to join the ranks of the chronic typhoid carriers. Such a plan of control must naturally be inaugurated in our hospitals, where most cases of typhoid are treated, and where there are laboratory facilities; and it is fortunate that the recent advance in bacteriological methods, which has done so much to throw light on the subject, will also be available for the study of these cases.

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The diagnosis of tuberculosis and cancer will make better progress when family history is utterly ignored.—American Journal of Surgery.

TYPHOID FEVER IN INFANCY AND CHILDHOOD.*

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That there are many cases of typhoid fever occurring in infants and young children which are not recognized as such, there can be little doubt. Because of former teachings the disease is even at the present time considered uncommon, although "overlooked" would be the better term. The aid offered by bacteriology helps us in the elimination of doubtful cases, although its service in this particular is not as great as in the detection of atypical cases.

It is the correlation of a mass of circumstantial evidence that has compelled us to recognize a specific cause of typhoid fever and has markedly changed our former ideas in regard to the disease, and it is this same situation which ought to modify our methods of diagnosis.

It is not sufficient that we be concerned merely with a symptom complex and the ability to give it interpretation or satisfy ourselves in drawing certain conclusions from the changes which may have taken place in various organs of the body in the presence of this symptom complex. Our aim must be to determine beyond any reasonable doubt that the particular case with which we are dealing shows its morbid phenomena because of the presence of a specific pathogenic agent. Some of these morbid phenomena must be demonstrable if the case is to be considered as typhoid fever. In those rare instances—so rare that we may consider them anomalies—wherein there is an entire absence of demonstrable morbid phenomena which is attributable to a specific pathogenic agent and yet there remains the ability to communicate the disease, we cannot state that the case is one of typhoid. Recognition of such instances, however, are the product of modern bacteriological methods.

Even with the aid offered by the labora-

tory the diagnosis of the disease during childhood must be through the agencies of careful and skilled examination and observation.

As regards the symptomatology there is but one constant feature and that is a rise in temperature. In contradistinction to the disease as it occurs in adults, there is nothing peculiar about the temperature in children except that *its range is lower and its duration shorter*. Many have claimed that the onset of fever is somewhat sudden in childhood but at the same time admission is made that the cases have not been under early observation. My personal experience has been that with the exceptions already mentioned, the type and course of the temperature is similar in adults and children.

It might be well to mention in this particular that I have frequently noted that the administration of internal antipyretics at the onset of typhoid fever (and less frequently during its course) results in an elevation of the temperature which is noticeable a few minutes after the ingestion of the drug.

Prodromal symptoms I consider of little or no value; they are so mild when present and are so lacking in suggestiveness that there is little knowledge gained by their detection except that the child is ill. Contrary to what might be expected, the younger the child the less prominent are prodromals and so one is very apt to encounter what appears to be a disease with an abrupt onset. It may be accepted as a safe guide that in the large majority of instances, the temperature exhibits a gradual rise during the first five to seven days with a subsequently sustained temperature for a varying period of a few days to one, two or more weeks, the longer periods being rarities.

According to the age and general nutrition of the child the pulse is a varying factor. In the very young or those weakened by malnutrition the rate is high and out of all proportion to the elevation in temperature, while in older children or well nourished ones, its rate is slower than proportionate to the temperature curve. Naturally after several days the radial pulse becomes soft and flaccid but is not a characteristic of typhoid.

Splenic enlargement is usually a very early accompaniment of typhoid fever, but in the diagnosis its absence must not be given too much weight. In no instance is it ever as prominent a feature as in the adult

*Read before the Bergen County Medical Society in a Symposium on Typhoid Fever, October 12, 1909.

cases. It is frequently possible to map out the enlarged spleen after the second or third day of the disease, but later than this the demonstration is difficult or impossible because of the occurrence of tympanites. To be of real diagnostic value, splenic enlargement must be of recent origin: that is, we must be satisfied that it did not previously exist.

The demonstration of splenic enlargement is more apt to obtain late in the disease than early, because as the tympanites subsides the persistently enlarged spleen can be mapped out. In the very young, one cannot be satisfied with one examination for commonly the softness of the organ at first deceives the palpating hand.

Abdominal symptoms are not the same as in adults nor can similar values be given to them. There is usually more or less frequency of the stools and they are watery. The oft-described characteristic stool which is likened to pea soup, is not as common as the occurrence of a non-typical stool which, upon standing, shows a decided tendency to separate into layers. If the fluid portion of the stool is absorbed within the intestine, diarrhoea is not a feature and gurgling is easily elicited. The early occurrence of tympanites has already been noted.

Roseolar papules are about as constant as in adult cases, but the diffuse erythema which occasionally precedes their appearance is misleading. These spots occur in crops as in later life. Catarrh of the finer bronchi is frequently present, but, on the other hand, is as frequently absent. Bronchitis is limited usually to the larger and middle branches of the bronchi, and accompanied by scanty secretion. Epistaxis may occur very early in the disease, but in my experience its occurrence is insignificant.

The tongue commonly presents a suggestive appearance, being at first coated with a transparent greyish coating which quickly becomes thickened and white and which is in sharp contrast to the much reddened borders. However, its manner of clearing is much more suggestive. The clearing is from the margins and tip and the tongue is soon clean in its anterior portion in a triangular shape with the apex toward the base of the organ. In other diseases there is a uniform clearing when it starts. Vomiting occurs in the very young just as it does in other severe conditions, but claims no special significance.

Contrary to the general impression, the younger the child the less prominent are the nervous symptoms. There may be dull-

ness or a semi-stupor which is not persistent, but at most it is only common to find a hyper-excitability. In children as they approach the age of ten years the symptoms referable to the nervous system more closely approximate the adult type.

It has been necessary to speak of these many individual symptoms to reiterate what I stated in the beginning that the only constant feature of typhoid fever in infants and children is the rise in temperature.

From what has been said it will be seen that the diagnosis presents many difficulties. With nothing suggestive about the prodromals the most frequent error is in mistaking it for some gastro-intestinal disturbance. At this period we have nothing to guide us save the history (of a definite etiologic factor affecting the stomach or intestine and in typhoid of an infection) and the fact that the pulse in typhoid does not correspond to the temperature. Here then is the most important time to determine the condition of the spleen. In fact, during the first few days we must make the diagnosis by exclusion, and even when excluding all local causes for the elevation of the temperature, we are still left in doubt as to which of the infectious processes is present. After three days, it is impossible to exclude the acute infectious exanthemata, and influenza accompanied by slight catarrh may also be excluded because of the short duration of its active symptoms.

Differentiating tuberculous meningitis is not so easy. This is so largely because we have been taught to suspect it more often in the very young than typhoid fever. But in this type of meningitis, headache is prominent early, the temperature is low, the pulse slow and irregular, the abdomen sunken or flat and the whole course progressive. A true difficulty is encountered in those cases of tuberculous meningitis which run a course for several days or weeks without any appreciable cerebral symptoms. Such cases are probably due to an acute miliary tuberculosis with subsequent involvement of the meninges. It is in such instances that the occurrence of rose spots and splenic tumor are most welcome signs.

Acute miliary tuberculosis of the typhoidal type in older children is puzzling at first, but time and repeated examination soon clears up the uncertainty.

Ulcerative endocarditis is associated with splenic enlargement and a discrete eruption, but its rarity among children and the occurrence of marked remissions of the tem-

perature with chills and sweating make the diagnosis easy.

As long as there exists a doubt as to the diagnosis, there must be repeated examinations which include the Widal blood test. In no other way can we discover all cases.

The treatment in all cases must be mainly symptomatic: first, because of the necessary delay in diagnosis; second, because of the usual short course of the disease, and third, because methods applicable to adult cases (tub baths, etc.) are not suitable during childhood. The question of diet is most important. Personally I am more and more in favor of a *partial* restriction of the administration of milk. My method has been to use the top 16 ounces of a quart bottle of milk and one pint of water, thus reducing the work placed upon the kidneys and digestive tract. I have not seen diarrhoea occasioned by this modification and certainly the digestion of it is better than of whole milk or a richer cream. To each ounce of the mixture there is added one-half to one dram of sugar of milk to assist in energizing the child's system. Vegetable purees are an important part of the diet. The puree is made of any fresh vegetable, cleaned and cut very fine. This is completely covered with cold water and allowed to simmer until the vegetable is very soft (four to six hours). The liquid is then strained off through cheesecloth and re-boiled for five minutes. This is restrained and one pint of milk or eight ounces of cream added. Seasoning is added as desired and finally two teaspoonfuls of arrow root dissolved in a little cold water. Cereal gruels are made up in stock and at first are used diluted with water, but later cream is added if tympanites is not excessive. Such a diet with the addition of the whites (during the first week) or the whole egg (during the second week) given raw every eight or twelve hours, provides the necessary energy with a minimum of tax upon the digestive system.

With the reduction of the temperature comes an addition to the dietary and the return to solid food is made more rapidly than in adults. However, the return to a full milk diet is made with caution. Sponge baths should be given two or three times daily and if sweating is profuse an alcohol sponge bath should immediately follow each such occurrence. The toilet of the mouth must be rigorous to limit complications there. If you have ever observed the conditions which may obtain from neglect

of the toilet of the genitals, you will never again allow neglect of these parts.

Pyrexia is best controlled by hydrotherapy. The height of the temperature, however, is not the only indication for its use, but the effect that *any* temperature may be having upon the general condition of the child under observation. Each child must be individualized. In method preference should be given to the cool pack in children. Complications and sequelæ demand the application of the general principles of treatment recognized as efficient in such conditions and need not be discussed here.

THE TREATMENT OF TYPHOID FEVER*.

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Your fellow-member, Dr. Bell, gave me a wide field when he asked me to discuss the medicinal, hydrotherapeutic and dietetic treatment of typhoid fever. However, as I believe in short papers, I shall confine myself to some of the more important problems of treatment and give a brief outline of the methods followed in my service at Bellevue Hospital.

Medicinal—In the absence of a specific for typhoid fever, the treatment is necessarily expectant. I use this term advisedly in spite of the opprobrium which has been attached to it. With the exception of careful regulation of the diet, there is scarcely any other one thing which must be done for every patient suffering from typhoid fever. We should watch unceasingly, but should do little. The less medicine we give, the better for the patient.

The majority of patients admitted to Bellevue need cardio-vascular stimulants before the disease has run its course. We rely chiefly upon whiskey, strychnine and digitalis. In spite of opinions to the contrary, I am still among those who regard whiskey as one of our most valuable cardio-vascular stimulants. The reaction against it is, I believe, traceable to its abuse. The two indications for cardio-vascular stimulants for which I look are, loss of vascular tone and faint first heart sound. In many cases, both are found, but loss of vascular

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tone is not infrequently present before the loss of intensity in the first sound. Whether the whiskey or strychnine is ordered first depends upon several factors: the age of the patient—the administration of whiskey is avoided in the case of young persons, in the case of those who give the impression that they might become addicted to it, and in the case of persons who, having once abused whiskey, have stopped its use. On the other hand, whiskey is often given first to persons at or past middle life, to those who are in the habit of taking daily a small quantity of alcohol and to “alcoholics.” There is no stated maximum to which the administration of whiskey may be carried. I have given as much as one-half ounce every two or three hours. The safe maximum to which strychnine may be carried, except for short periods, is 1/30 grain every three hours. I have seen this quantity, when given hypodermically, produce symptoms of strychnine poisoning within ten days; it may be given for a longer time by mouth. If whiskey and strychnine fail to hold the heart, then digitalis is added. Ten minims of the tincture or two minims of the fluid extract may be given every 6 to 3 hours.

In critical periods in severe cases, camphor, dissolved in olive oil in the proportion of 1 to 8, in doses of 30 minims hypodermically, repeated several times at intervals of one-half to one hour, has been found valuable. Though a patient may go through an attack of typhoid fever without stimulation, he generally needs cardio-vascular stimulants when the fever ceases. We employ strychnine or digitalis.

In this connection, attention may be called to the fact that a patient whose pulse continues dicrotic into convalescence should never be allowed out of bed while the dicrotism persists. I have seen the pulse jump from 80 to 140 under these circumstances. Several years ago, a patient was kept in bed, on this account, for six weeks after his temperature had reached normal.

Another important phase of the medicinal treatment to which I wish to refer is the abuse of intestinal antiseptics. Apparently the belief that the course of typhoid fever may be shortened by their use has not yet been abandoned. Either the clinical belief that the disease may be thus shortened or the conception of the nature of the disease, based upon the results of the bacteriological examinations of the blood, is erroneous. There can scarcely be any doubt that the clinical belief is wrong. Typhoid

fever is a bacillemia. So far as we know, the bacilli in the intestine have no immediate connection with the production of symptoms, once the disease has begun. Therefore, it seems irrational to attempt to control the course of the disease by destroying these bacilli, even if it were possible to do this without injury to the patient.

While it is impossible to render the intestine aseptic, it is possible to control, to some extent, fermentative processes going on therein. Clinical experience teaches us this, and it is here that the proper sphere for intestinal antiseptics is found. They should be administered for tympanites. Salol is the drug we use most often—five grains every three hours, or three times a day. I doubt if any of the newer remedies are as efficacious as salol. Results can scarcely be expected, however, from intestinal antiseptics when improper feeding is the cause of the tympanites.

Hydrotherapeutic—Perhaps you will consider my opinions concerning the hydrotherapeutic treatment of typhoid fever heretical. They have been formed only after careful comparison of methods and results.

I believe that the benefits of the hydrotherapeutic treatment of typhoid fever depend chiefly upon the antipyretic effects of the cold water and not, as is commonly asserted, upon stimulation of the nervous system. I believe also that it is not necessary to employ the Brand bath to obtain these effects.

The arguments which have been adduced in favor of the Brand bath are, to my mind, not convincing. The contentions of the advocates of the bath are not susceptible of scientific proof; they are merely matters of opinion. I confess to skepticism concerning the causal relation of the bath, as such, to the reduction of mortality within the last twenty years; that is, there seems a question whether the bed-bath or sponging, if as conscientiously carried out, might not have produced similar results. The arguments advanced in favor of the bath in typhoid fever are not advanced in favor of its use in any other fever. On the other hand, there is scientific evidence to prove that temperatures at or above 103 Fahrenheit—those at which the bath is usually ordered—cause the destruction of body tissues. If the patient's temperature can be kept at or below 103 Fahrenheit by the use of cold water externally, there is a saving of tissue and a corresponding benefit to the patient.

While I have never seen a fatality attributable to the Brand bath, I confess I have

always experienced a feeling of apprehension upon ordering a patient with a weak heart into the tub. Only recently, I was told of a case in which death occurred, in one of our large hospitals, ten minutes after the patient had been removed from the tub. And I am convinced that all of the benefits of the Brand bath may be obtained by means of thorough sponging or by the bed-bath, which may be administered with the aid of a rubber sheet.

Dietetic—Proper regulation of the diet is probably the most important part of the treatment of typhoid fever. Trousseau thought that Graves's meagre diet modified the course of typhoid fever in his time. The elder Flint felt that the free administration of milk saved the lives of many patients by furnishing them with the energy necessary to continue the fight against the disease. The advocates of the liberal diets of to-day are confident in their assertions that the course of the disease is modified by their diets. Probably all of these claims have been true.

Strange as it may seem, never until within the last year or so has a diet for typhoid fever been arranged on the basis of the amount of energy it would furnish the patient. It is true, Flint recognized that the carbohydrate-water-meat-broth diet of his day was insufficient and recommended milk. Likewise, the advocates of the liberal diets believe that milk is not sufficient and recommend the addition of other foods, but they have not considered the energy which their diets yield. In the majority of instances, they have not even specified the amounts of the various foods to be given, but have groped blindly toward the indefinite goal of increased nutrition.

There is only one rational way to approach the question of diet in typhoid fever, that is, first to inquire what the needs of the patient are, and to arrange the diet accordingly. This is rather more troublesome than the older, haphazard method of ordering a patient's food, but it is becoming more and more necessary.

Graves's diet furnished the patient with 200 to 300 calories in twenty-four hours. Flint's milk diet, calculated as eight ounces every two hours, or two quarts in the twenty-four hours, furnishes an average of 1,400 calories. The liberal diets probably furnish 2,000 calories. We may now inquire whether the 1,400 calories of the milk diet, or the 2,000 calories of the liberal diets, are sufficient. A normal man, weighing 150 pounds, needs, at rest, 2,300 calories a day;

at work, he needs more. Does a typhoid fever patient require more or less food than a normal man? Any diet which furnishes less than the amount of food which is required is partial starvation; the patient is compelled to live in part on his own tissues. Typhoid fever is characterized clinically by a marked loss of body tissues. Losses of 25 to 50 pounds are not uncommon. Scarcely any one would deny that these losses should be prevented, if it is possible to do this without injury to the patient. Two years ago Dr. P. A. Shaffer and I undertook to discover how far these losses might be prevented by furnishing the patient with more energy than the ordinary diets supply. We succeeded in diminishing materially the loss of protein. In order to accomplish this a diet containing a minimum of 3,500 to 4,000 calories a day was necessary, but we found that, in general, the greater the amount of energy furnished, the greater was the saving.

Diet—The diet we used consisted principally of milk, cream, milk-sugar and eggs. We give also bread, butter and dishes which may be made from these ingredients. For example, there is no reason why custards, both soft and baked, bread pudding and ice cream may not be used. Moreover, coffee, tea, chocolate or cocoa, and lemonade form excellent vehicles for the milk-sugar. The daily quantities of these articles of food vary, though a good average is $1\frac{1}{2}$ quarts of milk, 1 pint of cream, $\frac{3}{4}$ pound of milk-sugar and 4 eggs. (At the Atlantic City meeting of the A. M. A. Dr. Jacobi criticized our diet on the ground that patients could not digest the amount of fat recommended. The only evidence on which such a criticism could be upheld is alimentary disturbance—indicanuria would occur only as a secondary disturbance in the digestion of proteins. From the outset, we have watched our patients with the greatest care, and in only a few of them has there been reason to suspect that the cream in any way disagreed. In these patients it produced a little diarrhoea—anything over two stools a day—which ceased as soon as the cream was stopped.)

It should be borne in mind that patients suffering from typhoid fever cannot be fed by rule of thumb. While a majority of them can easily take the average diet, each case should be studied individually, and the quantities of the various articles of food allowed should be altered according to circumstances, the aim being a cautious increase, except in the case of eggs. Unfor-

tunately patients with typhoid fever sometimes are unable to take much food of any kind. Furthermore, it is quite probable that patients will be found who cannot take cream or milk-sugar in sufficient quantity to raise materially the caloric value of the diet. Many well persons cannot eat certain articles of food with impunity. But I have seen only a few patients with whom the cream disagreed. Some of our patients have been unable to take much milk-sugar at first. Sometimes it was vomited, at others it caused moderate tympanites. But by stopping the milk-sugar for a day or so, and then beginning with small quantities—a teaspoonful or so to the glass of milk—these patients were able later to take as much as two ounces every two hours.

But admitting that the cream or the milk-sugar cannot be taken at all by certain patients, such facts cannot be considered to affect the main argument in favor of a diet which furnishes a patient with sufficient food to prevent his living in part upon his own tissues—they only make it necessary to find articles of food which do agree with them and which, at the same time, furnish enough energy. These details must be worked out at the bedside, not in the laboratory.

Results—Including this season's cases, about 65 patients have been on the diet. Only two of them died—one, a walking typhoid, who entered the hospital in the second week of the disease with a pulse alarmingly feeble, and who died a week later from what appeared to be acute dilatation of the heart; the other, a man who entered the hospital suffering from typhoid fever, pneumonia, and alcoholic cerebral oedema. The effects of the diet can scarcely be judged from these cases—in fact, I believe that I would be justified in excluding them from the total, and in saving that I had had 63 patients on the diet without a death. I have not yet had time to analyze the cases with regard to complications. The relapses have been slightly fewer than on another division of the hospital where the patients were given the ordinary diets. The patients usually weigh about as much when allowed out of bed—generally the fourteenth day of convalescence—as they normally do.

Conclusion—Finally, I would say, however, that caution must be exercised in drawing conclusions from such a relatively small number of cases. My present position is that, it having been shown by laboratory methods that it is possible to greatly

diminish the protein losses in typhoid fever, it remains to be determined clinically whether it is desirable and practicable to prevent these losses. And this can be decided only by the study of a large number of cases.

SURGICAL ASPECT OF TYPHOID FEVER.*

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A tabulation of the surgical complications and sequellæ of typhoid fever, would include lesions of almost every organ of the body. There occur phlebitis, thrombosis and embolism; gangrene, either localized or of the extremities; hæmatoma in the muscles, especially of the abdominal wall; abscesses of the skin, subcutaneous tissue, spleen, liver, mesenteric glands, kidneys, brain, thyroid, parotid, testicle, breast, and even of the heart muscle; chondritis and perichondritis, especially of the larynx; inflammation of the bones and joints; suppurative pericarditis and empyema; cholecystitis and appendicitis, with or without perforation, and perforation of the intestine. As the diagnosis and treatment of most of these conditions presents no material difference, whether or not they occur as a complication of typhoid fever, only those showing characteristics due to this etiological factor, will be briefly considered in this paper.

Thus the treatment of phlebitis, gangrene, or abscesses wherever occurring, empyema, mastitis, otitis media, etc., is based on the same general surgical principles as when the cause is other than the bacillus or Eberth alone, or associated with some other pyogenic organism.

Joint inflammation complicating typhoid calls for brief consideration. The lesion may be due to either infection with the bacillus typhosis alone or to mixed infection. True typhoidal arthritis rarely goes on to suppuration or results in ankylosis. The hip-joint is most frequently involved, and there is a marked tendency to spontaneous dislocation, especially in young patients. Less commonly occur a rheumatic or septic arthritis as a complication of typhoid fever. The typhoid spine belongs within the realm of the orthopædic surgeon.

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Bone lesions should be classified among the sequellæ, rather than the complications of typhoid, as they frequently occur weeks or months after the fever. They are comparatively common. Either the typhoid bacillus in pure culture or a mixed infection may be found. The tibia is most often affected, the ribs next most frequently. Multiple lesions are not uncommon. Periostitis is the most frequent, but any inflammatory lesion of the bone may occur. There is usually little elevation of the temperature caused by bone inflammation due to the bacillus typhosis alone. Traumatism and muscular strain are the exciting causes of periosteal and bone lesions and therefore to be guarded against during the courses of the fever, and in convalescence.

Laryngeal complications, acute oedema, ulceration, chondritis and perichondritis are not rare, and when present often call for such urgent treatment that they may be briefly alluded to here. Ulcer of the larynx is said to be present in ten to eighteen per cent. of the cases, although it is infrequently diagnosed. Two hundred and eighty-one cases of laryngeal complications have been collected from the literature by Reiser.¹ In two hundred and forty-three cases, there was a mortality of sixty-five per cent. Symptoms appear usually late in the course of the fever or during convalescence. Hoarseness or aphonia, dysphagia, dyspnoea or inspiratory stridor call attention to the probability of a laryngeal lesion, and preparations for tracheotomy should be made at once, as serious symptoms develop with great suddenness, and the patient may choke to death unless the physician is prepared for this complication.

The most frequent and fatal complication of typhoid fever is certainly perforation. It has been estimated that five hundred thousand cases of typhoid occur annually in the United States. (Taylor).² That the mortality is ten per cent. That thirty per cent. of the mortality is due to perforation. (Osler).³ That two and a half to three per cent. of the total cases, that is, fifteen to sixteen thousand, (Long)⁴ twenty-five thousand, (Woolsey)⁵ die annually in the United States as a result of perforation. Patterson⁶ has collected twenty-one thousand and two hundred and fifteen cases of typhoid, with six hundred and seventy-one perforations, three and sixteen hundredths per cent. The mortality without operation is practically one hundred per cent. In three hundred and sixty-nine operations collected by Patterson, there were two hundred

and forty-two deaths, a mortality of sixty-five and fifty-eight hundredths per cent. These added to three hundred and sixty-two cases with two hundred and sixty-eight deaths, a mortality of seventy-four and three hundredths per cent. previously reported by Harte and Ashhurst⁷, gives a total mortality in seven hundred and thirty-one cases of sixty-nine and eight-tenths per cent. In Patterson's series, sixty-eight operations were on children, with a mortality of forty-five and fifty-eight hundredths per cent. Thus, by examination of the foregoing, while it is granted that operative statistics made up from reported cases are always unduly favorable, it would seem fair to estimate that at least between four thousand and five thousand lives might be saved annually in the United States alone, by surgical procedure.

Perforations may occur at any time after the first week, during the course of the fever, in a relapse or convalescence. It is most frequent during the third week, fifty-six and six-tenths per cent., occurring during the second and third week, (Harte and Ashhurst), seventy per cent. between the second and fifth week (Patterson). The most frequent site of perforation is within twelve inches of the ileocæcal valve, seventy-three per cent. (Harte and Ashhurst). Ninety-five per cent. of all perforations occur in the last three feet of the ileum. (Haggard.)⁸ Perforations of the appendix, colon, cæcum, Meckel's diverticulum, rectum, jejunum and stomach also occur. The perforation is usually found on that part of the intestine opposite the mesenteric attachment, and was single in eighty-five and one-half per cent. of the total seven hundred and thirty-one cases reported. Adhesions are rarely found except in cases with mixed infection. This complication is more frequent in males, in the proportion of four to one.

While perforation occurs in mild or ambulatory cases, it appears to be more frequent in severe cases where there is deep ulceration. Distention, improper diet, increased peristalsis, abdominal straining, are mentioned as etiological factors.

The first, and as a rule, the most reliable and constant symptom of perforation, is sharp *pain*, usually in the lower right quadrant of the abdomen. *Tenderness* in the same region is present at the same time, and if no operation is performed, spreads as the peritoneal irritation increases. The degree of these two symptoms may be difficult to determine in a very sick patient in the

so-called typhoid state. *Rigidity*, as a rule, appears early. It is not a sign of perforation, but of peritoneal irritation. It should not be waited for before operation, but when present, is a definite indication for operation. *Loss of, or diminished liver dullness*, is a valuable sign. It depends on the size of the perforation, and the amount of gas escaping. In the presence of considerable distention, it may be hard to determine. When present with a flat abdomen it is pathognomonic.

A sudden rise in the pulse rate is strong corroborative evidence, in the presence of other symptoms, of perforation or the absence of signs, of hemorrhage. It was formerly stated that a fall of temperature always accompanied a perforation. This is not so. In the seventeen cases occurring at the Presbyterian Hospital, analyzed by Woolsey, in no case was a fall observed. This agrees with the experience of others. An *elevation* of the *temperature* usually accompanies the increased pulse and respiratory rate, and is the rule, but a drop in the temperature does sometimes occur, as the writer has seen a fall from one hundred and three degrees Fahrenheit, to ninety-eight and six-tenths degrees Fahrenheit in a few hours, following a perforation. *Vomiting* occurs in a number of cases, but is not constant, and may be due to so many other causes, that it is not of great value in determining the diagnosis.

The *leucocyte count* is said to be of little value. Unquestionably this is so, if only a single count be made. Certainly, it is not of sufficient value to defer operation while repeated counts are made. But if because of doubts or other reasons, operation is postponed, it is usual to find some increase in the total leucocytes and a proportionately polynuclear increase. In a case operated on by the writer at Bellevue Hospital within the last three weeks, a count made at eleven P. M. on September twenty-fifth, an hour and a half after the patient first began to have pain, showed four thousand five hundred leucocytes, with fifty-six per cent. polynuclear cells. Three hours later while on the operating table just before operation was begun, examination showed thirteen thousand leucocytes with seventy-eight per cent. polynuclears. In a girl fifteen years old, admitted to St. Luke's Hospital forty-eight hours after a perforation, the count showed twenty-six thousand leucocytes, with eighty-three per cent. polynuclears. Certainly, one should not wait for such a condition to develop. In another case in

St. Luke's Hospital, the count rose from three thousand eight hundred with sixty per cent., to four thousand eight hundred with seventy-six per cent., eleven hours after perforation.

Movable, increasing *dullness in the flanks*, most marked on the right side, is a symptom due to considerable escape of intestinal contents or fluid exuded by the peritoneum due to irritation, and is also a late symptom. While corroborative, it should not be waited for.

A change in the facial expression, called by the French "abattement," or weakening of the countenance, can sometimes be observed, especially by the physician in charge of the patient. This differs from, and precedes the characteristic "abdominal facies" of general peritonitis which appears later unless operation is performed.

It is important to remember that all of these signs should be sought, but not waited for. The most reliable early symptoms are sudden, constant and severe pain, tenderness, and increased pulse rate. These are often sufficient to indicate operation. With rigidity or diminished liver dullness (distention being absent), or both in addition, operation is imperative. The other symptoms are corroborative.

The success of an operation depends largely on its early performance, although a successful case has been reported by Moskowitz, operated on three and a half days after the apparent time of perforation. The operation can be done under local anæsthesia, but general anæsthesia with ether is preferable. The incision should be made through the lower part of the right rectus muscle, the cæcum sought for, and the small intestine examined, beginning at the ileo-cæcal valve. The perforation is best closed by Lembert sutures, the first layer of Pagenstecher celluloid-linen thread, the second layer of double nought chromic catgut. The writer has found the purse-string suture unsatisfactory on account of the indurated area forming the base of the ulcer, and surrounding the perforation. Where possible the omentum should be brought down to cover the sutured area. No attempt should be made to excise the ulcer. If there has been much soiling of the peritoneum by the escape of intestinal contents, or an extensive suppurative peritonitis is present, copious saline irrigation should be employed, otherwise not, and only gentle sponging be made use of. Drainage should be obtained by folded rubber dental dam, which is superior to gauze or tube drain-

age. One piece should go down into the pelvis, the other to the sutured intestine. The after treatment is that of a general peritonitis, the Fowler position and continuous rectal saline irrigation. Rapidity of operation is probably the greatest factor in lessening shock and contributing toward success.

In a few cases where it may be found impossible to close the perforation without too great narrowing of the lumen of the bowel, enterostomy should be done. In twenty cases of Patterson's series where enterostomy was performed, the mortality was 55 per cent., while in three, where resection was done, it was 100 per cent.

The differential diagnosis from other abdominal complications of typhoid might present some difficulty, but most of them also require operation. Acute appendicitis, acute cholecystitis with or without perforation, suppuration of the mesenteric glands, abscesses of the liver, volvulus, intussusception, perforation of a gastric ulcer, peritonitis without perforation, and acute dilatation of the stomach may occur.

The appendicitis may be purely typhoidal due to similar changes to those in the ileum, or follow any of the types of appendicitis occurring independently of typhoid. The mortality of twenty-two operations for appendicitis during typhoid was 18.18 per cent. (Patterson). The consensus of opinion, and best advice, appears to be: Do not operate when the appendicitis occurs early in the disease, and only shows mild symptoms (Kelly¹⁰ and Murphy¹¹), and at the height of the disease do not operate except in the presence of pus or perforation (Deaver¹²).

Acute cholecystitis occurring during typhoid is probably more common than is generally believed, as operations are reported much more frequently since attention has been called to the subject. In 1907, Thomas¹³ collected 154 cases, with eleven operations. In April, 1908, Ashhurst¹⁴ reported twenty-one operations, and in June, 1908, Quenu¹⁵ reported thirty operations. Since then, the writer, in an incomplete review of the literature, can add six more operative cases, including one case operated on by himself.

The diagnosis is made by the localization of the pain, tenderness and rigidity, by palpation of the distended gall bladder, and the elevation of the pulse and temperature. Severe cholecystitis, especially where rigidity over the gall bladder is a prominent symptom, calls for operation, as gangrene

or perforation is apt to occur. Of Thomas's 154 cases, in the eleven on whom operation was performed, the mortality was 54.6 per cent. In the non-operated cases, 71.9 per cent. In Ashhurst's series of twenty-one cases, the mortality was 61.9 per cent. In Quenu's series, 64.4 per cent., although in twenty of these cases, where a cholecystostomy or cholecystectomy was done, it was only 25 per cent., the larger total mortality being caused by a number of cases where an improper diagnosis, or incomplete operation due to the condition of the patient lessened the prospect of a cure. The same is true of Ashhurst's statistics. In the six additional cases found by the writer only one died as a result of the cholecystitis or the operation, but two died subsequently, one of intestinal perforation, and the other of pulmonary hemorrhage due to tuberculosis. The treatment is cholecystostomy or cholecystectomy. The former, in a moderately thin patient with a distended gall bladder can be done quite easily with local anæsthesia.

The other abdominal complications previously mentioned, require operation, but are rare, and their symptomatology and treatment are the same as if they occurred independently of typhoid, and the scope of this paper does not admit of their individual consideration.

In conclusion it may be said that, while typhoid belongs within the scope of the internist, much of the mortality of the disease is due to surgical complications. That while the operative mortality especially of the abdominal complications is necessarily large, it is much less than if the same cases were treated without operation. That the earlier the diagnosis is made, and the necessary operation performed, the less that mortality will be. And that the best interest of the patient will be attained by early consultation with the surgeon, when there is the first question of a surgical complication, rather than by waiting until it is definitely decided that an operation is necessary.

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PROSTATECTOMY.*

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In order to elaborate the subject of my paper on Prostatectomy, I wish, first, to say a few words on the anatomy of the prostate gland, and its anatomical position in the perineum.

The prostate gland is a glandular body, normally about the size of a small horse chestnut, and of about its shape. It is composed of glandular tissue, and has numerous outlets for its secretion which empties into the prostatic urethra. This is mixed with the semen and forms a part of the bulk of the ejaculation. The gland is tri-lobed in shape. It is pierced by the urethra; one lobe on each side and the third lobe at the base and under the urethra. It is situated beneath the deep perineal fascia under the pubis and in front of the rectum. It is exterior to the bladder, and surrounds the prostatic urethra. In looking at the prostate with the bladder open at the top, it is covered by mucous membrane and muscular coats of bladder only, the peritoneum being reflected over the anterior surface of the bladder. In looking at it through an incision in the perineum it is covered by skin, superficial fascia, perineal fat, transversus perinei muscles and deep perineal fascia.

Hypertrophy of the prostate is an enlargement and proliferation of the glandular elements of the gland. The ducts do not seem to partake in this enlargement. What the cause of the enlargement is or why it should occur after a man reaches past middle life, is really unknown, but it is generally believed to be due to a degeneration or chronic inflammation of the glandular and connective tissues of the

gland. The question as to whether it is more common in married men than in celibates will probably never be settled because of the impossibility of obtaining accurate statistics on that subject, but I am inclined to believe that hypertrophy of the prostate gland is more common in married men, at least in the cases of prostatic hypertrophy which I have seen—over 95 per cent. were in married men.

Symptoms—Age forms the most important symptom of the disease. I have seen but very few cases of the disease under fifty years of age. If we except the cases of enlarged prostate—from gonorrhœa or simple urethritis infection—I do not now recall a single case of prostatic hypertrophy in a man under fifty years of age. After fifty-five years of age, 40 per cent. of all men have prostatic hypertrophy. Of this 40 per cent., 15 per cent. have symptoms of the disease. The subjective symptoms are pain, frequency of urination particularly at night, a feeling of weight and pressure in the perineum, and usually constipation. The objective symptoms are residual urine in the bladder as determined by catheter and the enlargement felt by the finger in the rectum.

The pain of prostatic hypertrophy is felt usually in the penis and radiates along that organ to a point midway between the head of the penis and the symphysis. It is usually intermittent and is relieved somewhat when the bladder is empty only to recur when the bladder begins to fill again. The frequency of urination is due to cystitis. It may be as often as once every two hours or oftener, and is usually worse at night. Why this is so I do not know, but that it is a fact I have observed frequently. The feeling of weight and pressure in the perineum are due to the enlargement of the prostate and pressure on the nerves. Constipation, when it occurs, is due to the enlarged gland pressing on the rectum.

Objective Symptoms—The residual urine in the bladder is due to the obstruction to the flow of urine from the bladder and the loss of power in the bladder from cystitis. If the patient is allowed to pass all the urine which he is able to pass and immediately a catheter is inserted into the bladder, residual urine will be very easily detected. A finger inserted into the rectum will readily detect any enlargement of the gland which is pathological in character. The urinary findings in a case of enlarged prostate are: cloudy urine, due to admixture with pus and epithelium from the bladder,

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generally alkaline, due to decomposition of urine in the bladder. Blood frequently appears in the urine and is due to the severe cystitis or the presence of a stone. A chemical analysis shows slight albumen due to pus, but by far the most important is the microscopical examination of the urine. If the bladder is as yet the only organ affected you will find pus in abundance—pavement epithelium cells, some blood cells and bacteria. If the ureters are involved ciliated epithelium will be found along with the other bodies mentioned. If the pelves of the kidneys are involved you will find columnar epithelium and if the secreting structure of the kidneys is involved you will find casts, pus and blood casts.

Now, gentlemen, how important is the microscopic examination of the urine. I hold that it is a very serious matter for a surgeon to subject his patient to any treatment for the prostate (except in emergency cases) without first making a careful examination of the urine with the microscope, for if it is found that the secreting structure of the kidneys is already involved, it is useless to try to do anything for the patient but to give him temporary relief. The kidneys are already giving way and no attempt should be made to do anything for him but to temporize. So much then for the diagnosis of prostatic hypertrophy.

Prognosis—The prognosis of prostatic hypertrophy is always grave. It is the beginning of the end. It is true that many men will carry the enlarged prostate for many, many years with little or no inconvenience except the frequency of urination. They become accustomed to the slight pain, and if the bladder becomes temporarily obstructed an occasional resort to the catheter will relieve him. But these cases do not do away with the fact that the disease is a serious one in the great majority of cases; usually it is the third lobe which begins to give trouble. It enlarges upward and causes an obstruction to the outflow of urine. This causes a little residual urine to be left behind after each urination. The urine decomposes and sets up a cystitis which extends up into the pelves of the kidneys and finally to the secreting structure, when death will end the scene pretty promptly.

Treatment—The treatment resolves itself into palliative and radical. The palliative treatment consists in the occasional use of the catheter. If the patient is obliged to urinate every two hours during the day, I think it well to instruct him in the use of

the catheter and have him pass it once a day, preferably at night, so as to be certain that the bladder is empty at least once a day. This will give him relief. I have found a suppository composed of iodoform gr. j, pulv opii. gr. ½, introduced into the rectum every night after using the catheter to be of great benefit in insuring a good night of rest. Washing of the bladder with plain sterile water once or twice a week is also of benefit and will aid in keeping away cystitis. During all this time the urine should be watched carefully, and frequent examinations with the microscope should be made, so as to know exactly when the ureters become involved, for when this occurs, no matter how slight the enlargement of the prostate is, it is now time to do something for the patient besides the temporizing treatment.

The radical treatment consists in removal of the gland entirely, either by the suprapubic or perineal route. When a patient has four ounces or more of residual urine and is obliged to use the catheter at least once a day, it is high time that something radical should be done for him, if the heart and lungs and kidneys are in a healthy condition. I do not lay very much stress on a valvular lesion of the heart, but if he has a myocarditis with degeneration, or if he has an old bronchitis or asthma, or if the disease has extended to the secreting structure of the kidneys, then the surgeon should consider very seriously before advising a radical operation.

Nor do I lay much stress upon arteriosclerosis if the heart is healthy, for in some of my patients with the disease the arteries were very much sclerosed and yet after the operation they did perfectly well.

Which route to adopt in removal of the prostate is now being discussed very heatedly by those who have had a large experience in operating. It is contended by those who do the suprapubic operation that no other operation should be done, yet the statistics of a large number of operations show that the suprapubic is followed by a mortality rate of about 12 per cent., while the perineal route is followed by a mortality rate of about 8 per cent.

It is claimed by those who occupy a middle ground, that there should be no fixed rule about which route should be chosen. If the upper limits of the prostate cannot be reached with the finger in the rectum, then the suprapubic operation should be the one of choice, while if the upper limits of the gland could be reached

by the finger in the rectum, then the perineal route should be chosen.

As I have never met with a prostate whose upper limits could not be reached with the finger in the rectum, I have naturally adopted the perineal route in all of my cases. Another reason why the perineal route should be selected is the absolute necessity of drainage of the bladder after all operations on the gland, and I believe that drainage of the bladder is best obtained by the perineal route.

Still another reason. On account of the anatomical position of the prostate as spoken of in the first part of this paper, to do a suprapubic removal of the gland it would be necessary to incise the mucous and muscular coats of the bladder, then shell out the gland from above, through the incision. This causes a good deal of trauma to the bladder.

The science of hydraulics teaches us that we cannot make water, unforced, run up hill unless you confine it in tubes and have the point of origin at a higher level than the point of deliverance. When you put a tube in at the top of the bladder, I do not see how you can expect as perfect drainage from it as from one in the base of the bladder. In fact, it is not so perfect. The drainage from the perineal tube is much more perfect than that from a suprapubic one.

Technique—Suprapubic operation. The bladder is first washed out with sterile water until the water returns clear. About eight ounces of water are left in the bladder. An incision is made in the median line just above the symphysis about three inches in length. This is deepened until the peritoneum is reached. This organ is now pushed up and the distended bladder will come into view. Two heavy silk sutures are placed in the bladder wall for traction and to steady the bladder. An incision is made into the bladder wall, the water drains out and the bladder is dried. With the traction sutures the bladder is pulled up and the wound separated. An incision is made over the projecting portion through the mucous and muscular coats of the bladder. The prostate is shelled out through the incision by means of the finger, scoop or forceps. A drain is inserted in the bladder and sometimes a gauze packing is necessary in order to stop oozing. The drainage continues for ten or twelve days, when the tube may be removed and the wound is allowed to heal.

For the perineal operation the bladder is

first washed and a little water is left in the bladder. A grooved staff is introduced into the bladder, the patient being in the lithotomy position. An incision in the form of an inverted Y is made in the perineum, the skin, superficial fascia, transversus perinei muscle, and deep perineal fascia, are divided. This lets you down to the groove of the staff, which can be plainly felt through the membranous urethra. The membranous urethra is freely divided, the prostatic urethra dilated with fingers and the staff then removed. With a small knife the capsule of the prostate is divided and the gland shelled out with the fingers. I always use a glass drainage tube with a rubber tube fixed on the end of it and conduct the urine into a bottle which is tied to the side of the bed. A few stitches complete the operation.

Now as to the merits of the two operations, I can only speak from the side of the perineal one. It is the operation which I have always selected and I have become accustomed to it.

Drainage is better carried on than in the high operation. It can be done more quickly, which is an important item in the recovery, as most of these men are old men with not too good heart or lungs. I have frequently done the operation in twelve minutes, and in one case in eight minutes. Another point in doing these operations—do not have too many instruments. They make a bungling operation and are of no advantage to the operator or to the patient.

The health of the patient after prostaticectomy is uniformly good, they gain weight and color and seem to enjoy excellent health. But with regard to the sexual relations, I do not know how to figure it or what to promise patients who are about to undergo an operation of this character. In some of my cases the desire still remained, and the power of erection remained, but the ability to gratify the sexual desire was abolished. In others no change was worked and this occurred in some of the cases that were bad ones. So that I am still at a loss to know how to account for the variations in this particular symptom.

In conclusion, Mr. President and gentlemen, I want to thank you for the pleasure it has given me to respond to your invitation to read a paper before the Middlesex County Medical Society upon such an inspiring theme.

A young and apparently healthy man with tendosynovitis should always be suspected of gonorrhoea.—*Amer. Jour. of Surgery.*

Clinical Reports.

A CASE OF TERTIARY SYPHILIS HAVING THE APPEARANCE OF LUPUS VULGARIS.

BY T. RICHARD PAGANELLI, M. D.,
HOBOKEN, N. J.

Clinical Assistant of the New York Eye and Ear Infirmary, formerly Assistant Ophthalmic Surgeon to the Italian Hospital, New York City, and Oculist and Aurist for the Lackawanna Railroad.

Presented at the meeting of the Hudson County Medical Society, October 5, 1909.

J. D. A., aged 39; married; occupation, driver; residence, Hoboken, N. J.; nativity, born in Germany.

Family History—Father had rheumatism, but died of old age. Mother died, cause unknown; three brothers, one died in an accident; four sisters, one died when a babe in convulsions.

His Past History—Had measles, scarlet fever and mumps. At the age of twenty-one contracted gonorrhœa of the urethra (cured after three months). At the age of twenty-nine—eight years after—got a sore on his penis. A few months later he noted a rash all over his body; was treated for this condition on and off for a period of about five years. During this time he always complained of headaches. He also had typhoid fever and pneumonia.

Present Condition—About May, 1906, to August, 1906, had a severe dull pain on the top of his head. In August he noticed a boil about half the size of a walnut forming over his left upper eyelid. He consulted Dr. F., who came two or three times and told him it was a cystic tumor and that it had to be removed. About the middle of August, Dr. F. operated and it was dressed for about a week, when one night his eyelid became very much swollen and he had severe pain. He went to Dr. F.'s office until the middle of September—the cut then was temporarily healed. Soon after this a pimple formed on the left side of his nose, which was sticky and shiny in appearance. The pimple opened later and pus seemed to come from it constantly. This he covered up with sticking plaster. About December he noticed a pimple on the right side of his nose, and it seemed as if the one on the left communicated with the one on the right. He had a bad odor coming from these sores and from his nose. He now

consulted Dr. D., but got no relief. He consulted Dr. L., with the same result. Consulted Dr. S., who treated him for a month without any improvement, so he next went to Christ Hospital and was visited by Dr. C. He gave him carbolic wash and told him to touch the sores with tincture of iodine. At first it became a little better, then suddenly becoming worse, his face turned red about the cheeks and nose. He was treated at the hospital for a period of about five weeks. At this time he became thoroughly discouraged and suspended all medication that was prescribed for him and used anything his friends suggested.

About the beginning of January he consulted me about his eye, as it was completely closed on account of the swelling and accumulation of inflammatory exudate about the eye. On careful examination ulcerated nodules of a jelly-like consistency



widely dispersed and situated one on the cheek, one on the inner canthus of the left eye and two in close proximity at the right nostril. A great number of scars were noticeable on the forehead and cheeks. A beefy redness extended on the nose and cheeks, having a characteristic butterfly shape. On January a piece of bone from the superior maxillary fell out, making a communication with the nose.

I put him on increasing doses of potassium iodide and touched the sores with tincture of iodine and advised the patient to irrigate the nose with normal saline solution containing a small quantity of permanganate of potash, to oxidize the bad odors emanating from his nose and to apply a salve of yellow oxide of mercury at night. Under this treatment he improved steadily but very slowly.

On February 11th, 1909, I took him to the New York Eye and Ear Infirmary and Drs. Lambert, Dixon and Thomas saw the case, and all agreed that it was a case of lupus vulgaris. Dr. Dixon gave him five X-ray treatments and I continued the same medication. It became slightly better and then became stationary.

Becoming dissatisfied at the slow progress, he consulted Dr. Rosenkrans. He increased the iodides to very large doses and applied hot fomentations of bichloride of mercurv 1:1000, and the patient made a fairly good recovery when I saw him last. (I do not know how long Dr. Rosenkrans treated him.)

That this case is one of syphilis cannot be doubted. The positive specific history, the widely dispersed lesions and the recovery on specific treatment are certainly in favor of its being syphilis.

That there is a definite relation between syphilis and lupus vulgaris can best be conceived in the words of the eminent syphilographer and dermatologist Payne, who said, "Lupus is to syphilis as the hour hand is to the minute hand of a clock."

836 Garden st., Hoboken, N. J.

A Case of Transient Cycloplegia¹ Due to Glycosuria.

Reported by W. Humes Roberts, M. D., Pasadena, in the California State Journal of Medicine, August, 1909.

Mr. W., aged 51, first consulted me March 30, 1908, concerning a tickling in his throat, which had troubled him for about two weeks. He was coughing a great deal, he felt and looked sick, and he had recently lost flesh. Examination showed his uvula was thickened and elongated, fauces congested; right cord somewhat immovable, irregular in outline, and reddened near the arytenoid cartilage. Fearing that a tubercular process might be commencing in his lungs, I advised him to consult a general physician for a physical examination. He placed himself under the care of Dr. Joseph D. Condit. Dr. Condit reported to me that there was no evidence of tuberculosis, but that his urine contained 7 per cent. of sugar. Under appropriate diet, the sugar began to lessen, so that by the 7th of April it was down to $\frac{5}{8}$ per cent., and his weight, which was 133 pounds, began to increase. By the 20th of April all sugar had disappeared from his urine, and, when last observed by Dr. Condit on the 22d of July, his weight had increased to 142 pounds.

On the 15th of April, when he had been under Dr. Condit's care for two weeks, his urine showed only $\frac{3}{8}$ per cent. of sugar. At that time, he came to me again, saying that for a few days past he had been unable to read with his glasses, which had theretofore been perfectly satisfactory, and that he now needed them to see with in the distance. Until he noticed this failure of his glasses for reading, his vision

for distance had been perfect; but now he could not see in the distance without the use of his old reading glasses.

I found that he had been using for reading a pair of + sph. 1.75.

At that time O. D. V.=6/22.5. O. S. V.=6/15. Manifest examination showed O. D. + sph. 1.75=6/5. O. S. + sph. 1.75=6/5 $1\frac{1}{2}^{\circ}$ esophoria. For reading at thirteen inches, he required to be added to the above + sph. 2.25.

External examination of the eyes showed everything normal; pupils were of normal size, and they reacted to light and accommodation. Ophthalmoscopic examination showed the media clear and the fundi normal. A test on the following day confirmed this examination, so I ordered the foregoing lenses for him.

On the 18th of May he came in again very much improved in his general health. He said that until within a few days, these last glasses had been perfectly satisfactory; but that now he could not see so clearly in the distance with them, and he found that he had to hold newspapers and books too close to his eyes to read with comfort. His vision with his distance glasses now was only 6/12.

Manifest examinations showed O. D. V., 6/15 + sph. 1=6/5. O. S. V. 6/9 + sph. 0.75=6/5, with + sph. 2.25 added for near, and these I ordered.

Shortly after this Mr. W. returned to his home in the East. In a letter, dated Feb. 8th of this year, he wrote me that his eyesight was very much better than when he was in Pasadena last year. His accommodation continued to return so that it was necessary for him to go back to the original reading glasses which he was using when he first came to me. A few days before writing to me he had broken his old lenses, and, for a short time, he had made use of the ones I had last given him, which brought his near point within eight or ten inches of his eyes. His general health has been excellent, though he is still very careful in his diet.

Perforating Gastric Ulcer² Recovery.

Reported By Dr. J. E. Allaben, Rockford, Ill., in a Paper Read at the Illinois State Medical Society Annual Meeting.

H. W. G., aged 52 years. In November, 1907, began to have distress in the stomach with slight pain after taking food. In December had dizzy spells and very sour eructations. December 26, had a severe attack of dizziness, vomiting and fainting. Was confined to bed two days. Distress in stomach, sour eructations and occasional vomiting continued. By July 1, 1908, food could be retained only one hour. August 24, I saw the patient and ordered a test meal and stomach analysis; this showed hyperacidity, a few blood corpuscles and the usual condition characteristic of gastric ulcer. Gastric ulcer diagnosed and operation advised. At midnight August 26, the patient vomited a half pint of fluid having the appearance of coffee grounds in which were some streaks of blood. At 3 o'clock the same night he was awakened and cried out with an intense pain in the stomach and a few moments later was found upon the floor by members of the household suffering agonizing pain.

A diagnosis of gastric perforation was made, the patient removed to the hospital and a

laparotomy done three hours from time perforation occurred. A perforation was found in the anterior stomach wall about two inches from the pylorus through which I could pass my index finger. The perforation was closed (first) by interrupted Lembert sutures; (second) purse-string suture; (third) a graft from the gastro-hepatic omentum.

The base of the ulcer was greatly indurated and very friable, so that but little tension could be made upon the sutures. The case progressed without symptoms for three weeks, when vomiting began, and for two days everything put into the stomach was rejected. It was evident that the ulcer in healing had produced an obstruction of the pylorus. A posterior no-loop gastrojejunostomy was done. The patient made a good recovery. I saw this patient a few days ago, and now, after nine months, he is well, in good flesh, and is suffering in no way from stomach trouble.

Primary Cancer of the Trachea.

Reported by Dr. T. P. Bevans, New York, at the Meeting of the American Laryngological Association, Boston, June, 1909.

The doctor said that he had been able to find records of but thirty authentic cases. His patient was a man of fifty-five years of age, whose first symptom was a persistent cough, followed by dyspnea. Both vocal bands were reddened and thickened; beginning at the second tracheal ring was a grayish-pink, velvety mass running way round the trachea and diminishing its caliber to about one-third of its normal size. The patient was placed in the hospital and the trachea opened from the larynx to the sternal notch. The growth extended one inch below the latter point, was not adherent to the rings, and did not extend beyond the limits of the tube. The larynx was free from all malignant deposit. Owing to the extension of the process so deep down the trachea, exsection of the larynx was not of the question, and the mass was curetted away apparently successfully, for the result of the curettage left apparently normal appearing tissue. The shock of the operation was considerable, though the amount of blood lost was trifling. The temperature was 101°; the patient did badly, and died of pulmonary edema and heart failure three weeks after the operation. Microscopical diagnosis, columnar epithelioma.

Reports from County Societies.

ATLANTIC COUNTY.

Theodore Senseman, M. D., Reporter.

A regular meeting of the Atlantic County Medical Society was held Friday, November 5, 1909, at the Public Library. The following reports of cases were presented:

Carcinoma of the Cheek, by Dr. Walter P. Conway; Extensive Ulceration of the Nasal and Oral Tissues Due to Tertiary Syphilis, by Dr. Willard M. Mason.

The paper of the evening on "A Consideration of Some Causal Factors of Dyspepsia or Indigestion," was presented by Dr. W. Wayne Babcock, of Philadelphia, Pa. Discussion of the paper was opened by Drs. J. A. Joy and C. Garrabrant, and a general discussion followed.

BERGEN COUNTY.

Frederick S. Hallett, M. D. Secretary.

The Bergen County Medical Society met October 12th, 1909.

The following program was arranged:—

1—Typhoid Fever, Bacteriology and Pathology of, by Dr. D. S. Jessup, of New York.
2—Typhoid Fever, Symptoms, Complication and Sequella of; by Dr. Morris Manges, of New York.

3—Typhoid Fever, the Medical, Hydrotherapeutic, Dietetic and Prophylactic treatment of; by Dr. Warren Coleman, of New York.

4—Typhoid Fever in Infancy and Childhood; by Dr. John LeGrand Kerr, of Brooklyn.

5—Typhoid Fever, Surgical Aspects of; by Dr. John Douglas, of New York.

Dr. Manges had been called to Long Island on professional business in the afternoon, missed his train and was unable to be present.

Dr. D. C. English, editor of the State Journal, was present and delivered an inspiring address. He commended the society on the results of its reorganization, and spoke of the County Society's relation to the Journal.

Members and guests were present to the number of ninety-five, there being large delegations from both Hudson and Passaic counties.

Dr. Philander A. Harris, of Paterson, discussed Dr. Douglas' paper on the surgical aspects of typhoid fever.

A collation was served after the conclusion of the Symposium.

HUDSON COUNTY.

Joseph Koppel, M. D., Reporter.

The Hudson County Medical Society met in Jersey City, October 5, 1909. There was a large attendance, with the new president, Dr. A. A. Strasser, in the chair. There was no paper read that evening, and the president announced that the time would be devoted to the discussion of economic problems among the members of the society. This met with general approval, and a lively discussion on that topic ensued.

Dr. Arthur P. Hasking asked for suggestions from members of the society for the best way for protecting the physicians from "dead-beat" accounts, and asked to grant an interview to a representative of a concern that would take up that work, which was granted by unanimous vote of the society.

Dr. J. C. Parsons led a discussion as to the scale of fees that he thought should be established in the county for services rendered by physicians. Drs. T. R. Paganelli, Jos. Koppel and J. H. Rosencrans took part in this discussion.

Dr. Henry Spence introduced a resolution admitting homeopathic physicians as members of the society.

Dr. G. K. Dickinson supported that measure with the remark that if they are admitted they should conform to the rules of the State Society and sign a special form issued by the society for that purpose. A committee was appointed to take up and consider the question of a uniform scale of fees, consisting of Drs. J. C. Parsons, chairman; H. Spence, George E. McLaughlin, T. R. Pagnelli and Jos. Koppel.

Dr. B. S. Pollak, the chairman of the Dinner Committee, urged that hereafter the dinner

should be held in the early winter instead of the spring of the year.

A necrology committee was appointed, consisting of Drs. Spence, Dickinson and McLaughlin, who were instructed to express the condolence of the society to the widow of the deceased member, Dr. Mills E. Baker.

A resolution was introduced and carried to reimburse the members of the Legislative Committee for their actual traveling expenses during the coming legislative session. The committee appointed consists of Drs. H. Spence, C. H. Purdy and T. R. Paganelli.

Dr. Dickinson suggested that for the expenses of the Legislative Committee, each member of the society should be assessed; this met with general approval.

Dr. Edward P. Hart introduced a resolution for the society to recommend and request the Board of Chosen Freeholders of Hudson County to establish a county hospital for all kinds of diseases at Laurel Hill, and also suggested that the old county hospital would be a proper building to begin with.

Dr. George E. King suggested as an objection to that that there was some time ago typhus in that building, among other contagious diseases, and that could not probably be eradicated by disinfection. He was in favor of erecting an entirely new building.

A number of other members of the society expressed themselves in favor of the resolution, and the same was carried unanimously.

Dr. Dickinson invited all members of the society to be present at the opening of the new tuberculosis sanatorium at Laurel Hill on the 14th of October, stating that Dr. Pollak had made elaborate preparations to receive members of the society for the inspection of the new buildings.

The new members elected were Drs. Francis Crudden, Abraham Jaffin, Donald Miner and Margaret N. Sullivan, all of Jersey City.

Dr. C. D. Hill reported a case of volvulus of the sigmoid flexure that got better after an operation; in six months it reappeared on the same side with pain and was operated on one year later and reappeared again. An anastomosis between the ilium and rectum was made. After one year the patient still has pain and is losing flesh.

Dr. Wallace Pyle reported a case of a baby with lobar pneumonia; there was also pus discharging from one eye and the eye protruded; next day the other eye was affected the same way; retro-bulbar abscess, with recovery.

Dr. J. C. Parsons reported a case of supposed oesophageal stenosis, loss of weight; patient an alcoholic, cathartics had no effect; distension of the stomach; operation proved it to be dilated large intestines, enormous dilatation of the small intestines, with no stenosis of either rectum or intestines; died three weeks after. Probably a case of atony of intestine.

Dr. William Pyle reported a case of nephritis during pregnancy, probably due to gonorrhoea; successfully treated by gonococcus vaccine. Albumen casts disappeared from the urine. Dr. George E. McLaughlin stated that in London the vaccine treatment for such cases is frequent, and that they have good results from it.

Dr. Rosencrans demonstrated a practical test of the purity of water when laboratory facilities are not at hand. He adds to the water a drop of silver nitrate; if any chlorides precipitate it

proves the contamination with harmful material, probably urine, and he considers that water unfit to drink. Persons should be careful to exclude the carbonates in such cases. This can be avoided by adding nitric acid.

Dr. Spence reported a case of a man who came from Panama, had all the symptoms of multiple neuritis, which could not be accounted for; but blood examination showed plasmodium malariae. Quinine plus arsenic was given; recovery. This type of neuritis is very common in the tropics.

Dr. J. J. Mooney reported two cases of infantile paralysis—children in the same family; one developed in the right arm and right leg; the other had a short, severe attack of the muscles of respiration and died; this was followed by the death of the other little patient after a slight period of improvement.

Dr. Koppel reported a case of infantile paralysis of the monoplegic type, which at the outset was thought to be a slight gastric disturbance.

Dr. H. J. Bogardus thinks that at present the cases of infantile paralysis of the monoplegic type are very frequent. Dr. Spence suggested that in these cases of monoplegic type rheumatism should be excluded.

Dr. M. A. Swiney reported a case of supposed rheumatism of the lower extremities; patient was delirious for several days; calf of leg was paralyzed; then brown spots appeared on the leg resembling purpura; blebs on the sole of the feet filled with blood; under K. I. there was some improvement; moist gangrene; amputation.

Dr. Paganelli reported a case of tertiary syphilis. I enclose his report for the Journal.

MIDDLESEX COUNTY.

Howard C. Voorhees, M. D., Secretary.

The regular quarterly meeting of the Middlesex County Medical Society was held at the Packer House, Perth Amboy, October 27, 1909, and was largely attended.

Previous to the meeting, an excellent dinner was served, to which all did ample justice. After dinner, President John C. Albright called the meeting to order, and on motion of Dr. D. C. English, the reading of minutes of last meeting was dispensed with, and the society listened to an excellent paper by Dr. Frank M. Donohue, of New Brunswick, upon "Prostatectomy." Drs. Frank C. Henry, John G. Wilson and Ambrose Treganowan also discussed the subject. On motion of Dr. W. E. Ramsay, the society extended a vote of thanks to Dr. Donohue for his admirable paper.

The society passed a resolution endorsing the candidacy of one of its members, Dr. William E. Ramsay, for Assembly. Drs. Clarence A. Plume, Charles E. Saulsberry and Anthony Gruessner, all of New Brunswick, were elected to membership in the society.

OCEAN COUNTY.

Ralph R. Jones, M. D., Reporter.

The Ocean County Medical Society held its annual meeting at the residence of its president, Dr. William Gray Schauflier, Lakewood, N. J., November 3, 1909.

The following officers were elected for the ensuing year:

President, Dr. Otto C. Thomson, Cassville;

vice-president, Dr. G. W. Lawrence, Lakewood; secretary, Dr. Alex. M. Heron, Lakewood; treasurer, Dr. Irwin H. Hance, Lakewood; reporter, Dr. Ralph R. Jones, Toms River. Dr. I. H. Hance was elected annual delegate to the State Society.

After discussing some interesting cases reported, and making plans for a social and literary meeting in January, the society adjourned to meet April 20, 1910, at Lakewood, at 4 o'clock P. M., unless called together for a special meeting before that date.

SALEM COUNTY.

Henry Chavanne, M. D., Secretary.

The Salem County Medical Society held its fall meeting at the Schaefer House, Salem, November 3, 1909, at 1 o'clock P. M. The secretary of the society read a paper entitled "Cow's Milk and Infant Feeding." The subject was discussed by Dr. W. R. Nicholson, of Philadelphia, and others.

On motion, it was ordered that it be sent to the Journal of the Medical Society of New Jersey, to be printed therein.

The paper will follow this under separate cover.

TRI-COUNTY MEDICAL ASSOCIATION.

Warren, Sussex, Morris.

By Charles B. Smith, M. D., Secretary.

The Tri-County Medical Association (counties of Warren, Sussex and Morris) met at Newton, Sussex County, Tuesday, November 9th. During the absence of the president—Dr. J. B. Pellet—Dr. James Douglas, first vice-president, of Morristown, N. J., occupied the chair.

The following officers were elected for the ensuing year: President, James Douglas, M. D., Morristown; first vice-president, J. M. Reese, M. D., Phillipsburg; second vice-president, E. E. B. Beatty, M. D., Newton; treasurer, F. W. Flagge, M. D., Rockaway; secretary, C. B. Smith, M. D., Washington.

Executive Board—Bruno Hood, M. D., Newton; Stephen Pierson, M. D., Morristown; F. W. Curtis, M. D., Stewartsville.

Committee of Arrangements—James Douglas, M. D., Morristown; Alfred A. Lewis, M. D., Morristown.

Finance Committee—H. W. Kice, M. D., Wharton; E. Morrison, M. D., Newton; C. M. Williams, M. D., Washington.

Dr. James Douglas read a paper on "Summer Grip" (which will be published in the Journal).

A very valuable and interesting paper was read by William H. Hicks, A. B., M. D., on "The Present Status of Hypnotism." This paper was discussed at some length by the members of the society, and it was unanimously voted that the paper be given to the editor of the Journal of the Medical Society of New Jersey for publication.

Among the number of interesting cases reported was one from Dr. F. W. Flagge, of Rockaway, giving two cases of Landry's paralysis, both of which proved fatal in six days.

The next meeting of the association will be held at Morristown on the second Tuesday in October, 1910.

Dr. W. H. Hicks's Address.

Dr. Hicks expressed skepticism as to the assertions that cures have been wrought by hypnotism. He declared positively that he did not believe in hypnotism as a science. He referred only incidentally to the Somerville affair.

He asserted that hypnotism, considered as a science, had made no progress whatever, and that it was of no use in effecting cures. Its influence, even by its champions, he said, was limited to neurotic cases, no one asserting that it could cure organic diseases. Even in neurotic cases, Dr. Hicks held, it was of no practical or permanent value. He believed that where it was thought a cure had been effected there had been no cure, it was merely a matter of persuasion, the patient being persuaded to believe he had been helped.

He quoted Dana and Starr as authorities on nervous disease to bear him out in this view. He asserted that in his opinion, back of all so-called hypnotic manifestations there was nothing mental, only mechanical. He denied that one man's mind could exert an influence over another man's mind so potent as to effect changes that would cure disease in the sense that a physician understands the term.—Newark Evening News.

(We hope to give Dr. Hicks's able address in a subsequent issue of our Journal—Editor.)

Local Medical Societies.

Orange Mountain Medical Society.

By David E. English, M. D., Summit.

The Orange Mountain Medical Society held its regular monthly meeting in the William Pierson Medical Library Association rooms, at Orange, on Friday evening, November 19th. Dr. Richard P. Francis, of Montclair, vice-president of the society, was the host. Dr. Mefford Runyon, of South Orange, president, was in the chair. Out of a membership of 30, 29 were present, besides a large number of Dr. Francis's professional friends as guests. Dr. John Rogers, of New York, gave a most interesting and instructive address on "The Significance of Thyroidism and Goitre," and the correlation of the thyroid gland, pancreas, liver, adrenals, sympathetic nervous system and heart. He also explained the different serums (or sera) and their uses, and analyzed the secretions of the thyroid. He divided exophthalmic goitre into two varieties and explained the difference in treatment. By the use of diagrams on the blackboard, he made the subject beautifully clear. After the address he answered many questions from those present. The usual social hour followed, and the members departed for their homes full of fraternal feeling and other good things.

Summit Medical Society.

By David E. English, M. D., Summit.

The next regular monthly meeting of the Summit Medical Society will be held on December 1st, at the Fair Oaks Sanatorium, Summit. The hosts will be Dr. Eliot Gorton and Dr. Thomas P. Prout, proprietors of the sanatorium. This will be a notable meeting and will mark the opening of their fine new building, making three large buildings for the insti-

tution, besides the smaller subsidiary buildings. The meeting will be held in the solarium of the new building and many invited guests are expected to be present. A paper on "Recent Advances in Surgery of the Nerves" will be read by Dr. Alfred S. Taylor, demonstrator of surgery on the cadaver, and instructor in surgery, College of Physicians and Surgery, Columbia Union, N. Y.; visiting surgeon, Randall's Island Hospitals, etc., etc.

Another paper on "Too Enthusiastic Surgery, with Report of a Case," will be read by Dr. Thomas P. Prout, consulting neurologist to the Manhattan Hospital for the Insane, on Ward's Island.

Medical Men Have Banquet.

The annual banquet of the Mercer County Component Medical Society, took place last evening in the Colonial room of the Trenton House, and was one of the most successful affairs in the history of the organization.

Dr. John G. Clark, of the University of Pennsylvania staff of instructors, delivered a very instructive talk on "Entero Optosis." Following the address there was a general discussion, led by Dr. G. N. J. Sommer, Dr. William Clark and Dr. Elmer Barwis.

Dr. Charles H. Mitchell, president of the society, presided at the banquet, acting as toastmaster and introducing the speakers of the evening, took occasion to dwell humorously at some length on the personalities of the doctors, making a tremendous hit with the members and their guests.

Toasts were responded to by Dr. Walter Madden, Mayor of Trenton; Dr. Thomas H. MacKenzie, Dr. Elmer Barwis, Dr. H. B. Costill, and Dr. C. H. Felty.

A feature of the affair was the cordial reception tendered Dr. Madden and Dr. MacKenzie when they entered the banquet hall. The members arose and gave a toast to the victor and the vanquished in the recent political battle. Dr. MacKenzie proved that he is a thoroughbred by the manner in which he responded.

The menu was one long to be remembered by those in attendance. The souvenirs were decidedly unique and will be treasured as keepsakes for years to come by the recipients. Dr. I. M. Shepherd was responsible for the souvenirs.

Prevention of Infant Mortality.

At the conference on infant mortality of the American Academy of Medicine, held at New Haven, Conn., November 11 and 12, 1909, the following action was unanimously taken:

The task of preventing infant mortality is second to none in importance and should engage the best attention and effort of all individuals, lay and professional, and of every commonwealth and community. As looking toward the attainment of such prevention the American Academy of Medicine records its convictions in the following resolutions:

First—Resolved, that the present high rate of infant mortality is due to inherited debility or disease, improper environment and care, improper feeding, and communicable diseases, and is to a high degree preventable.

Second—Resolved, that the breast feeding of infants is, when possible, the only proper meth-

od, and that artificial feeding should never be substituted as a matter of choice.

Third—Resolved, that the reporting of all communicable diseases, especially of those commonest in society, to health boards, should be compulsory.

Fourth—Resolved, that the scientific instruction of the young in practical hygiene and sanitation and of mothers in the care and rearing of infants is an important duty resting chiefly on physicians, sociologists, school authorities, and boards of health.

As a result of the conference the American Association for Study and Prevention of Infant Mortality was organized at special meeting on Saturday morning, November 13, in Lampson Hall. Dr. F. H. Gerrish, of Portland, Me., presided, and Dr. Charles McIntire acted as secretary. A constitution and by-laws were adopted and the following officers were elected: President, Dr. J. H. Mason Knox, Jr., Johns Hopkins Medical School; first vice-president, Professor C.-E. A. Winslow, biologist-in-chief of the Laboratory Research, Mass., Institute of Technology, Boston; second vice-president, Mr. Homer Folks, secretary of the New York State Charities Aid Association; secretary, Dr. Henry I. Bowditch, of the Harvard Medical School, Boston. Baltimore was selected as the meeting place of the society. The meeting will be held in the autumn of 1910. Dr. Charles Richmond Henderson, of the University of Chicago, was nominated president for 1910-1911 meeting.

Measles More Dangerous than Diphtheria or Scarlet Fever.

A recent issue of the Bulletin of the Chicago Board of Health shows the following statement which should be known to every physician and citizen:

"Measles caused more deaths than scarlet fever during the week, and yet measles is very generally regarded by the public as of no consequence. As a matter of fact, measles each year kills more infants than either diphtheria or scarlet fever. It is a big factor in the mortality among children under one year of age. During the last five years it has caused 195 deaths among infants under one year, whereas scarlet fever caused 96 and diphtheria 161.

"Do not expose the well to cases of measles—especially keep babies away from those sick with the disease. Cases of measles must be isolated; visiting an infected house is prohibited. Children in a house where measles exists must not play with or visit other children in the neighborhood. Adults who have never had measles must remain at home if a case exists in their home."

Plan for Exterminating Mosquitoes.

Dr. William Tell Kudlich has brought to the notice of the Health Board of Hoboken, N. J., a plan for exterminating the mosquito, which consists in planting mosquito-ridden tracts with arzolla. The plant is a native of Africa. It in a short time covers marshy land with a layer three inches thick, thus both suffocating mosquito larvae and preventing the living insects from depositing their eggs in the water. The plant is said to have been used with some success in the German colonies of Africa.—Scientific American.

THE JOURNAL

OF THE

Medical Society of New Jersey

DECEMBER, 1909

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.

DATE OF ANNUAL MEETING.

The Board of Trustees of the Medical Society of New Jersey, at a meeting held in Trenton, November 22, 1909, decided upon Tuesday, Wednesday and Thursday, June 28, 29, and 30, 1910, as the time for holding the Annual Meeting of the State Society.

All the County Societies, but one, reported as having voted upon the question of date, voted in favor of holding it in June for the coming year.

PRIZE ESSAYS.

THE OPHTHALMIA OF THE NEW-BORN; ITS CAUSATION, PREVENTION AND TREATMENT.

Prizes were instituted by the Medical Society of New Jersey at the annual meeting in 1905, and are open for competition to the members of the component (county) societies.

The subject is: "The Ophthalmia of the New-Born; Its Causation, Prevention and Treatment." The essays must be signed with an assumed name and have a motto, both of which shall be endorsed on a sealed envelope containing also the author's name, residence and component society. The essays shall not contain more than 4,000 words and must be based on personal experience as well as on the study of the literature of the subject, especially with ref-

erence to methods of prevention applicable in private practice; be characterized by clearness and conciseness of expression, and be, in the judgment of the committee, of decided value to the members of this society, and to the profession generally. Failing in these respects, no award will be made.

The essays, which should be typewritten, with the sealed envelope, must be placed in the hands of the chairman of the committee on or before May 15, 1910. The committee will select the first two essays in order of merit. To the first will be awarded the prize of one hundred dollars, to the second a gold medal of the value of fifty dollars.

The unsuccessful authors will receive back their essays upon their identification to the chairman of the committee. The successful essays will be the property of the society and be published in this Journal.

Charles J. Kipp, Newark, Chairman.

David C. English, New Brunswick.

Stephen Pierson, Morristown.

CONGRATULATIONS.

We extend hearty congratulations to our fellow members who have come out of the recent political campaign as victors and we also congratulate the members of our profession generally on three important facts which stand out prominently, as we contemplate the outcome. First, that our profession has a representative in each branch of the Legislature—Dr. J. Cole Price, of Sussex, in the Senate, and Dr. William E. Ramsay, of Middlesex, in the Assembly; second, that several of our members have been elected mayors of cities and that three of them were re-elected by large majorities—Drs. A. F. McBride, of Paterson; Charles B. Smith, of Washington (for the third time), and Walter Madden, of Trenton, while Dr. Calvin Anderson, of Madison, was elected without opposition; third, that the first three mentioned mayors and Dr. Victor Mravlag, of Elizabeth, elected last year, have deserved and received the warm commendation of their fellow-citizens for wise and clean administrations and, therefore, have reflected honor upon our profession.

These facts, however, should not surprise

us, for the medical man is expected to be a gentleman, as he is generally a thoroughly educated man and is not, or ought not to be, a bitter partisan who places temporary party success above the highest, best interests of the State and its citizens. He certainly ought to be intelligent enough to know that he best serves his party who most faithfully strives for the welfare of the people—to secure for them the fullest possible enjoyment of their civic rights and the uplift of their moral and physical condition.

From our two representatives in the Legislature we shall expect records that will reflect credit upon them and honor upon our profession. Standing alone in their respective bodies, they occupy positions of responsibility to the profession as well as to our citizens generally, and we should sustain them heartily in their every endeavor for the public good.

COUNTY SOCIETY REPORTS AND ORGANIZATION.

We have received the following communication from an officer of one of our active county societies on a subject which should have careful consideration and prompt action. It has caused the editor much thought and consumed much of his time in correspondence for the county societies' and the Journal's benefit. We omit name and residence of the writer for obvious reasons:

Dear Doctor: I note in your State Medical Journal, which is a most satisfactory publication, no mention is made of the proceedings of our County Medical Society. Whether this is due to the fact that you have received no communications from our officials, I cannot say, but I thought best to inquire into the matter, as I think a report of every county society meeting should be forwarded to you. Thanking you in advance for any information you may give me, I am,

Yours very truly,

We regret exceedingly to say that the non-appearance of county society reports *is due* to our failure to receive them from their officials. The doctor is certainly correct in his judgment that "a report of every county society meeting should be forwarded to you." We have a fairly clear conception

of what a State medical journal should be, even though we fail to reach the ideal. We repeat, with emphasis, what we have often said—that our Journal should set forth the good work that the members of our profession are doing throughout the State. A proper State and county pride should lead every member to desire and aid in such effort, when we realize that the Journal goes not only to every member and to the daily newspapers in our State, but also in exchange with other State journals, and to many practitioners in other States. When our Journal is the official organ of the oldest State Medical Society in the country, with a record unsurpassed by any, we should certainly strive to maintain the record and make its Journal to worthily represent the society.

Again, it is for the best interests of the county society that its meetings shall be fully and regularly reported, as it tends to more perfect organization, which means more efficient officers, better attendance upon and better scientific work by the society and the removal of a self-centred or commercialistic spirit exhibited by some of its members who fail to recognize their relation to each other and their duty to the profession at large.

There is no doubt that we need more thorough organization of our county societies, the gathering in of all reputable practitioners—and some questionable ones to make them better—the unifying of the profession, the harmonizing of its members and the fuller realization of their responsibility to the profession and to the public. We are sure that would mean not only scientific progress, but also the winning back of the old-time respect of the people for our profession and the increase of its members' influence and power to speak with authority on proposed legislation and all matters relating to the physical, mental and moral conditions of our citizens.

We, therefore, urge far more faithful reporting to the Journal of the work that is being done—work which in most cases is well done and worth recording. We appeal

to the secretary of every county society and every local medical society, to see that there is sent *direct to the editor*, promptly, a report of *every meeting held*, sent either by the secretary or the reporter as shall be agreed upon between them. We would also request the secretary of the staff of every hospital located in the State to send an occasional report of the professional hospital work done by our members.

We believe that our State Society should recognize the good work some of our faithful and efficient county society officers are doing, in the selection of State society officers, committees and delegates to other scientific societies. Such action would tend to the increased faithfulness of the county officials, secure efficient State society appointees, and thereby recognize the true and right principle of promotion for meritorious service.

TWO IMPORTANT BILLS.

We insert in this issue of the Journal, two very important bills that have been very carefully prepared and of whose passage, and approval by the Governor, there should be no doubt.

The Medical Practice Bill has received most deliberate consideration by the special committee appointed by our State Society at the last annual meeting in co-operation with our Committee on Legislation. It is as liberal in its provisions toward all classes of practitioners as is consistent with the high standards of educational requirement that New Jersey has always sought to maintain and for which she has been justly commended by her sister States, and as the health interests of her citizens demand. For those interests alone—ignoring all considerations as to the bearing of its provisions to the advantage or disadvantage of the medical profession—we urge every member of our State Society not only to endorse the bill, but also to commend it to the favorable consideration and action of our legislators.

We could hardly expect that in a large body of intelligent, scientific men, that all

will perfectly agree on any bill of this character; we are obliged to compromise and act conservatively, even when there are some good reasons for uncompromising and radical views. If there are any features of the bill as drawn by the joint committee, to which any of our members take exception because of its liberality or for other reasons, we shall be glad to have them discussed in our correspondence columns, and if changes are shown to be advisable they should be made before the bill is introduced into the Legislature, as amendments to any section of the bill offered, after introduction, without very careful consideration as to their effect on other sections may cause conflicting provisions which, if they do not result in a veto, might make the meaning of some of its provisions dubious if they do not make the law ineffectual.

The other bill to which we refer is the Midwifery Bill. That there is great need of the passage of such a law there can be no question among intelligent men who realize the extent of the suffering that has occurred, the vast number of surgical and gynecological operations required, and the still larger number of children who have been sacrificed, crippled for life or made permanently blind, because of incompetent, dishonorable or criminal midwives.

A bill was introduced in, and passed by, the Legislature at its last session which was believed to be adequate to meet the requirements of the situation, but it was vetoed by the Governor, because of some slight technical defect. Another bill has been very carefully drawn by Dr. E. L. B. Godfrey, who fully understands the needs and the requirements which will adequately meet them. It has been submitted to able lawyers and practitioners and its provisions have been pronounced by them "legally and medically correct." Our Committee on Legislation will have this bill introduced at the coming session of the Legislature and we hope that our members generally will co-operate with the committee by explaining to our legislators the importance of this

bill and urging their favorable action thereon.

We have referred above to two bills as being *important*. There are others needed, some for which, we might properly say, there is *pressing* need, *e. g.*, for the prevention of ophthalmia neonatorum; the control and prevention of tuberculosis; one adding at least three medical men instructed in sanitary science and of experience in its application, to the State Board of Health—if we cannot secure a State department of health, according to the more modern and approved method of the State's care of its citizens' health; and another—not less important—a law that shall correct some of the defects in the educational system of our State as related to the health of the children and youth taught in our schools. We defer comment on these till a future issue of the Journal, and in the meantime will be glad to receive communications for the Journal bearing on these and other subjects which are of interest to medical men and on which they are able to write intelligently and have a right to speak with the degree of authority befitting their knowledge and experience.

THE ANTI-TUBERCULOSIS CAMPAIGN.

On another page will be found two editorials from the daily press on the proposed establishment of a tuberculosis sanatorium at Summit, N. J., and which apply as well to the Lakewood "preventorium" discussion, on which we insert a brief editorial from the *New Brunswick Home News*. One is taken from *The Observer* of Hudson County, and the other is from the *Newark Evening News*. They differ decidedly in the views expressed. The first is, to some extent, in accord with the approved teaching of sanitary and medical science; the second seems more in sympathy with the fear and prejudice objections which have been aroused by a faulty presentation of the

subject during the educational campaign of the past few years against tuberculosis.

There has been an immense amount of harm done in the active efforts to control and prevent this disease by two false positions that many enthusiastic, faithful and ordinarily intelligent workers have taken. First, in proclaiming the great danger from the communicability of the disease without setting forth the other fact, of the safety of contact with those affected with it, if they observe approved precautions and are living amid proper sanitary environments. We believe it is perfectly safe to live next door to, or even inside of, an institution conducted as these two proposed ones doubtless would be.

The second mistake has been made in holding out the false hope that this scourge will be wiped out in a few years or within the present century. It is calculated to make even the workers discouraged in the midst of the warfare and it often causes failure in the effort to enlist and retain the sympathy and co-operation of many who think that because the rapid progress predicted is not achieved, it is a forlorn hope; and thus the progress, that is possible if more correct and intelligent ideas prevailed, is retarded. It will be work well done and well worth the effort and expense, if, under existing circumstances, the death rate is cut down sixty or seventy-five per cent. during this twentieth century and the disease wiped out by the end of the following century. We would be more optimistic as to time were the people less apathetic, less guided and controlled by their fears and prejudices and more ready to receive and act upon methods and measures which are known to be effective.

We question, however, whether it is wise, when we need, for the best and speediest results, the sympathy and co-operation of all good citizens, to force these institutions on towns where the citizens are so moved by fear or prejudice, or where they fail to realize that it is far more dangerous to have scores or hundreds scattered throughout the community, than to have such an insti-

tution, with hundreds of inmates and which is properly conducted, located in their town. While we have to overcome ignorance and indifference, and opposers of all efforts because of expense or prejudice, let there be no unnecessary strife that tends to divide the workers and true friends of the cause and delays deliverance from this great scourge.

NATIONAL BOARD OF HEALTH.

We are pleased to know that President Taft, in his address at the Georgia-Carolina Interstate Fair, in discussing several questions of national importance, made that of national sanitation one of the leading features of his address. He expressed his belief that a national board of health should accomplish for the United States what this country had done for the people of Cuba, Panama and other places. We take from the *New York Daily Tribune* of November 9th the following extract from his address:

Another subject that must be considered by the National Government with more care and with the expenditure of much more money than it has heretofore put into the investigation, is the question of sanitation and the health of the inhabitants of this country. It is peculiarly so in the South.

We have now various bureaus in Washington which have functions connected with the suppression of diseases and the study of the different diseases, but they are scattered and they need to be united.

Now, it is true that the health of the citizens is directly committed to the State, but it is also true that the question of agriculture is committed by the Constitution to the State. Nevertheless, the Agriculture Department has found much that, with the means at its hands, it can do to assist the agriculture of the country.

I expect to recommend to Congress that there be a union of all the experimental departments of the government for the discovery of lines of health and the study of diseases.

We believe that there is no question that will or could occupy the attention of the session of our Congress, which opens in Washington this month, more vital and that would prove more far-reaching in its beneficent results, both from the health conserving and economic viewpoints, than that of the formation of a national board of health, organized on scientific lines, conducted by scientific men, free from all political manipulation, thoroughly equipped

and supported by adequate appropriations. There is a very wide scope of usefulness for a *national* organization that need not in the least conflict with the individual *State's* right of control over the health of its citizens. There are certain phases of the exercise of a single State's control as affecting injuriously the citizens of adjoining States, which should not be overlooked in considering that question. We believe that a national board in co-operation with the various State boards can bring about uniformity of laws and regulations and methods for wise enforcement that would tend to prevent conflict and conserve and promote the best interests of all the citizens of our common country.

We express the hope that the members of our society will bring this matter to the attention of the Senators and Congressmen representing our State at Washington and urge them to vote for a national board of health and to use their best efforts to secure the passage of such a bill as shall provide for scientific and practical men and methods and make adequate appropriations to insure practical and efficient results.

At the request of the Bergen County Society, we insert in this issue of the Journal all four of the papers of the Symposium on Typhoid Fever read before that society at its October meeting. We deeply regret that we cannot give the fifth paper of the series prepared by Dr. Morris Manges, of New York City, because personal illness has prevented him from making copy of it for the press. We hope for his speedy recovery and that he will be able to give us the paper at an early date. The unusual number of papers in this month's issue has compelled us to defer the insertion of other matter intended for this month's issue of the Journal.

When doctors who have been elected to public office take the position that Dr. Madden, the Mayor of Trenton, is reported as taking, they reflect honor upon our profession and demonstrate that the judgment we

expressed in our last issue of the Journal, page 310, was correct. *The Trenton True American* reports the Mayor's position as follows: "I want to emphasize the statement, I shall not exercise my office in the matter of appointments as a means of punishment to those who apparently at some times do not agree with my views. As the Mayor of this city, selected by its people, and by a very handsome majority, for which I am appreciative, I shall be guided only by my best judgment and the good advice of my friends. Although I shall hold the distinguished office of Mayor for another two years, I fully realize that I am only the people's servant, and their wishes and best interests I intend to conserve in the future, as I have endeavored to do in the past."

Before another issue of our Journal goes to press the joyous holiday season will have passed; we, therefore, take this opportunity to extend our sincere wishes for a

Merry Christmas

to every reader of the Journal, suggesting that it be made a season not only of rejoicing, but also of high and holy resolve that we will henceforth make every endeavor to unify and harmonize our profession by gathering in the unenrolled practitioners and manifesting ever the spirit of kindness and good-will—yes, the spirit of the Great Physician whose life and deeds of healing and helpfulness, of charity and blessing to humanity, Christmas commemorates.

State Board of Medical Examiners.

At a meeting of the State Board of Medical Examiners of New Jersey, held at Newark, November 3d, Dr. E. L. B. Godfrey resigned from the secretaryship of the board, on account of continued ill health, and Dr. Horace G. Norton, of Trenton, was elected to fill the unexpired term.

The Family Physician's Knowledge of Refraction

At the late meeting of the Ophthalmic Section, A. M. A. (eleven hundred members), the undersigned were appointed a committee to promote a working knowledge of simple refraction among family physicians.

It has secured abundant evidence that such knowledge has been acquired and is now used by many physicians, so proving that all medical

men can do likewise, if they so desire. But that the practice may become uniform, it is necessary that the State Boards of Registration require it for license and medical colleges teach it in course.

Recognizing its importance, the Michigan State Board of Registration, on February 12, 1909, notified medical colleges, that thereafter it would grant licenses to practice only to such applicants as demonstrated, on a living subject, with simple spherical lenses and test tones, their working knowledge of simple refraction.

Your committee is confident that every State Board of Registration would make a like requirement, if it grasped the situation; and then all medical colleges would qualify their students therefor.

Recalling the fact that our system of medical education makes no adequate provision for training the family physician in simple refraction, and that it be impossible for experts to meet the needs of all the people in this respect; it is plain that this class of cases had no source of relief other than the optician. But if the State boards require a working knowledge of simple refraction for license, the needs of all the people will be fully met by qualified physicians, and the optician resume his normal vocation as a spectacle merchant.

Recognizing your great influence in medical affairs, and assuming your vital interest in enlarging the field of family practice, your committee confidently ask your active endeavor to persuade your "State Board of Registration" to require "a working knowledge of simple refraction" from each applicant for license.

Each member of your committee stands ready to assist you to a fuller understanding of the situation, or to co-operate with you in seeking its relief.

Leartus Connor, Detroit, Mich., chairman; Albert R. Baker, Cleveland, Ohio; James Thorington, Philadelphia, Pa.

Correspondence.

Trenton, N. J., Nov. 8, 1909.

David C. English, M. D.

My Dear Doctor: A recent decision of the Attorney-General changes the "Instruction of synopsis of the requirements for license to practice medicine and surgery in the State of New Jersey;" causes the reading of Section No. 1, under the head of Medical Students, to be read without the preliminary, and Section No. 2 to be eliminated.

I am enclosing you correspondence between Superintendent C. J. Baxter and Hon. Edmund Wilson covering this point. I believe this will be useful to publish in our Journal. I am also informed by Mr. Baxter that, in accordance with an amendment to the Medical act of last winter, there will be some exemptions allowed in the academic count to those who took up the study of medicine prior to 1903. This concession and a decision of the Attorney-General as to preliminary education will affect a considerable number who have been refused examination by our board, because of insufficient academic count and because their high school course was not completed before taking up the study of medicine.

Yours truly,

H. G. Norton.

The following is the correspondence referred to by Dr. Norton:

October 15th, 1909.

Hon. Edmund Wilson,
Attorney-General,
Trenton, N. J.

Dear Sir—My interpretation of the portion of Section 4, Chapter 228, P. L. of 1903, relating to the academic education of applicants for license to practice medicine, having been questioned, I beg to submit the matter for your consideration and opinion.

The portion of the section referred to reads as follows:

"All persons hereafter commencing the practice of medicine or surgery in any of its branches in this State shall apply to said board for a license so to do; applicants for examination shall present to the secretary of this board, at least ten days before the commencement of the examination at which he or she is to be examined, a written application on a form or forms provided by said board, together with satisfactory proof that the applicant is more than twenty-one years of age, is of good moral character, has obtained at least a certificate or diploma issued after four years of study either in a normal, manual training or high school of the first grade in this State, or a legally constituted academy, seminary or institute of equal grade, or a student's certificate of examination for admission to the freshmen class of a reputable literary college, or has received an academic education considered and accepted by the State superintendent of public instruction as fully equivalent."

I have ruled it was the purpose of the law above quoted that the academic education prescribed should serve as a basis of preparation for beginning the study of medicine, and must have been obtained prior to matriculation at a medical school or college. Acting upon this opinion, the State Board of Medical Examiners has incorporated in the Synopsis of Requirements for License to Practice Medicine and Surgery in the State of New Jersey, the following regulation:

"Academic counts secured after the completion of a medical course or while pursuing a medical course cannot be accepted."

Also in the form of certificate which said board has furnished for my use, I am required to certify that the applicant "has presented satisfactory evidence of having received a preliminary academic education equivalent to four years of study in a high school of the first grade in this State."

I beg to inquire whether, in your opinion, the preceding interpretation of the law in question is or is not correct.

Respectfully yours,

C. J. Baxter,
State Superintendent.

Office of the Attorney-General,
Trenton, N. J., Oct. 16, 1909.

Hon. C. J. Baxter,
State Supt. of Public Instruction,
Trenton N. J.

Dear Sir: I have your letter of the 15th inst. In my opinion the academic education of applicants for license to practice medicine as prescribed by Section 4 of Chapter 228 of the Laws of 1903, must be obtained at least prior to the

ten days before the examination, when the applicant must file his written application, and need not be acquired prior to the beginning of the study of medicine.

I have before me the synopsis of the requirements to practice medicine as formulated by the State Board of Medical Examiners, and the clause under the heading of "Medical Students," as to preliminary academic education, as well as the clause in paragraph two that academic counts secured after the completion of the medical course or while pursuing a medical course, cannot be accepted, should be eliminated.

Very truly yours,

Edmund Wilson,
Attorney-General.

Hospitals, Sanatoria and Other Institutions.

For Benefit of Mercer Hospital.

Approximately \$800 was cleared by the plays given in the Taylor Opera House Monday evening for the benefit of the Mercer Hospital. This was reported at a meeting of the board of managers of the institution last evening, when the members of that body expressed their gratification at the success of the plays written for the hospital benefit by Mrs. Thomas B. Holmes.

It was the annual meeting, and the reports showed that an unusually large number of patients have been cared for at the institution in all departments, and that all the private rooms have been occupied.

During the past year many patients have been turned away, the capacity of the hospital being taxed to its utmost. It was also reported that the building has been painted and is in first-class condition.—Daily State Gazette, Trenton.

Fair for the Hackensack Hospital.

The Cafe Chautant, under the auspices of the Ladies' Auxiliary of the Hackensack Hospital, held last month, was largely attended and very successful. The Jersey Journal, Jersey City, says:

The Hackensack Hospital—21 years old—will reap a deserved harvest in the way of additional funds and it will deserve all it gets. * * *

It was a few minutes after 8 o'clock when Judge Milton Demarest rapped for order with a new hammer given him by Dr. David St. John. "We have with us our Mayor, Mr. Courtlandt Linkroum," said Judge Demarest, "and it affords me pleasure to introduce him now."

Mayor Linkroum got a cordial reception as he stepped toward the footlights on the stage. After a few words of pleasant introduction Mayor Linkroum said:

"Twenty years ago last May, in the office of our distinguished townsman, William Johnson, a few interested citizens met for the purpose of organizing a hospital. Their efforts quickly resulted in the purchase and equipment of what is now the old hospital building, on Second street. Of course Dr. St. John conceived this idea and he has by his persistent efforts been largely responsible for results.

"From that modest beginning has grown the large, well equipped and well managed institution which is one of the prides of our progressive town.

"During the period of its existence about 10,000 patients have been admitted and cared for in its wards. For the past year especially, owing to the great increasing demand, with over 60 patients registered, the hospital has been seriously taxed for room for the accommodation of its patients.

"You good ladies of Hackensack and surrounding towns are noted for your excellent work in every worthy cause, and have always most loyally by your untiring efforts contributed largely to the maintenance of our hospital.

"Often as you have been called upon in the past you do not tire in your work, but with added zeal and energy, coupled with a rich experience in successful management, with this auspicious opening, we bespeak for you a still more brilliant reward for your labors.

"The present hospital building is a monument to the enterprise and generous spirit of Mr. Frank Poor—though he alone was not responsible for it—we are all proud of it, and proud of the signal, I may say flattering success it has achieved.

"It has been upon occasions like this that our people have rallied to its support and magnanimously provided the extra necessary money to meet extra expenses. * * *

"This hospital, and all institutions of its kind that stand for helpfulness and the good of mankind, are the outcome and direct result of Christian thought and Christian effort. Had not Christianity led the way, I make no mistake in saying that you and I would not be here tonight to assist in raising funds to support an institution that stands for the good of suffering and unfortunate humanity.

"This institution represents refinement—it represents the best that is in man, that is, the care of the sick and injured, who unaided would necessarily experience suffering, inconvenience, if not loss of life, as it represents the 'Brotherhood of Man.' We, who are able to give, each throw our little in the lump which when made up means much to many. It provides the downy bed for the needy, it provides help for the poor and sick, and it means life to those who would be unable to receive the skill and attention which is commanded and provided by an institution of this nature.

"But you people did not come here to hear me talk. You came to do.

"Representing your local municipal board, in the name of the people of Hackensack, I have the happy honor to open this hospital fair, and I well know that you are all ready to do the rest."

The fair for the Hackensack Hospital netted over \$3,000.

Governor Visits State Hospital.

Regarding the State Hospital, Governor Fort's statement is as follows:

"Governor Fort to-day visited the New Jersey State Hospital for the Insane at Trenton, and in company with Doctor Cotton and the assistants of the institution, went entirely over it. He was very much pleased with the conditions he found things in, and made a careful study

of the needs of the institution. He was very much gratified with the intelligent and thorough grasp of affairs which Doctor Cotton seems to have. The new plumbing work which has been done at the institution under authority of the appropriation made at the last session of the legislature was especially satisfactory.—Daily State Gazette, November 16th.

Patient Tries to Brain Dr. Cotton.

Prompt assistance from attendants saved Medical Director Cotton, of the State Hospital, from probably serious injury at the hands of a patient in the institution Friday evening, November 5th.

A short time ago a private patient, who at times manifested great violence, was received and he was placed in a ward set aside for such cases.

Relatives of the man visited him last week, and, finding him in a quiet mood, requested that he be placed in a ward where he would have more pleasant surroundings.

The request was complied with, but in a few hours the patient had one of his bad spells and began smashing furniture and threatening the attendants.

Dr. Cotton was sent for and as he stepped into the ward the patient rushed at him with an uplifted chair. It was at this time that the attendants seized the maniac and overpowered him.

The name of the patient has not been made public, but it is known that he spent considerable time in a private asylum before being brought here.—Daily State Gazette, Trenton.

Gift for Detention Home.

Richard Stevens, of Castle Point, Hoboken, announced at yesterday's meeting of the United Aid Society that he would give the sum of \$3,500 as a starter for a detention home for children in Hoboken, for which the organization of which he is a member has been striving for some time. Although Mr. Stevens was at the meeting himself, the announcement was made by Mrs. Beyer, one of the committee sent to look over locations for a home of detention and to get pointers with reference to conducting such an institution.

The donation from Mr. Stevens proved an agreeable surprise and put new life into the efforts of the women and men who are giving up a lot of valuable time working for the worthy cause.—The Observer of Hudson County.

Orange Day Camp for Tuberculosis.

The report of the Anti-Tuberculosis Association of the Oranges has recently been issued. Dr. Ralph H. Hunt was the physician in charge. The report says:

"The camp was open for sixty-nine days, from July 13 to October 1. It was not practicable to keep it open longer as the equipment is not suitable for cold weather. The number of patients has been fourteen and total attendance has been 702 days, i. e., the fourteen patients have on the average each spent 50.1 days at the camp. The expenditure for maintenance totaled \$233.55, but this does not include the nurse's salary, which was paid out of the league's regular fund, as the day camp work was only one part of its general work.

"Patients were in attendance from 9 A. M. to 5:30 P. M., and each was served at 11 A. M. a lunch consisting of milk and raw eggs; at 1 P. M. a dinner was cooked on the premises consisting of meat, two vegetables, bread, butter, milk and a dessert (usually a milk and egg pudding); at 4 P. M. another lunch of milk and raw eggs. This food, the necessary fuel and ice, together with the services of a woman to prepare and attend to the same, was furnished at a cost of 33 4-5 cents per patient per day. This remarkable result was very largely due to the personal work of the committee in charge and to the league nurse, who had general charge of the camp.

"As to the result to the patients. It was planned to provide accommodations for ten persons and there were fourteen in attendance most of the time, although some were a little irregular from causes which could not be controlled. Of this ten there were a girl (colored), five years old; a boy, eleven years old; a boy, thirteen years old; one young woman and six men.

"The total gain for ten patients for ten weeks was sixty-one pounds fourteen ounces. One man gained 15 pounds during the summer, another 12 3-4 pounds, and another ten pounds. Two of the patients who had been refused at Glen Gardner, the State sanatorium, in the spring, as they were below the standard set for admission there, have now been admitted as the result of their gain this summer. If nothing more had been done than get a chance for life (for that is what it amounts to) for these two persons, would not the money have been well spent? But ten out of the fourteen patients have gained, and the indirect result in education of the patients, and through them of the homes from which they came, is of practical value to the community."

The Hudson County Tuberculosis Sanatorium.

Laurel Hill, N. J.

Just three years ago, in response to a request made by Mrs. Alexander, of Hoboken, a score or more of the citizens of Jersey City came together at the Whittier House. The object of this meeting was to consider some method of studying the tuberculosis problem and aiding in its control. Dr. J. Huber, of New York, was present and made an interesting address. The outcome of this was a temporary organization of individuals who looked over the field and decided that their proper function was the education of the public and the politicians. Fortunately, the present Mayor, Mr. Wittpenn, was county supervisor at that time. His knowledge of local affairs and intelligent discernment were such that he saw a way to promise \$10,000 toward the erection of shacks at the only available place in Hudson County, namely, the summit of Laurel Hill, a most excellent spot. Architects were employed and plans drawn. Through the interest of Mr. Robert Davis in the unfortunate indigent tuberculosis patient, the county was called upon to add to the project, so that we have at present accommodation for about 120 patients in pavilions and shacks, with a fine administration building and a satisfactory power-house and laundry, all of which has cost approximately \$120,000.

These buildings were opened for the reception of patients and for the inspection of the public on October 14th. Supervisor Crosby, in

a short speech, turned the premises over to the care and custody of the Board of Managers appointed by the Freeholders. Professor Knopf, of New York, made extended remarks on the tuberculosis problem and the management of institutions. Mrs. Alexander was called upon and replied in a very fitting manner. Mr. Robert Davis, through whose influence the county was enabled to obtain such a well-constructed sanatorium, spoke feelingly of his interest in the afflicted brought about by sad personal experience.

The Board of Managers have been guaranteed absolute freedom from political interference or intrigue and have been promised proper and satisfactory financing. In return, they are called upon to build up an up-to-date sanatorium equal to any other in scientific administration, and all efforts possible are being made to that end. G. K. D.

Tuberculosis Preventorium for Children.

(From the Newark Evening News, Nov. 10th.)

A movement for the free cure of tuberculosis-infected children from the tenements is under way in the Grover Cleveland cottage, Lakewood, N. J. And to-day, in the residence of Henry Phipps, in New York City, organization was effected, with gifts aggregating \$700,000. The institution is called a tuberculosis preventorium for children. In explaining its status, Marcus M. Marks, of 687 Broadway, New York City, president of the board of trustees, said:

"The Tuberculosis Preventorium for Children is the first institution of its kind in this country. The work has been inspired and made possible by the far-sighted liberality of Nathan Straus, whose active efforts to reduce infant mortality have already made him known the world over. Nathan Straus has presented to us the Cleveland cottage and surrounding eight acres of pine woods at Lakewood, and a majority of stock in the Lakewood Hotel property, in which his investment amounts to \$500,000. There is no encumbrance or condition to this gift. We may either arrange to use the hotel property or to sell it and use the proceeds in constructing around the Cleveland cottage such buildings as we may require.

"Occupation of mind and body will second the good effects of the fresh, fragrant air of Lake wood, which, with its dry, porous soil, offers an ideal location for a tuberculosis preventorium. Practical instruction will be given in carpentering, cobbling, basketry, weaving, stencil work, metal work, etc. Miss Dorothy Whitney has munificently endowed this department by a gift of \$100,000, the interest of which will pay for instructors, tools and materials.

"We have had substantial voluntary cash donations toward our running expenses from Henry Phipps, Isaac N. Seligman, Jacob Wertheim, Mrs. Walter B. James and Jacob H. Schiff in advance of our first appeal for funds.

"Application on behalf of children in either New Jersey or New York will be received. Only children, however, who have tuberculosis germs but who are not in a contagious stage, will be received."

Possession was taken of the Grover Cleveland cottage in May and it was readily adapted, under the personal direction of Mrs. Cleveland, the porch being arranged for six beds and the house for fourteen, these quarters being for

girls, and an open-air camp about 100 feet long was built to accommodate twenty boys.

With the assistance of Dr. James Alexander Miller, an arrangement was made with the New York Association of Tuberculosis Clinics for the selection of children, and the first patient was received on July 2. Since then ninety-two children ranging from four to fourteen years have been received from thirteen clinics or other institutions, and all have shown steady improvement, all gaining in weight, some eight or nine pounds, and the capacity of the institution has been so taxed that it is hoped to make room for 400 children by next summer.

The work has shown that children slightly affected with tuberculosis, when brought within the benefits of the pine air of Lakewood, and the regimen of the preventorium, may often be completely restored to normal health within three months.

Dr. Alfred F. Hess has complete charge of the work, with advice from Dr. Abraham Jacobi, Dr. Herman M. Biggs and Dr. S. S. Goldwater. Mrs. Ella Wheelwright is chief nurse; Mrs. Mary Morgan, matron, and Mrs. Anna Thompson, for seventeen years a nurse in the Cleveland family, is one of the nurses. Mrs. Wheelwright, an expert in industrial training, keeps the boys employed in practical handiwork.

With this staff the work has been practically demonstrated, as shown by these typical cases:

Case A—Boy, aged ten. Father, mother, two brothers, tuberculosis; home conditions poor; family supported by charities; tuberculin test on the boy positive; not yet in infectious stage; gained seven pounds at Preventorium and returned home perfectly well; whole family then moved to Liberty, N. Y.

Case B—Girl, aged twelve. Mother, brother, sister, tuberculous; home conditions poor; tuberculin test on girl positive; not yet in infectious stage; gained four and one-half pounds at Preventorium. Little brother and sister since received as patients.

The plan includes systematic improvement of their home conditions, while the children are in the preventorium, and careful "follow-up" work, in co-operation with the tuberculosis clinics, so that the benefits of the preventorium may be permanent.

It is expected in this way to save many children from the life of suffering that is the lot of the tuberculous patient, and to reduce the demands upon the sanatoria that are the only hope of advanced cases.

In order that this work may be really efficacious in stemming the plague by reaching the poorest children, it is planned to maintain the preventorium without charge to parents for board or railroad fare. To care for 400 children will cost about \$100,000 a year. The trustees, therefore, seek an endowment of \$1,000,000, which would cover forty per cent. of the running expense and assure the permanence of the work.

A gift of \$2,500 will permanently endow a bed; \$50,000 will endow an open-air camp of twenty-four beds, with nurse's room, shower and bath.

For the \$60,000 additional needed after the endowment of a million is secured, the preventorium will depend upon membership fees, in sums ranging from \$1 to \$1,000, checks for which may be sent to Alexander S. Webb, Jr., treasurer, care the Lincoln Trust Company,

Madison Square, New York, or to the president, Marcus M. Marks, 687 Broadway, New York.

Items from the Daily Press.

Six Years in the Mayor's Chair.

From the Washington, (Warren County) Star.

There is considerable significance in the re-election of Mayor Chas. B. Smith on Tuesday. It signifies that the citizens of Washington Borough second the Mayor's modern policies and are satisfied with his administration. This applies also to the two Councilmen who were returned—Messrs. A. H. Vough and A. C. Godfrey. Evidence of this is furnished in the fact that, for the first time in the history of the borough, there was no contest, the candidates taking office for another term without opposition.

Mayor Smith may aptly be termed the "father" of the sewer movement in Washington. He personally set the ball rolling and assumed charge of the preliminary work. There was doubt expressed for a time as to whether the move was a popular one or not. When the vote was taken at a special meeting held in July, the project was endorsed by an overwhelming majority. The election of Tuesday and his return to office unopposed was a further endorsement of his efforts to see Washington properly sewered.

The work will now go on methodically and with all the facilitation that the legal requirements will permit. The Mayor is thoroughly familiar with all the plans, and without his aid the ultimate success of the project would be in jeopardy. On this account it would have been foolhardy to have elected a new man to the Mayor's chair at this time.

By his election on Tuesday last, Dr. Smith gains the honor of having filled the office of Mayor longer than any predecessor. He is now upon his third two-year term, which means six straight years. He also served one term before, from 1895 to 1897, and upon retiring from office two years hence will have served eight years in all.

Incidentally, it may be recalled that very few men hold an important public office so long to the complete satisfaction to their constituents. Dr. Smith is an exception to the rule.

Summit's Foolish Board of Trade.

From the Observer, Hudson Co., Nov. 18th.

Summit has a board of trade which is entitled to considerable distinction, because of the narrow and ill-informed men who compose a very large part of its membership.

At its last meeting, report was made to it that a well-known physician was seeking in the town a site for a sanatorium, for the care and cure of persons afflicted with tuberculosis. This news quite shocked the members who happened to own property. They therefore arose, so to speak, in arms against the project, holding that the establishment of the institution would depreciate real estate values and bring ruin upon the municipality.

One of the local physicians, Dr. John D. Burling, who seems to be a gentleman of good judgment and humane instincts, pleaded with

the members not to take foolish action. He saw no danger in a sanatorium and thought that the town might well assist in its establishment.

He pleaded with his fellow members in the name of both common sense and humanity, but without avail. The board voted to do all in its power to keep the institution out.

All of which, in the light of the facts, is grotesque. Summit, because it is the point of greatest altitude within twenty-five miles of New York, is now a general sanatorium for persons afflicted with the white plague. Its 600 feet above the sea level gives it a dryer atmosphere than the low-lying lands to the eastward, and it escapes much of the fog and the humidity of the sea coast.

For these reasons, hundreds of persons have gone there to live, in the hope to recover from tuberculosis. They are scattered among all of its streets and avenues, in private houses, in boarding-houses and other places.

A proposal to gather many of these persons together, under one roof, in a building with spacious grounds around it, such as all sanatoriums require, should frighten nobody. Property owners, if they had good sense, would welcome the institution instead of frowning upon it. It is much better to segregate that which we fear than to house it on all sides.

Summit Naturally Objects.

Editorial in Newark Evening News, November 18th, 1909.

Citizens everywhere approve of the war on consumption, but no one wants a sanatorium near his residence. This is regrettable, perhaps, but only human and natural. People have been taught through the efforts of those fighting the disease that it is contagious. Its effects are only too well known.

It is not surprising that, when the news spread that some one was looking over property in Summit with the idea of establishing a tuberculosis sanatorium there, the Ladies' Town Improvement Association took alarm. At once the chairman of the Board of Trade's committee for the relief and prevention of the disease was notified, and he brought the matter before the whole board, with the result that action was taken to prevent the locating of the sanatorium within the city's boundaries.

In the course of the debate those who appeared to protest argued that the proposed location would damage property values, would turn away prospective home-seekers from the town and that there were other places equally available. On the other hand, Dr. Burling made his plea to the human and charitable side of the hearers. A community should not only be willing to have a sanatorium built, but should help to erect it and to cure the afflicted. He asked, is the war against the white plague to be carried on if every community should have its doors against the tuberculosis sanatorium? He urged that it was better and safer to have a hundred consumptives under intelligent and skilful treatment in one place, where necessary precaution is taken to prevent the spread of the disease, than to have a hundred different unprotected centres of infection. He argued that a member of the community who contracts the disease, on the disease. property and

proved under such conditions elsewhere. Summit, however, felt that its alarm was justified and voted the sanatorium down.

This feeling against the locating of tuberculosis sanatoriums within the limits of well populated districts is so human that it cannot help but arouse sympathy, even if the causes can be construed as selfish. If they are not dangerous to the general health of the community, people will have to be educated up to the point where they will realize it. Their teaching so far has been the other way. No man likes to see the value of his property lessened, whether the reason for the decrease is foolish or not. Every man feels that he owes a duty to his family to protect it from possible contact with contagion, and this motive is generally enough to outweigh his sympathy for sufferers with a disease he has been taught to consider communicable. Until a man can be conclusively shown that his fear is not well founded it is idle to look for anything but strenuous opposition to sanatoriums from well populated communities. There are plenty of men who will cheerfully make great sacrifices of their property out of a broad-minded feeling of charity and sympathy with the afflicted, or without a thought of self, risk their own health to give them relief; but they will not expose their families to what they consider danger.

As a matter of fact, it is neither wise nor reasonable to arouse antagonisms and ill feeling in such matters when there are hosts of available sites free from the objections above noted.

Tuberculosis Preventorium.

From the New Brunswick Home News.

Learned physicians have been telling us that tuberculosis is contagious and that those afflicted with it should be isolated. Rest of mind and body, plenty of wholesome food and abundance of pure air are prescribed as preventatives, if not as cures.

But just as soon as some philanthropic people have arranged to establish a great tuberculosis preventorium at Lakewood, a winter aristocratic resort, there are started indignation meetings and protests loud and long are entered into. Lakewood being selected. "Back to the mountains," is the cry. Lakewood habitues recommend for the preventorium. And this is done in self-interest, for the benefit of the millionaire. So far the courts have ruled in favor of the preventorium, but they may be.

"Though the valuation of medical services is very difficult to determine, nevertheless medical boards of Austria have succeeded in establishing minimum fees, differing according to districts and towns. Fees vary from three kronen up to six kronen for daytime visits and from five to ten kronen for night visits. The highest fees obtain in Vienna, and serve as a basis of estimate in court proceedings.

"Many physicians are satisfied with considerably less than the regular fee. Professors of a faculty get from twenty to a hundred and specialists from six to twenty kronen.

"Many organizations exist with hundreds of thousands of members belonging to the laboring and official classes. Medical assistance is given by salaried physicians, who treat perfunctorily about forty patients per hour. The treatment is thus too often a mere formality, mainly serving to enable patients to obtain certificates for sick benefit assistance from organizations."

(The following items are given as the result of some of the interviews with doctors in Chicago, Denver and New York City.)

Chicago.—"Medical fees are not so large in France as they are in this country," said Dr. William H. Thompson, "but I am well aware that the cost of living in Paris has much advanced. I have noted the agitation of the subject over there and I think the physicians have the better of the argument on their side. In this country, or at least in Chicago, there has been practically no variation in the charge for professional service in ten years, but we know that our bills are higher. Ordinarily we hear only of the big men in the profession. They get handsome fees in Paris as elsewhere, but the great majority of the physicians over there are poorly compensated."

"What the Paris physicians may do is not likely to influence American physicians," said Dr. J. B. Murphy. "In this country we do not adhere to a price list. Every locality has its own scale, and different physicians in that locality have a schedule of charges of their own, depending on the value of the service rendered. This value involves, first, the seriousness of the illness; second, the physician's experience in handling particular kinds of cases; third, the occupation, and fourth, the social respon-

Poor and rich alike command the services of the best men in the profession—a thing of no other profession except the lawyer. Every doctor of skill in this country charges twenty-five to sixty per cent. more than he would charge to persons from the same locality. Compensation and never varies. These physicians will not be satisfied with what the Paris physicians receive.

They have given us a lesson in the way to be followed.

coming almost an indispensable part of a physician's equipment. The more elaborate work involved in diagnosis and in expert studies of cases ought to be compensated properly; but while the profession is becoming thorough and exacting in its work the fees have remained virtually without change. If conditions in France are as they are here, I can understand the movement in Paris for higher fees."

Denver.—Dr. E. W. Stevens, president of the Denver County Medical Association: "The physicians of the United States will some day have to take the same step as their Paris brethren. It may not be necessitated for several years, and probably will not come until then. The medical fees in this country are bound to be increased, not because of the increased cost of living, but because of competition. The medical profession is becoming crowded in every city in the country.

"Then, too, the growing popularity of so-called preventive medicines must be taken into consideration. These medicines are extensively advertised. A man will take them to prevent typhoid fever, for instance, and declare the treatment of a physician superfluous. In Denver the fees of physicians are lower, I think, than those charged in other cities. The competition here is greater."

Dr. William B. Craig: "Figuring how much it costs a physician to live, I might say that an increase in the fees charged in this country is as necessary as it is in France. Why, unless a physician has an automobile these days he isn't considered high class.

"Seriously, however, I can only express an opinion in regard to Denver. Conditions in different cities differ so much that they cannot be included in a general opinion. It costs more to live in Denver than in Chicago. I don't believe, however, that physicians in Denver charge more than Chicago physicians, and I don't think there is any likelihood of raising fees to meet increased expenses. I really don't believe it is necessary to increase fees here or anywhere else."

Dr. James Rae Arneill: "I do not know about conditions in the rest of the United States, but in Denver I do not think there is any necessity for following the example of physicians in Paris. The system of fees fixed by the Denver County Medical Association gives Denver doctors the widest latitude in charging. Their skill, their reputation and the financial condition of the patient are all allowed to be considered and fees are made accordingly.

"I think the fees charged in Denver are lower than in other cities. The cause is the great competition here. But to the question, 'should they be raised?' I say emphatically, no. I do not believe there will be a movement in any part of the country for an increase in fees."

New York.—There are certain recognized fees that are regularly charged by the average practitioner that might be increased without injustice to the patient, physicians say, but at the same time they assert that a united movement of the members of the profession toward this end is impossible.

"The form fee is impossible, according to the majority of physicians, a general principle is possible. In many instances the established fees are not sufficient to maintain the physician in the present condition of

the family, but among the well to do who are able to pay an increased fee without hardship such an increase would be justified, some of the physicians of the city say.

As justification for a higher fee among the wealthier people physicians point to the increased cost of living to-day as compared with the cost of living thirty years ago.

Dr. Harold Barclay, of No. 55 East Fortyninth street, a specialist, said last evening: "American doctors are opposed to combinations and trade union agreements for establishing fixed fees, but there are many things to be considered in discussing this subject, among others the fact that expenses have doubled. Great advances made in the science of medicine force the physician to maintain an office staff, an outlay unheard of a few years ago. No office is now complete without a well-equipped laboratory and an expert to run it.

"A chemist will cost at least \$2,500 a year and the doctor's secretary \$1,500. I estimate the running expenses of a physician's office thus equipped at \$40 a day—indeed, this is an underestimate. Of course there are many good physicians who are doing their own work and reduce their daily expenses to \$20 or even less.

"Two small rooms and a bath in a decent locality cost a doctor \$1,200 a year. To get a good practice in a good location means ten years of preliminary study. First there is the expense of four years at college, then four years in the study of medicine, and two years in hospitals and dispensaries. Then the young doctor should have one or two years abroad to learn what others are doing in the great hospitals of Europe.

"After all this preparation and outlay the doctor is simply ready to begin practising. I don't see how it can be possible to agree upon a standard of fees. The conscientious physician cannot turn a poor man from his door because he hasn't the money to pay the charge. Fees are a secondary consideration among reputable men in our profession. If one is in it for money he had better go into some other business. The true physician has chiefly in the mind the honor of his calling and the good that he can do to humanity."

Dr. Earl Conner, of No. 246 Lexington avenue, and of the New York Polyclinic and the New York Eye and Ear Infirmary, said: "The Paris plan of establishing a minimum fee will not work in New York. I will explain why. It would flood the dispensaries with patients who could not pay higher fees. The movement would fail utterly and injure both doctor and patients.

"New York fees are now so reasonable and there are so many capable and even expert physicians whose practice is among people of moderate means that there is no reason why they cannot have a doctor rather than go to overcrowded dispensaries, where physicians are overworked and have only limited hours."

Hypnotic Exhibitions.

(From the Jersey Journal, Jersey City.

The death in Somerville of a victim of hypnotism may not have been due to the injurious effects of the exhibition, but it should serve to put an end to such practices.

No one but a competent physician should be allowed to practice hypnotism legally. Only

some individuals are subject to this peculiar influence, and it is probable that their liability is due to some physical weakness. Persons suffering from nervous troubles, catalepsy or alcoholism, seem to be the best subjects, and charlatans who give exhibitions generally secure some afflicted person as a subject. The treatment accorded to the victim while under the influence is liable to be dangerous, if not fatal, and should not be permitted.

It may be that hypnotism has a remedial value in certain cases, but the frequent practice has a sinister effect on the mind and nervous system of the victim, and it should not be possible for a mere showman to practice it publicly for gain. The victim is generally some fag end of humanity whose physical weakness impairs his earning ability or ambition, and the temptation of easy money induces him to be a party to a disgusting exhibition.

A law should be enacted at the coming legislative session that will prevent such exhibitions in the future.

"Hereditary" Crime.

(From the Trenton True American, Nov. 17th.)

Had "the sterilization of criminals as a cure for crime," advocated by Mr. Eugene Smith in your issue of November 2, and by Judge Foster, in the November Pearson's Magazine, been known and practiced by our unenlightened forefathers in Connecticut, it would have cut off absolutely at the start the very Edwards family cited by these gentlemen as an example of the persistence through heredity of the "good type" in contrast with the persistence through heredity of the "bad type" as seen in the Jukes family, says Daniel Davenport, of Bridgeport, Conn., in a letter to the New York Times.

For it was well known to those conversant with the early history of Connecticut that the eminent Rev. Jonathan Edwards was a son of the Rev. Timothy Edwards, who was the son of Richard Edwards, an eminent citizen of Hartford, and the first lawyer admitted to practice in the Connecticut courts, and of Elizabeth Tuttle. Now Elizabeth Tuttle had a brother who was hanged for murder and a sister who likewise committed murder, and who escaped the gallows only through the refusal of the people of Connecticut to recognize the courts and government of Sir Edmond Andros. History further records that shortly after the marriage of Richard Edwards and Elizabeth Tuttle she had a child, and Mr. Edwards was subjected to ecclesiastical discipline therefor. Though he testified that he was not the father of the child, he was punished. Notwithstanding this, he continued to live with her for many years, and was the father by her of the ancestors of all the bright Edwardses in this country. Her conduct became such, however, that in 1691 he was, after repeated refusals, granted a divorce by the Colonial Assembly, at the very time when their son, the Rev. Timothy Edwards, the father of the Rev. Jonathan Edwards, was being graduated from Harvard College with such distinguished honors. Richard Edwards then married a daughter of the Hon. John Talcott, and had several children by her, none of whose descendants ever amounted to much.

Had the penologists and criminologists of our day been in power then, Elizabeth Tuttle could not have escaped them, so as to become, as she

did, the ancestress of more genius and virtue than any other woman in the history of this country.

The late Dr. Charles J. Hoadley, long the accomplished State librarian of Connecticut, used to cite the case of this family as proof of the tendency, through heredity, to revert to the original type. For it is a remarkable fact that in every subsequent generation of the Edwards family there have been in special cases reversion to the criminal type—among many other instances, note that of Aaron Burr, the grandson of Jonathan Edwards.

Want No Tuberculosis Sanatorium In Summit

Learning that a New York physician had been prospecting in that city for a site on which to locate a sanatorium for tuberculosis sufferers, the Board of Trade last night adopted a resolution voicing its opposition to the establishment of such an institution within the borders of that city.

D. L. Haigh, chairman of the trade board's committee on the relief and prevention of tuberculosis, brought the matter to the attention of the board. Mr. Haigh had received a communication from the Ladies' Town Improvement Association, in which the information that the New York physician was seeking a site for a sanatorium was imparted, and the Board of Trade was requested to advise the women's organization as to whether or not such an institution was desired.

Dr. John D. Burling made a plea for tuberculosis sufferers. He declared that a community should not only be willing to permit the building of a sanatorium for those afflicted with the disease, but should assist in every way to aid the sufferers by bringing them into an atmosphere which would prove beneficial to them.

The battle against tuberculosis, the physician maintained, should be waged from the standpoint of manliness and sympathy. Dr. Burling asked how the battle against the white plague was to be successfully carried on if one community after another was to say to the afflicted ones, "Stand aside, unclean."

"I shall never say it," said the doctor. "I say God forbid that I should ever cast the poor sufferer aside. I would take them into my arms or into my home, if necessary, and I say it is the duty of every citizen to help the afflicted."

To permit the establishment of the sanatorium in Summit would be ruinous to property values, was the opinion of John J. Lane.

Philip J. Farnsworth, a member of the board's committee on the relief and prevention of tuberculosis, disputed this claim. He declared statistics proved that not only the property values but the public health had been materially benefited in towns and cities where such institutions were located.

Colonel Allan B. Wallace, president of the Board of Health, believed that there were other places where the atmosphere was as healthful as that city, where such an institution might be located. To build such a hospital in a home community could not prove other than detrimental to the community, Colonel Wallace contended.

The Health Board president pointed out that while the Health Board might not have authority to prevent the building of a tuberculosis sanatorium in that city, the board, by ordinance,

possessed the power to regulate the importation into the city of persons afflicted with the disease.

William N. Coler, Jr., president of the Board of Trade, voiced his opposition to the establishment of the sanatorium and believed that every effort should be made to prevent it.

The matter was finally disposed of by the adoption of the resolution referring the question to the committee on the relief and prevention of tuberculosis, which committee was directed to exert every effort to prevent the location of the sanatorium there.—Newark Evening News, November 16th.

Proposed Medical Bill.

A further supplement to 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 22, 1894.

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

The Governor shall appoint, by and with the advice and consent of the Senate, a board of examiners to be known as the State Board of Medical Examiners, to consist of ten members, who shall be persons of recognized professional ability and honor. Said board shall consist of five old school physicians, three homoeopathic physicians, one eclectic physician and one osteopathic physician. The said appointees shall, within thirty days after the issuance of their respective commissions, take, subscribe and file in the office of the Secretary of State, the oath or affirmation prescribed by law. The term of office of the members of said board shall be three years, or until their successors are appointed; provided, however, that the additional member of said board, who is to be an osteopathic physician, shall be appointed by the Governor forthwith after the passage of this act, and the members of said board now holding office shall hold the same until the expiration of their respective terms, and this act shall not be construed as in any way affecting the terms of office of the members of said board holding same in accordance with the existing laws. No person shall be appointed a member of said board unless a resident of this State and shall have been engaged in active practice in this State for a period of at least five years prior to the time of such appointment.

Section 2. That said board shall elect a president, a secretary and a treasurer from its membership; it shall have a common seal, and its president shall be empowered to issue subpoenas and to administer oaths in taking testimony in any matter pertaining to the duties of said board; it shall make and adopt all necessary rules, regulations and by-laws not inconsistent with the laws of this State or of the United States, whereby to perform the duties and to transact the business required under the provisions of this act.

Section 3. That said board shall hold meetings for examinations at the capitol building of this State for license to practice medicine by graduates of its different schools, old school, homoeopathic, eclectic and osteopathic, on the third Tuesday of June and October of each year and at such other times and places as the board may deem expedient. Said board shall keep an official record of all its meetings; and an official register of all applicants for licenses to

practice medicine and surgery or osteopathy exclusively, in this State, and the said register shall show the name, age, nativity, last and intended future place of residence of the candidate, the time he or she has spent in obtaining a competent academic education, as hereinafter provided, and in medical study in or out of a medical, old school, homeopathic, eclectic or osteopathic school, and the names and locations of all schools or examining or licensing boards which may have granted such applicants any degree or certificate of attendance upon lectures, upon a subject of medicine or State examinations. Said register shall also show whether the applicant was examined, licensed or rejected under this act, and said register shall be prima facie evidence of all matters contained therein.

Section 4. All persons hereafter beginning the practice of medicine and surgery in any of its branches within this State shall apply to the Board of Medical Examiners for a license so to do. Applicants for examination shall present to the secretary of this said board at least ten days before the commencement of the examination at which he or she is to be examined, a written application on a form or forms provided by said board for permission to enter said examination, and indicating therein whether the applicant desires to practice medicine or surgery either as a doctor of medicine of the old school, homeopathic, eclectic or osteopathic, together with satisfactory proof that the applicant is over twenty-one years of age, is of good moral character, has obtained at least a certificate or diploma issued after four years of study either in a normal or high school of the first grade in this State, or any legally constituted academy, seminary or institution of equal grade, or a student's certificate of examination for admission to the freshman class of a reputable literary college, or has received an academic education considered and accepted by the State Superintendent of Public Instruction as a full equivalent, and has either received a diploma conferring the degree of doctor of medicine or doctor of osteopathy of old school, homeopathic, eclectic or osteopathic from some legally incorporated medical college (which in the opinion of the said board was in good standing at the time of issuing said diploma) in the United States, or diploma or license conferring the full right to practice all the branches of medicine and surgery in a foreign country, and has also studied medicine not less than four full school years of at least nine months each, including four satisfactory courses of lectures of at least seven months each, in four different calendar years, in some legally incorporated American or foreign medical college prior to the granting of said diploma or foreign license; provided, however, that candidates for license who were graduated prior to July fourth, one thousand nine hundred and three, and have been in continuous and reputable practice of medicine for at least five years since their graduation, may be admitted to the examinations of this board upon certified and satisfactory evidence of moral character, and of three courses of medical lectures in different calendar years, and of a competent academic education according to the standard of that time, as determined in the case of non-graduates of academic institutions by the State Superintendent of Public Instruction; provided, however, that such substitution and examination

be specified in the license; provided, further, that candidates for license who graduated prior to July fourth, one thousand eight hundred and ninety-four, and have been in continuous and reputable practice since graduation, may be admitted to the examinations of this board upon certified and satisfactory evidence of moral character and of two courses of medical lectures in different calendar years and of a competent academic education according to the standard of that time, as determined in the case of non-graduates of academic institutions by the State Superintendent of Public Instruction; and provided further, that such substitution and examination be specified in the license. Where the application to the Board of Medical Examiners of this State be for a license to practice as a doctor of osteopathy, the application shall, in addition to the proofs of preliminary education, produce evidence that he has received a diploma conferring this degree of osteopathy from some legally incorporated osteopathic college in the United States which institution, in the judgment of the said Board of Medical Examiners, was in good standing at the time of issuing said applicant's diploma and is approved by said board, and has also studied osteopathy (or not less than three full school years of nine months each, including three satisfactory courses of lectures of at least seven months each in three different calendar years, in some legally incorporated American or foreign osteopathic college, prior to the granting of said diploma or foreign license. After the year one thousand nine hundred and twelve an applicant for a license to practice as a doctor of osteopathy under this act shall produce evidence that in addition to the academic education he has studied not less than four years, including four satisfactory courses of not less than seven months each in four different calendar years in a college of osteopathy maintaining at the time a standard satisfactory to the Board of Medical Examiners of this State. If said application is approved, and the said applicant shall have deposited the sum of twenty-five dollars with the treasurer of the said board, as an examination fee, he shall be admitted to the examination, and said applicant may, in case of failure to pass the examination, be re-examined at any regular examination within one year without the payment of an additional fee. The applicant shall sign his or her name opposite a number in a book kept for that purpose by the secretary, and shall mark his or her examination paper with said number and shall be known to the members of said board only by said number until his or her papers have been examined and marked. Applicants examined and licensed by State examining boards and members of similar examining and licensing boards of other states, upon the payment of fifty dollars to the treasurer of the board, and on filing with the secretary of said board a copy of his or her license or certificate, certified by the affidavit of the president and secretary of such board, showing also that the standard or requirements of said board at the time said license or certificate was issued was substantially the same as that required by the said board, and of his or her affidavit as to the personality thereof, may be granted a license by said board without further examination thereby.

Section 5. All examinations shall be written in the English language and the questions and answers, which shall be both scientific and prac-

tical and of such a character as to test the candidate's fitness to practice medicine and surgery. If an applicant for examination declares his intention to practice homoeopathy or eclecticism, such applicant shall be examined in the materia medica and therapeutics applicable to such school of medicine. If the applicant declares his intention to practice osteopathy, he shall be examined in the practice of osteopathy instead of materia medica and therapeutics. Except as above set forth all candidates shall be examined in the following subjects: Materia medica and therapeutics, anatomy, physiology, hygiene, chemistry, surgery, obstetrics, gynaecology, pathology, bacteriology, diagnosis and histology. If the examination of the applicant is satisfactory, the board shall issue a license to such applicant entitling the applicant to practice medicine and surgery in this State. The votes of all examinations shall be yes or no, and written with their signatures upon the back of the examination papers of each candidate. Said application and examination papers shall be deposited in the State library in the capitol building and this shall be prima facie evidence of all matters therein contained. All licenses shall be signed by the president and secretary of the board and shall be attested by the seal thereof.

Section 6. The board may refuse to grant or revoke a license for the following causes, to wit, chronic and persistent inebriety, the practice of criminal abortion; conviction of crime involving moral turpitude or for public advertising special ability to treat or cure chronic or incurable diseases; or where any person shall present to said board any diploma, license or certificate that shall have been illegally obtained or that shall have been signed or issued unlawfully or under fraudulent representations. When complaint is made for violating the provisions of this section, the accused person shall be furnished with a copy of the complaint and given a hearing before said board in person or by an attorney; and any persons after such refusal or revocation of license, who shall attempt, or continue the practice of medicine in any of its branches shall be subject to the penalties hereinafter prescribed.

Section 7. The person receiving a license shall file the same, or a certified copy thereof, with the clerk of the county in which he or she resides, and said clerk shall file said license, or a certified copy thereof, and enter a memorandum giving the date of said license, the name of the person to whom the same is issued, and the date of said filing, in a book to be approved by the Board of Medical Examiners and to be kept for that purpose. For this registering of said license the county clerk in any county of this State shall be entitled to demand and receive from the person registering the sum of one dollar, and at the same time the person so registering shall make an affidavit that he is the person described in the license and he shall attest the same. In case the person so licensed shall move into another county of this State, he or she shall procure from said clerk a certified copy of his registration and file it with the clerk of the county to which he shall have removed, and the said clerk shall file and enter the same with the like effect as if the same were an original license, and for which registry the said clerk shall be entitled to receive and demand the sum of one dollar. And upon each registry the person registering shall make an

affidavit that he is the person described in the license or registration copy. Upon the last day of November of each year the county clerk of each county shall furnish the secretary of the Board of Medical Examiners a list of the names of all persons registered in his office during the preceding year, together with any changes or issuance of certificates for the purpose of change to any county to which the person intended to remove, and upon notice to him of the change of location or death of a person licensed or the revocation of a license, said county clerk shall enter at an appropriate place in the records so kept by him a memorandum of said fact, and such memorandum shall be furnished by said county clerk to the secretary of this board in the annual report above required.

Section 8. This act shall not be construed to affect medical officers serving in the United States army, navy or marine hospital service while so commissioned, or any one while actually serving without salary or professional fees on the resident medical staff of any legally incorporated hospital, or any legally registered dentist exclusively engaged in practicing dentistry, or any person or manufacturer who mechanically fits or sells lenses, artificial eyes, limbs or other apparatus or appliances, or is engaged in the mechanical examination of eyes for the purpose of constructing or adjusting spectacles, eye glasses and lenses; or any lawful, qualified physician in other state or countries meeting legally registered physicians in this State, in consultation only, or any physician residing on the border of a neighboring State and duly licensed under the laws thereof to practice medicine therein, whose practice extends into this State but who does not open an office or appoint a place to meet patients or receive calls within this State, or any physician duly registered in one county called to attend isolated cases in another county, but not residing or habitually practicing therein; or the furnishing of medical assistance in cases of emergency; or the administration of family remedies; or the practice of chiropody, or the privileges now enjoyed by the religious tenets of any church, or to any physician duly admitted to practice medicine or the recommendation of a licensed pharmacist incident to or in connection with the practice of his profession, in accordance with the laws of this State prior to the passage of this act.

Section 9. Any person who shall be a legal resident of this State and actively engaged in the practice of osteopathy in this State at the time of the passage of this act, and who shall, within sixty days after the passage of this act make application to said board to practice osteopathy exclusively, shall receive from said board a license to practice osteopathy exclusively, without the necessity of submitting himself or herself to the examination prescribed by this act, upon the payment of ten dollars to said board, and shall file a certified copy of said license with the clerk of the county in which they reside in a book kept for that purpose and shall pay the said clerk the sum of one dollar. The license granted under this section shall not authorize the holder thereof to use, prescribe, administer or give any drug or medicine, serums, anti-toxin or vaccine, practice surgery, attend any infectious or contagious disease, or sign any birth or death certificate.

Section 10. A person practices medicine and

surgery within the meaning of this act, except as provided in sections eight and nine of this act, who holds himself or herself out as being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition, and who shall either offer or undertake by any means or method to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition.

Section 11. For the purpose of construing the provisions of Section 9 of this act, osteopathy is hereby defined to be a system of healing by diatectics, hygiene, sanitation and manipulation, whereby displaced structures of the human body are so adjusted that its constituent elements naturally associate themselves for the cure of disease.

Section 12. The expense of said Board of Medical Examiners and of the examinations shall be paid from the license fees herein provided for, and if any surplus of said license fees remain, the same shall be equally distributed among the members of said board as compensation for their services as such members, but otherwise, they shall receive no compensation whatever.

Section 13. Any person, not being lawfully authorized to practice medicine and surgery as a doctor of medicine or as a doctor of osteopathy in this State under the provisions of this act and so registered according to law, who shall practice medicine and surgery or osteopathy exclusively within this State without lawful registration, or in violation of any provision of this act, and any person who shall buy, sell or fraudulently obtain any diploma of medicine as a doctor of medicine or as a doctor of osteopathy or any medical or osteopathic license, record or registration, or who shall aid or abet such buying, selling or fraudulently obtaining, or who shall practice medicine or osteopathy under cover of any medical or osteopathic diploma or medical or osteopathic license or record, illegally obtained or signed, or unlawfully issued, or issued under fraudulent representations, or mistake of fact in a material regard, or who after a conviction of a crime shall attempt to practice medicine, or shall so practice, and any person who shall, in connection with his name, use any designation intending to imply or designate him as a practitioner of medicine or osteopathy, respectively, within the meaning of this act, without having registered in accordance therewith, or who, not having registered as a doctor of medicine or as a doctor of osteopathy, shall advertise to practice medicine or osteopathy, or any person not being licensed to do so according to law, who shall append or affix to his name the word "doctor," or "professor," or the letters "Dr.," "M. D.," "M. B.," or "D. O." in such a manner as to mislead the public into thinking that he is entitled to practice medicine or osteopathy within this State, or who shall practice medicine or osteopathy under a false or assumed name, or who shall falsely impersonate another practitioner, or former practitioner, of a like or different name, shall be guilty of a misdemeanor, and shall be punishable by a fine of not less than one hundred dollars or three months' imprisonment or both on the first offence.

Section 14. When any prosecution under this act is made upon the complaint of any incorporated medical society, old school, homoeo-

pathic, eclectic or osteopathic, of this State, or any county medical old school, homoeopathic, eclectic or osteopathic society of this State entitled to representation in a State society, and fines collected shall be paid to the society making the complaint, and any excess of the amount of fines so paid over the expenses incurred by the said society in enforcing the medical laws of this State shall be paid at the end of the year into the State treasury. And it shall be the duty of the Prosecutor of the Pleas of the respective counties of this State, to prosecute violations of this act when duly brought to his attention.

Section 15. All acts or parts of act inconsistent with the provisions of this act are hereby repealed, and this act shall take effect immediately.

Proposed Midwifery Bill.

A Supplement to an Act entitled "An Act to Regulate the Practice of Midwifery in the State of New Jersey." Approved March eighth, eighteen hundred and ninety-two.

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

1. Any person beginning the practice of midwifery in this State after July fourth, nineteen hundred and ten, shall first obtain from the State Board of Medical Examiners of New Jersey, which the said board is authorized to grant as hereinafter provided, a license so to do; provided, that the educational qualifications hereinafter prescribed shall not be construed as applying to any person who began the study of midwifery prior to July fourth, nineteen hundred and ten, and who possesses the education in midwifery required by the said board under the act to which this act is a supplement; and provided, further, that the licenses now in force, granted under the act of eighteen hundred and ninety-two, shall not be invalidated by any of the provisions of this supplement.

2. Candidates for examination shall present to the said board, at least ten days before the commencement of the State examinations, a written application on a form or forms provided by the said board, setting forth under affidavit the name, age, nativity, residence, moral character and time spent in obtaining a common school education, or its equivalent; that the candidate has received a certificate or diploma from a legally incorporated school of midwifery in good standing at the time of issuing said certificate or diploma, granted after at least two courses of instruction of at least seven months each, in different calendar years; or a certificate or diploma from a foreign institution of midwifery of equal requirements as determined by the said board, conferring the full right to practice midwifery in the country in which it was issued.

The application must bear the seal of the institution from which the applicant was graduated. Foreign graduates must present with the application a translation of their foreign certificate or diploma, made by and under the seal of the consulate of the country in which the said certificate or diploma was issued. The applications must be indorsed by a registered physician of New Jersey.

3. If the application is approved and the candidate shall have deposited the sum of fifteen dollars, as an examination fee, with the treas-

urer of the said board, the candidate shall be admitted to the examination, and, in case of failure to pass the examination, may be re-examined at any regular examination within one year without the payment of an additional fee.

4. The State Board of Medical Examiners is hereby authorized and empowered to execute the provisions of this act and shall hold examinations in midwifery in the Capitol Building, Trenton, New Jersey, on the third Tuesday in June and October, from ten A. M. to five P. M., or such other times as the said board may deem expedient. The examinations may be oral, written or both, as determined by said board, and shall be in the English language; if desired in any other language, an interpreter may be provided by said board upon notification to the secretary at least ten days before the examination. Examinations shall be held on the following subjects:

(1) Anatomy of the pelvis and female generative organs; (2) Physiology of menstruation; (3) Diagnosis and management of pregnancy; (4) Diagnosis of foetal presentation and position; (5) Mechanism and management of normal labor; (6) Management of the puerperium; (7) Injuries to the genital organs following labor; (8) Sepsis and antisepsis in relation to labor; (9) Special care of the bed and lying-in room; (10) Hygiene of the mother and infant; (11) Asphyxiation, convulsions, malformation and infectious diseases of the new born; (12) Cause and effects of ophthalmia; (13) Abnormal condition requiring the attendance of a physician.

Said examination shall be sufficient to test the scientific and practical fitness of candidates to practice midwifery, and the board may require examination on other subjects relating to midwifery from time to time. If said examination is satisfactory, said board shall issue a license, with a certified copy, signed by its president and secretary and attested by its seal, entitling the candidate to practice midwifery in the State of New Jersey; provided, that said license shall not authorize the holder to prescribe any drug or medicine except household remedies, or attend other than cases of labor. The certificate of license or the certified copy thereof must be filed in the office of the clerk of the county in which the licentiate resides or removes to, and said clerk shall enter a memorandum thereof in a book kept for this purpose, giving the name of licentiate, date and number of license and date of registration, for which said clerk shall be entitled to a fee of one dollar. All application papers of those who pass the examination shall be deposited in the State Library at Trenton for at least two years, when they may be destroyed; their contents shall be recorded in the official register of the board kept for this purpose, which, or a certified copy thereof, shall be prima facie evidence of all matters therein contained.

5. Midwives shall always secure the immediate services of a reputable, registered physician whenever any abnormal signs or symptoms appear in either mother or infant.

6. Said board may refuse to grant, or may revoke, a license for any of the following reasons, namely: Persistent inebriety, the practice of criminal abortion, crimes involving moral turpitude, presentation of a certificate or diploma for registration or license illegally obtained,

application for examination under fraudulent representation, neglect or refusal to make proper returns to the health officers or health department of births, or of a puerperal, contagious or infectious disease, within the legal limit of time; failure to file a State license, or a certified copy thereof, with the clerk of the county in which the licentiate resides or practices; failure to secure the attendance of a reputable physician in case of miscarriage, hemorrhage, abnormal presentation or position, retained placenta, convulsions, prolapse of the cord, fever during parturient stage, inflammation or discharge from the eyes of the new-born infant, or whenever any abnormal or unhealthy symptoms appear in either the mother or infant during labor or the puerperium.

In complaints of violation of the provisions of this section, the accused shall be furnished with a copy of the complaint and given a hearing before said board in person or by attorney, and any midwife refused admittance to the examination, or whose license has been revoked, who shall attempt or continue the practice of midwifery, shall be subject to the penalties hereinafter prescribed.

7. Any person shall be regarded as practicing midwifery within the meaning of this act who shall attend a woman in childbirth as a midwife, or advertise as such, by signs, printed cards or otherwise, but nothing shall be construed in this act to prohibit gratuitous service in case of emergency, nor the service of any legally qualified physician or surgeon of this State.

8. Any person beginning the practice of midwifery in this State without first complying with the provisions of this act, shall be guilty of a misdemeanor, and shall be punished by a fine of not less than ten nor more than fifty dollars, or by imprisonment in the county jail for not less than ten nor more than thirty days, or by both, at the discretion of the court.

9. The expenses of said board for the examination and licensing of candidates in midwifery shall be paid from the license fees above provided for, and if any surplus remains, the same may be distributed among the members of said board as compensation for their services; otherwise they shall receive no compensation whatever.

10. All acts or parts of acts inconsistent with the provisions of this supplementary act be and the same are hereby repealed.

11. This act shall take effect July 4, 1910.

Married.

ENGLISH-MADDEN—In Philadelphia, Pa., November 19, 1909, Dr. Samuel B. English, of Glen Gardner, N. J., to Miss Helen Mason Madden, of Philadelphia. Dr. English is Superintendent of the State Sanatorium for Tuberculous Diseases at Glen Gardner.

Personal Notes.

Dr. Raymond D. Baker, Summit, has been appointed medical inspector of schools of New Providence.

Dr. Edward W. Closson, Lambertville, has been appointed medical inspector of the schools of that city.

Dr. Frank D. Gray, Jersey City, we are glad to report, has recovered and resumed practice, after a long season of illness.

Dr. Edward W. Jones, Layton, recently enjoyed a brief vacation, Dr. McAlister, of Port Jervis attending to his practice while he was absent.

Dr. Henry Mitchell, Asbury Park, who, with his wife, is enjoying an extended trip abroad on the steamer Cleveland, writes us from Gibraltar, October 25, of the trip's fine beginning under most satisfactory conditions.

Dr. Elihu B. Silvers, Rahway, celebrated the eightieth anniversary of his birthday, November 10th.

Dr. W. Blair Stewart, Atlantic City, vice-president of the American Academy of Medicine, opened the third mid-year meeting at Yale University, New Haven, Conn., last month.

Drs. George E. Tuers and Francis Todd, Paterson, attended the meeting of the American Academy of Medicine, at New Haven, Conn., November 11-13.

Dr. John W. Ward, Pennington, and his wife entertained the football team of the Bordentown Military Institute at dinner at their home, after the game, November 13th.

Dr. Elisha C. Chew, Atlantic City, is having erected a handsome new residence in the eastern section of that city, to cost \$7,000.

Dr. Edward J. Ill, Newark, presided at the monthly dinner of the Wednesday Club at the Continental Hotel, Newark, November 17th. Dr. H. W. Wiley, government chemist, Washington; Paul Pierce and Dr. H. H. Rusby spoke.

Dr. Lucius F. Donohue, Bayonne, has recently spent a few days shooting in the Maine woods.

Dr. Henry Spence, Jersey City, was called to Rochester, N. Y., by the death of a relative recently.

Dr. D. J. Miller, Atlantic City, read a paper at the A. M. A. annual meeting on "The History of Two Cases of Congenital Pyloric Spasm," which is printed in the A. M. A. Journal of November 20, 1909.

Book Reviews.

PRACTICAL MEDICINE SERIES. VOL. VIII. *Materia Medica and Therapeutics, Preventive Medicine, Climatology.* Edited by George F. Butler, Ph. G., M. D., Henry B. Favill, A. B., M. D., Norman Bridge, A. M., M. D. Year Book Publishers, 40 Dearborn Street, Chicago.

This book, like its companions, gives brief notes of the principal additions to medical and scientific knowledge in the above departments during the past year.

ARTHROSTEOPEdic SURGERY BY STUART L. MC CURDY, A. M., M. D., Orthopedic Surgeon to Columbia and Presbyterian Hospitals, etc.

This little compend is a very complete vest-pocket summary of the chief points in orthopedic and oral surgery with outlines of anatomy and emergency aids.

MEDICAL GYNECOLOGY. BY S. WYLLIS BANDLER, M. D., Adjunct Professor of Diseases of Women, New York Post-Graduate Medical School and Hospital. Second Revised Edi-

tion. Octavo of 702 pages, with 150 original illustrations. Philadelphia and London: W. B. Saunders Company, 1909.

This book treats not only of the minor gynecological diseases, but also of those which lead to and so generally require surgical treatment. It is emphatically for the use of the general practitioner, and will enable him to render prompt and efficient aid in the very beginning of female diseases. It will teach him to recognize the limitation of medical treatment and the proper time for seeking surgical advice. It contains many valuable hints on treatment by massage, electricity and hydrotherapy. The chapter on constipation impresses the undesirability and inefficiency of drugs and the importance of habit, dietetics and exercise in overcoming this very prevalent difficulty. Considerable space is given to venereal disease—that octopus in the etiology of gynecological troubles. Pregnancy, sterility, displacements and the various neuroses receive appropriate attention. It is the book for the practitioner.

A TEXT-BOOK OF OBSTETRICS: INCLUDING RELATED Gynecological Operations. By Barton Cooke Hirst, M. D., Professor of Obstetrics in the University of Pennsylvania. Sixth Revised Edition. Octavo of 992 pages, with 847 illustrations. Philadelphia and London: W. B. Saunders Company, 1909.

The wide experience of Dr. Hirst in this department adds much to the value of his writings. He has introduced very properly a full consideration of those surgical procedures which are suggested but, singularly, not fully described in most works on obstetrics. So many diseases of women date from child-bearing—that crowning epoch in woman's life—that a work on obstetrics should naturally include more than a passing notice of them. The illustrations are a feature of the book and reflect credit alike on the author and the publishers. Forty out of over eight hundred of these illustrations are beautifully colored. This volume worthily takes its place among the standard works.

EXERCISE IN EDUCATION AND MEDICINE. BY R. TAIT MCKENZIE, A. B., M. D., Professor of Physical Education, and Director of the Department, University of Pennsylvania. Octavo of 406 pages, with 346 illustrations. Philadelphia and London: W. B. Saunders Company, 1909.

This book is intended to meet the needs of physicians and the teachers of physical culture. Its numerous and beautiful illustrations serve to correctly impress the ideas conveyed in the text. Every physician will be benefited by reading the chapters on Massage and Passive Motions, Flat Foot, Scoliosis, Obesity and especially the new Treatment of Locomotor Ataxia by Exercise.

State Board of Medical Examiners.

At a meeting of the State Board of Medical Examiners of New Jersey, held at Newark, November 3, the following physicians who took the State examination in October were duly licensed:

From New Jersey:

Denville—Mathias Schmitz.

Elizabeth—John Theodore English, Ph. B., Morris Frank, Moe Robinson, Francesco Spirito.

Englewood—Walter Phillips, A. M.
 Freehold—Phebe Lott DuBois.
 Hackensack—Emil Heinrich Riedel.
 Newark—Simon Bloom, Jesse Elbertus Proctor, Morris Streen.
 Paulsboro—Henry Llewellyn Sinexon, A. B.
 Rahway—George Lee Orton.
 Trenton—Michael Chistian, Joseph Gosling Denelsbeck.
 Wharton—Charles Dennis Gordon.
 From outside the State:
 New York City—Arthur Sharpe Bugbee, Oscar Diem, Thomas William Harvey, Jr., Ph. B.
 Philadelphia, Pa.—Walter John Daly, John Osborne Jackson, A. B., Camille Joseph Stamm, A. B., Cheney Metcalf Stimson, Joseph Lloyd Warne, Arthur Wells Yale.
 Clarion, Pa.—Harry Bayne Magee.
 Lock Haven, Pa.—Henry Thomas Harvey, Jr., B. S.
 London, Canada—Edwin Fleming Jeffries.
 Stoughton, Mass.—Joseph McDonald.

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

Monthly Statement, October, 1099.

During the month ending October 10, 1909, 2,894 deaths were reported to the Bureau of Vital Statistics. The deaths under one year numbered 744, over one year and under five years 276, sixty years and over 711. The mortality from communicable diseases continues low, while a slight increase is shown in deaths from cancer and suicide, both of which are above 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 October 10, 1909, compared with the average for the previous twelve months. The averages are given in parentheses:

Typhoid fever, 37 (25); measles, 10 (20); scarlet fever, 11 (29); whooping cough, 20 (22); diphtheria, 17 (47); malaria fever, 2 (2); tuberculosis of lungs, 277 (298); tuberculosis of other organs, 48 (54); cancer, 147 (137); cerebro spinal meningitis, 11 (20); diseases of nervous system, 347 (343); diseases of circulatory system, 281 (343); diseases of respiratory system (pneumonia and tuberculosis excepted), 129 (184); pneumonia, 131 (253); Infantile diarrhoea, 362 (196); diseases of digestive system (infantile diarrhoea excepted), 173 (192); Bright's disease, 189 (205); suicide, 41 (35); all other diseases or causes of death, 631 (586). Total, 2,894 (2,991).

Laboratory of Hygiene—Bacteriological Dept.

Specimens examined for bacteriological diagnosis: From suspected cases of diphtheria, 544; tuberculosis, 301; typhoid fever, 278; malaria, 13; miscellaneous, 28; total, 1,164.

Laboratory of Hygiene, Division of Food and Drugs.

During the month ending October 31, 1909, 382 samples of food and drugs were examined in the State Laboratory of Hygiene. The following were found below the standard: 30 of the 247 samples of milk, 10 of the 15 of cream, 2 of the 6 of butter, all 6 of honey, the two of lemon extracts, the one each of raspberry and straw-

berry soda, 1 of the 66 of spices, 2 of the 3 of Jamaica ginger, one each of extract of vanilla and essence peppermint.

All samples of molasses, maple syrup, vinegar and camphor spirits were above standard.

Fifteen suits were instituted for adulteration of milk and cream.

Division of Creameries and Dairies.

The first column of figures gives the number of dairies inspected; the second, the number found to be 60 per cent. above the perfect mark; the third column, those below 60 per cent. of perfect mark:

Counties.	Number inspected.	Above 60 p. c.	Below 60 p. c.
Bergen	1	0	1
Burlington	16	4	12
Cumberland	1	1	0
Gloucester	2	0	2
Mercer	5	3	2
Middlesex	4	0	4
Monmouth	18	8	10
Morris	1	1	0
Somerset	5	3	2
Sussex	38	20	18
Union	4	3	1
Total	95	43	52

Number of samples of water taken on dairy premises, 13.

The sources of milk supply of the following State institutions were investigated during the month: State Hospital at Trenton, State Hospital at Morris Plains, State Normal School at Trenton, Home for Feeble-minded Women at Vineland, State Reformatory at Rahway.

Creameries Inspected.

The following creameries were inspected during the month: Bevans 2, Califon, Flagtown, Franklin Park, New Brunswick 2, Neshanic 2, Woodruff's Gap.

Total number of creamery inspections, 10; number of licenses recommended, 4; number of water samples taken on creamery premises, 1.

During the month ending October 31, 1909, 106 inspections were made in 54 cities and towns.

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

Milk, 160; butter, 424; foods, 788; drugs, 24.

Other inspections were made as follows:

Milk wagons, 92; milk depots, 39; meat markets, 89; grocery stores, 388; drug stores, 29; milk cans, 705.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the laboratory, 119. Public water supplies, 57; dairy wells, 12; State institution supplies, 3; private supplies, 38; creamery supplies, 1; sewage samples, 3; miscellaneous, 5.

Inspections.

Public water supplies inspected at Asbury Park, Ocean Grove, Collingswood.

Sewage plants inspected at Princeton 3, Flemington, Freehold, Westfield, Jamesburg (State Home for Boys), Riverside, Vineland, Millville, Overbrook, Caldwell, Morris Plains, Newton 2, Glen Gardner, Plainfield, Stone Harbor.

Special inspections at Phillipsburg and Sparta. No. of persons summoned before the board, 49. No. of cases referred to Attorney-General, 43. No. of plans for sewage systems approved, 7. No. of plans for water supplies approved, 1.

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SOME PROBLEMS IN THE TREATMENT AND PREVENTION OF MENTAL DISEASES.*

BY HENRY A. COTTON, M. D.,

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In presenting this subject for your consideration, I realize the tendency of the specialist to see no further than his own field, and to exaggerate the importance of his own work. And to many practitioners it may appear that they have little in common with psychiatrists, and that their duty toward this branch of medicine is a negligible quantity. However, I wish to present some facts gleaned from recent work in this department of medicine, and I also hope to show that a grave responsibility rests with the general practitioner, not so much in the treatment or cure of mental diseases, as in their prevention.

Unfortunately, physicians as well as laymen have been accustomed to take a too fatalistic attitude toward insanity and the insane. To regard the insane as a class, rather than to differentiate types or forms, is an error that could be excused a few years ago. But to-day there is no reason why physicians should not become informed upon this subject and keep abreast of the progress that is being made, and assist materially in the work of the hospital physicians.

It must be admitted that in the past there were few opportunities for the average physician to become acquainted with this subject, even with the rudiments which were necessary in order to commit a patient to

the insane hospitals. And we must also admit that in a large measure the hospital physicians were to blame for this state of affairs. But they were victims of circumstances, and cannot be criticized for their unenviable position among physicians in general.

The lack of any particular instruction in psychiatry in the medical schools places the hospital physicians as well as the general practitioner at a tremendous disadvantage. Aside from this the former were overburdened with executive work, and those who had the inclination toward scientific work saw the hopelessness of their situation, and either left the service or resigned themselves to their fate. But whatever our difficulties and shortcomings in the past, to-day at least we cannot be criticized because of any lack of industry or ambition to solve the difficult problems with which we are confronted.

Unfortunately, much of the work accomplished by the hospital physicians appears in official or special journals, and seldom reaches the general practitioner, unless he makes a special effort to secure this information, so I may be pardoned if I give a brief resume of the period of activity in psychiatry, which began about eighteen years ago. I am speaking specifically of this country, for psychiatry was much further advanced in Europe, especially in Germany, than here and it is not surprising to find that we owe this awakening spoken of above to the Germans. Psychiatric clinics had been established in connection with the medical schools, and for years well-trained workers under skilled professors were engaged in research work. The science of psychiatry, however, in Germany as well as in this country, was dominated by tradition and dogma, and this influence was felt, not

*Read at the 143d annual meeting of the Medical Society of New Jersey, Cape May, June 24, 1909.

alone in the field of classification, symptomatology and diagnosis, but in the care and treatment of the insane.

To Professor Kraepelin, of Heidelberg, we are indebted, not only for our advanced knowledge of the subject, but for the stimulus he has imparted to the scientific study of psychiatry the world over. He was brave enough to overthrow existing tradition and dogmas, and formulate a more comprehensive system, based upon painstaking and systematic observations of cases, and also upon individual experimental work in the domain of normal and abnormal psychology. He brought to bear his knowledge, gained from these sources and from the work of others, upon the subject, and at last a little light began to dawn where before had only been chaos and confusion. Although we cannot say that his work is complete, or that it cannot be improved upon, still we must give him full credit for establishing a groundwork for future progress, without which we would probably still be floundering in the dark.

In this country we cannot speak of the recent progress of psychiatry without mentioning the work of Adolf Meyer. He inaugurated systematic and organized work in the State Hospital in Worcester, Mass., and later organized the scientific work of all the insane hospitals of the State of New York.

He saw the need of training men for this special line of work, and, through his efforts, not only have the State hospitals become centres of activity, but in Illinois and New York, and lately in Maryland, psychiatric clinics have been established in connection with the universities and central institutes, which are not only centres of research, but places of training and equipping physicians for this special work.

So that within a scant fifteen years a great change has taken place in the character of our insane hospitals. Formerly, the main function of these hospitals was custodial, and the public and profession were satisfied when patients, who were dangerous to themselves or the community, were properly safeguarded. Of the treatment of the insane under the old condition I will say but little, as you are all familiar with the methods. But to-day a well regulated and organized hospital bears little resemblance to the asylums of olden times, or even recent years. Restraint has given place in many institutions to rational methods of treatment, and the abolishment of this one method alone I consider ample reward for those who have been responsible

for these newer methods. In a recent paper, "The Problem of the State in the Care of the Insane," Dr. Meyer gives some very practical suggestions, and in the following pages I will frequently make use of his suggestions, as I can give you no better authority upon the subject.

The hospitals to-day have ceased to be mere State boarding-houses, but are now centres of curative activity which is not confined to the limits of the hospital by any means.

It is incumbent upon these hospitals to have an efficient medical staff, capable and ambitious, who not only visit the wards and prescribe for intercurrent affections among the insane, but who are well trained in psychiatry and capable of engaging in research work of a high character; well-equipped laboratories for clinical as well as anatomical work, and the members of the staff should be given opportunities to engage in the work. And it is obvious that complete libraries with current literature are a necessary adjunct to this work. In many hospitals to-day we can find such opportunities as have been described, but they are still too few.

The economic problem connected with this subject should be discussed here. For years the standard of economy has been a false one, and the State has been satisfied with a system that maintained its insane at as low a figure as possible. It is obvious to any one that the criterion of efficiency should not be, how cheaply we can care for the insane, but how efficient is the care they are receiving, and how efficient is the organization to cope with problems of prevention rather than mere temporary maintenance. It is far better for the State to spend money in investigation with an aim toward prevention, than to pay out large increasing sums annually for maintenance. High standards of efficiency should take the place of temporary expediency, if the best results for the future are to be accomplished.

We cannot expect that society will be rid entirely of insanity, any more than it would be rid of vice, crime and disease, but we do feel that much can be done in prevention; and that along such lines the problem is best attacked.

In order to do this work, it is necessary for the hospital physicians to go beyond the confines of the hospital. Knowledge obtained by them should be imparted to the general practitioner and the public, and a campaign of education waged similar to that

now being waged on tuberculosis. And we must look primarily to the general practitioners as the active agents in such a campaign. They are the ones who first see insane patients, often knowing them intimately before any symptoms of insanity have become apparent, and who observe mental disorders in their incipient stages. How often are they perplexed in the treatment of such cases even at the onset. They are hindered in many ways. Frequently they have to combat the family who will not consent to hospital treatment until such patients become dangerous to themselves and others, and often this stage marks the onset of chronicity, so that when they are received by the hospital physicians, all hope for remedial measures has vanished. Hence, we can only say what the results might have been if certain treatments were instituted. So then we see that the hospital physicians have a responsibility that cannot be overlooked or slighted, and should be in very close touch with the general practitioner, and a hearty co-operation between them is essential if any practical results are to be obtained. On the other hand, it behooves the practitioner to pay more attention to this somewhat neglected subject, and to pay more attention to diagnosis, to look upon the insane not simply as a general class, but to regard them as made up of definite types to be treated in different ways. Also they must realize that their responsibility is great, not only for the outcome of individual cases, but in the whole problem and prevention of mental diseases.

Not only in prophylaxis, but in the after care of patients who leave the hospital, has the physician a very important sphere of activity. In the latter work his advice and supervision of discharged patients will be an important factor in enabling these patients to resume their proper spheres of activity and position in the community, and will prevent recurrences and necessity for recommitment. Their influence is necessary in organizing "after care work" in their communities; and that they will be amply repaid for their interest by the results accomplished, has been clearly proven by the work in the State of New York where "after care" of discharged patients has reached a high state of efficiency.

So you see that not only is the physician in charge of the insane hospitals charged with an important responsibility, for he must not only organize the efficient medical and business arrangements of the hospitals, but his activities must extend

throughout his district, if the work of prevention is to be accomplished. My contention is that such work as I have been describing is imperative in our hospitals, and I know that you will agree with me. As in other branches of medicine, your hearty co-operation can be depended upon when we are in a position to give the necessary information. And by dissemination of such knowledge I believe a great many of the preventable forms of insanity can be eliminated. Different communities will present different problems, as, for example, the urban and country districts. Different race types and nationalities will also present different problems in prophylaxis.

CLASSIFICATION OF THE INSANE.

I will briefly outline some of the forms of insanity with which we have to deal, grouping them mainly in three groups (as suggested by Dr. Meyer):

The *first group* consists of forms of congenital mental defects, or defects from birth, that present a stationary type which does not progress. They cannot be said to have an active mental trouble, and come to the hospital when they are unable to care for themselves, or when they get into trouble with the community. Very often they are able to remain at home, if properly safeguarded. In this class we find the imbeciles, and they are not difficult to recognize. The causes usually of such forms of insanity, due to arrested development, is hereditary—not necessarily insanity in the family—but the inheritance which comes from excessive indulgence in alcohol, and, second, certain physical diseases that cause the arrest of development in the unborn child.

The prevention of such cases must be chiefly considered from the side of the antecedents, their health, morals and habits. When this effect is better understood, no doubt, many cases that are now considered accidental and unexplainable can be prevented. Fortunately, they do not occur in a large proportion among our patients in insane hospitals, because this State maintains a home for feeble-minded children.

In the *second group* are classified the forms due to physical causes, extra psychological (or not due to mental conditions), such as intoxication (alcohol, drugs) delirium following infectious diseases and exhaustive conditions, such as childbirth, and forms associated with specific diseases of the nervous system, general paralysis, arteriosclerosis and senile dementia.

A part of this group are largely avoid-

able, such as forms due to alcohol and drugs. These comprise about twenty per cent. of the male admissions to our hospitals. It is needless to say that if such persons whose mental disorder depends on these factors, would abstain from their use and abuse, a notable decrease in our admissions would be the result.

We may consider mental disturbances the result of physical disease, such as that due to fever following childbirth, as rather rare, and, fortunately, such cases usually recover, so that from our present knowledge we may consider such types as unavoidable.

Another form in the second group to be considered, is general paralysis or paresis. It is one of our most hopeless maladies, but one of the forms of which we know to a certainty the cause, and that cause dependent entirely upon the habits and morals of the persons attacked. I refer to syphilitic infection. No other moral lapse carries a penalty that is so sure and certain. Usually the men attacked, after years in which their disease may be forgotten, just in the prime of life, are rendered in a few years hopeless demented, and then die after three or four years spent in total mental obscurity. These cases amount to about ten per cent. of our admissions.

The simple senile dementia, or old age, can, to some degree, be considered normal except when it is premature, in such cases where arteriosclerosis occurs, rendering the person affected prematurely demented. Various are the causes for this condition, among which alcohol plays an important role. This class furnishes about ten per cent. of our admissions, of which about half could be cared for at home, and no doubt many such cases, with friends and relatives, do not come to the hospital at all. We see that thirty per cent. of our admissions, and probably more, come from this group, and are entirely avoidable, if the moral and physical laws are not broken.

In the *third group* we put forms of mental trouble which are essentially disorders in the mental sphere alone, where such factors as affect the mental equilibrium are concerned in the production of insanity.

Their mental trouble may depend upon an inherited intellectual weakness, or on acquired mental states, or on factors that are mentally upsetting in the normal, such as grief, disappointment, worry, etc. In normal individuals we have these factors frequently occurring, and the mental reaction is profound, but it does not cause them to lose their mental balance; but in certain

types these disorders are not so easily overcome, and they seem unable to readjust themselves in the face of adversity, or to maintain a proper equilibrium. About ten per cent. of our admissions belong to one class of this group, composed of those who are not so profoundly affected mentally, or who are better endowed with recuperative powers, and who finally recover their equilibrium after longer or shorter periods of mental trouble. These cases are merely exaggerations of normal states, such as depression on the one hand, and states of exhilaration, with over confidence and talkativeness on the other. The profoundness of the attack varies greatly in individuals. Some go very slightly over the border line, and it is often difficult to call them really insane. After they recover from an attack the main thing to be considered is to prevent subsequent attacks. This can be accomplished by adopting a regular mode of life, usually taking up rural outdoor pursuits, and giving up a life of stress and competition. A proper understanding by friends and relatives of such a patient's needs, and dangers to be avoided, goes a long way toward preventing a recurrence of the mental trouble.

Another class of cases in this group, unfortunately, does not recover its equilibrium so quickly, and this class constitutes the permanent residents of our hospitals. They furnish about thirty per cent. of our admissions, and it is very important to consider them with a view toward applying measures for prevention. Formerly, the view was generally prevalent that such cases, by reason of hereditary endowment and mental deficiency, were predestined to become insane. This fatalistic attitude by physicians, as well as by the public, cannot be too strongly condemned.

This opinion was largely based upon statistics of such cases, which ignored the valuable criterion as to whether anything had been done for them before the onset of their mental disturbance at a time when the trouble was merely incipient or threatened, to prevent the oncoming dementia. Experience has shown us that symptoms were overlooked, or considered too trifling or inconsequential to be noted, which, perhaps if properly understood and treated, could have prevented the trouble that appeared later. Not until all means suggested have been tried during the incipency of these forms, are we justified in assuming that fatalistic attitude spoken of above. I am inclined to be optimistic in viewing the possibilities

in this unfortunate class of cases. And the fight to be effective will, to a large extent, be waged in the youthful age of these cases, principally during school years and the period of adolescence.

Certain traits and tendencies in school children, which are in the light of later developments, *i c.*, at the time they are classed as insane and studied in our hospitals, are neglected through ignorance of parents, teachers, and often physicians, so that instead of helping the child over these obstacles during this difficult period, often they are forced along in directly the opposite way from that which would eliminate these traits. And, finally, unable longer to readjust themselves to their environment, a mental failure supervenes which is followed by deterioration. Psychology has helped us somewhat in understanding the complicated mechanism of habit and reaction to our surroundings. The mechanism by which a mental balance is maintained can be lessened in effectiveness when persistently abused, and like other organs of our body, finally fail to respond in a proper measure, and readjustment does not take place as formerly. Meyer has justly termed these forms "habit deteriorations." And here it is well to speak of the warning uttered by Meyer, that the appearance of such traits as day dreaming, seclusiveness, listlessness, abnormal bashfulness, are not always an indication of inevitable failure. Also that no one symptom can be taken as a criterion, but all must be taken together before one can conclude that radical measures should be adopted. But these peculiar traits, when persistent, and carried to the point of interference with a child's proper reaction to every-day life, should be heeded as grave warnings, and an effort made to ascertain the true cause for such deviations, and, if possible, remove them and correct the habits.

An important class of this type is composed of the cases which in early life show true hysterical outbreaks or tantrums, which are grave warnings of a future breakdown, unless the cause of such tantrums is removed and the subsequent life so ordered to avoid these mental pitfalls. The energies of such patients should be directed into a congenial environment where encouragement shall take the place of bickerings and distasteful competition. We frequently find in the histories of these cases of deterioration, that in their early life distinct hysterical elements were present, which were, unfortunately, overlooked, and

finally resulted in the incurable form of insanity.

A very important phase of this question is the relation of these cases to the schools and methods of teaching. At present we have in many places a very necessary supervision of school children by physicians who correct physical disabilities, such as eyesight, and diseases incident to those years of life. This is a very praiseworthy effort, and is to be highly recommended. But does such a system go far enough? Is not the mental condition of school children of as much importance as physical disabilities? In the first place, the question of tire or fatigue must be thoroughly understood by the teachers and those who mold the curricula of public schools. In regard to the mental recuperation from fatigue or brain fag, children will show great variations. Children well trained from infancy seem to stand increasing strain without serious embarrassment, but those untrained show a tendency to break down under the stress of keeping abreast of other children, and of prolonged mental work. And this brings up the question in regard to the capacity for work of different children. Often an ill-directed ambition will seriously overtax a child incapable of undertaking such studies, and result in a later breakdown. Especially is this true during a later period of life, when one takes up more advanced work without proper preparation and finds that it is necessary to overtax one's mental capacity to keep up with one's studies.

It would seem that a healthy outdoor life for children, who are perhaps somewhat abnormal, would tend to alleviate their condition, and prevent a breakdown from overtaxing the mental faculties by too close application to study. Added to this, a plentiful amount of health exercise should be insisted upon, but not flavored too much by competition or carried to the point of fatigue.

Especially in the case of young girls at the critical period of their development, should all mental strain be avoided. Rather have them discontinue their studies for a year, than to damage them to such an extent mentally that they may not recover their normal mental poise, especially, if in such cases, physical ailments are also present.

And here it must be emphasized that a proper guarding of the sexual instincts and functions by acquainting children of these matters and truths about themselves, will

often prevent a serious mental shock when such truths are learned through other sources, often distorted, and in an objectionable manner. Often more harm is done by brooding over secret sins, and continually thinking of such matters, than by the actual physical acts themselves.

Frequently we meet certain patients who belong to the class of sexual neurasthenics, whose trouble is brought about directly by brooding over their habits. Such brooding usually is the result of reading patent medicine literature regarding "lost manhood," "sexual excesses," etc., which is at times spread broadcast and comes into the possession of young persons. Only too frequently these cases do not end favorably, for these broodings, if not checked, lead to permanent mental derangement. The gravity of such habits should be explained by the family physician, and all fear engendered by the pernicious literature noted above, eliminated.

LEGISLATION.

We are extremely fortunate in New Jersey in our laws regarding the commitment of the insane, and I think the procedure is far in advance of the procedure in most States, and we feel proud of the men who framed such laws. The main reason of their superiority lies in the fact that it is only necessary for two physicians to certify as to a person's insanity, and the legal commitment comes later. This allows physicians to bring patients at once to the hospital without the necessity of waiting for other legal steps, the patient meanwhile being confined in the jail or some equally undesirable place.

But, good as our laws are, they do not go quite far enough, for they do not allow voluntary commitments, a procedure that is in vogue in many States. The odium of having been declared insane is still very unpleasant to most people, and to avoid this patients are kept from the hospital at a time when remedial measures would be effective. But if such patients, often on the border line of insanity, could avail themselves of the privilege of applying for admission themselves and feel that they were not detained against their will, frequently they will come into the hospital and receive the benefit of early treatment. A class of patients which we group as cases of neurasthenia, hysteria, psychasthenia, etc., who could not legally be declared insane, would be benefited by such a form of commitment.

An attempt was made during the session

of the last Legislature to get such a bill passed, but was not successful. And I want to thank the chairman of the Legislative Committee for his valuable assistance and interest, and hope that the next Legislature will favor constructive legislation to a much larger degree than the one just past.

But the members of the profession in general can and do exert a great deal of influence in these matters of legislation, and by constant and persistent effort will accomplish the needed results, I am sure.

COUNTY ASYLUMS.

Another matter of which I want to speak briefly, is in regard to the county asylums in some of the counties of this State. In the first place, there should be no institution for the insane under the control of counties, for many reasons. County asylums are a thing of the past in many States, and are fast being deposed in others.

At the present time it is useless to think of doing away with them entirely, but we certainly can ask for, and insist upon a reorganization of these asylums. And I do not mean to cast any reflection upon the management of the county asylums, some of which are admirably conducted. But the principle of having a layman in charge of the acute insane is entirely wrong. As we said at the outset, the public and the profession should not be content with mere custodial care of this class of patients, no matter how good that custodial care may be. It is true that these asylums have attending physicians, but they have little voice in the policy or control of the hospital, and no matter what they think should be done, they can be overruled by those in charge and their advice disregarded. But I think that by concerted action of the medical profession, the freeholders could be induced to change their policy.

In visiting the county institutions last fall I was struck with the low per capita cost—\$2.50 to \$3.50 a week in most asylums. As the State pays \$2 per week, it is easily seen where the responsibility for the condition I have described exists. Here again, temporary expediency and economy are the only standards, and the freeholders should be enlightened as to their error.

I have barely touched upon the more important themes of this problem, but if I have aroused your interest in this subject I consider that the object of this paper has been, in a measure, attained.

In conclusion, I want to emphasize again the important role of the family physician

in the solution of these problems. They are much better acquainted with the modes of life, peculiarities, characteristics and general "make up" of both the patients and their families, and often have the opportunity of observing the development of individuals. At such times well-timed advice and counsel would do much in correcting the life of such patients, and it is to these physicians we look for their assistance and co-operation in dealing with this complex subject.

That the hospital physicians can do a great deal more than has been done toward securing the valuable co-operation of practitioners is too true, but we look for the dawn of better conditions. We are ready to accept any suggestion as to how this relationship can be made close and each benefited materially thereby.

DISCUSSION.

DR. THOMAS P. PROUT, Summit, opening the discussion, said that Dr. Cotton had not laid too much emphasis on the role of the general practitioner in the prophylaxis and after treatment of the insane; indeed, he thought that the after treatment was often a prophylaxis. One element in prophylaxis that he wished to emphasize was the matter of the up-bringing of the child. He considered that the foundation of a great deal of insanity is laid in the method of training the child, especially during the very earliest part of childhood. In the United States, it seems as if obedience had often been thrown to the dogs. That obedience which was certainly common at an earlier period in our existence as a nation is no longer required from children. He thought that there were three or four things in the character of every child that are most important and form the very foundations of its character: obedience, fidelity, courage and imagination, the latter of which plays the most important role in the character of every individual. The first, however, is obedience; and unless there can be instilled into the growing mind of the child an obedience that is so ingrained in its character that it is an unreasoning obedience, an important foundation-stone in character will be left out.

Dr. Prout just wanted to say a word regarding imagination. He considered the methods employed in rearing children such as to choke the imagination. This is particularly true among the better class of families in which the child, from the time of its birth, is surrounded by a number of nurse-women, who are employed in keeping mechanical toys, etc., in motion for its amusement, thus stultifying its imagination. The result is that at the age of five years the child cannot amuse itself for three minutes, which it should be able to do when two or three years old.

This Dr. Prout thought a very serious defect in the education of the child, and one that would lay the foundation for an unstable equilibrium in the mind of the individual.

DR. ALEXANDER MARCY, JR., Riverton, thoroughly agreed with the conclusions of Dr. Cot-

ton, and wished merely to take a few moments of time in order to emphasize two or three points that the writer of the paper had already brought out. The first of these was the question of having trained men for the work of treating the insane, which he said is certainly one of the specialties of medicine. It seemed to him that institutions for the insane should be under the care of a man who has been thoroughly trained in this particular branch of the profession. It had too often been the case that men had been placed in charge of institutions and employed in them as assistants without having had any training at all in the work they were about to undertake. He thought this a grave and unfortunate mistake.

Another point Dr. Marcy wished to emphasize was that the abuse of alcohol and alcoholic beverages is a potent cause of insanity, twenty per cent. of the cases of which are said to be due to alcohol. He thought that this was probably an underestimation of the facts. Ten per cent. of the cases of insanity are attributed to syphilis, thus making thirty per cent. of positively preventable cases. Dr. Cotton had also said that thirty per cent. are indirectly due to alcohol, and Dr. Marcy thought the essayist would not have gone far astray if he had said seventy-five per cent. Therefore, the speaker wished again to raise his voice in protest against the use and abuse of alcohol. Syphilis, the social disease, he said, is attracting more and more attention at the present time, and needs to be emphasized as one of the direct causes of these mental troubles.

The point that Dr. Marcy wished especially to bring out was that of the county asylum. He thought that there should be a very sharp differentiation between the acute and curable insane and the chronic and incurable. He believed that every county in the State should have an institution for the custodial care of the chronic and incurable cases, but he also believed that no acute or curable cases should ever be allowed to go to the county asylum. He thought that the State should separate the chronic from the acute cases to such an extent that one institution would be designated as for the acute and curable, and the other for the chronic and incurable. He could not conceive of any more unfortunate thing than to have an acute case of insanity sent to a custodial institution just to be kept in custody; as such cases require the most careful, painstaking and thorough investigation. If the most brilliant results are expected to be obtained from the treatment of these cases, they must be under the supervision of only trained men.

The question of heredity and environment, he said he would not go into. He thought that the paper read by Dr. Chandler had quite a bearing on insanity, as well as upon degeneracy. The stigmata of insanity are often implanted in the offspring of the degenerate. He believed the two questions to be closely allied, but he did not wish to consume time in discussing questions already brought out. In closing, he wished to say that in every county an institution intended merely for the custodial care of chronic cases should be found, and that the State should provide institutions for the care of the acute and curable cases.

DR. RICHARD H. PARSONS, Mt. Holly, said that, as one of the attending physicians in these county asylums that had been mentioned, he

was particularly interested in Dr. Cotton's remarks regarding these institutions. He would be in favor of anything that was for the benefit of the patient, even to the extent of being himself legislated out of office. He did not entirely agree, however, with Dr. Marcy in regard to discriminating between the acute and the chronic cases, for two reasons: First, the county asylum does cure the acute cases, and, second, the chronic cases, on the other hand, really require more care than the acute, and should certainly have the benefit of equal care. He thought Dr. Marcy's idea was discriminating too much in favor of one, and too little in that of the other.

DR. LUTHER M. HALSEY, Williamstown, said that Dr. Cotton had well covered the ground in his paper. He wished to mention one or two points, and to speak in a general way regarding the management of institutions for the insane at the present day, as compared with the way they were managed formerly. They were all practically considered asylums. The insane were put there and made as comfortable as possible, although sometimes they were far from being comfortable, and all cases were more or less subjected to confinement and restraint. The modern view has changed this, and the idea that these institutions are not asylums, but are hospitals, now prevails. This is a remarkable advance in the treatment of the insane. In all well-regulated institutions at the present time, daily staff consultations are held, in which the cases, particularly the new ones, are discussed, and the changes that have occurred in any of the cases. Diagnoses of new cases are made, and proper plans of treatment mapped out as to each individual case. This is a marked advance in this specialty.

Dr. Halsey was much opposed to the present system of the management of county institutions, in all of which, with rare exceptions, it is impossible to get a lay superintendent capable of properly managing the hospital. Another very unfortunate aspect of the management of these institutions is that the superintendents are subject to the probability of being legislated out of office by a board of freeholders. Too much politics creeps into their affairs. The places are given, not for merit, but because of ability to control the votes of freeholders. If they can do this, it does not seem to matter whether they are capable of being good managers of such institutions.

Dr. Halsey thought that there should be a closer relation between the hospital physicians and the general practitioner. The general practitioner knows very little about such cases that are likely to come to his attention. His knowledge of the etiology of insanity, the classification and the proper description of the symptomatology of the insane as he first sees them is so vague, that the papers of commitment are frequently ridiculous. This is not the general practitioner's fault. He never had any instruction. Conference with hospital staffs and the inspection of institutions by the general practitioner will greatly help to remedy this. Very good results, he thought, would follow a more intimate relationship between the general practitioner and the expert on insanity. He considered Dr. Cotton's suggestion of the enactment of a law permitting voluntary commitments an admirable one.

DR. COTTON, closing the discussion, said that he merely wished to make a distinction, in order to clear up the confusion in ideas regarding the acute and chronic insane. He agreed with both Dr. Marcy and Dr. Parsons in regard to the matter. Not every case, he said, that has been in the State Hospital five years should be sent back to the county institution. Many such cases should go out to work on a farm and be colonized, because a good many of the chronic cases are violent and hard to manage. He had understood Dr. Marcy to mean that the fifty per cent, who stay in the hospital should be sent back to the county institution when they come to a stage of quiet dementia. When they reach this stage, they are like children, and can be taught farming, housework, etc. The contention that the acute insane should be treated in State hospitals, Dr. Cotton considered important. They should, he said, be treated by men who understood the conditions. He did not mean to cast any reflection on the physicians of the county institutions, but he thought that there was a principle involved in the matter. He thought it a mistake, if even the acute insane were to continue to be kept under the control of the laymen. This was not because the physicians of the county asylums are not capable, for he admitted that they are; but he considered them to be working under great disadvantages. They could not always make the superintendent do what they wished. Dr. Cotton did not want to be misunderstood in this matter. He did not mean to legislate the visiting physicians of the county asylums out of office, but that they should be continued in the same positions they now occupy, as they would be of immense help to any physician who entered the institutions, but he did feel that the patients in county institutions should be under the care of physicians instead of laymen, and that there should be a reorganization of the county asylums.

AT WHAT AGE SHOULD A CHILD BE ADMITTED TO OUR PUBLIC SCHOOLS?*

BY JOSEPH FUNK, M. D.,
ELIZABETH, N. J.

The subject of this paper that I bring before you is probably not strictly a medical one and yet I think it is of such importance that every physician of this State should be interested in it. The title of this paper is: "At What Age Should a Child Be Admitted to Our Public Schools?" I do not know whether you are aware of the fact that our present State law in regard to admitting children to the public schools reads as follows: "Public schools shall be free to all persons over five and under twenty years of age, who shall be residents

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of the school district." Having been a teacher and medical inspector for many years in public schools of this State, the conclusion forced itself upon me that the age of five years is too young, and is a decided wrong to any child, to be sent to school at that age. We know that a great many parents would not allow their children to enter school under seven years. They evidently realize and appreciate the fact that great harm would be done to their physical and mental faculties by forcing upon such young children the environment of the schoolroom and in addition studies which they cannot grasp or understand with their undeveloped minds. On the other hand, there are many parents who send their children at five or six years to school, being of the impression that the earlier a child is sent, the better and more it can learn, and that such a child will be graduated at an earlier date. Again, some parents place their children in school so that they may be off the streets. These are the principal reasons I have found prevailing among parents, especially of the classes of poorer education, for sending their children so young to school. It may be true that the last reason has some ground, that is, instead of having children roam about in the streets it would be better to have them at school and some one to take care of them. But I don't think that our public schools should be nurseries.

The hours of instruction in the morning are, as a rule, from 9 o'clock to 12 noon, with a recess of fifteen minutes, making two hours and forty-five minutes for the morning session. In the afternoon the hours are from 1 until 3 o'clock, making a total of four hours and forty-five minutes per day of actual confinement and work in a room in which are from forty to fifty children. Such a room, artificially heated and poorly ventilated—for I have yet to find the school room that can be sufficiently ventilated—for so many human beings, is certainly not the proper place for a child of such tender age, who should have all the opportunities to develop physically and mentally before it is subjected to such confinement and studies. Why is it that our children do not have the resistive power that you and your ancestors had? That they easily fall prey to disease? That the mortality is so high in spite of our advanced methods of treatment? Because the mode of living to-day is different than it was twenty-five or fifty years ago. You had more out-door life and not the numerous

studies forced upon you that we have to-day. The families crowded into apartment houses, with poorly ventilated rooms, the strenuous life of parents, the neglect of out-of-door exercises, food poorly prepared to save time, indulgence in liquor, etc., are the causes of the low resistive power and consequently the high mortality when they are attacked by disease; in addition, you all know the serious effect of close confinement and study to the eyes of these young pupils, the increase of myopia and other eye disease due to straining their eyes during their work, and consequently the necessity for glasses in early youth. You all will agree that the strenuous use of the eyes at such a tender age has a serious effect not alone on the eyes, but on the whole nervous system and upon the mental development of the child.

The course of instruction during the first year consists of language, reading, arithmetic, manual training, drawing, geography and physical culture. These are seven difficult studies for a child in its first year of attendance. Only a teacher who comes in contact daily with children of such early years can appreciate the cruelty inflicted upon them with such subjects for study. The experience of many teachers whose opinions I have collected, as well as my own experience of many years of teaching, has proved to me that the progress of such young pupils is very poor as compared with the work of a child of seven or eight years. As a rule most of them have to take these studies over again in their second year. The attention of these scholars, as a rule, is wanting. They cannot concentrate their minds for any length of time on a subject. What they want is play in some form, and even at this they tire very quickly. Many a time have I seen children, after playing awhile, lie down and fall asleep. And this happens at times in our schools. Could we expect anything else? Their brain tires very easily. There is nothing that will interest such a child for any length of time, no matter what subject or how taught. It cannot grasp and understand it. The mind is not sufficiently developed and what is learned one hour is probably forgotten the next. When we observe the growth and development of a child from its infancy, we notice that if healthy, it is as a rule very active physically. The child will run, jump and play until it is tired and then lie down and sleep. You very seldom see a child of five or six years that wishes to sit down and learn to

read or write unless urged to do it. A sound mind in a sound body is an old proverb that nature daily shows us to be true, and we should all strive to give our children first a natural sound and physical training before we can expect any mental development. We should teach the parents the importance of such a training and enlighten them as to the great wrong done their children by sending them to school so young. Let them be out in the open where they have sunshine, pure air and plenty of exercise at play. How many of us have not seen and treated children with nervous breakdown due to overstudy and close confinement to the school room? And your treatment is what? Mental rest, plain, simple food, plenty of sleep and outdoor life. To overcome and prevent the above conditions I would, in summarizing, offer the following suggestions:

1. We should teach parents the importance of the physical development of their children and impress upon them the necessity of outdoor life; the importance of nine or ten hours of sleep in a well-ventilated room, and of preventing them from running in the streets at night, which seems to be an established American habit.

2. That they prepare plain, simple food for the children and see that they take ample time to eat between the morning and afternoon sessions.

3. We should advocate public playgrounds. If a city cannot afford to build such, our public school yards and the parks could be utilized for such purposes, of course under the supervision of teachers or specially appointed persons, at certain hours of the day.

4. Admit no child to school under seven years of age and shorten the length of hours the first two years.

5. Devote more time to physical exercises, graded according to age in their daily course of instructions.

6. Introduce games out of doors under systematic supervision.

7. Have the older pupils, under supervision of their teachers, in the spring and early autumn months, take walks out into the country, so teaching them to appreciate nature, fresh air and sunshine.

8. Have every child entering school thoroughly examined as to its physical condition by a medical inspector.

is impossible to discuss it in all its bearings in the few minutes allotted here. That it is a question in which physicians should have a deep interest there can be no doubt; for in seeking for the health and well-being of children we are working for the making of good citizens, and good citizenship in the broadest sense is the ultimate aim of all education.

The subject involves so many anatomic and physiologic considerations, so many psychologic problems, so much of the very philosophy of education that we can here merely attempt to treat it partially and suggestively. There are certain fundamental factors which must be borne in mind in any intelligent discussion of this question.

These factors are: First, the anatomic and physiologic characteristics of children; second, certain psychologic phenomena based on these characteristics; third, the essential objects of a general education; fourth, the co-relation existing between home training and home education and school training and school education.

The morphologic peculiarities of the child are centred principally in the nervous system. While many parts of the cerebro-spinal system are still structurally immature they are functionally active. The brain is relatively large and does not attain its ultimate weight until about the eighteenth year. The brain as a whole in the course of development quadruples its original weight at birth; the cerebrum about as much; whereas the brain-stem increases to five and the cerebellum to seven times its original weight. With advancing years the weight of the spinal cord becomes even greater relatively than that of the brain.

The histological peculiarities of the child's nervous system are even more striking. Differentiation of new febrils takes place throughout the central nervous system from the very beginning of life and great numbers of the nerve fibers become invested with myeline sheaths only after birth. While the spinal cord possesses at birth practically the full measure of its myeline constituent, the brain-stem and cerebellum and extensive areas of the cerebrum are totally devoid of it.

As a natural result of these peculiarities of structure we have the various peculiarities of function which are manifest in the psychic phenomena of childhood. The lack of inhibitory power which makes it impossible for a child to remain quiet for a long period, the great mobility of its feelings, the lack of uniformity of purpose and effort, the ease of brain fatigue, the susceptibility to reflex disturbances all depend upon structural conditions which are well marked and constant.

Before the beginning of school life there has been comparatively little repression or restraint, but now discipline and restraint take the place of untrammelled play and life in the open air must be sacrificed for the indoor life of school. In this connection it is pertinent to ask what is the primary end in view in a public school education? What is to be done with this delicately organized and imperfectly developed human being?

If the present methods of education are a criterion of the prevailing conceptions of the aims of child education we must conclude that the most important thing is to fill the young brain with facts, that the memory is practically the only mental faculty to be considered, and that

DISCUSSION.

DR. JOSEPH TOMLINSON, Bridgeton, said: The subject of the paper just read is so broad that it

the degree and quality of education depends mainly upon the number of branches taught in the public school curriculum. We must also conclude that all students can be subjected to the same standard of requirements and that while a definite system of instruction is necessary for the child's mental development their physical development is of secondary importance.

It would seem that a more rational view of the theory of primary education would be to consider it as a matter of mental gymnastics, a bringing out and strengthening of the mental faculties of the child and that the memorizing of facts should be more of a secondary consideration. It would also seem that quality of work should count far more than quantity of work and that the child's physical development should be as carefully looked after as its mental development.

Dr. Funk's suggestions as to physical exercises, out-door games and walks in the country are surely in keeping with the doctrine of a sound mind in a sound body.

It also seems to me that technical education, merely as technical education, has no place in the public school and that, for instance, instruction on the typewriter is as much out of place here as a course of therapeutics would be at Princeton.

A thorough appreciation of the relation between home training and school training is of the utmost importance in this connection. Too many children are sent to school more for the convenience of the parents than for the good of the child. As Dr. Funk has said, the school cannot be a nursery. Home training is essentially moral training and deals with the individual rather than with groups. The temperament of the child, its peculiarities, and its infirmities can be more fully appreciated and more considerately dealt with at home than at school, and the teacher's task can thus be made much lighter.

The signs of the times point most distinctly toward a deterioration of the home life of this country. I remember in my boyhood days seeing a picture representing a typical American home. While this may have been somewhat crude from an artistic stand point, it, nevertheless, made a very lasting impression on my memory. A brightly burning lamp shed its cheerful rays about a comfortably furnished room. An open fireplace furnished warmth and good cheer. The father was reading, the mother knitting, while a little kitten played with the ball of yarn which had fallen from her lap. Of the children, some were reading, some playing games, others romping on the floor.

This picture reproduced in accord with modern conditions would be something as follows: Father would be at the club, mother out enjoying a game of bridge, the older children at the theatre or moving-picture show, the younger children delegated to the tender mercies of a nurse and the only one left of this happy fireside group would be the poor little kitten with its ball of yarn. It is in this connection that the difficulty of fixing the school age arises. We are between the two horns of a dilemma. On the one hand home training is neglected because of the inability of the poor and indifference of the well-to-do. On the other hand are the objectionable features of school environment.

It is, it seems to me, one of the most pressing

duties of the time, a duty of our own profession, a duty of the clergy, a duty of teachers, a duty of every right-minded citizen, to create a sentiment for a better home life, a sentiment for marriage ties which will not be lightly broken, a sentiment for a wholesome love for children, a sentiment which will make home ties and home duties paramount to all other obligations.

Dr. Funk's paper is not only full of valuable suggestions, but carries with it the weight of practical experience both as a teacher and a medical inspector of schools.

DR. ALEXANDER MARCY, JR., Riverton, said that no one could take issue with either of the gentlemen on account of any of the facts that had been stated and discussed so well by them.

The school systems of the country had been developing for a number of years, unobtrusively until recently, and we can boast of public schools in which the curriculum is loaded down to the waterline with subjects for the children to study and presumably to learn. Every new so-called "advance" is in the direction of adding new subjects and increasing the burden of the children, in the effort to load onto the school system every new fad which any man or woman eminent enough among teachers to secure a hearing, may bring forth. If it were not for the fact that the youth of the land possess a saving elasticity of temperament, they would all be mollicoddlers or nervous wrecks. Has any one noticed any effort being made to relieve the children? Has any one been conspicuous in boldly announcing that, valuable as the numerous studies may be, the health and vigor of the children are still more valuable to the children themselves and to the nation? Unless it be the members of occasional medical societies I think not. The effort is all in the direction of increasing the child's burden, never to relieve him of any of it. It is my opinion that medical men can do nothing better for the interests of the people than to insist upon more care for the health and strength of the children. We have obtained one good thing at the hands of the recent Legislature, medical inspection for the schools. We need now to secure a better chance for health and strength of the children by reducing the length of the school year. At present our children are kept in school from the first Monday in September to the first of July or thereabouts. In June and September they suffer in close school rooms some of the hottest and most enervating weather of the entire year. These months should be cut out of the school year and children be given the opportunity to enjoy them in rational outdoor life either at the seashore or elsewhere, in the open. There is ample time from the first of October to the first of June for children to acquire all of the elementary branches which should be required. The gain in health and vigor which would be made by the children of the land in having this additional time for outdoor life would be invaluable. The curriculum should be revised. Morning sessions should be given over entirely to teaching and recitations, the afternoon hours to developing the physical side of the pupils. They need to be developed into well-rounded men and women fit for the duties they will be called upon to take up in after life, well rounded physically, strong morally and intellectually, as well fitted for the duties of life as

is in keeping with the position in which they will be placed.

Dr. Marcy said that it seemed to him that no more important subject could engage the attention of the society than that just presented. He, therefore offered the following resolution:

Resolved, That a committee of three be appointed to consider the subject of the school life of children and report at the next meeting of this society, and to make monthly reports of its progress in the Journal of the society. He suggested that Dr. Funk be made chairman of this committee.

The motion was seconded and carried.

DR. ELIAS J. MARSH, Paterson, referred to the statement made by Dr. Tomlinson that parents send their children to school at an early age more for their own convenience than for the good of the children, and said that this matter constitutes a real problem in city life, and one that has to be admitted and considered, so long as social conditions in cities are as they are at present. Some disposition has to be made of these children, and the question of what this should be ought to be solved in a way that will help the financial problem and have the children out of doors and under proper supervision. In a good many cities, he said, the school accommodations are insufficient; and a great many classes have had to be put on half time, because school buildings were not built fast enough to accommodate the growing school population. He thought that the financial problem involved might be solved by having the children spend a large part of the time out of doors. Members of school boards often say that they cannot buy additional ground around school buildings, because it costs so much more. Dr. Marsh said that it costs to buy land any way, whether buildings are put on it or not; and it costs more to put a building on it than not to do so. An idea frequently expressed had been that this additional land around school buildings might be used in such a way that the classes, especially of small children, could spend a large part of their time on it out of doors, thus solving the question of their care and that of erecting and maintaining buildings with a desk for every child over five years of age. The latter he considered a waste of money, in addition to being a disadvantage to the children. In New York and some other cities, they now have playgrounds on the roofs of school buildings. In Boston, they have class-rooms for tubercular children out of doors. He did not see why the kindergartens and lower school grades should not have their exercises in the open air in the school yards for the greater part of the day.

DR. HENRY L. COIT, Newark, said that he had not heard the paper, but he had gathered that it was on the determination of the age at which the child should be put in school. He wished to put himself on record by saying that since between five and eight years the nervous system undergoes its most rapid physical development, its functional activity should be carefully guarded. Therefore, he considered it an error to put children in school during this period, especially if their nutrition was imperfect or if they were subject to transmitted tendencies to disease. He thought that it was a mistake to put children in school until the age of eight years.

In illustration he mentioned that the eldest of his children had just graduated from High School, and that he was proud of her physique and of her scholarship. He said to the principal, "I thank you for her progress;" and he replied, "Dr. Coit, if we had a larger number of such children, we should have no difficulty in educating them. She has made a record in scholarship, but she is a perfectly healthy girl of seventeen." Dr. Coit had sent her to school first in the grammar grades at ten and had determined that she should not go before.

She stood with the best of her class at the end of her grammar-school period; and will be admitted next September to Smith College on her record, without examination. She did not devote all her time to study in her hours at home; she was engaged in out-of-door sports. She was president of the school basketball team. Dr. Coit thought that it is very unwise to put children in school between the ages of five and eight.

DR. THEODORE F. LIVENGOD, Elizabeth, referred to a certain feature of the question that he said had proved a stumbling block along the pathway, the fact that there are too many studies in the public schools. The child usually has to carry an armful of books. Many of these studies are abstract, and abstract things do not appeal to a young child. Children must be taught things in the concrete. These children have no time for play; for even if the school hours were shortened, it would take up all their time to prepare their lessons, with the aid of intelligent parents, in such a way as to enable them to keep up with their classes. This, he thought, is what is doing most of the harm. School trustees are elected without regard to qualification, and the whole conduct of the school system seems to be a matter of politics. If men who had studied the situation could be elected to these positions, better results would obtain. They would curtail the studies, knowing that the children need physical development at that age and must be taught by object lessons. If the schools could be taken out of politics, radical changes would be made and a new era would dawn.

DR. HENRY CHAVANNE, Salem, said that every point advanced had been in regard to the need of education. The principles of present-day people seem to demand more and more education, and he thought he might be considered a little extreme if he made the statement that a people is not the greater advanced by having a higher ideal of education. He would not for a moment say anything that would lead his hearers to infer that he did not approve of educating children, but he did not approve of the manner in which they are stuffed at the present time. He was fully satisfied that politics had a great deal to do with the faults in the system of education, but he felt also that these were due to that remarkable and irresistible impulse that is back of what is called progress—the desire of people generally, particularly those advancing in civilization, to attain to something beyond what they possess. This he considered the chief trouble at the present day, and said that the children are suffering on account of it. The school children now are not equal in physical development to those of twenty-five to thirty years ago. Higher education is being sought in

all branches and all lines. For instance, the schools now teach music, though a large percentage of the children will never exercise this knowledge afterward. Their minds are being stuffed with information that they will never need to use.

Dr. Chavanne then related the following incident, illustrating the way in which children come to him and ask for information in reference to how they shall answer questions that have been given them to prepare at home. He was often astonished to think that they should be required to answer such questions. Once a child said to him: "I wish to know what your opinion is in regard to who is the most valuable to the world, the novelist or the historian?" In his view, the novelist was the more valuable. He felt that he had been much benefited by novelists. He thought that no one could have read David Copperfield and not profited by it, or Peter Simple. He referred to the way in which the father of Paul, in *Dombey & Son*, wanted him to become his partner; and how the poor boy wore out his mental and physical energies, and finally died, to the great disappointment of his father. People often do not get into the calling that they are fitted for, and on the Western plains one sometimes finds Greek scholars working as cowboys.

DR. LINN EMERSON, Orange, said that in Pope's *Psychology and Pedagogy of Reading*, the fact is mentioned that in small children, five to seven years of age, reading is taught with the expenditure of a tremendous amount of energy on the part of the teacher and pupil; but that if this is left until the child is older, he will acquire within a short period and without much effort all that could have been pounded into him in three years at an earlier age. Dr. Emerson had noticed this in the past nine years, his experience having been somewhat like Dr. Coit's. Dr. Emerson's son did not know even his alphabet when he was seven years old. At the age of eight and a half years, he was sent to a private school, where he spent two hours and a half each morning. He is now nine years old, and has been at this school six months. In the house adjoining that of Dr. Emerson, there lives a boy who has been attending the public school since the age of five years, and who is just about the same age as his own son. One evening recently, this boy was visiting his son, and to Dr. Emerson's surprise he found that his boy could read much more fluently in the Third Reader than could his neighbor's child. This could not be explained by a difference in mentality, for the neighbor's boy is a bright lad. Dr. Emerson's son could also write as well as the other boy. He thought that this showed that information pounded into a child in the early school life by tremendous effort is all acquired later in a short period without very great expenditure of energy. The same thing as he had found in his own family, he thought, would be true in practically all cases. The child that begins to go to school at the age of eight years will be as well grounded at the age of twelve as will one who has gone to school at five years.

DR. ALEXANDER McALISTER, Camden—I agree with Dr. Funk that while children of five years should be kept off the streets, and be allowed recreation in public playgrounds, it is nevertheless true that many parents send such children

to the public schools to keep them off the streets. If there were public playgrounds no doubt many parents would prefer them to the schools, for it is inconceivable that parents are ignorant of the mental strain to which many of their children are now subjected in the schools. This view, that many children of five years are sent to school to keep them off the streets, I find substantiated by the fact that while the age for free attendance at the schools in some States is five years, the age for compulsory attendance in the same States is six years and upward. In most of these States the age for compulsory attendance is seven or eight years. In New Jersey, for instance, the age for free attendance is five to eighteen years, while the age for compulsory attendance is seven to fourteen years. In New York the age for free attendance is five to twenty-one years, while the age for compulsory attendance is eight to sixteen years.

In Germany the lowest age at which a child may enter school is six years, while in England the limit is five years. It may be pertinent comment on the English limit that in an epidemic of measles in Brighton nine-tenths of the primary cases occurred in children under five years attending the public schools.

I believe that the present curricula for children in the primary grades are worse than ridiculous—they are cruel, for they violate all the laws of development. The chief work of the primary grades should be the upbuilding of health, and such mental studies as may be thought to be really necessary to develop the power of concentration could be taught to some extent in the open air during the spring and early autumn. What objection is there, practical or otherwise, to shutting off the school yards from public view by hanging canvas curtains on the fences and then putting the children through their recitations? Then, if this solution or rather suggestion, is accepted, let play follow the recitations. This may be the only solution possible in some communities of the public playground problem, and of the question of mental development at the same time. Let us aid nature in developing the child. Froebel knew more of the child than all the school teachers before him or since. We cannot make a child's mind just as we would have it, and to try to do so is a work of brutal force. Develop the observing faculties first by means of play under proper supervision, and nature will show us what to do next. The main thing needed is to let nature alone, barring reasonable discipline, while she is doing her first and greatest work, during the years of three to seven.

The suggestion that the older pupils be taken on walks in the country is excellent, and such walks will serve the double purpose of developing the observing faculties and the general physique, or, in other words, of putting a sound mind in a sound body.

DR. WALTER S. CORNELL, Philadelphia, said that various educators, in conversation with him, emphasized the fact that they look to the medical profession for guidance in such affairs as had been discussed; yet papers are read by doctors in convention after convention, and no formal action is taken by which the nail may be driven home. The profession is alive to the fact that the curriculum is overcrowded; but the only result is that year after year some

isolated doctors make remarks on the subject. The teacher says, "Yes, we believe the same as you do about the matter, but what can we do? We have to obey our board of education and superintendent." Dr. Cornell believed that if the New Jersey State Medical Society would take some action, other State societies would follow their lead, and good results would result. That the subject is important is shown by the increased space on the programs of medical meetings devoted to it.

THE SCHOOL INSPECTOR AND THE FAMILY PHYSICIAN

BY ELIAS J. MARSH, M. D.,
PATERSON, N. J.

The compulsory crowding together of children in schools, the good with the bad, the clean with the unclean, the sound with the diseased, places upon society an obligation to see that the expected benefits are not neutralized by the evils which may arise from this close and promiscuous association. In sanitary work, as in all other forms of communal activity, society is obliged to act through agents, as health officers, sanitary inspectors, or, in the present instance, school physicians.

These inspectors are charged with the duty of using the utmost of their skill and authority to protect the sound and healthy committed to their charge from infection by those already diseased. Besides this, another branch of work has recently been added by law to the duties of the school physicians. From the recognition that the welfare of the community depends on that of each of its members, and that good physical condition is necessary to secure the best work in school or in life, has arisen the practice of requiring the examination of children for defects or disorders which, while not dangerous to others, are a handicap to those afflicted with them.

The regulations require the school inspectors to refer to the family physician, for advice and treatment, all cases coming to their attention in either of the two classes referred to above, viz: communicable disease, or non-communicable physical defect. Cases of communicable disease are excluded from school, for the protection of the healthy, until the offending condition is removed or controlled. Cases of physical defect are also subject, in some places, to compulsory correction, but in New Jersey unfortunately the school inspectors can only advise or urge treatment.

The recognition of its position as guard-

ian of the public health has long been one of the most glorious and most cherished traditions of our profession, and without question medical men generally appreciate this responsibility. But medical men are human, and it is human to hesitate in applying to our own personal instances rules of conduct which are general principles we readily endorse. The community wishes the public health to be protected, but hesitates to tax itself for the necessary money, or to take some other step which it finds inconvenient. The physician likewise understands the necessity for preventing the spread of contagious disease, but sometimes hesitates to apply regulations strictly, to the inconvenience of his own patients. He naturally wishes to serve them to the best of his ability, and to their satisfaction. If he uses intelligence and care in handling the cases sent him by the school inspector, and is conscientious in his advice to the parents, restoration to school and general satisfaction will usually result. But in his desire to serve his individual patient, he must not forget his professional obligation to the community, as he is sometimes tempted to do. A child comes to him with a note from the school physician, stating that he has what seems, and perhaps is to him, a trifling, or at most annoying, rather than a serious ailment. The patient is anxious to get back to school; the physician is busy with more important cases, and so is tempted to offer some hasty suggestion, or even ignore the matter altogether, and send the patient away only to be surprised that he is refused readmission to school. The physician has simply forgotten, in considering a particular case, that the inspector has regarded it not in relation to the individual, but as a source of infection for the rest of the school. I am sorry to say that cases have come to my notice where children have been sent back by the family physician without any examination, because he did not wish to be troubled with them. I am glad to believe such cases rare.

Unfortunately more common, and more dangerous because more likely to escape notice, is the carelessness which takes the form of perfunctory treatment of grave disorders. Everybody realizes that the first suspicion of possible consumption calls for prompt and conscientious care. Trachoma is hardly as serious a disease as tuberculosis, but it, too, calls for proper treatment as soon as suspected, and yet I have seen many cases sent from school with incipient trachoma perfunctorily and briefly treated

by the physician as simple conjunctivitis. And other disorders the same. In the class of non-contagious cases when treatment is advised by the school physician, many parents are grateful for the suggestion, and are anxious to do whatever is for the child's good, and yet in some of these cases the ignorance, carelessness, or selfishness of the family medical adviser has destroyed all chance of the child's profiting by the parent's willingness to benefit him.

I do not wish for a moment to be considered as criticising all family medical advisers, or as maintaining that the fault is all on one side; I have occupied both positions, and can sympathize with each. In the first place I believe that such physicians and such instances as I have mentioned are in the minority, for my experience has been that most men advise carefully and faithfully, even when this advice is contrary to the patient's desires. I have only pointed out difficulties which are likely to arise, and sometimes do arise. In the second place, I know the fault is sometimes with the inspectors. To begin with, their official position does not confer infallibility; they are liable, like other people, to err. I must admit that I have myself on two or three occasions given notification cards to children in whom I was afterward obliged to confess that I was unable to find any disorder.

Next, the conditions of haste and inadequate facilities under which inspectors are compelled to work in many of our cities are not such as to minimize the natural liability to occasional error. Finally, in his zeal for protecting from contagion the community whose servant he is, the inspector is sometimes led to do injustice to one of its individual members. Remembering this, he should bring to the discharge of his duty not only professional skill, and interest in his work, but a careful judgment. To the exercise of this latter quality, however, the present conditions of work, as already stated, do not give much encouragement. Until the people have learned to provide sufficient inspectors to do the work properly, and remunerate them for the time required to perform it, they cannot complain of an occasional mistake.

Thus we see dangers in both positions; that of disregard of the rights of the individual on the part of the inspector, and of disregard of the public welfare on the part of the private physician. The former is usually due, I think, to mistaken judgment arising from excessive zeal in the performance of duty; the latter to the com-

mon tendency to regard the public as an abstract and hypothetical conception, rather than as the sum of the various concrete individuals. Let the family physician look at the other side for a moment, and realize that his patient probably acquired the present complaint through failure to protect the community from some antecedent case.

So much for a statement of the respective positions; now for a brief consideration of the course to be followed by each, and of their proper relations. First, the school physician should exert his greatest diligence to see that no source of infection or disease escapes detection and removal, and at the same time use his best judgment to see that no child is unnecessarily deprived of the advantages of school. Let him not be arbitrary in his methods, nor require every case to conform to his own ideal standard, not to be treated according to his therapeutic ideas, so long as the desired results are obtained. If he finds a case in the practice of a personal friend, let him call the latter's attention to it, and thus secure for it a care it might not otherwise receive, to the benefit of all. In case of difference with the family physician, let him remember that the latter's experience and judgment may be as good as his own, and his knowledge of the individual child greater. Let him carefully re-examine the case, and if he still believes himself right, let him communicate with the family adviser, stating his views and reasons, thus probably securing his confidence and co-operation instead of distrust and opposition.

On the other hand, when the family physician has a case brought to his attention by the school inspector, he should realize that the latter did not take this action for fun, or as a matter of scientific interest, or to earn his meagre salary, but for what seemed to him, even if mistaken, a sufficient reason. Let him examine the case carefully, as if the patient had come of his own accord; if he finds the inspector right, let him treat the case thoroughly, remembering that though unimportant to the patient it may be important from a public standpoint, or though at present trivial, it may, if neglected, eventually produce serious results; and if he believes him wrong, let him not condemn him openly, as one generally feels privileged to do to a public official, but remember that he is a brother physician, and treat him as he would himself desire to be treated in private practice. Let him remember the difficulties of the inspector's position, and that even careful opinions may differ regarding

cases, and then communicate to the inspector the grounds for his difference and ask a re-examination in this light. Finally let the school inspector and the family physician each respect the position and purpose of the other, and remember that they both follow the same venerable and sacred calling for a common purpose, which will be achieved so much the sooner if, in the establishment of a mutual confidence, they consult together for the common good.

APPENDICITIS FROM A MECHANICAL VIEWPOINT.*

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This paper is founded on the studies of well-known authorities, personal observation and a belief that the human body in its performance of various functions will respond just as certainly to the known laws of mechanics and physics as any other engine. That these laws are observed in the peritoneal cavity is a fact that both experimental and practical study at the present time is leading most of the authorities. So, in the law of physics that Nature always makes fluids flow down hill, we find confirmation of the well-known and recently generally adopted Fowler position in inflammatory peritoneal conditions, with the accumulated mass of evidence as to its great efficacy.

The old saw that "Nature is a good physician but a poor surgeon" must be thrown aside, just as many other old sayings must be cast out whose only claim to fame is their constant repetition and not any fundamental foundation of truth. Nature is a good, an excellent surgeon. What man deprived of the accoutrements and assistants which the surgeon must of necessity be provided with, would dare tear his way into the abdominal cavity with only his bare hands to remove an appendix? And yet we have Nature doing this work right along, with a fair percentage of recoveries.

That the danger of operations in the peritoneal cavity in these days of aseptic technique is not with the condition producing the trouble but with the *degree of systemic infection due to the sepsis which any mor-*

bid derangement of the abdominal organs renders the body liable to, is to my mind a point which has in the past been lost sight of in the rush to operation. All medical men are familiar with the marvelous recuperative powers shown by the human organism when assisted by the surgeon in its battle against any merely mechanical defect with which it at the time may be suffering. The beautiful recoveries following the amputation of a crushed limb, elevating a depression of the skull, ligating arteries for intra-cranial hemorrhage, removal of bony debris in broken spine, ligation of bleeding points in extrauterine pregnancy, etc., are but examples of surgery which is soul satisfying. The battle between the infecting organisms and the phagocytes of the tissues and blood is to the death, and it is to this battle that Nature gives her almost entire attention in the beginning of an invasion of the human organism by offending micro-organisms, and if left to herself will in the majority of cases render the bacterial products sterile. At this beginning period the ability of a surgeon depends not on *how* to operate, but on how to assist Nature in her gallant struggle against the septic infection. Not surely by an incision and thus opening up new avenues for infection, but rather by aiding Nature to seal the remaining avenues which it has not had time as yet to close.

In the history of medicine and surgery one is many times apt to hear of the "swinging of the pendulum." This seems to be a favorite expression with medical authors and so I think it will bear repetition. The object of my paper is to give to the pendulum of opinion on the treatment of appendicitis whatever degree of a push that my efforts are able in its backward swing to what I think should be its normal position. Before Dr. Fritz published his remarkable paper in 1886 calling attention to the fact that appendicitis was a surgical disease and urging operation, the condition itself had long been recognized and pretty well established lines of treatment laid down, so that in looking through almost any of the older medical works dated before this epoch making paper one can see where the pendulum started to swing from. I will quote from the section on the "Diseases of the Cecum and Vermiform Appendix," written by John Syer Bristowe, M. D., F. R. C. P., in Wood's Library of Standard Medical Authors published in 1879. Therein the treatment of appendicitis is laid down as follows: "As regards those cases in which

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there is a direct communication between the bowel and the peritoneum, our main reliance must be placed upon opium; which must be administered partly with the object of relieving pain, partly with the object of restraining intestinal movements and preventing further escape of fecal matter. For similar reasons all purgative medicines must be most carefully avoided;" and in speaking of cases with obstruction he says, "there is no reason in many cases why we should not endeavor to support the patient's strength by nutritious enemata." And again, "when we have to deal with a case of inflammation, circumscribed in the situation of the cecum, as soon as there are clear indications of the presence of pus, an opening should be made for its evacuation; and the abscess having been once opened should be kept opened until we have evidence that its deeper ramifications are healed." And again, "indeed, there can be little doubt that if constipation be sufficiently obstinate to call for medical relief, relief will be afforded best and by far most safely, by the use of enemata."

Thus one can readily observe that the treatment before the days of operation while entirely symptomatic, was no doubt in a large majority of cases effective. It was from this treatment the pendulum started to swing until it reached its highest point in the operative scale. The treatment of appendicitis laid down in DaCosta's *Modern Surgery*, published in 1898, is very typical of the opinion of ten years or so ago, and I will quote his article on treatment (pages 653 and 654):

"In appendicular colic give a saline cathartic, apply a hot water bag, and watch the development or the abatement of the symptoms with anxious care. Many surgeons give a purgative in a case of even undoubted appendicitis. If the case is not better in thirty-six hours, operate. If it becomes worse within that time, operate at once (if pulse becomes very rapid, if fever arises, if sweats are observed, if temperature is very oscillating, if distention, rigidity, pain or tenderness become more marked, if shock arises). In any severe case, operate at once. Opium should not be used. It masks the symptoms, gives a false sense of security by making the patient feel comfortable. In an appendicitis even with slight symptoms many surgeons maintain that an operation should be performed at once, because the mildness of the symptoms is no indication that even in an hour or two gangrene or perforation will

not occur. Early operation is comparatively safe; operation after perforation, gangrene, or septic peritonitis arises, must be done, but is not unusually futile. Murphy, Deaver and others operate at once in every case. Keen, Semm, White and Smith, and others strongly oppose this plan. Other surgeons, in the first attack, if the symptoms are mild, wait and temporize, apply a hot water bag over the right iliac fossa to favor plastic exudation, and give opium in full doses. Some begin treatment by the administration of salines, apply an ice bag, and after a free movement of the bowels give opium and keep the patient on liquid diet. If the symptoms become worse, they recommend operation. The author does not believe that it is proper to always operate. Such a rule makes decision easy, but not of necessity right. In case of severe symptoms operate at once, but in an ordinary mild case watch the patient for a few hours. McBurney says, if six hours after the beginning of the attack the patient is no worse, there is no pressing danger, and if in twelve hours symptoms are not intensified they will soon begin to abate; but if in twelve hours the case has become worse, operation is necessary. It is well, if possible, to operate in an interval in preference to operating in an attack. McBurney says, if in twenty-four hours from the onset of an attack the severity of the symptoms lessen, it is usually possible to wait for an interval; but if during the second twenty-four hours the abatement in symptoms has not gone on and there is doubt as to the condition, operate at once."

It will be seen that, by reference to the above quotation, the opinion was extremely varied as late as ten years ago. It was Ochsner, at the Saratoga meeting of the A. M. A., who first gave a real definite and decided outline to a plan of treatment by more or less routine measures, and he, to my mind, has perhaps done more than any one else to swing the pendulum back to its proper level. At the present day there seems to be about an equal division of opinion between those who would operate on every case as soon as seen and those who follow Ochsner's methods. The surgeons of the large cities of the East do not take kindly to any but the immediate operative treatment. My opinion is that financial exigencies are largely responsible for their hurry to operate every case. Those of the West seem to take kindly to the Ochsner method and from their reports one could not imagine a better line of treatment with

regard to a low rate of mortality. And yet Ochsner is willing to operate cases of appendicitis in the first twenty-four or forty-eight hours if he feels confident that the inflammation is still confined to the appendix. I wish to give the pendulum a push to a level wherein *no case of appendicitis in whatever stage, whether one hour, forty-eight hours, four days or two weeks old, will ever be operated while evidences of systemic infection exist*, except to simply incise a circumscribed abscess.

Let us now proceed to the subject in hand with a mental picture of that part of the human engine enclosed in the abdominal cavity. The smooth rolling coils of the intestines moving on each other and on the parietes, the friction of which is reduced to the proper minimum by the peritoneal fluid. Peristalsis has been defined as "the worm-like movement by which the alimentary canal propels its contents. It consists of a wave of contraction passing along the tube." (Dorland). To actually know what takes place during this movement one must see, and I will endeavor to describe the action as I have seen it occur during an operation wherein the patient was expertly anesthetized. A generous incision had been made to perform a gastrojejunostomy and the most of the transverse colon had been thrown up over the patient's chest. It was lying there in its normal relaxed condition when peristalsis commenced. This consisted of a gradual symmetrical ballooning of the gut until the diameter was about three and one-half or four inches and looked like a miniature cigar-shaped airship, about seven or eight inches long. As this distention filled out and traversed across the colon it was followed by a tight contraction of the bowel which looked as though some one was squeezing it as hard as possible with an invisible hand. This squeezing followed and pushed forward the gas chamber until it disappeared again in the abdominal cavity, the whole process occupying a period of perhaps fifteen or twenty seconds. Thus peristalsis consists not only in a worm-like movement but in a decided expansion and just as decided a contraction of the gut wall, and this fact cannot be too strongly emphasized, because it is the most important movement of the bowels and the one affecting intraperitoneal conditions to the greatest degree. There is also movement of the gut and abdominal contents either in part or en masse influenced by diaphragmatic movement, by muscular movement of the abdominal wall and

by gravitation of the contents due to change in position of the body. In order that nothing may be omitted, we may mention the gradual displacement of the over-riding intestines due to the filling of the bladder, and a corresponding settlement following emptying of the same. With this picture in our minds, let us take up the peritoneal condition which is most important.

Appendicitis to my mind is not a disease. Rather would I call it an affection—a morbid condition—due to some mechanical condition arising in the appendix itself, this same condition at once lowering the vitality of the part so that the ever-present bacteria find a suitable breeding ground for multiplication. The resultant systemic invasion either by the bacterial products, or the organisms themselves, is where the chief danger lies, and this invasion can either be aided by improper treatment or hindered and stopped by measures calculated to help Nature in her fight. I cannot do better at this juncture than to quote verbatim from the description of the anatomical location of the appendix in Ochsner's "Clinical Surgery" (Sec. Ed., pp. 157 and 158):

"The appendix is virtually surrounded on all sides, excepting in the median line, by relatively fixed tissues. Above we find the lower end of the cecum, and the cecal end of the ilium; to the right and in front is the parietal peritoneum; behind is the peritoneum covering the iliaca muscle, and toward the median line it is surrounded by loops of small intestines. Moreover, the omentum extends far beyond its lower end.

"Thus we see that the natural anatomical arrangement for the protection of the general peritoneal cavity is extremely efficient. There is but one weak point in the anatomical provision for this protection, namely, in the direction of the median line, because the great mobility of the small intestines naturally favors the distribution of septic material to all parts of the peritoneal cavity. If we can prevent the small intestines from doing harm in this direction, we will have accomplished our end, theoretically at least.

"At this juncture I wish to call attention to another important anatomical condition. The blood supply of the omentum is so enormous that it will readily dispose of a very severe infection by walling off the surrounding structures if it is permitted to give its physiological attention to a single area. It is a well-known fact, which every one who frequently operates during the

acute attack of appendicitis has had many opportunities to observe, that the omentum crowds itself about any inflammatory or traumatic lesion within the peritoneal cavity the moment such lesion occurs, and if left undisturbed for a few hours, will suffice to cause efficient protective adhesions. These adhesions become stronger every hour and the blood supply in the omentum becomes greater, so that if no disturbance arises one can reasonably expect efficient protection to the general peritoneal cavity by the omentum.

"Another important fact must not be lost sight of in this connection, viz: that the surrounding structures being relatively fixed in position favor the condition of rest of the inflamed part and permit the omentum to act after the manner of a splint applied to an inflamed joint. The value of rest as a preventive to the extension of an infection in any part of the body cannot be overestimated. Consequently, if it is possible for us to secure this condition of rest we have gained another important point in the right direction.

"In case the appendix is displaced upward its position is even more favorable, because the available amount of omentum is thus increased. Again, if the appendix is retrocecal in its position, which is very frequently the case, the infection of the general peritoneal cavity is more easily prevented than when in its normal location. If anteriorly misplaced it is likely to be fastened to the anterior abdominal wall by the adherent omentum.

"It is plain, then, that the infection of the general peritoneal cavity must occur from a disturbance on the part of the small intestine and must be due to their peristaltic motion.

"It is significant that in almost all cases of severe, acute appendicitis the obstruction to the passage of gas and intestinal contents through the ileocecal valve is one of the early symptoms. Nature is trying to prevent this very dangerous disturbance by closure of the ileocecal valve. We have a condition corresponding to the contraction of the muscles surrounding an inflamed joint, to the closure of the eyelids in conjunctivitis, etc. Moreover, the muscles overlying the appendix become tense. Everything tends toward the establishment of conditions of rest in the vicinity of the inflamed organ."

With this anatomical picture let us consider for a moment the mind picture of the processes taking place in the region sur-

rounding the appendix. True it is but a picture, but one which the pathologists have thought out until one can almost think he sees the actual happening.

Pathological conditions of the appendix excite pain, and the command is wired along the different nerves for that part of the engine to stop further procedure and concentrate its attention to an isolation of the battle ground, which command is followed by a cessation of vermicular motion, rigidity of the abdominal wall and, many times, by the voluntary assumption of the ideal Fowler position by the individual affected. Thus by a purely mechanical means is the immobilization of the right iliac fossa accomplished, its three loose walls becoming tense and rendering a complete barrier to the extension of the battlefield. With what despair, then, must Nature view, under these conditions, the following out of the ruling of the ancient and malicious tradition in the administration of purgatives for pain in the bowels. I cannot tell the number, but would venture to guess that thousands of lives have been sacrificed to this false custom.

Because it was found ages ago that a purgative would relieve the majority of abdominal pains, due perhaps to a lack of motive power which at that moment was the cause of trouble, we must needs be dosed with purgatives during the ensuing generations thoughtlessly and indiscriminately. Just as Nature has begun her work to fairly isolate the battleground, to have some well-meaning but ignorant adviser, arguing from premises that, because stomach-aches have been relieved by a generous cathartic, the present sufferer shall be ruled likewise. The administration of the "potion" takes place, the peristaltic action, which has been so judiciously stopped, is renewed much against the will of all-guardful Nature, there is a tearing apart of the hastily formed, but none the less effective, wall of adhesions and a distribution of the fighting hosts over the whole field of peritoneum, where the bandits are at an advantage, where they may run into recesses and successfully give fight to a comparatively few pursuers, establish new strongholds, from whence they are with difficulty starved out, if at all, or, by a rapid multiplication on the broad surface of the general peritoneum, they may win a sweeping victory, signaled by death of the individual. How often this mind picture has actually been worked out in its microscopical activity due to the administration of a cathartic at this juncture is im-

possible to know. How different the condition of the bandit bacteria walled off by Nature in a state of siege in the right iliac fossa, the vanguard of the soldiery of the blood at once picking out the strategic positions to await the advent of reinforcements, of which they know there will soon be plenty, the more daring of their fellows advancing to the limits of the enemy, picking off their best men and throwing the fear of defeat into the cowering bandit hosts, and then when the reinforcements do actually arrive, cutting off their supplies, starving them out and reducing their strength to but a shadow, and actually sterilizing the products of the malicious gathering. Here is where the surgeon shall either make an enemy of, or become an aid to, Nature by choosing the proper time for operation, and here let us not equivocate, but do not undo Nature's stronghold by tearing in and through the lines of siege, until the signal that all is well to do so is raised, that signal being the drop of the temperature to normal and a stay there, and a normal pulse and leucocytosis, for three, four or five weeks. But Nature must have aids during the time of siege. Nature can look to the surgeon to prevent a rear attack by withholding food and cathartics from the mouth, by the withholding of water and everything from the stomach until the temperature is normal for four days, or a week, by the support of the body with both food and drink by the various avenues open to the assimilation of same, i. e., per rectum, under the skin by hypodermoclysis and in the veins by infusion. The administration of food and drink by the mouth will produce peristalsis, even the smallest quantity introduced into the stomach will produce this movement of the gut which is so fatal to the newly formed adhesions around the battle ground. Oftentimes there will be an effort on the part of Nature to throw off what accumulated food is already in the bowels and stomach, which is done by a reversal of peristalsis, and here again can the surgeon give material aid by gastric lavage as often as may be necessary to empty the stomach as it successively fills with the bowel contents (Ochsner). The Fowler position may be retained with great benefit throughout the attack, for in that position the bacteria and their products will gravitate to the lower, tougher and more resistant confines of the abdomen, where absorption is slowest and resistance greatest. Should this condition have reached an abscessed stage before the attendance of the surgeon, or after his advent under the treat-

ment outlined, then again must the warning be given not to break through the now comparatively dense walls at operation in order to remove at once by a thorough operative procedure the adherent appendix, and thus by chance open up the field for the liberation of bacteria in the peritoneal cavity, to be followed perhaps by a repetition of the battle, with the chances now all against Nature and her hosts, but to be satisfied to evacuate the abscess cavity, relieve the system of the absorption of the toxins, and wait for a more favorable opportunity to remove the offending member. "Sooner operate twice less thoroughly and have the patient live, than to operate once thoroughly and have him die," (Van Riper), but in the interim remember you are the surgeon, don't let the patient go away with a false sense of security, don't let him go away at all, keep him right under observation until all the operations necessary are done, and done well.

My contention is that the natural laws of the human body endeavor to reduce a more complicated septic condition to a simpler mechanical one, when a call is issued for a surgeon and the knife and the results seen in waiting for this happy condition of affairs is soul satisfying not only to the surgeon but to the patient and his friends. Here do we find the answer to the question, "When to operate in appendicitis?" and it is an answer which, if abided by, will produce the best results. Operate when Nature has reduced the condition to a mechanical one. The surgeon is at best a mechanic and he meets with poor success in attempting to combat the non-mechanical condition of septic infection by the purely mechanical means which are at his disposal. Nature has provided the human body tissue with the necessary recuperative powers and it will invariably use them to full advantage unless undermined by some other constitutional disease prevailing at the same time.

THE DETAIL MAN.

BY THOMAS W. HARVEY, M. D.,
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To the student of the medical mind, one of its interesting phases is the child-like faith that we have in the fluent science of the Detail Man. How impressive he is with his description of the catalytic effect upon the neurons of his particular essence of

lecithin, and the next patient that comes in, no matter if he has ingrown toe-nails or hydrocephalus, is given the same bottle with "here, try this," and the office visit is charged up religiously. It does not seem to make much difference about the kind of a doctor you are. The most scientific neurologist talking in medical terms far beyond the ken of the ordinary practitioner, will hand out a prescription calling for the latest untried proprietary and charge fifteen dollars for it with as little trouble to his conscience as his fifty cents confrere. The truth is we have been so impressed with the importance of a correct diagnosis, and are so under the influence of modern pessimism regarding therapeutics, that the prescription is more often given as an excuse for the fee and because the patient expects it, than because we have logically deduced an indication for a certain remedy from our study of the symptoms and our diagnosis.

Yet, in spite of this lack of faith in drugs, the purchasing committees of our hospitals are groaning over the ever increasing size of the drug bills, and there never has been a time when apparently more money was to be made in the drug trade.

The Detail Man asks you to test a certain medicine in a given disease or condition. Who is there living who can judge of the effect of a drug on an individual unless it kills him; who is there who knows all the specific reasons for all the symptoms that a patient exhibits, and can logically deduce the effect of the remedy on those specific causes or their results? There are no tests of value within the reach of the general practitioner beyond the shotgun one, that if one takes a drink of whiskey one feels able to lift an elephant, and yet that is not a measure of the effect of the alcohol on the system. How fine it would be if we could have all the drugs tested in large dispensaries or hospitals with a careful registration of effects and a summing up of conclusions by a band of experts and then let it be a penal offence to introduce a duplicate.

One must acknowledge, however, that there is great comfort to be derived from the proprietary. It is so easy; the price list of the manufacturer or mayhap the trade-marked name gives plenty of information of the symptoms that it will correct, and the Detail Man will furnish the physiological reasons for its efficiency and also a lot of literature in the shape of mono-

graphs read before apparently legitimate medical societies by men whose names are familiar to our eyes even if we do not know anything more about them.

And then again the evidence of the value of these preparations has been substantiated by their appearance in the Pharmacopeia under the guise of legitimate preparations with long chemical names that no man can remember, be he never so conscientious; yes, the trade mark is easy and the doctor is another.

There is a variety of the Detail Man who immediately captures you by appealing to your pride as a man well read in the scientific "patter" of the laboratory. He will reel off a long lingo about the physiology of digestion and the chemistry of assimilation, assuming all the time that you know perfectly well what he is talking about, but secretly knowing that you don't. It is very edifying to interrupt him now and then with a question and hear him calmly go back a paragraph or two and repeat the same story.

To one who has taken a full course in the Detail Man's University of Scientific Medicine, the most interesting series of lectures has been the course on Digestion on the Stomach. I entered the kindergarten founded by Professor Hawley in 1880, I think, and the physiology of digestion at that time was rather easy: as successive ferments were found and had to be administered in such a way that they would be set free at the proper point in the digestive tract, the course became quite complicated and the professors occupying rival chairs would get us all mixed up by their conflicting stories, until to-day I find it very difficult to follow the scientific reasoning of the Demonstrator, and it is much easier to accept his explanation as proven and follow his advice and distribute his samples until the next man comes. This saves me money in stocking my medicine case and incidentally adds to the revenue of the office.

I have said that there should be no duplicates. After one has given a one-ounce sample of a tonic to a patient it is very embarrassing to find that one has to give some other kind the next time he calls. I must acknowledge that there is a certain charm in a new medicine, but how can one form any idea of the value of a reconstructive tonic from a one-ounce sample, or even from one patient. This reduplication of the same medicine under different names is interfering very much with the disci-

pline, not to mention the scientific value of the Detail Man's course of instruction.

The best of us, however, will always welcome the new cathartic with which to soothe the peristaltic woes of our neurasthenics. I would suggest a proper Degree for the graduates of this school, and that a qualified graduate be placed on our Board of Medical Examiners to examine in the subject of Proprietarys instead of the ordinary *Materia Medica*. Only in this way can we secure men well trained in the use of Proprietarys and be sure that in dispensing samples the "dryers" useful in the various rheums are not given out to the mother seeking to increase her lacteal output, or an aphrodisiac be given to a disciple of Malthus, who is in need of a spinal cord depressant.

Clinical Reports.

SPONTANEOUS RUPTURE OF A SEVEN-MONTHS IMPREGNATED UTERUS.

BY JOHN J. MOONEY, M. D.,
JERSEY CITY, N. J.

Reported at the December meeting of the Hudson County Medical Society.

September 24th, 1909, Mrs. S., 38 years, multiparous of 10 children, while occupied in her household duties, was taken with a sudden weakness and dropped to the floor. On my arrival, some twenty minutes later, the pulse was extremely rapid and scarcely perceptible, the breathing hurried and the extremities cold. At this time she complained only of weakness, or, as she expressed it, a feeling as though she were going to faint. She had had no pain and there had not been, nor was there at this time, any bleeding per vagina, a symptom looked for when she stated she was seven months in the family way. Her history of this gestation had been the same as the others and nothing unusual had happened to her before that day. One-tenth of a grain of strychnine hypodermically, hot saline solution by rectum and hot bottles in the bed slightly improved her condition in a short time. Some three hours later she began to vomit and this continued at first only on taking drink, but later it was persistent, of fecal odor, and lasted, despite my remedies, various cathartics and enemas, for two days. I then washed out her stomach and gave her per stomach tube

two ounces of oleum ricini, which she retained and which had the desired effect. She had several stools, her vomiting ceased, she was able to take and retain liquid nourishment and her general condition improved greatly. On October 4th she sat up out of bed and felt well but for a slight dragging pain in the right iliac region and a feeling of fullness in the epigastrium. Her temperature never rose above 100 degrees Fahrenheit, and her pulse never came below 110. Previous to September 24th she had felt life in the fetus, but since then she had not. On October 10th she had a slight showing of blood per vagina and every day thereafter about the same amount until October 20th, when I transferred her to St. Francis Hospital, Jersey City, when, on putting her to bed, it stopped.

Upon examination of the abdomen a fetus could be felt and appeared more movable than normal, and in the right iliac region a distinct tumor could be demonstrated flat on percussion and extending a little to the left of the linea alba. Vaginal and bimanual examinations showed a uterus which was slightly larger than a normal unimpregnated one, also a tumor anterior to the uterus and the right broad ligament. A tentative diagnosis of abdominal gestation was made and on October 22d celiotomy was performed.

The peritoneal cavity having been opened through the linea alba, the omentum was found to be drawn down and so attached that it completely covered over all the lower abdominal viscera. While breaking up the adhesions I accidentally broke through the amnion which was adherent to the omentum and the amniotic fluid ran over everything. Inserting my hand in this opening in the sac I withdrew a seven-months fetus, partially macerated. Having finished the dissection of the membranes from the omentum I proceeded to detach a placenta which was attached to the anterior surface of the uterus and the right broad ligament. This was accomplished with comparative ease. Examination of the tubes and broad ligaments proved them to be normal, but an inspection of the uterus showed a rent in the anterior surface and almost in the middle line. The left margin of the placenta had been attached to and covered over this tear to the uterus. There was no free blood in the peritoneal cavity showing that there had been no hemorrhage at the time of rupture. Hysterectomy was performed.

The patient made an uneventful recovery, returning home in three weeks.

Case of Head Injury Followed by Mental Disturbances: Operation.

Reported By Dr. Philip K. Brown, San Francisco, at meeting of the California Academy of Medicine.

Patient male, 42 years of age, engineer. Had had an injury to the head after which the wife noted mental disturbance. At the time of the injury in a train wreck eight years before the skull was fractured, both legs broken and the arm taken off. He was ill in the hospital nine months and delirious for four months. The injury was on the forehead over the left eye and discharged for four months. The wife states that there is a loss of memory, an incoherence of activities, amnesia, irritability, insomnia, nervousness, jerks in sleep and loss of weight. Prior to the accident patient had always enjoyed good health. Patient complains of no headache although his wife says that he rubs the left side of his head sometimes. His mental condition had always been extremely good, patient never drank nor smoked prior to accident. Occasionally had taken whiskey, but without any effect whatever on the mental condition. While the patient was in the hospital after the injury and during delirium he broke out of the window and was only brought back with difficulty; it is not known what precipitated this special outbreak. The wife states that he has shown signs of forgetfulness to an increasing degree since he left the hospital. He would start to go down town but could not recall afterwards what he went for and where he was going and on going out of a building did not know which way to go home. He began to be less tidy in appearance, to swear, to drink and to show signs of increasing irritability, a single glass of beer would increase these symptoms so much that he would not know where he was for a day nor could he remember anything he did. He has been recently confined for three months in an asylum and while there has been violent at times. This followed an excess of alcohol. There never have been any convulsions. During the past eight years he has complained a good deal of insomnia. His eyes were examined by Doctor Redmond Payne who found nothing. Doctor Payne suggested that the frontal sinus had been infected, and he advised a radiogram which, however, showed nothing. The patient was operated upon by Doctor Walter B. Coffey and spicules of bone $\frac{1}{2}$ " long, almost all around the scar, and projecting into the brain were removed. Ten days after the operation patient stated that his mind was more clear than at any time for years, that formerly where he had remembered nothing and would do things without remembering them afterwards he was now perfectly clear as to his actions. He stated that some change had occurred in his brain to make his life seem like starting anew.—California State Journal of Medicine.

Teratoma of the Soft Palate.

Dr. Lewis A. Coffin, New York, reported this case, his patient being a woman of sixty-six years of age, complaining of cough, at first ascribed to enlarged lingual veins. A small tumor was discovered behind and above the uvula, and of the shape of the latter, hanging free in the pharynx. It was thought to be papilloma-

tous, but proved to be a teratoma. Dr. Coffin quoted Sarapin as saying that the mixed tumors of the palate formed a group by themselves pathologically, anatomically, and chemically; that they had a common origin with teratomata and teratoid growths, and that from a clinical point of view they were benign in character, easy to enucleate and not inclined to recur.

Cases of Foreign Bodies in the Intestines.

Reported From the Clinic of Dr. A. B. Kanavel, in a Paper By Dr. H. Scott, Chicago, on the Subject, Published in the Illinois Medical Journal, July, 1909.

Mrs. M. W., colored, aged 38, was admitted to the hospital December 13, complaining that for nine months she had had a swollen abdomen, with darting sharp pain over same and had noticed a hard lump to right of umbilicus, which gradually moved to immediately under the umbilicus, where it began to discharge externally, some pain above symphysis pubes, although not severe, bowels constipated, loss of appetite and occasional headaches.

Examination.—Patient a thin and anemic looking woman. Lungs: Expansion poor, chest flattened anteroposteriorly, rather well marked, dullness over both upper lobes anterior and posterior, more marked on right side, slight increase of breath sounds on right side, no rales. Heart apparently healthy. On examining the abdomen there was seen a swelling in the middle line extending from the pubes to the lower edge of the umbilicus, where it opened externally by a sinus which discharged a milky pus. On palpation the mass was found to be firm, only slightly tender, extending only a little to the left of the median line, while to the right it could be outlined almost to the inner surface of the ileum. On bimanual palpation the mass was found to be firmly fixed to the abdominal wall and pelvic structures and seemed to be attached to the pubes, to Poupart's ligament on the right side and to extend to the right to the surface of the ileum. The uterus could not be outlined. The cervix was high and could not be moved forward or backward.

Operation (Dr. Kanavel, December 18).—The opening of the sinus was closed with catgut. The tissue about the opening of the sinus was excised and the skin incision continued in the median line down to the symphysis. The layers of the abdominal wall were found to be replaced by firm connective tissue. The skin was retracted, the peritoneal cavity opened and the peritoneum dissected off of the under surface. Dissection was begun at the upper end of mass and continued toward the pubes. On the under surface the small bowel was found firmly adherent to the mass and in the separation of same a large opening was made in the gut. This was closed at once with Lembert silk sutures. On further dissection the mass was found to lie against the bladder and to be attached to it by loose connective tissue. The mass was freed from its abdominal and pelvic attachments and cut free from the pubic bone to which it was firmly attached. In removing the mass a small sharp pointed fishbone dropped from the lower end of the sinus. The pelvic viscera were apparently normal, and no denuded bone was found around the rim of the pelvis. A gauze drain was placed in the cul-de-sac and the ab-

dominal wound closed with layer sutures of catgut. The gauze was removed in twenty-four hours; the discharge from the wound ceased in fifteen days, the patient leaving the hospital well on the eighteenth day after operation.

Examination of Specimen.—A hard white mass. Longitudinally in center on one side where opening was made the sinus is seen to extend to the bottom of the specimen. Except for the fishbone there are no foreign bodies noted in specimen except one or two pieces of No. 3 catgut in the portion of skin removed with growth. Microscopical examination of sections from the outer surface of the base and from the inner surface of the sinus showed only inflammatory tissue.

Case 2.—The following case is one in which a fatal issue followed the swallowing of a foreign body and was seen by Dr. Kanavel in consultation with Dr. Pollock and Dr. W. H. Wilhite. There was given a history, through attendants, of having swallowed at various times, nails, pins and other foreign bodies while in an insane ward. Five days before consultation the patient began to complain of pain in the abdomen with tenderness. She was transferred to the surgical ward, where a large number of pins were removed from the rectum. Her temperature varied from 100 to 101 F. and evidence of local peritonitis developed. At the end of the fifth day she was operated on by Dr. Kanavel, assisted by Dr. Wilhite and Dr. Dunne. At the operation a large accumulation of pus was found apparently associated with a very extensive peritonitis. The appendix was normal. A diagnosis was made of diffuse peritonitis, probably due to a foreign body. The disease was progressive and she died at the end of the fourth day after operation with all the evidences of death due to peritonitis. On postmortem performed by Drs. Kanavel, Conover and Scott, a number of small perforations were found through the colon, particularly in the sigmoid region, from which the peritonitis had apparently developed. Four inches from the sigmoid there was a small diverticulum one-half inch in length, but there was no evidence of inflammation about this. Diagnosis: Death due to peritonitis as a result of penetration of the wall of the duct by foreign bodies.

Tetanus with Recovery Following Injection of Antitetanic Serum.

From the New York Medical Journal.

The patient of Dr. C. M. Stinson was a male of 37 years, who developed tetanus and presented no history of traumatism. It was supposed that he had rheumatism and he was placed upon a purge and salicylates. The later course of the case led to a suspicion of tetanus and close questioning revealed the fact that three weeks before he had stepped on a rusty nail, but he at once applied carbolic acid to the wound and thought no more about it. A small scar, entirely healed, was found, the former wound opened and pure carbolic immediately followed by alcohol applied. The salicylates were discontinued and 1,500 units of antitetanic serum applied, bromides and chloral being given internally. Later the dose of serum was increased and repeated. On the fourth day, as his condition seemed very hazardous, general anesthesia was given and an injection of 3,000

units was made directly into the exposed trunk of the sciatic nerve. On the eighth or ninth day a delirium developed, and as it was thought that this was due to the antitoxin its use was discontinued. On the tenth day a general roseola rash appeared, becoming brighter and lasting till the sixteenth day, when it began to disappear. In two days more it was entirely gone and was not followed by desquamation. From this time a gradual improvement ensued and the patient was discharged cured on the thirty-sixth day.

Goiter; Tubercular Peritonitis; Prostatic Disease

(From the Ohio State Medical Journal.)

Dr. W. D. Hamilton, Columbus, Ohio, in a paper read before the Jefferson County Medical Society, gave the following tabulated list of 42 operations performed by himself and C. S. Hamilton in the Mt. Carmel Hospital:

(1) Thyroidectomies, 12 cases. Of these 11 recovered and 1 died. Pathological diagnosis—Simple adenoma, 4; cystic adeno-fibromyoma, 1; adeno-carcinoma, 3; gland hyperplasia (Graves' disease), 2; simple cyst of thyroid, 1; accessory thyroid, 1. The one death occurred in one of the cases of Graves' disease.

(2) Tubercular Disease, 10 cases. Pathological diagnosis—Tubular salpingitis and oophoritis (with tubercular peritonitis in 2), 9; tubercular appendicitis, 1. Operation—Simple salpingectomies, 2; salpingo-oophorectomies, 5; appendectomies, 2; salpingo-hysterectomies, 2. Recovered from operation, 10. Results—Great improvement in health in 6 cases. Deaths within the year from pulmonary tuberculosis, 2. After results not given, 2.

(3) Prostatectomies, 20 cases. Pathological diagnosis—Adeno-carcinoma, 2; adeno-fibroma, 14; sarcoma, 1. Not examined by pathologist, clinical diagnosis—Fibroma, 3. Results—Recoveries, 17; deaths, 3. (Of the deaths two occurred in the two cases of carcinoma, and the third died of post-operative pneumonia.)

Editorials from Medical Journals

A Doctor's Symphony.

(From American Medicine, 1908.)

In the rush and struggle to achieve fame, power or wealth we too often lose sight of the things that after all make life worth the living. Consciences become calloused, hearts become hardened, and friends, family and kindred are all neglected for the one great passion, hustle. In time it becomes a mania, this insatiable desire to get on, and so we hurry along, through all the years, blind to everything but the fleeting visions of success, that a warped and narrowed mind creates. Then, some day in a lucid moment, we learn how empty is the life that is dedicated to ambition alone. Too late, usually, the awakening comes, and peer as we may into the past for faces and forms we loved, for scenes that once delighted and inspired, they come no more. Grope as we may for dear, clinging hands, speak with all the yearning that swells our heart, no answering voice replies. They have gone. Success, true, may be ours, but too often is a tinselled bauble, when com-

pared with the sacrifices and the happiness it has cost, the neglected opportunities for better things its pursuit has weaned us from, and the dear ones it can never bring back.

A few words penned by Dr. George F. Butler, one of Chicago's ablest physicians, a poet and a philosopher, have been responsible for this little revery and we want our readers to enjoy them as we have. So here they are:

A Doctor's Symphony.

"With this New Year resolve to live without anger, avarice, envy and littleness. Resolve to be generous and kind; to recognize the extreme value of health and human life and to strive by every means to call back the tide of disease and death; to give something to shape the million-handed labor to an end and outcome that will leave more sunshine and more flowers to humankind. Let your labor be so ordered that in future times the loved ones may dwell longer with those who love them; open your minds; exalt your souls; widen the sympathies of your hearts; face the things that are now as you will face the reality of death—fearless and alone. Remember that the battle of life cannot be fought by proxy; be your own helper.

Go thou alone—

Let not thy courage fail,
Nor weight of pain avail
To stay thy onward feet.
What e'er betide thee sink not
E'en in thy anguish think not
Under God's generous sun
So much of sorrow lives save goodness to
complete.

Go thou alone—

Though friends and fortune pass
Beyond thee, and alas
Love's visions fade away.
Look to the stars and ponder
How poor thou art, and wonder
How the vast undertone
Of thy creative thoughts could blossom in a
day.

Go thou alone—

The breathing atom in thee
Shall one day rise divinely
From this its cradled head.
Be wise and brave and loving,
From lowliest essence moving
In circlets one by one
Up to thy perfect shape, the highest earthly
power."

Exploratory Laparotomy.

(From the American Journal of Surgery,
December, 1909.)

A European physician writing of his impressions of American hospital methods made the criticism (which was reprinted in at least one of our newspapers), that in this country surgeons too often indulge in abdominal exploration. If it be true that we have fallen into the way of making abdominal diagnosis with the knife, of seeking visual demonstration before exhausting all the reasonable (and for the individual case, expedient) means of clinical diagnosis, then the criticism is a just one. Intelligent and patient study of signs and symptoms will usually direct the experienced surgeon to a correct diagnosis. On the other hand, exploratory laparot-

omy is often a justifiable means of diagnosis, deserving of proper consideration. Just as in cases of suspected gastric carcinoma, so in other abdominal diseases it is unfair to the patient to wait for positive signs or to rely entirely on complicated and sometimes misleading laboratory tests.

In the acute cases diagnosis presents fewer difficulties, but of chronic abdominal diseases and especially of tumors, the diagnosis, in spite of every test, is often possible only on the operating table. Even when the diagnosis is not clear, the indication for operation may be; and an autopsy in vivo may prevent an autopsy post-mortem!

Visual demonstration is the most reliable of all diagnostic determinations—hence the value of cystoscopy, of skiagraphy, of exploratory laparotomy. But he who rushes at once to these demonstrations before attempting to establish a conclusion by bedside examination, appropriate analyses and deductive reasoning will soon blunt the edge of his diagnostic discernment. Exploration as a means of diagnosis, usually immediately precedent to surgical treatment, has an appropriate place in the armamentarium of those whose clinical training has not been spoiled, and such a place it will continue to occupy as long as abdominal diagnosis presents elements of doubt.—W. M. B.

Sterilization of the Confirmed Criminal.

(From the Medical Record, Nov. 20, 1909.)

The problem of what to do with the habitual criminal, the idiot, and the sexual degenerate is one that has from the beginning of civilization puzzled sociologists, philanthropists, and penologists, and it is still being discussed. In these days the problem concerns less the existence of the individual criminal or idiot than it does the prevention of the manufacture of new generations of potential criminals and degenerates. This might be secured, it is true, by the life-long incarceration or colonization of those unfit to procreate, yet justice or expediency forbids this in all cases. Society would have the right to demand this in its own protection were there no other prophylactic available, but such a method of treatment would not always be in the interest of the State, which should not be compelled to support the individual who might, if free, be able to take this burden off the State and even be a useful citizen were his power of future harm taken from him. Long ago castration was proposed as a means of rendering the degenerate innocuous, but the thought is repugnant, for even the criminal has certain individual rights which the State cannot take from him; it may deprive him of his life, or his liberty for its own protection, but it is questionable whether it would be justified in subjecting him to the cruel indignity of castration.

Some years ago, when castration was proposed for the relief of hypertrophied prostate, and was actually performed in many cases, with apparent success in some, J. Ewing Mears, of Philadelphia, suggested ligation of the spermatic cord as a substitute operation which would be free from the obvious disadvantages of removal of the testes. It was in a way beating the devil round the bush, for the result is the same in the end, the operation insuring an atrophy of the testes, but the mental effect on the individual is less marked, the atrophy of the

glands being gradual and nearly like that which naturally comes with age. Noting the result in such cases, it occurred to Mears that the same operation might be resorted to as a means of asexualization of habitual criminals and other degenerates, and so preventing them from procreating their kind. In an article in the Boston Medical and Surgical Journal of October 21 he says that a bill was passed by the Pennsylvania Legislature legalizing this operation in certain cases, but failed to become a law through the veto of the Governor. The advocates of the measure accepted this check, not as a defeat but as a temporary setback only in the battle in what its advocates justly regard as the cause of right and justice. "Back to the people it has again gone, with the assuring hope that the vox populi, more forcibly pronounced, if need be, will give to the citizens the right to protect themselves against the deadening influences of degeneracy, and, through the measures sought to be applied, give to the class of unfortunate defectives, paradoxical as it may seem, their only true protection."

While Mears was advocating this measure of protection for society against the multiplication of its degenerate and criminal enemies, Bel-field, of Chicago, was advocating in the same cause the operation of vasectomy, or excision of the vas deferens. The advantages claimed for this operation are that sterilization is secured with equal certainty as by castration without depriving the individual of his sexual powers or of the benefit of the internal secretion of the glands. Vasotomy, or simple division of the vas, is inadvisable as a prophylactic measure, since it is remediable by a simple operation reuniting the divided ends of the vessels. Vasotomy or vasectomy has been indorsed by the Chicago Society of Social Hygiene, it has actually been employed with legal sanction in Indiana for more than two years and in several hundred cases, and has recently been legalized also in Oregon. The Indiana law provides that in the case of "confirmed criminals, idiots, rapists, and imbeciles," confined in any institution of the State, when, "in the judgment of the committee of experts and the board of managers, procreation is inadvisable and there is no probability of improvement of the mental condition of the inmate, it shall be lawful for the surgeons to perform such operation for the prevention of procreation as shall be decided safest and most effective." In most of these cases vasectomy, as the more simple procedure, would doubtless be preferable, but in the case of rapists, the only really effective remedy would be ligation of the cord, as recommended by Mears.

The movement is a step in the right direction and one that should receive the sanction of legislators in other States. The well-known case of the Jukes family shows what evils a sexually potent criminal may inflict through the years upon society, and if the State has the right to take life for its own protection it certainly has the right to safeguard the future by preventing what Mears characterizes as "the degrading influences of the continually flowing stream of transmitted pollution which saps the mental, moral and physical vitality of its citizens."

In searching for signs of fracture of the base of the skull, post-auricular edema should be looked for.—*Amer. Jour. of Surg.*

Daily Press Editorials.

Parker or Jonnesco.

(Editorial in Trenton Evening Times.)

For several weeks the medical profession and the public have been greatly interested in the reports of the discovery by Dr. Thomas Jonnesco, a Roumanian scientist, of a new and painless method of performing surgical operations. The reports came first by cable from Paris, then from London, and finally Dr. Jonnesco came to New York to give demonstrations with the new anaesthetic. For some days the newspapers of the country have been filled with accounts of the successful operations performed by the Roumanian or under his direction.

Of even greater interest to Trentonians will be the reminder that fully a year ago similar operations were performed in Mercer Hospital by Drs. George H. Parker and Charles H. Holcombe. The same method was employed—the use of stovaine and strychnine—which was injected into the vertebrae and rendered the patient insensible to pain though he was fully conscious of everything that was being done. In one case a foot was amputated, and in another an abdominal operation was performed. Both were successful.

There was nothing of the glorification and advertising that surrounds the experiments in New York City, where "some distinguished physicians were allowed to remain near the operating table, while others found seats in the small gallery." Instead efforts were made by the Trenton physician to prevent publication of an account of the experiment when the Times applied to him for verification of some of the details which, it had obtained. "Just say that 'one of the members of the staff' performed the operation," urged Dr. Parker.

"A prophet is not without honor, save in his own country, and in his own house." Not all physicians, notwithstanding the ethics of the profession, are as modest as Dr. Parker, and the two successful operations performed by him eleven months before the arrival of Dr. Jonnesco attracted attention only among the members of the local fraternity, and the Roumanian scientist, having secured the approval of Paris and London, is getting the applause of the world.

Dr. Britton Resigns as President of the Trenton Board of Health.

From the Daily State Gazette.

Dr. Charles P. Britton resigned last night as president of the Board of Health and Colonel Thomas S. Chambers was elected to succeed him.

In a letter read by Secretary Thomas B. Holmes, Dr. Britton said:

"I had intended to be at the office this evening, but do not now believe that I will be able to do so. I wish, however, that you will present to the board my resignation as its president, and must insist upon it being accepted. I am sure that I shall no longer be able to perform its duties, and besides will be away too frequently.

"I hope the board will accept the resignation

at once, and feel sure that now is the time to appoint my successor.

"I desire to thank the individual members and officers of the board for their uniform kindness to me, and hope we may still have many pleasant days together as fellow members."

After the resignation had been accepted and all the members of the board had expressed regret that Dr. Britton's health would not permit him to continue as the presiding officer, the following resolutions, presented by Commissioner Francis B. Lee, were adopted:

"Whereas, This board has heard with feelings of deep regret the request of Dr. Charles P. Britton that his resignation as president of this board be accepted, and,

"Whereas, In accepting such resignation this board only takes such action upon the urgent solicitation of Dr. Britton.

"Resolved, That in such acceptance this board desires to express its sincere appreciation of the eminent fairness of Dr. Britton as an executive officer, his uniform courtesy to citizens appearing before the board, and to the members of the board and its employees. And further

"Resolved, That this resolution be entered upon the minutes and be transmitted to Dr. Britton."

Dr. Britton has been president of the board many years. He is one of the oldest physicians in the city, and for a long time he conducted the drug store, now owned by Charles Stuckert, in the Masonic temple.

Jacob A. Riis, to the Playground Association.

Editorial from the Daily State Gazette, Trenton.

Jacob A. Riis, who has interested himself more deeply, perhaps, than any other citizen of the United States in the subject of child culture, sends the following Christmas message to the Playground Association of America: "So long as there is a child in our land who toils in shop or tenement when he should be out at play, whose school is without playground, and whose out-of-doors is bounded by the gutters of the public street, with never a tree or shrub or flower, so long the masses will hate the classes, the policeman be to the boy an enemy instead of a friend, and the republic has not had a square deal. To give a boy back his childhood is more than justice and common sense; it is sane government. This is my Christmas wish to your cause, and for us all: That abundant commonsense may come with the season of good-will."

Nearly a half a century ago, Jacob A. Riis came to this country, a foreigner, and established here his citizenship. He was a man without means, but he had brains, and the milk of human kindness flowed largely in his veins. He knew the needs of humanity, and he devoted his time and energy to attracting the attention of men and women of wealth in the direction of improvement in moral and physical conditions of the under world. It is said of him that he has persuaded the city of New York to spend fifteen million dollars for playgrounds, and his influence in the tenement districts of that city, for the betterment of its denizens, has been of inestimable value to that community.

His Christmas message to the Playground Association of America will be carried to every city and every community in America, and in-

spire men and women to carry out the splendid ideas that he has promoted in the past.

If somebody with the foresight and force that has been demonstrated by Jacob Riis should arise and make it possible to compel the parents of the children who are employed in the workshop and the tenement-houses to-day to seek honest occupations, and give their children the benefit of out-door life and schools, instead of depending upon the dollars they earn for the rum they enjoy, conditions would be different, and the world would be a happier place to live in than it is under the present circumstances.

Millions to Fight Disease.

(From the Newark Evening News.)

Recently John D. Rockefeller donated a million dollars to the work of eradicating the hookworm disease in the South. Later a Yale alumnus offered a hundred thousand dollars for a reliable specific for consumption. By the will of the late George Crocker, Columbia University is bequeathed nearly two millions of dollars to be used to discover, if possible, a cure for cancer.

These sums of money, large as they are, form but a small proportion of the funds that, through gifts and bequests, have been devoted, and are still being devoted, to the lessening of human sufferings and to exhaustive studies of human ailments in the hope of discovering remedies for what are commonly thought incurable diseases.

Money is a great aid to these researches. It permits skilled men to make experiments that could not otherwise be made. It builds and equips hospitals and sanitariums and it is a welcome, helpful addition to the forces that are fighting disease. Still, it must be admitted that few specifics have thus far been discovered as a direct result of a financial reward, however great. What has been gained in medicine and surgery has been largely through the untiring, devoted, ceaseless searching and experimenting of physicians and bacteriologists who have been moved by humane rather than by financial impulses.

Reports from County Societies.

ATLANTIC COUNTY.

Theodore Senseman, M. D., Reporter.

A regular monthly meeting of the Atlantic County Medical Society was held Friday, December 10, at the Hotel Rudolf. Dr. T. B. Taggart reported a case of "Retrograde Intussusception" in a boy five years old, with operation and recovery. It was discussed by Drs. Miller and Senseman. Judge E. A. Higbee gave a very interesting talk on medico-legal subjects, after which the members enjoyed a collation and a very enjoyable social hour.

BERGEN COUNTY.

Frederick S. Hallett, M. D., Secretary.

The regular monthly meeting of the Bergen County Medical Society was held in Hackensack, December 14, 1909.

We had expected a surgical program, as had been contemplated, but it failed to materialize. The evening session was, therefore, taken up in

clearing the calendar of old business and in the enjoyment of social intercourse.

(We thank the doctor for reporting that the meeting was held, even though the scientific feature was lacking. The report of failure sometimes stirs us up to better future endeavor.—Editor.)

CAMDEN COUNTY.

Henry H. Sherk, M. D., Reporter.

The regular meeting of the Camden County Medical Society was held in the Dispensary Building, 729 Federal street, Camden, N. J., on Tuesday, December 14th, 1909. Dr. W. B. Jennings, the president, occupying the chair. The report of the board of censors recommending four candidates for election was received, after which the meeting was devoted to the reading and discussion of the scientific papers, which, by a vote of the society, will be sent to the Journal for publication.

"A Plea for a More Careful Study and Observation of the Pharmacopoeia," by Dr. Edward B. Rogers. The doctor called attention to the former scant attention therapeutics received at the medical colleges, but he was glad to say that there is a vast improvement for the better in recent months. The young M. D. could scarcely be blamed for prescribing proprietaries under such conditions. That self-dispensing causes a lazy habit and also induces substitution, inasmuch as it causes or tempts one to use the next best thing at hand. He urged a study of the more important drugs of the pharmacopoeia, such as opium, digitalis, belladonna, ipecac. etc. The paper was discussed by Drs. Benjamin, Sherk, Lippincott, Stevenson, Fithian and Kelchner.

"The Diagnosis and Treatment of Anal Fissure," by Dr. A. Haines Lippincott, was then announced. Dr. Lippincott finds the various preparations of ichthyol the best for palliative treatment. He urged the examination of every patient as of prime necessity. For operative work he uses a local anesthetic of nova-cocain, and then makes an incision through the fissure and through the muscle to produce a condition of physiological rest.

The paper was discussed by Drs. Palm, Sherk, Westcott and Baer. The after dinner speeches were a feature of the meeting.

Dr. W. A. Davis acted as toastmaster in a very acceptable manner and called upon Dr. Daniel Strock, who favored the society with a discussion on astronomy confining his remarks to the approach of the comet, which will soon be visible to the naked eye.

Dr. J. W. Martindale was the next speaker, and in a very able manner described the use of stovaine as a spinal anesthetic as used by Professor Babcock in the Samaritan and other hospitals with which he is connected. He also claimed priority for its use in this country for Professor Babcock. Dr. Dowling Benjamin then read an original poem entitled "The Old Homestead." The poem was well received and rendered in a dramatic style. We hope the doctor may be prevailed upon to forward a copy to the Journal for publication.

The following visitors were present: Drs. Edwards, Diverty, Reading and Heritage, from Gloucester; Dr. De Grofft, from Salem; Drs. Elliott and Hewett, from Camden.

ESSEX COUNTY.

Reported by Frank W. Pinneo, M. D.

The Essex County Medical Society held a regular scientific and business meeting on November 9th, in the hall of the Free Public Library, Newark. The president, Dr. Charles D. Bennett, called the meeting to order. The secretary, Dr. Ralph H. Hunt, read the minutes containing the action of the council November 8th, including their recommendation for membership of the following: Charles E. Selvage, of Newark; J. MacDonald, Nicholas I. Ramos and Charles W. Banks, of East Orange. On motion, duly seconded, all of these were, by ballot, elected members of the society. A resolution, introduced by Dr. Edward J. Ill, declared that "since we learn that the city of Newark plans to build new public bath-houses, and whereas the medical fraternity long ago arrived at a definite conclusion that public pool baths were unsanitary and the cause of many ailments, therefore be it resolved that the Essex County Medical Society, in regular meeting assembled, earnestly recommend to the proper city authorities that all public pool baths be entirely abolished and that shower and sanitary baths be substituted." This was passed without dissent and ordered sent to the proper authorities.

A lecture by Doctor Joseph E. Winters, of New York, on "Intestinal Affections of Childhood" followed.

Medical inspection of schools has been advanced by organizing an adequate plan for lectures on medical subjects to the teachers. These have been given in four "centres," into which, as districts, the whole city of Newark was divided. Thus a given lecture needed delivery but four times for hearing by all teachers in the city. The subjects treated and the speakers were as follows: "Pediatrics," by Dr. Coit; "The Eye and Ear," by Dr. Eagleton; "The Skin," by Dr. Wallhauser; "Tuberculosis," by Dr. Worl.

The Essex County Anatomical and Pathological Society, newly organized, reports, through Dr. J. H. Lowrey, secretary, meetings held on November 11th and December 9th. I enclose the report for publication.

Essex County Anatomical and Pathological Society.

Reported by James H. Lowrey, M. D., Secretary

A regular meeting of the society was held November 11, 1909, at Achtel-Stettens'. The following was the program:

1. Demonstration of a Hydatiform Mole, by Dr. A. S. Harden.
2. A Case of Sarcoma of the Male Breast; A Case of Lympho-sarcoma Involving Abdominal Viscera, by Dr. A. A. Strasser.
3. Demonstration of Goitre Specimens, by Drs. H. B. Epstein and H. F. Cook.
4. Placenta Praevia in Uterus Bicornis; Peculiar Form of Endometritis, by Dr. Wm. Gauch.
5. A Case of Molluscum Contagiosum, by Dr. H. J. F. Wallhauser.

At the conclusion of the meeting, the following specimens of the Newark City Hospital were exhibited by Dr. H. S. Martland:

- (1) Sarcoma of the leg;
- (2) Case showing congenital anomalies;
- (3) Atrophic cirrhosis of liver;
- (4) Interstitial splenitis;
- (5) Multiple liver abscess;
- (6) Three cases of malignant endocarditis.

Annual Meeting.

The annual meeting of the Essex County Anatomical and Pathological Society was held at Achtel-Stetter's, Broad street, Newark, Thursday, December 9th, at 8:45 P. M. The following officers were elected: President, Dr. Theodore Teimer; vice-president, Dr. F. R. Haussling; secretary, Dr. James H. Lowrey; treasurer, Dr. David A. Kraker; members of the board of governors, Drs. H. J. F. Wallhouser, W. P. Eagleton, H. S. Martland.

Dr. Homer T. Coffin, clinical professor of pathology, Post-graduate Hospital, New York City, presented a paper on "The Importance of Fecal Examination," illustrated with lantern slides.

Dr. Martland presented the following specimens: (1) A case of syphilis of the aorta; (2) A case of double pyo-nephrosis from ascending infection due to old gonorrhoeal infection; (3) A case of aorta showing senile form of arterial sclerosis.

HUDSON COUNTY.

Joseph Koppel, M. D., Reporter.

The meeting of the Hudson County Medical Society, December 7, 1909, was well attended. It was called to order by Dr. Strasser, president. The members of the society were glad to see among their guests Dr. H. L. Coit, of Newark, and Dr. W. J. Chandler, of South Orange. Among the many interesting cases reported were the following:

Dr. J. J. Mooney reported a case of spontaneous rupture of the uterus at the sixth month of gestation. The full report is sent herewith for publication. In discussing this case Dr. G. K. Dickinson pointed out that as a rule such ruptures do not occur in scar tissue, as one would be led to believe. As an example he cited a case where, after an attempt at criminal abortion (by an abortionist) a part of the intestines was pulled into the vagina; the woman was sent to the hospital, where Dr. Dickinson operated, replacing the intestine and sewing up the rent. The woman recovered. Lately the doctor was asked by the attending physician to be present at the confinement of the same woman. She had gone to full time and was delivered of a living child in spite of all the scar tissue in the uterus after the previous manipulations.

Dr. Faison reported a case of ligation of the lingual and external carotid arteries on one side and six weeks later on the other side, for carcinoma of the tongue, which has stopped the progress of the disease.

Dr. F. D. Gray described a case he saw in one of the New York hospitals of direct transfusion of blood from mother to child, after hemorrhage in tonsilectomy. The child was in extremis. The pulse of the child improved, with no ill results to mother. Later the carotid had to be tied, as hemorrhage started again after blood pressure was increased by the transfusion.

The paper of the evening was read by Dr. Frank F. Bowyer, of Jersey City, on "Artificial Infant Feeding," which is herewith enclosed for publication in the Journal.

Dr. H. L. Coit, of Newark, in discussing Dr. Bowyer's paper, congratulated the doctor on the individuality of his description and said

that modified feeding means feeding to fit the particular case. Rickets is due more to bad hygiene than feeding. Centrifugal cream may disintegrate some of the elements; top cream is better. Artificial commercial sugar may be the cause of indigestion. The commercial sugar comes from doubtful sources. He has induced the manufacturers to crystallize the milk sugar four times. He thinks that 165 degrees Fahrenheit will not affect the euzymes. Ten thousand bacteria to the c.c. is considered good.

Dr. F. D. Gray expressed himself pleased with the views advanced in Dr. Bowyer's paper.

Dr. B. P. Craig believes in sterilization of the milk from the 15th of May to the 15th of October at least. He thinks that babies do not get enough exercise, and he warned against the use of preservatives in the milk.

Dr. George E. McLoughlin stated that most of the pathogenic bacteria are killed by 140 degrees Fahrenheit.

Dr. Bowyer, in closing the discussion, said that gravity cream is apt to be stale, and that prescriptions for modified feeding are not filled according to order.

Dr. Coit, of Newark, upon special invitation, spoke. He urged the society to establish a certified milk commission in Hudson County. He gave the history of the efforts on the part of medical men to establish a medical milk commission. It was at first advocated by Dr. Coit at the meeting of the Medical Society of New Jersey, and supported by Dr. Charles Lehlbach. Since then mostly through the unceasing efforts of himself and a few others, sixty medical milk commissions have been established, and he would be happy to see Hudson County the sixty-first. We have now a federation of medical milk commissions which is helped by the government. In giving statistics Dr. Coit pointed out that out of 35 fatal cases of tuberculosis in infants, 20 per cent. were due to the bovine type (surgical cases not included). Five hundred sixty-eight sick children were fed by Dr. Coit on pure milk for one year. They were all under three years of age. Under ordinary conditions the mortality would have been 30 per cent., while in these cases it was only 5 per cent.—a saving of 25 per cent. There is a State law protecting the word "certified;" the milk must be produced according to requirements of the Federation of American Milk Commissions.

Dr. G. K. Dickinson said that he had been interested in the subject for a long time and thinks it fortunate to have had Dr. Coit here. "We want Coit milk and not Straus milk."

Dr. A. A. Strasser asked Dr. Coit for suggestions as to the appointment of such a commission.

Dr. Coit suggested that the officers of the society and a few others should make up the commission.

A resolution to establish a milk commission was unanimously adopted, and Drs. G. K. Dickinson, B. S. Pollak and George E. McLoughlin were appointed by the president to arrange the necessary details.

Dr. W. J. Chandler, of South Orange complimented the society on its work and said that he was present, not as a representative of the State Society, but as a member of his county society, and thought that delegates

should be appointed in each county society to visit the neighboring societies.

The president thanked Dr. Chandler for his kind expressions.

Dr. J. Eugenia Jacques asked the society to give its assistance in the educational movement started by the Public Health Education Committee of the American Medical Association, for the education of the public on health matters.

Dr. J. H. Rosenkrans and Dr. F. D. Gray spoke in favor of it. The society then adjourned.

SOMERSET COUNTY.

Reported by F. E. Du Bois, M. D., Secretary.

The regular bi-monthly meeting of the Somerset County Medical Society was held at the Hotel Ten Eyck, in Somerville, on Thursday afternoon, December 9, 1909. Dr. William H. Merrill, of South Branch, occupied the chair until the arrival of the vice-president, Dr. Claudius R. P. Fisher, of Bound Brook.

The following members were present: Dr. William H. Merrill, Dr. Effie R. Graff, Dr. William H. Long, Jr., Dr. John P. Hecht, Dr. Aaron L. Stillwell, Dr. Henry V. Davis, Dr. Lancelot Ely, Dr. Howard L. Kaucher, Dr. Claudius R. P. Fisher and Dr. F. E. Du Bois. Dr. Schlesinger, of Raritan, an invited guest, was also present.

Following the reading of the minutes of the last regular meeting, a paper on "The More Common Affections of the Nose and Throat, Their Diagnosis and Treatment," was read by Dr. Gerhard H. Cocks, assistant surgeon, Manhattan Eye, Ear and Throat Hospital, New York City.

Dr. A. A. Lawton, of Somerville, was elected a member of the society.

The secretary read a communication from the secretary of the Committee on Medical Legislation of the American Medical Association relative to "Open Meetings," and also regarding the resignation of Dr. Charles A. L. Reed as a member of the Committee on Medical Legislation. Dr. Reed's letter of resignation was read and on motion the matter of an "open meeting" was referred to the president, vice-president and secretary of the society, with power to act.

It was the unanimous vote of all the members present that the State Society meeting should be held in June, as usual, rather than at some other time.

Orange Mountain Medical Society.

Reported by D. E. English, M. D., Summit.

Dr. Thomas W. Harvey entertained the Orange Mountain Medical Society in regular session, at his residence, on Main street, Orange, on Friday evening, December 17th, 1909. There were 27 present out of a membership of 30, besides a number of guests. The paper of the evening was by Dr. James S. Brown, of Montclair, on "The Treatment of Tuberculosis Glands of the Neck, Based upon Their Living Pathology." Dr. Brown wished to state that he had been materially assisted in preparing the paper by the work of his pathologist, Dr. Porter. He described the origin, growth, blood and nerve supply, and gross and microscopical peculiarities of these glands, and the bearing of

all this on their treatment. Different cases should be treated differently, according to indications. He uses Bier's treatment, enzymes and surgery, sometimes one or two, or when indicated, all three. His surgical treatment is his own method and differs from other operations. He feels enthusiastic over the action of enzymes in these cases, as well as in all cases of suppuration. The enzymes he uses are derived from yeast, and given by the mouth. He uses Bier's neckband for a time before operating to increase the oedema and the cellular activity of the parts. Also, thinks it is of some use for a time after the operation. He considers each case a case of systemic infection—not only tuberculous glands, but tuberculous patients—and gives them the benefit of forced feeding and the outdoor treatment.

The paper was discussed by Drs. H. A. Pulsford, William J. Chandler, William H. Lawrence, Jr., M. J. Synott, T. W. Harvey and others, and Dr. Brown received many thanks and congratulations for his excellent work and able paper.

Course of Lectures at Orange.

The William Pierson Medical Library Association of Orange announces the following course of lectures for the season:

December 21—"Physiology of Digestion," by Dr. Herbert S. Carter, instructor in clinical medicine, College of Physicians and Surgeons, Columbia University, New York.

January 18—"Perversion of Stomach Digestion," by Dr. George R. Lockwood, adjunct professor of clinical medicine, College of Physicians and Surgeons, Columbia University; visiting physician, Bellevue Hospital, New York.

February 15—"Chronic Ulcer of Stomach and Duodenum," by Dr. Max Einhorn, professor of medicine, Post-Graduate Medical School and Hospital; physician to the German Hospital, New York.

March 15—"Carcinoma of Stomach," by Dr. Walter B. James, LL.D., professor of clinical medicine, College of Physicians and Surgeons, Columbia University, New York.

April 19—"Surgery of the Stomach," by Professor Joseph C. Bloodgood, of Johns Hopkins University, Baltimore, Md.

The meetings are held at 8:30 P. M., in the rooms of the association, Orange Public Library, and the profession at large is cordially invited to attend them.

Summit Medical Society.

Fair Oaks Sanatorium.

Reported by D. E. English, M. D., Summit.

The meeting held on Wednesday evening, December 1st, at Fair Oaks Sanatorium, Summit, was a pronounced success. It combined a regular meeting of the Summit Medical Society with a reception by Drs. Gorton and Prout on the occasion of the opening of their beautiful new sanatorium building. There were more than seventy-five medical men present from New York, Jersey City, Newark, Montclair, the Oranges, Springfield, Short Hills, Summit, Chatham, Madison, Morristown, Morris Plains, Elizabeth, Roselle, Westfield, Bernardville and New Brunswick.

The paper by Dr. Alfred S. Taylor, of New York, was a synopsis of recent work, much of

it original with himself, on the surgery of the peripheral nerves, both motor and sensory. He related a number of remarkable cases, and exhibited many photographs of the patients, showing the results of anastomosis of nerves in brachial birth palsy, facial palsy and poliomyelitis, and the relief of spasticity by the resection of nerve roots in the spinal canal.

One particularly interesting case was an unusual case of otitic neuralgia due to involvement of the pars intermedia, or nerve of Wrisberg, consisting of sensory filaments coursing in the seventh nerve. In this case he devised an operation in which he divided the seventh nerve behind the semilunar ganglion, with a successful issue. The paper was listened to with marked attention, and was discussed by Drs. William H. Lawrence, Jr., of Summit; James S. Brown, of Montclair; Thomas P. Prout, of Summit; Edgar B. Grier, of Elizabeth, and others. The paper by Dr. Thomas P. Prout, of Summit and New York, was on "A Case of too Enthusiastic Surgery." This was a case of which he saw the end and the autopsy. The man had been operated on five times by various surgeons for various ailments, and in Dr. Prout's opinion, only the first operation was justifiable. The paper was a rather sharp arraignment of the too enthusiastic surgeon, and was freely discussed by Dr. James S. Brown, of Montclair. Dr. Brown, while admitting the possibility of over-enthusiastic surgery, thought that in this case the trouble was that a clear and positive diagnosis had not been made in the beginning. He feared the paper might do some harm in deterring some surgeons from attempting perfectly proper and necessary operations.

When the meeting was over and after the new building had been inspected and admired, the guests were escorted into the private residence of Drs. Gorton and Prout, where a reception was held with a bountiful supply of refreshments and much good cheer abounded.

Special Meeting, December 14th.

Reported by D. E. English, M. D., Summit.

A special meeting of the Summit Medical Society was held at the Highland Club, Summit, on Friday evening, December 11, 1909, to consider the question of establishing a Medical Milk Commission for the city of Summit.

There were present Drs. Theodore W. Bebout, of Stirling; Wellington Campbell, of Short Hills; John Burling, David E. English, Eliot Gorton, Robert H. Hamill, James S. Harrington, Roger W. Moister, Thomas P. Prout and T. H. Rockwell, of Summit. Dr. Rockwell acted as chairman, and Dr. Moister as secretary.

Dr. Henry L. Coit, of Newark, the father and originator of Medical Milk Commissions, was present by invitation and gave a long and interesting talk of his early struggles and discouragements, and of the obstacles overcome, in establishing the first commission, the one in Essex County, N. J., and said that one year, in order to get proper laws passed on the subject, it was necessary to educate each individual member of the Legislature, by personal argument and appeal. He explained the laws governing these commissions, and the way in which they must be started and conducted. The movement had become international, there being one commission in Buda-Pesth, Austria-

Hungary, while another was being organized in London, England. The one to be established in Summit would be the 59th in the world. On account of there already being one in Union County, it would have to be called "The Medical Milk Commission of Union County No. 2."

A medical milk commission could be composed of five or more reputable medical men, but he advised twelve as a suitable number, so that the duties could be divided among four committees of three members each.

One committee to have medical supervision of the employees of the dairies, to see that they were in good health, were personally clean, kept their hands in proper condition, wore proper gowns and caps while milking, and milked with bare arms. A second committee is to see that the herds had proper veterinary care and attention, and were free from tuberculosis and other diseases; to regulate the quantity of milk produced. The veterinarian should be required to submit a full written or printed report of the state of the herd to the committee at stated intervals, and to inspect at once all new cattle added to the herd.

A third committee is to see that proper chemical and bacteriological examinations of the milk are made at frequent irregular intervals, the milk to be taken from the delivery wagons without notice.

A fourth committee is to oversee the conditions of the buildings and wagons, to see that the dairies had all proper and necessary appliances, to watch for hay bacteria, dust bacteria and air bacteria, to see that all containers were properly sterilized and everything kept clean, and to have the buildings properly lighted and ventilated.

It is better to certify the milk from two dairies, if possible, in order to avoid suspicions of favoritism or graft. All expenses are to be met by the dairymen, the members of the commission serving without pay. He advocated clipping the sides and udders of the cows, and having the ceilings of the milking houses clean, as most of the infection comes from perpendicular droppings. There will be more infection during the shedding season, and in dusty weather, and at such times the bacterial count would run up in spite of every care. He recommended as a standard the standard of the American Federation of Medical Milk Commissions, viz., a maximum of 10,000 bacteria to the c.c. He did not recommend paper milk bottles for general use, as on account of their lack of transparency the quality of the milk and the percentage of cream could not be estimated by seeing it. But he recommended them as useful in supplying milk to buildings containing cases of contagious disease.

In Newark he had established a milk dispensary from which milk was sent out to babies without their being seen at all, and he had found that the percentage of mortality among these babies was only about one-fourth as high as that among all the babies of the city taken together. The production of certified milk had had the effect of raising the standard of uncertified milk to a remarkable degree, and of stimulating boards of health to greater efforts to secure a good and pure supply of milk.

Dr. Coit was tendered a unanimous vote of thanks by the members present.

On motion a committee of three was appoint-

ed by the chairman to form a medical milk commission from the society, to consist of twelve members, the members of the committee to be included in the commission. The committee appointed by the chair was Dr. Hamill, Dr. Lamson and Dr. English. The meeting then adjourned.

Meeting of December 30th.

On December 30th the Summit Medical Society was entertained by Dr. William H. Lawrence, Jr., at his private institution, Overlook Hospital, Summit, N. J., a large number of physicians and surgeons being present. Dr. James F. Mitchell, of Washington, D. C., was the essayist. He demonstrated operating under local anaesthesia in the afternoon and read a paper on the subject at the evening session of the society. A royal banquet was served at 6:30 P. M. A fuller account will be given in the February issue of the Journal.

Harvey Society Lectures.

The fifth course of these lectures began October 30 with a lecture by Dr. R. M. Pearce on "The Problems of Experimental Nephritis," and were followed by Professor Otto Cohnheim, University of Heidelberg, on "The Influence of Sensory Impressions on Scientific Deductions," December 4; Professor T. G. Brodie, Toronto, on "Renal Activity," December 11, and Professor Carl G. Huber, University of Michigan, on "Renal Structure," December 18.

The remaining lectures of the course will be given at 8:30 P. M., in the Academy of Medicine, 17 West Forty-third street, as follows:

January 15, 1910—Professor Ludwig Hektoen, University of Chicago, "Certain Phases of the Formation of Antibodies."

February 19—Dr. Eugene L. Opie, The Rockefeller Institute, "Inflammation."

March 5—Professor Adolf Meyer, Johns Hopkins University, "The Present Status of Aphasia and Its Relation to Psychopathology."

March 19—Professor A. Magnus-Levy, University of Berlin, "Pathology and Therapy in Diseases of Metabolism."

April—Professor Jules Bordet, of the Pasteur Institute of Brussels. The exact date and title will be announced later.

Society for the Relief of Widows and Orphans of Medical Men of New Jersey.

At the December meeting of the Board of Trustees of this organization Dr. Frederick J. Wort was elected a member of the society. The board adopted the following resolution:

"That a vote of thanks be tendered to Dr. William H. Hicks for his gratuitous services and testimony during the trial in the contest of the will of the late Dr. A. K. Baldwin, and that a copy of this resolution be sent to the Journal of the Medical Society of New Jersey for publication."

Charles D. Bennett, M. D., Secretary.

The Next Congress of Practitioners.

The Congresses of Practitioners, devoted exclusively to the discussion of questions of professional interest, constitute a novelty in the history of the French medical profession. The first of these congresses was held in Paris in

1907, the second in Lille in 1908, and the third will be held in Paris at the end of March, 1910. The approaching congress will carry on the campaign for the suppression of the illegal practice of medicine, and will also oppose the exploitation of physicians by mutual benefit societies. It will study the law on public health, the question of reservation of the hospitals for the poor exclusively, and the relations of physicians with administrative bodies.

Miscellaneous Items.

A Gift for Cancer Research.

Mr. George Crocker, whose death from cancer occurred recently, following that of his wife from the same disease, is reported to have left a large sum to the College of Physicians and Surgeons to be expended in cancer research. The exact amount is not yet known, but it is believed that it will be about \$1,500,000.

Naval Surgeon Will Command the Solace.

The hospital ship Solace of the Atlantic fleet will be placed in service in command of Surgeon-General George Pickrell, U. S. N.

In view of the recent opinion of Attorney-General Wickersham that the assignment of a surgeon to command a hospital ship was legal so long as no authority was conferred upon the surgeon to command an officer or enlisted man outside of his own corps, the President and Mr. Meyer, it was said, believed that the most expedient method of settling the question would be to continue the policy adopted several years ago by Mr. Roosevelt.

The Solace will be placed in service with a merchant crew, and there will be no officers or enlisted men of any staff corps other than medical officers on board.

They Were Born on the Same Day; or the Palace and the Tenement.

Harold.—There was much joy in the household, when Harold was born. He was the first, and they wanted a boy. The batiste of his layette was of the finest and softest. His cradle had been imported from Paris. The doctor came daily for three weeks and two trained nurses watched over him day and night. The milk-mixtures he was fed on were prepared according to the latest formulae of the most eminent pediatricists. His house was a palace on Fifth avenue. As a youngster he was not permitted to go into the street, except under the supervision of a nurse. To avoid contamination with the vulgar, he attended only private schools, whither and whence he was driven in a carriage. After much travail on the part of private tutors, he entered Columbia, but having stayed two years in the freshman class, he left, considering that his education was complete. At the age of twenty-five he was enjoying life in Paris, painting the effervescent city on the Seine a scarlet hue and rapidly going the way which leads to general paresis. * * *

Jim.—The joy was very moderate when Jim was born. We would not be so far from the truth, if we stated that here was no joy at all. He was the fifth, and his parents wanted no more

boys—nor girls either. He slept in his mother's bed and nursed from his mother's breast. His home was on the third floor of a tenement house on Monroe street. He made the acquaintance of the street at an early age, and while he attacked nobody, he knew how to defend himself, in or out of school. He made his first dollar at the age of eleven by selling newspapers, and at the age of fourteen he apprenticed himself to a druggist for two dollars a week. He studied at night in Cooper Union, and graduated the medical department of Columbia with honors, winning a research scholarship. At the age of twenty-eight we find him studying hard in the psychiatric clinics of Paris, acting as assistant to Charcot. He was not painting the city any color at all.

Harold is now thirty-five, and is confined in a private sanitarium, suffering from general paresis. Jim is now thirty-five and he is the medical director of the sanitarium in which Harold is a patient.

The moral of this story?—None.—W. J. R. in Critic and Guide.

"To me it has always been a mystery how the average man, knowing something of the weakness of human nature, something of the temptations to which he himself has been exposed—remembering the evil of his life, the things he would have done had there been an opportunity, had he absolutely known that discovery would be impossible—should have feelings of hatred toward the imprisoned.

"For my part, I sympathize sincerely with all failures, with the victims of society, with those who have fallen, with the imprisoned, with the hopeless, with those who have been stained by verdicts of guilty, and with those who, in a moment of passion have destroyed as with a blow, the future of their lives."—Critic and Guide.

The saddest thing in the practice of medicine is to see a patient with a disease which it took years—one, two, five or twenty—to develop, to come to you with the expectation of curing him in a week or two. And when you tell him that it might take a year or two to cure him, or that he cannot be cured, only improved, he thinks that the practice of medicine is not much good—or that you are not much good. And at this point enters the quack, and reaps a rich harvest.—Critic and Guide.

Hogs and Children.

Congress has been asked this year for an appropriation of three thousand dollars for the employment of an expert in the welfare of children. It was hoped by those who made the request that this modest beginning would lead to an efficient bureau of the Department of the Interior which would eventually deal with a wide range of questions affecting school children.

In support of this request a Nebraska woman wrote that her husband was engaged in raising hogs while she was trying to raise a boy. Her husband, she said, had no difficulty in getting efficient and expensive aid from the government in his hog-raising pursuits, but she had to struggle in her own way with the boy question. With a pardonable mother's prejudice, she argued that the welfare of her boy seemed almost as important as the health and happiness of her husband's hogs.—Iowa Health Bulletin.

Full Time School Physicians.

Three school physicians have been appointed for the evangelical schools of Chemnitz to devote their whole time to the work, beginning at Easter, 1910, at the salary of \$1 750, to be increased to \$2,250 (7,000 to 9,000 marks); in addition a pension is provided, but private practice is interdicted. Chemnitz has heretofore employed 17 school physicians on part time for its 34 schools, with 42,000 pupils.

Medical Inspection of Schools in Germany.

Medical inspection and supervision of schools is perhaps more thorough and extensive in Germany than in any other country. Yet even in Germany the system is not complete or uniform. According to the statements of Consul G. N. Ifft (Public Health Reports, October 15, 1909), the number of pupils placed under the charge of one physician varies from 1,400 to 22,000, and the salaries from \$22.50 to \$500 a year. In two cities there are school dentists and in Charlottenburg orthopedic gymnastics are to be given in the schools. The work of the school physician is usually incidental to his general practice. The total pay is determined by the number of classes examined and in Nuremberg amounts on the average to \$190 a year. Three examinations of each pupil are required during the first year of school. These are designed to test the fitness of the pupil for the work of the school and consist of a preliminary examination for admission, a second thorough physical examination, and a third in which special attention is directed to the eyes and ears.

Deaths Due to Veronal.

The public have no difficulty in obtaining hypnotic veronal in the form of tablets from the druggists. A considerable number of deaths following the use of the drug has now been recorded, and in several cases the dose taken was by no means large—10 or 15 grains. In one fatal case the subject, a well-known physician, the son-in-law of an eminent London surgeon, died in the prime of life.—London Letter, A. M. A. Journal.

Dr. William Osler says, "Whether tuberculosis will be finally eradicated is ever an open question. It is a foe that is very deeply entrenched in the human race. Very hard it will be to eradicate it completely, but when we think of what has been done in one generation, how the mortality in many places has been reduced more than 50 per cent.—indeed, in some places 100 per cent.—it is a battle of hope, and so long as we are fighting with hope, the victory is in sight."

The pulse rate is a very important guide in determining the necessity for operation in acute appendicitis; but sometimes it should be altogether disregarded. If distinct pain and tenderness have not abated after twenty-four to thirty hours (especially if vomiting and more or less rectus rigidity coexist, but even without these) it is proper to operate without waiting further, no matter what the temperature and pulse rate; a gangrenous appendix may be found in a patient whose pulse is 70 and temperature 100 degrees!—Am. Jour. of Surg.

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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.

HAPPY NEW YEAR.

As we write our opening editorial for the New Year, the old year is drawing to its close and Christmas' great message, "Glory to God in the highest, on earth peace and good will toward men," is still ringing in our ears, and we trust will continue to ring in our's and all our readers' ears throughout the New Year. The proper frame of mind with which to enter upon the opening of another year is that of thankfulness for the blessings that the past year has brought us, the successes that have come to us or been achieved by us, and also of thoughtful sympathy for others less favored, some of whom have passed through losses, trials and affliction. It is a cause for great thankfulness that death has taken fewer than usual from our society's membership—not an officer, fellow or member of committee, but one permanent delegate of our State Society, and only a score of the 1,339 members of county societies. We cannot dwell upon the decided progress our profession throughout the world has made, or the excellent work done by many of our own members, in professional and public life.

The New Year is beckoning us onward

to its inviting opportunities and its promises of rich rewards for work well done. As we enter upon the Journal's work for 1910, we send greeting to every reader, wishing each a very

Happy New Year

in all the experiences of heart, home, professional, social, religious and public life.

The happiness which we desire for ourselves and wish for others we should realize depends largely upon God's blessing upon our own endeavors put forth in right directions. *The Jersey Journal*, Jersey City, well says in a recent editorial:

The more we seek happiness as an end the less our chances of finding it. Those who are happiest are they who do most for others. There is no doubt of it. The soldier dies with a smile on his lips because he has served his country or helped men to be free. The railroad engineer willingly loses his life to save others. The policeman resolutely faces death in order to rescue a child from the car tracks.

Happiness is a sentiment—a state of mind. Riches cannot bring it. Selfish gratification destroys it. It is within every man's grasp, yet none may seize it with a forbidding conscience. The highest happiness comes from consciousness of duty well performed, from an honest sense of service to others.

Dr. Henry Van Dyke, ten years ago, wrote for the *Outlook* the following counsel: "To be glad of life, because it gives you the chance to love and to work and to play and to look up at the stars; to be satisfied with your possessions, but not content with yourself until you have made the best of them; to despise nothing in the world except falsehood and meanness, and to fear nothing except cowardice; to be governed by your admirations rather than by your disgusts; to covet nothing that is your neighbor's except his kindness of heart and gentleness of manners; to think seldom of your enemies, often of your friends, and every day of Christ; and to spend as much time as you can with body and spirit in God's out-of-doors. These are little guide-posts on the footpath to peace."

We look forward to 1910 with strong faith and confident expectation, believing that it has for every careful, conscientious, faithful and persistent student and prac-

tioner of medicine revealings of scientific truth and method of applying it successfully, that no previous year has brought, rich as have been the discoveries of some past years. We base our belief largely upon the princely gifts for scientific research that have recently been made and the self-denying, self-sacrificing spirit manifested by a large and increasing number of scientific investigators.

RESOLVING AND DOING.

We do not repeat this year our suggestions given in the January, 1908, Journal, concerning New Year's Resolves; we remind our readers, however, that they are as appropriate now as then. We shall rely on their *doing* rather than upon their resolving to do, as we recall the old sayings about the outcome of most New Year's resolves.

We are very glad to begin the new year by returning our sincere thanks to the secretaries, reporters and other correspondents for the evidence this issue of our Journal gives that they have already begun to perform instead of simply resolving that they would, in sending their helpful reports and communications to the editor, thus assisting him in his desire to make the Journal during 1910 more valuable to our members and more fully to set forth to the profession at large the good work that our members in this State are doing. To this end we again ask for a report of every meeting held during 1910 by county and local medical societies; clinical reports of unusual or interesting cases and accounts of work done in our hospitals, sanatoria, etc.

STATE SANITARY ASSOCIATION.

The thirty-fourth annual meeting of the New Jersey Sanitary Association, which was held at Lakewood, December 3 and 4, under the presidency of Dr. William G. Schauffer, was probably the best that the association has ever held. There was a very large attendance and a large number of new members were received. The papers presented were of a high grade of

excellence, most of them bearing directly on subjects on which the medical profession is deeply interested, *e. g.*, "The House Fly as a Carrier of Disease," by Dr. D. D. Jackson, of New York; "The Hook Worm Disease," by Dr. Charles W. Stiles, Washington, D. C.; "The Present Status of the Tuberculosis Campaign, Etc.," by Dr. L. F. Flick, Philadelphia; "The Physical Development of School Children," etc. We hope to give our readers some of these papers in the near future. A fuller outline of the association meeting will be given in the next issue of our Journal.

STATE BOARD OF HEALTH.

We insert on page 427 a hastily prepared review of the thirty-second annual report of the State Board of Health, in which we set forth some facts that are worthy of careful study and imperatively call for action on the part of every physician for the honor of our profession, the advancement of the health interests of the State and also the State's growth and financial prosperity, and for the good of humanity.

The comparative conditions existing in 1879—when the first annual report was made—and at the end of 1907, show, it is true, a remarkable diminution in the death rates from preventable diseases generally, and especially from malarial fever, typhoid fever, the diarrhoeal diseases of children (though the last few months' reports, 1909, show a slight increase) and from scarlet fever, and, we might add, from diphtheria and croup, though in these the decrease is largely due to the use of antitoxin. But in pneumonia the death rate is somewhat greater and in cancer the increase over 1879 is nearly 80 per cent. In tuberculosis the decrease is not what we might reasonably expect from the unusual efforts put forth for its cure and prevention the past few years, in fact the number of deaths in 1909 are slightly in excess of 1908, according to the board's monthly statement for November given in this month's Journal.

From our careful examination of the

board's annual report, and from our observations of and information received from others concerning the work of the board, we state our own convictions and we believe those of many others who speak from knowledge of the facts: (1) That Dr. B. S. Keator, as secretary and executive officer, has done excellent work and has been a most valuable member of the board; (2) That the divisions on vital statistics, foods and drugs, creameries and dairies, and sewerage and water supplies have good chiefs who have done as good work as present organization methods with imperfect equipment and very inadequate appropriations make possible, and the additional belief that these chiefs are overworked; that the division on medical and sanitary inspection is miserably deficient in men, equipment and financial support, that Dr. A. C. Hunt, its chief, has done splendid work—that of two or three men—and that the same is true of Chief Randolph, of the Laboratory of Hygiene; (3) That the members of the board, the chiefs of divisions, and the men and women employed under them are competent and faithful and should be retained by the State; but also (4) That the position we have heretofore taken in reference to the law of 1908 and the ignoring of representatives of the medical profession in the appointments made under it—because sanitary science and its administration is a branch of medicine and has been developed by medical men and they are, therefore, the most competent to decide as to the essential measures and to administer them—we believe is demonstrated to have been the correct position, by the history of the board from its organization when 5 out of its 7 appointed members were able physicians, and the majority have been until 1908, and the records show a steady decrease in deaths from preventable diseases; by a critical examination of the thirty-second annual report and especially by the last monthly statement of the board, for November, 1909, given on page 427 of this issue of our Journal, which latter statement shows a considerable increase of deaths over the

previous twelve months from typhoid fever, diphtheria and cancer, a slight increase from infantile diarrhoea, and also reports an increase from tuberculosis and pneumonia over the corresponding period of the previous year; (5) That the present method of conducting this immensely important health work should be abandoned and the modern method that has been proved elsewhere—notably in Pennsylvania—as vastly superior, should be adopted, as set forth in the Lanning bill, which our State Society approved and urged the Legislature to pass last year—organizing a State Department of Health, with a commissioner of health who would be held responsible for a proper and efficient administration, who should have a competent advisory board and be clothed with ample power and sustained by liberal appropriations. The commissioner should be not only a scientific physician, but also a man who has had thorough training in the special branch of sanitary science and has proven himself efficient in sanitary administration. With such a man we could confidently expect the health interests of the State would be well guarded and our State authorities and the public would find it, in a very few years, to have been the wisest economy—giving the best results, even if to secure such a man, a \$10,000 salary per year is required, and appropriations aggregating \$500,000 a year to sustain the work are necessary. We are confident it would mean the saving of thousands of lives of the citizens of New Jersey and of millions of money to the State.

OPTOMETRY BILL AGAIN.

Judging from the large number of articles commendatory of the efforts of the New Jersey Optical Society to have a law enacted protecting the people against the mischief done by fake optometrists, which have appeared in the newspapers during the past month, it is evident that the press agent of the optometrists is doing his best to enlist the support of the laity in favor of the proposed law. In many of these articles the fact that the fake optometrists

which are driven out of neighboring States in which optometry laws are in force, have come to settle here and prey upon the public, is given prominence as showing the need of such a law in this State. That this is, however, only an after-thought is shown by the fact that attempts to enact such a law have been made for the last twelve years and long before similar laws were enacted in the neighboring States.

Whether or not the newspapers which publish their articles really believe what they state in support of the proposed bill we know not, but it seems not improbable that they are not unfriendly to the optometrists who contribute much money to the treasury of the papers for their advertisements, which appear therein. Those of us who have watched the efforts of the so-called optometrists to persuade the members of the Legislature to pass such a bill as the one entitled "An act to regulate the practice of optometry," etc., know very well that an unselfish desire to protect the public against imposition is not the only reason why they want such a law enacted.

What they really want is to have the right to practice a branch of medicine without having to spend years in the study of general medicine and additional years in the study of eye diseases. They not only want to have the right to do this, but want, moreover, the State to vouch for their ability to do this by giving them certificates of efficiency. The opticians deny, of course, that they practice medicine, but in their advertisements they assure the people that they can cure headache, and all sorts of pain as well as squint, no matter from what cause, by the use of glasses.

We know that this can be done in many cases, but are the opticians capable of discriminating between eyes where there is simply an error of refraction, and eyes diseased? We hold that no one who is not a physician and has not given special study to the eye is competent to do this. The harm often done by the optician in giving glasses to people whose eyes are diseased and require rest, is familiar to us all. We

also know that in many cases people with a disease of the eye which was curable in its earliest stages by proper treatment, have become permanently injured by being kept in ignorance of their true condition through the inability of the optician to diagnose the eye trouble.

The optometry bill which was introduced at the last session of our Legislature was to create a board of optometrists, to be appointed by the Governor of this State, and who should possess a sufficient knowledge of theoretical and practical optics, to practice optometry, and who should have been residents of this State and have been actually engaged in the practice of optometry for at least five years. In the same bill the practice of optometry was defined to be the employment of any means other than the use of drugs, for the measurement of the power of vision and the adaptation of lenses for the aid thereof. No knowledge of the anatomy, physiology and pathology was required of the members of the board which was to determine the fitness of candidates for license to practice optometry. No cycloplegics were to be used by the optometrists, although it is well known that the refraction of some eyes, especially in children, cannot be determined accurately without the use of such.

The Governor, who is not supposed to have a special knowledge of errors of refraction or diseases of the eyes, is to select the members of the board which grants the license. The bill provided that any person who should, prior to January 1, 1910, submit to the board satisfactory proof as to his character, competency and qualifications, and that he had been continuously engaged in the practice of optometry in this State for more than two years next prior to the passage of this act, should receive a certificate of registration which would entitle him to practice optometry.

Would any medical man admit that such a person is qualified even to prescribe glasses for a healthy eye, and that the State should certify that he is competent to pre-

scribe glasses for eyes of whose real condition he can have no knowledge? New-comers who wish to practice optometry must be 21 years of age, of good moral character, have had a preliminary education equivalent to at least two years in a high school of this State, and have also studied at least three years in a registered optometrist's office, or have graduated from a school of optometry maintaining a standard satisfactory to the board, or have practiced as a registered optometrist for two years outside of this State, and shall take an examination before said board to determine his qualifications to practice.

We are sure that no physician would allow any one in whose welfare he is interested to put himself in the hands of a person with such qualifications only, to determine whether or not he needs glasses and to select them for him. *What physicians object to is that such men shall be proclaimed competent to do the work that only medical men are qualified to do.* No one objects to their selling glasses to anybody who wants them, as they have done for years, and to fill prescriptions for glasses given to patients by physicians, the same as the apothecary fills the prescriptions for people, otherwise sick, given by physicians.

We sincerely hope that all of our members will see their representatives in the Legislature and make plain to them why we object to the passage of such a bill as that which was introduced last year, known as "The Optometry Bill." By united effort we may prevent the passage of such an act in the future as we have done for the last twelve years. CHARLES J. KIPP.

ORGANIZATION.

After the editorial on County Society Reports and Organization in the December *Journal* was prepared and in type we received the November issue of the *New York State Journal of Medicine*, containing an editorial by Dr. D. C. Moriarta, of Saratoga Springs, N. Y., on "Organization," which we insert entire in

our editorial columns, believing it to be worthy the careful consideration of our members:

The results of organization in our State and national bodies are quite familiar to all, so they need not be dwelt upon in detail at this time, though it may be interesting to know that in 1900 not one-third of the regular medical profession of the United States was affiliated with any medical society, and since that time that the membership in the American Medical Association has increased from 8,000 to 34,000. And our own State society shows about the same relative increase in membership, yet there remain in our own State 3,000 regular physicians who are not affiliated with any society. I believe it to be our moral obligation to interest and bring them into our society, and this work must be done by the county societies. The way to bring this about is an open question.

There are those who do not believe organization is as essential as I do, and they may inquire why it is to the personal advantage of these physicians to be affiliated with our society, and why special effort should be made (on our part) to bring them in. The reasons to my mind are clear, and are:

First—Because the more nearly our membership represents the entire profession, the more powerful we will be as a body politic; such power is often desired to enact legislation for our professional protection, as well as to prevent pernicious legislation directed in some particular against the interests of our profession.

Second—Complete organization tends to harmony, and is a splendid prophylactic measure against discord; if an example of this were desired we might with some force refer to our own State society before and since amalgamation occurred.

Third—The clinical experience of every general practitioner of medicine is of value at our scientific meetings. This is particularly true of the isolated general practitioner who usually has a fund of experience acquired under the most trying conditions, the narration of which in occasional cases would make the specialist green with envy. As you well know these men are the most difficult to induce to take part in our scientific program, though, as I have intimated, they possess the richest all-around experience.

In making these statements I am not unmindful of the great work done by the specialists, nor to our obligation to them for

presenting their subjects in detail, to the state and national bodies. But I do believe that their ultra-scientific conclusions, drawn from conditions and surroundings possessed only by a few, are not the teachings to attract the general practitioner, who works under different and less favorable conditions. Thus I believe it should be the aim of those preparing the scientific program for our district branch and county meetings to arrange a program *for* the general practitioner *by* the general practitioner.

That I may not be misunderstood or accused of retrogression, I would call your attention to the fact that the majority of our profession do not have either hospitals, laboratories or clinics at their command; yet they must continue their work under conditions as they find them. How much more interesting, attractive and instructive to this portion of our profession would be a program which considered their every-day experiences in minor surgery, diagnosis, fractures, anesthetics, contagious diseases, prophylaxis, etc., than the reporting of a large series of cases by specialists, accompanied by an elaborate technique quite outside the possibilities of the general practitioner.

It may be asked how the knowledge possessed by such men educated along special lines is to be disseminated. I would say first the specialists would be most useful and welcome at our meetings to discuss the papers of the general practitioners if they would temper their discussions with mercy and consider the disadvantages under which many of us work and the fact that we are obliged to form our conclusions from clinical deductions, without laboratory findings. Second, the conclusions and suggestions of the specialist are accessible to the profession through the medical press, while the members of our organization may find a complete resume of recent findings in our national and state journals.

In conclusion, let me say that, to my mind, the isolated general practitioner who meets successfully the demands of a busy practice, is quite as big a man in the profession as the specialist who masters a limited field under the most favorable conditions. So, in order to help complete our organization, I would arrange to attract the general practitioner; I would try to make him feel that his experience is needed at our meetings, and that at all times he is most welcome in our scientific discussions.

D. C. Moriarta.

AMERICAN MEDICAL DIRECTORY.

We have recently received our copy of the second edition of this Directory, issued by the American Medical Association a few weeks ago. It is one of the greatest undertakings of the association and we have no hesitation in characterizing it, after careful examination, as the most complete and readable of American medical directories. It contains 1,766 pages, giving about 10 per cent. more names and fully 20 per cent. more matter than the first edition. Recorded graduates of medical colleges since 1865 have been verified from alumni records. The names of members of county medical societies are printed in capitals, all others in small type, the latter including homeopathic and eclectic practitioners; also the year of birth, graduation and of licensing; residence, street and number, and, in most cases, office hours. It also contains under each State the medical practice laws of the State, the officers of State and county medical societies and medical examining board, the hospitals, sanatoria and charitable institutions of the State. It is a credit to the association and deserves the support of the entire medical profession. We recognize the fact that in a work of such magnitude, the compilers have to depend on information that may occasionally be inaccurate and, therefore, a few omissions or inaccuracies are to be expected. The A. M. A., we know, will appreciate the report of any such defects.

It was the editor's great pleasure to be present at the opening, for inspection, of extensive additions to two of Summit's well-planned and well-conducted institutions—those of the Fair Oaks Sanatorium for the care and treatment of nervous diseases, and of the new buildings at Overlook Hospital—and on both occasions to attend the monthly meeting of the Summit Medical Society held in connection with these openings, at which papers of more than ordinary excellence were read, and the accompanying royally provided banquets were enjoyed. For the privilege of enjoying all these pleasures and the social intercourse with a large number of our professional brethren, we acknowledge with thanks our indebtedness to Drs. E. Gorton and T. P. Prout in the first instance, and to Dr. W. H. Lawrence, Jr., in the second.

These institutions and the ability with which they are conducted not only give to Summit a prominence of which her citizens

may be justly proud, but they also reflect credit upon the members of our profession there for their scientific ability and practical efforts for the relief of suffering humanity. We give in this issue of the Journal a brief account of the Fair Oaks opening and will notice that of Overlook Hospital in the February Journal.

We regretted exceedingly our inability to attend the opening of the Hudson County Tuberculosis Sanatorium at Laurel Hill, of which brief account was given in the December Journal by Dr. G. K. Dickinson, of Jersey City, and we return our thanks to him for three excellent, large photographs of the administration building and of the two pavilions—one for males and the other for females.

We believe that Hudson County leads in the fight against tuberculosis, especially in recognizing the fact that generous appropriations are essential for the greatest and speediest results and in the readiness of the authorities and the people to act, in making such appropriations, according to accepted facts and well-grounded belief.

Therapeutic Notes.

Boils—An Effective Treatment For.

Dr. George Thomas Jackson, Professor of Dermatology in the College of Physicians and Surgeons (Columbia), New York, outlines a method for treating boils which he states—and we agree with him—is simple, safe and effective (American Journal Medical Sciences, June, 1909). All that is necessary is a little stick sharpened to a fine point, a little absorbent cotton, liquefied carbolic acid (i. e. 95 per cent.) and a 5 or 10 per cent. ointment of salicylic acid. As soon as the boil has pointed (and it usually has when the patient comes to us), a small bit of cotton is wound about the pointed stick, dipped in the carbolic acid, and bored into the softened point of the boil. This allows the pus to escape and thoroughly disinfects the cavity of the boil. The boil is not to be squeezed. The surface of the skin in the neighborhood of the boil is then washed with H_2O_2 or a solution of corrosive sublimate, 1 in 1,000, and the salicylic acid ointment spread on washed rags or several thicknesses of gauze, laid over the boil and the adjacent skin. And that is, as a rule, the end of the boil. If it is a very large boil, the operation may have to be repeated the next day. The ointment is to be kept constantly on the affected part for a week. Dr. Jackson denies that boils or furunculosis have a constitutional basis.

Cold in the Head.

Although this simple affair has already been several times discussed in this department, as it is constantly with us, it is worth while to review what Dr. C. P. Grayson, of Philadelphia (Thera-

peutic Gazette, May, 1909), has to say on this subject. He tells the general practitioners that they have advanced little beyond their professional grandfathers in the prevention or treatment of this inflammation. He wishes to call the attention of the profession to the fact that purulent inflammation of the middle ear, inflammation of the optic nerve, inflammation of the cerebral tissue of the orbit, and even cerebral abscess can all be caused by improper management or neglect of a simple coryza, and this to say nothing of the frequency with which frontal sinusitis and inflammation of the antrum occurs as sequels to the "cold." While the different nasal infections vary in the virulence of the microbial cause, still simple infections can cause serious distant trouble.

Patients who frequently have acute coryza, and especially patients who have more or less chronic coryza, are sure to have some underlying cause. In children this cause is often adenoids. In adults it is often due to hypertrophied and congested nasal mucous membrane, but Grayson says that he has often found such patients, both adults and children, to have an intestinal toxemia.

An acute rhinitis is, therefore, likely to be founded on a triad of causes, a chronic rhinitis, chronic intestinal toxemia, and exposure to cold (chilling), or to an irritant (dust, germ or other.)

Grayson's treatment of acute coryza is as follows:

1. A cathartic, and best one of the ordinary saline cathartics, or a cathartic mineral water. This may be repeated on the following morning, if deemed advisable.

2. The patient should fast for twenty-four hours, and "during this period he should several times, for fifteen or twenty minutes, indulge in the most active exercise of which he is safely capable." Even women and children may be made to take simple active exercise that will bring about the condition desired, viz., "quickened and invigorated heart action, which will cause the skin, bowels and kidneys to become active eliminating organs, and the congestion of the nasal mucous membrane will rapidly subside and its effects be quickly obliterated."

3. If drugs are to be used at all, Grayson advises the salicylates, also a few drops of aromatic spirits of ammonia, or tincture of nux vomica. These drugs will tend to promote excretion. He does not believe in using combinations of opium, belladonna, aconite and acetanilid, all of which more or less inhibit normal secretion and excretion.

If the patient is old or too weak to carry out the exercise suggested, Grayson advises that gentle means of producing diaphoresis be inaugurated, such as a cabinet bath.

Many patients need no local treatment, but if there is much congestion and the patient needs local treatment by the physician, Grayson first uses a preliminary spray of a 2 per cent. solution of cocain, not more than two or three drops into each nostril. This soon shrinks the lower turbinates. Then with a small tuft of cotton on a slender applicator moistened with the 2 per cent. cocain solution he swabs the middle turbinates. The mucous membrane thus being entirely anesthetized and contracted, the nasal chambers are generally flushed with a mild alkaline wash, such as one part of the Liquor Antisepticus Alkalinus of the National

Formulary to three parts of warm water. The patient snuffs this solution back into the nasopharynx, and thus the whole nasal cavity is cleansed. The mucous membrane is next soothed by the insufflation of some bland powder, as zinc stearate. Lastly, some bland, non-irritant, thin oil, containing a few drops of suprarenal solution, may be sprayed into the nostrils, and the sedative effect of the treatment is prolonged.—Journal American Medical Association.

Epistaxis—Treatment of.

The essential thing to do in order to stop a too abundant epistaxis is to plug the nasal passages properly and effectively. This may be done by taking a strip of aseptic, absorbent cotton, such as comes in lavers, and twisting it round and round, so that it becomes the size of the little finger; then with a good light the lower and middle meatus should be filled as far back as possible, on one or both sides of the nose, using a nasal speculum, and a director or stiff probe for the purpose. Post-nasal plugging is rarely called for. When the epistaxis is slight, or moderate, it is as a rule unwise to attempt to stop it. Cold may be applied to the frontal region, or a little cold water may be snuffed up. Nature not infrequently allows bleeding from the nose as a relief from symptoms or as a protection from other troubles more important. Profuse nasal hemorrhage, arterial in character, comes from the artery of the septum, not far back from the anterior nares. A saturated solution of copper sulphate, applied one or more times by means of a cotton-covered probe, will probably cure it. This the writer considers the best local application to make and is superior to chromic acid, silver nitrate, or the electric cautery.—Beverly Robinson (New York Medical Journal, July 31, 1909).

Gas Poisoning Treatment.

Dr. Harold W. Dana, Boston, in the Boston Med. and Surg. Journal, May 27, 1909, describes a method of treatment found successful in all of the six instances reported. While some of the treatment was varied in the individual cases, the main treatment to which Dana ascribes the success is the subcutaneous injection of from 1 to 2 pints of hot sterile modified Ringer's solution. The injection was always made under the breasts, and the solution used is as follows:

Calcium chloride.....	| 25
Potassium chloride.....	| 083
Sodium chloride.....	7 | 50
Distilled water.....	1000 |

Other treatments which were instituted were oxygen inhalations, the hypodermic injection of 1-40 of a grain of sulphate of strichnine, hot milk by the mouth and sometimes by the rectum, sometimes brandy or whiskey, sometimes 1-100 of a grain of atropin hypodermatically, and sometimes the patient was surrounded by dry heat. Sometimes ammonium carbonate, 0.30 gram (5 grains), once in four hours, was administered; sometimes caffeine was used. A favorite mixture for administration was as follows:

℞ strych. sulphatis.....	| 008 (gr. 1/8)
Ammo. carbonatis....	1 | 60 (gr. xxv)
Spirit. frumenti.....	150 | (℞ʒv)

M. et Sig.: Two tablespoonfuls in water every four hours.—Med. Review of Reviews.

Leucorrhoea, Vaginal Douches in Foetid.

The following formula is recommended for this purpose in Repertoire de therapeutique:

To a litre of hot water add two or three tablespoonfuls of this mixture:

℞ Potassium chlorate.....	13 parts
Wine of opium	10 parts
Tar water	300 parts
White vinegar	300 parts
Tincture of eucalyptus.....	45 parts
Salicylic acid	1 part
Sodium salicylate	20 parts

M. S. Two or three douches daily.
La Tribune medicale.

Manias Acute, Apomorphine as a Hypnotic in.

Dr. A. M. Roseburgh, secretary to the Ontario Society for the Reformation of Inebriates, states, in the Canadian Practitioner, that he has found apomorphine most useful as a hypnotic in alcoholism. In doses of 1-20 or 1-30 gr. it acts as promptly as it does as an emetic in doses of 1-10 gr. However wild or noisy the patient, he usually sleeps peacefully in 10 or 12 minutes. The sleep may last 10 or 12 hours, after which he awakes refreshed and sober. The writer seems to think that the discovery of this use of apomorphine will mark a new era in the management of cases of acute alcoholism and delirium tremens. In many hospitals patients in these conditions are far from welcome, but when it becomes known that a safe and prompt hypnotic is available they will be admitted more readily.

Quinsy—Treatment of.

Dr. D. J. Guthrie, in the Glasgow Medical Journal, September, 1909, reports a case to illustrate a method of treatment which has proved successful in his experience. The supratonsillar swelling was opened in the usual way with bistoury and sinus forceps, and a quantity of blood-stained pus evacuated. A tent was erected over the bed, and inhalation of steam with compound tincture of benzoin was given constantly—a measure which afforded the patient much relief—and a caolmel purge was administered. Toward evening the swelling had slightly diminished, but swallowing was still impossible and speech thick. Ice was ordered to be sucked at intervals and instructions given that 2 drams of brandy be administered every three hours as soon as the patient was able to swallow. On the following morning the patient could swallow with little difficulty and the edema had diminished. Temperature was 99; pulse, 85. The tonsil of the opposite side was found to be covered with yellowish spots (follicular condition). A throat spray of peroxid of hydrogen was recommended and the steaming discontinued. A mixture containing 5 minims of liquor strichninae and 15 minims liquor ferri perchloridi to each (B. P.) dose was prescribed. Following this, the condition rapidly improved, edema and swelling diminished and the patient made an uneventful recovery.

An enlargement of the thyroid beginning after middle life should arouse the suspicion of malignant neoplasm.—Amer. Jour. of Surg.

Correspondence.

Dr. Halsey on the Medical Practice Bill.

Dear Doctor English:

The Committee on Legislation has carefully gone over our proposed Medical Practice Bill and corrected several errors. One which we wish to call the attention of the profession to is in reference to the preliminary requirements. According to a recent ruling of the Attorney-General it was not absolutely necessary that a candidate for licensure to practice medicine in New Jersey, to have completed his preliminary education prior to commencing the study of medicine. Should our bill pass it will be obligatory.

The bill has been in the hands of the county societies' members a sufficient time to have had an expression of opinion. Will they heartily support the bill? Will there be unanimous action on the part of the county societies? That there will be repeated what was done last winter—individual members going to their representatives in the legislature and asking them to oppose the bill.

Have the county societies interviewed their representatives; if so, why have we not been notified? We desire this information at once. The National Auxiliary Legislative Committee has not been appointed, or if this has been done the secretaries have not notified the State legislative committee. The Councilors have advised that each county society appoint a special legislative committee to assist the State committee whenever desired. We desire to know the names of these men at once.

We have a good bill and we think all of the bad or objectionable features have been eliminated, and if the members of the profession will only consider this a personal matter and work consistently and promptly this matter can be settled for all time. Well not the physicians of the State work untringly to accomplish this? This year concludes his term of service as chairman of the committee and he proposes to retire as his health is not good and he cannot continue the work.

L. M. Halsey.

Williamstown, N. J., Dec. 22, 1909.

Dr. Wetherill on Tuberculosis Sanatoria.

Denver, Colorado, Dec. 9, 1909.

David C. English, M. D., Editor.

Dear Doctor—As a former member of the New Jersey State Medical Society still interested in New Jersey medical matters, your excellent Journal comes to me regularly.

I have been particularly interested in the controversy relative to the establishment of a tuberculosis sanatorium at Summit, New Jersey, and have been impressed with the wise and temperate tone of your editorial comment upon this topic.

As a Jerseyman with tuberculosis, I was obliged to come to Colorado about fifteen years ago, as you will remember, and as a tuberculous invalid my sympathies are naturally with the tuberculous health-seeker wherever he may be found.

The experience of Colorado would prove conclusively that the good people of Summit, New Jersey, are making a great mistake in excluding tuberculous invalids from their midst. Of course, we physicians all know that there is much less danger from a properly educated and properly housed tuberculous individual than from his brother who may be uneducated in preventive measures, but the point I wish to make is that from the financial side the town of Summit could have no better advertisement than that which would establish its reputation as a healthful place to which tuberculous individuals might resort.

The great wealth of Colorado at the present time has been as much due to the tuberculous people who have come here for a cure as to any other single cause. The men and women of position, influence and affluence in Denver and in Colorado are, in very many instances, those who have come here for health reasons. The Mayor of Denver is a recovered tuberculous invalid and it is no exaggeration to state that fully a third of the well-to-do and prosperous people of Denver are here because some member of the family suffered with tuberculosis.

With the details of my own case you are familiar I know. I have never doubted that my recovery was due to the change in residence made in 1895. That I have been able to contribute a small measure of service to my city and State, since that time, has been a source of great gratification to me. I have regarded any service I could render the people of the city and State of my adoption as wholly inadequate in the payment of the debt I owe this community.

One of the unfortunate sequels of the educational campaign against the dissemination of tuberculosis has been the "phthisiophobia" that has resulted. We know now that consumption is not hereditary and that it may be acquired only through a previously existing case, but we also know that its prevention is not only possible but very easy if reasonable precautions are taken in the destruction of the excretions from the body carrying the tubercle bacillus.

It is not too much to hope that some other more progressive and more liberal community than Summit, New Jersey, may appreciate the commercial advantage of the open door for the tuberculous invalid. If some salubriously situated town in Northern New Jersey can be made to see this commercial side of the question, I venture to predict that the ultimate financial advantage to that community will soon be apparent. This has been demonstrated so clearly and so often in Colorado and in various other communities in the Rocky Mountain region that for us the problem is settled. With your climatic conditions in New Jersey this advantage may become an asset.

All of this is aside from "man's humanity to man," in closing the avenues which may offer one's brother the opportunity to recover his health. "He asks for bread and is given a stone." Serious consequences would have resulted had such States as Colorado, New Mexico, Arizona and New York adopted the selfish and extremely inhuman attitude taken by Summit, New Jersey, and, I understand, endorsed by the present Governor of the State.

Yours truly,

H. G. Wetherill.

Newark Evening News Correspondence.**PHYSICIANS VS. OPTICIANS.**

To the Editor of the News:

Sir—Your editorial in Thursday's paper, under the title of "Menace to Eyesight," is so wide of the true facts, and so harmful in its suggestions, that I trust you will give me space to go a little further into this important subject. It is evident that the News received its information from the same sources as did The Star and the New York Herald; and it is more than possible that the News has unintentionally been made the means of creating a false public sentiment, in the interest of opticians who are themselves violating our medical statute. Your statement that the optometry bill was opposed by medical men is correct. But your statement that their action was "unexpected" is not in accord with the facts. I was one of the medical men who opposed that bill, and who will oppose another such bill at all times. It is about time that the public knew the real facts, so here they are: The opticians presented the bill to legalize the prescribing of glasses. The bill was referred to the Committee of Public Health. The committee had a public hearing, at which Drs. T. Y. Sutphen, F. C. Jacobson and Edward Hill Baldwin, of this city; Dr. Norton Wilson, of Elizabeth; Dr. W. T. Johnson, of Paterson, and some other physicians spoke in opposition.

Dr. Sutphen laid bare the real danger of the bill when he asked the opticians if they would accept an amendment that "no optician shall prescribe glasses for diseased eyes." The speaker for the opticians answered: "We refuse absolutely."

The cat was out of the bag. Note you that opticians intend to prescribe glasses in any case and in every case, or else they know that in their ignorance of disease they frequently do fit glasses to diseased eyes. And yet they wanted a bill to legalize them. They further claimed, in the very words of their chief speaker, that "the eye was an open book" to modern instruments, and that they could tell the diseased eyes from healthy. This is absolutely false, and they know it. The public will also be interested to know that the opticians at that hearing presented the catalogues of two "colleges of optometry." These two were the only colleges in the country that they indorsed. These colleges were but two or three years old. Therefore, by their own representation, they themselves were not graduates of any reliable college. This brings me to one of the greatest frauds of the times—the so-called "graduate optician." People trust their eyes to the examination of opticians who call themselves "graduates" because the public naturally believes that a "graduate" is a competent examiner. Now, please note that anybody, no matter how ignorant, can call himself a "graduate optician." You yourself, Mr. Editor, can put a "graduate optician" sign on your house and you will soon have eyes to test. It is a fact that large wholesale optical houses give diplomas to opticians after a course of instruction of ten days. I have in my possession a letter from a large New York optical house offering me, free, a \$25 diploma if I purchase \$150 worth of stock.

I know personally of one optician here in Newark who was given a "diploma" for noth-

ing, and without any instruction, when he purchased a set of trial lenses. A Chicago optical house will give any one a "degree" of "doctor of optics" on the mere promise to study. The optical trade to-day is rotten with alleged "graduates," one as bad as the other. A clique of these men, who have been violating our medical law, and who are in no sense any better than any one else of their kind, are now demanding a new law, under pretence of protecting the public. It's a pure business and advertising scheme, and nothing else. The very men who are shouting about protecting the public are themselves a menace and a danger. They have done nothing to warrant favors from the State. Any man other than a physician violates the law in prescribing glasses, and the courts have so ruled. (State vs. Stiles.)

The public need to be reminded that an optician, even if he is a "graduate," is never a safe consultant about their eyes. His business is a trade, having for its object the selling of glasses. He will, therefore, sell glasses if there is the least excuse for selling, and frequently without reason at all. A man who allows a mechanic to examine his eyes and prescribe is taking risks with his sight. He swells the vast army of dupes, which proves the old saying that "There is a sucker born every minute." No matter what laws are passed, they cannot make an optician anything but an optician. Medical knowledge is absolutely necessary for safety, and the non-medical optician, or "professor," or optometrist, will always be an incompetent.

Edward Hill Baldwin, M. D.,
Member of the State Board of Medical
Examiners.

Hospitals and Sanatoria.**German Hospital, Jersey City.**

The stockholders of the German Hospital and Dispensary Association of Jersey City held their annual meeting one evening recently in Gerlach's Hall, on Ocean avenue, Greenville. According to the reports submitted by the financial officers of the corporation, the assets include the sum of \$11,457.68 on deposit with several banking institutions, and the realty located in the Greenville district of the Seventh Ward.

Hereafter the association will hold regular meetings on the first Friday evening of each month, and will admit to the sessions representatives from the newspapers, an innovation for which Street and Water Board Commissioner John E. Carlock is the sponsor. At the next meeting in January, 1910, plans and specifications for the new hospital building will be presented for consideration.

The annual election for officers took place at the recent meeting, with the appended result: President, William Frederick Platz; vice-president, Lewis S. Harvey; financial secretary, H. W. Jaehne; recording secretary, Frederick W. Peters; directors, Dr. Frederick E. Lambert, Dr. Clarence L. Vreeland, Dr. J. S. Mathesheuner, Street and Water Board Commissioner John Edward Carlock, President William Frederick Platz, William H. Lange, Henry W. Jaehne and Leopold Frey.—The Observer of Hudson Co.

Jersey City Hospital Staff.

Because of the retirement from the institution during the current week of Dr. Edward P. Whelan, whose term of service as house surgeon has expired, and who will establish a private practice for himself when he returns from a vacation sojourn of a fortnight at some quiet resort, several changes have occurred among the members of the house staff of physicians and surgeons at the Jersey City Hospital.

As house physician, Dr. Whelan has been succeeded by Dr. Leo Koppel, former house physician. Dr. J. W. Rapp has been promoted to be house physician, and Dr. Charles B. Kelly has been transferred from the post of ambulance surgeon to the position of assistant house physician to succeed Dr. Rapp.

The new ambulance surgeon is Dr. E. Cameron Butler. In his work of administering first aid to the sick and injured victims in emergency cases, Dr. Butler will be assisted by Dr. Charles Steurer, a recent acquisition to the house staff. There will also be several new nurses at the institution.

Monmouth Memorial Hospital.

James A. Bradley, of Asbury Park, on Saturday sent a check for \$500 to the Monmouth Memorial Hospital to be used in erecting an addition to the Nurses' Home. Dr. S. J. Woolley, it is reported, has raised \$1,200 to equip the sterilizing department in the operating-room. Dr. Woolley, who is a summer resident, is living in New York during the winter.

North Hudson Hospital.

If the work on the new North Hudson Hospital, Union Hill, progresses in the next few weeks as it has for the past few weeks, it is confidently predicted by the members of the board of governors that the new building will be opened in February. The building, which is being constructed of steel, concrete and brick, is to be fireproof. The roof was begun a few days ago and will be completed by Wednesday.

Louis Menegaux, president of the board of governors, said yesterday that among the improvements in the new building will be a ward that will contain fifty beds. This is to be built on the latest plan and will have the sun shining through the windows on some portion of the room the whole day. Mr. Menegaux said that he expects that a resident physician will be installed at the hospital who will be in attendance during the day and will sleep in the building at night, ready for any emergency. He also said that if the number of cases for the resident house physician warrants it, an ambulance will be installed.

One of the features of the new building will be a babies' ward. There will be ten beds in this ward, which will be under the charge of competent nurses. In the present building there are no accommodations for the special care of babies. The medical instruments and other necessities of this ward are to be the finest money can buy. The cases of sick babies whose mothers have to neglect them in order to gain a

living will be treated as special cases in the new institution and they will be given the best care.

The new building will be large and airy and when completed will cost \$70,000. The building committee will inspect the work thus far finished and pass judgment upon it this afternoon.—The Observer of Hudson County.

Orange Memorial Hospital—No Ground for Charges.

Following an investigation of the Orange Memorial Hospital, made Saturday afternoon by Chairman Frank Bancroft, of the Finance Committee of the East Orange City Council, a report will be made by him to the committee stating that there is no ground for criticism of the institution as regards its administration or the character of the service it renders to the city. Speaking on the subject shortly after he completed his inspection, Mr. Bancroft said he was entirely satisfied with the way things are going at the hospital and is convinced that the complaints made against it by Jesse R. Pope, of East Orange, whose letters to the press induced the council committee to act, were inspired by persons who appeared to be hostile to the institution.

"East Orange is not justified in even thinking of criticism against the hospital," said Mr. Bancroft. "In view of the service actually rendered to the city, through the care of indigent cases, the handling of emergency calls and the care of five tubercular patients who have been at the hospital now for over a year without paying anything for their support, the \$1,650 which the city contributes every year is small enough in amount.

"For the ten months ending November 1 the city paid \$1,375, under its contract, and from patients who could pay it received \$169. In return for that it gave 3,135 days of service, besides answering forty emergency calls and caring for the five tubercular cases already referred to. It seems to me that is doing pretty well for East Orange, and I intend to make a favorable report to the committee."

Oradell Isolation Hospital Delayed.

The matter of the establishment of an isolation hospital at the county poor farm, Oradell, Bergen County, was again delayed yesterday, when the committee in charge appointed by the Board of Freeholders held a session and stated they had not determined upon either of the four plans now before them. This is a big disappointment to the originators of the isolation scheme, as it will leave the matter untouched now until the 1910 Board of Freeholders organize. The committee simply reported progress in the matter yesterday.

Dr. Andrew J. McCosh Memorial.

The memorial committee announced recently that it had received \$116,000. The committee has not decided definitely on the memorial, but says that "it seems to be generally accepted that the fund will be expended in erecting the Dr.

Andrew J. McCosh Operating Pavilion" on the site of the new Presbyterian Hospital at Sixty-seventh and Sixty-eighth streets and the East River, the site chosen by Dr. McCosh for the hospital.

Opening of the American Hospital in Paris.

On October 28 took place the official opening of the American Hospital at Neuilly-sur-Seine (one of the suburbs of Paris), Boulevard du Chateau, 55, in the presence of M. Doumergue, Minister of Public Instruction; Messrs. Henry White, United States Ambassador; John J. Hoff, vice-president of the council of administration; the members of the board of directors and the medical staff. The hospital contains 25 beds in separate rooms, with bathrooms, the equipment being according to the latest hygienic requirements. The hospital, which was founded by certain Americans residing in Paris, will receive in the first place sick and needy Americans, who will be cared for free. Well-to-do Americans may likewise be cared for; from these the hospital will exact no fixed charges, but will receive donations toward the general fund. Two beds will be reserved for emergency cases without regard to the nationality of the patient.

Fair Oaks Sanatorium.

The opening of the new building connected with the Fair Oaks Sanatorium for the Care and Treatment of Nervous Diseases, at Summit, N. J., on Wednesday evening, December 1, 1909, was a notable event.

Besides the physicians of Summit, there were about 75 other doctors present from New York, Jersey City, Newark, Elizabeth, New Brunswick, Roselle, Westfield, Montclair, the Oranges, Springfield, Short Hills, Chatham, Madison, Morristown, Morris Plains and Bernardsville.

Drs. Eliot Gorton and Thomas P. Prout, the able neurologists in charge of the institution, gave their guests a most cordial welcome and spread for them a royal feast for bodily refreshment at the close of the evening exercises, which was a feast for the mind, including not only an inspection of their beautiful buildings, but also a meeting of the Summit Medical Society in the solarium of the sanatorium, with an exceedingly interesting and instructive paper by Dr. Alfred S. Taylor, of New York City, on the "Surgery of the Peripheral Nerves."

This sanatorium was originally opened July 1, 1902, and accommodated 12 patients. In 1904 a new building was erected to accommodate 14 more, and this new addition provides for 10 additional patients in rooms with private baths annexed, making accommodations now for 36 patients. It is thoroughly equipped with all kinds of needed apparatus for the treatment of nervous condition. It is well located, on high ground, at a popular health resort. None but voluntary cases and no objectionable cases of any kind are received. The physicians in charge are able men of large experience.

Plainfield Sanatorium Opened.

The pavilion erected by the Plainfield Society for the Prevention and Relief of Tuberculosis was opened December 1st, on the grounds of the Muhlenberg Hospital. The building was crowded with visitors who came with packages contributing liberally to the housekeeping department of the institution.

The work of the pavilion began with the admission of seven patients. One more has been accepted by the committee on admissions, and will soon be in the residence. General supervision of the sanatorium will be exercised by Miss Josephine Hughes, of the hospital, but the actual care of the patients will be in the hands of two nurses, who have themselves been inmates of similar institutions. Dr. Frederic J. Hughes is the physician in charge.

The sanatorium fronts on Moffat avenue, facing south, and has four rooms for invalids, each containing two cots. These rooms are entirely open on the south side, which can, however, be closed by a heavy curtain, rigged like a porch awning. Each of the two corner rooms has large windows on the end and back, while the other rooms have windows at the back. These windows are on hinges and open out.

In front of these rooms is a porch about five or six feet wide, where it is expected the patients will sit during the day. Curtains at the ends and part way along the front will furnish protection against winds from the east and west. These rooms are arranged two on each side of a central room, enclosed on all sides, which extends to the front line of the porch, really forming two porches, one on the east of the room and the other on the west; it opens on to the porches by glass doors, and has large windows in front, on the south end. This is to be used as a dining-room, and has a large heater which also heats the toilet and bath rooms back of it. Back of these latter rooms is a kitchen, with a gas stove, where simple cooking may be done. Off the kitchen on one side is a closet for the refrigerator. In the passageway from the dining-room to the kitchen are eight lockers, one for each patient. Each of these lockers already contains a pair of heavy woollen stockings and a pretty wrapper, gifts of kind friends.

Although the building is on the land belonging to the hospital, the work to be done must be financed by the society. Any services rendered by the hospital in the way of furnishing meals and board to nurses must be paid for. Tuberculosis work is entirely outside of the scope of the hospital activities, and while the society will enjoy the advice of the hospital staff, it must make its own special plea to citizens for aid.

It is estimated that the expenses of maintaining the pavilion, caring for patients and visiting the homes of consumptives will be from \$250 to \$300 a month. The society now has 260 members, and has received, since its organization, about \$3,450, of which \$3,075 has, up to this date, been paid for the building and equipment, with some bills still to be paid, which will probably, together with visiting work, consume the balance in a short time. The society has now a membership of 260, paying one dollar a year. An attempt is being made to increase the number of members—to 5,000 if possible.

Syphilis simulates nearly every other surgical disease, and the most virtuous are subject to its ravages.—*Amer. Jour. of Surg.*

Riverlawn Sanatorium.

A handsome art calendar has been issued by the proprietor of this excellent sanatorium, Dr. Daniel T. Millspaugh, showing the buildings and their beautiful surroundings, at Paterson, N. J.

The main building was recently rebuilt and refitted handsomely and has accommodation for 35 patients. The Terrace has twenty rooms and is used for convalescing only. It is a private institution for the care and treatment of all forms of nervous and mild mental diseases, and a few selected cases of alcoholic and drug addiction. No objectionable cases are admitted. It is well equipped with approved apparatus, baths, massage, electricity—all forms, etc., and has able, experienced neurologists. There are sixteen acres of lawn and garden.

New Jersey is to be congratulated on having such excellent institutions as Riverlawn, Fair Oaks and Montrose, at South Orange. They compare very favorably with those of other states.

The Epileptic Village.

From the Newark Evening News, Dec. 20, 1909.

The chronic need of all the State institutions is for more money. Every year new requests are made for larger appropriations, and the managers are generally able to present good reasons for their claims. The epileptic village, now a colony of nearly 300 people, with as many more on the waiting list, will urge the next Legislature to build a hospital, and the request seems to be well founded.

During the past fiscal year there was an epidemic of diphtheria in the village, and something had to be done. A house nearly ready for occupancy by attendants was turned into a temporary hospital and in this the diphtheretic patients were treated. But for this building the disease might have wrought serious havoc among the unfortunate villagers. There is also need for shacks to care for tuberculosis patients, as this disease is one of the assigned causes of epilepsy.

Another necessity has grown out of the experiences at the village. This is for some place for inmates who are not amenable to ordinary rules and regulations. Epilepsy is a progressive disease. It develops combative and vicious tempers which require restraint. Homicidal and suicidal tendencies also result from this disease, and when physical and mental deterioration have progressed thus far the need for proper places to put the unfortunate victims becomes imperative.

It is costly to maintain State institutions of any kind. That at Skillman expended \$139,559 during the past fiscal year, and all its needs are not met. There seems to be no way of reducing expenses; the longer the institution stands the larger it grows, but it rarely, if ever, is equal to the demands upon it. From the insane asylums to the State prison, nearly every institution is crowded, but the State having undertaken to afford shelter and relief for its dependents is morally bound to do for them whatever is reasonably required.

In surgical shock strychnine and alcohol aggravate the condition.—*Amer. Jour. of Surg.*

EXPERT TESTIMONY.

(From the Kentucky Medical Journal, September, 1909.)

Hon. Edward J. McDermott, Louisville, presented the following report of the Committee to the Kentucky State Bar Association.

In 1907, a committee was appointed to consider the subject of expert testimony, especially with reference to that of physicians and surgeons, and to confer with a like committee of the Kentucky State Medical Association, and later to report to this association what effort should be made to bring about immediate reforms in public and judicial investigations where the testimony of experts—especially of medical experts—is needed. The Hon. C. U. McElroy, of Bowling Green, was then appointed chairman of that committee; but, as he later went to Europe for a long trip, he was not able to prepare a report on this topic in 1908; and, this spring, I was asked to take his place. Since that time I have been unable to have a conference with the other members of the committee, Messrs. D. L. Thornton, of Versailles, and Frank M. Tracy, of Covington. This subject was first brought to the attention of this association in 1907 by Dr. McCormack, of Bowling Green, on behalf of the Kentucky State Medical Association. At the meeting of our association in 1908, the committee was continued.

Dr. Curran Pope, chairman of the committee, appointed by the Medical Association, kindly lent me several helpful addresses, newspaper and magazine editorials and essays and pamphlets which pointed out the existing evils and suggested divers reasonable remedies. From the press and from our own experience at the bar, we know that radical reforms are necessary to make expert testimony what it should be. Lawyers are usually too conservative and too slow to make needed changes. In truth, the medical profession, especially in Kentucky, has, in the past ten or fifteen years, made far greater improvements than the legal profession, and the doctors, in consequence, are gaining on us in public esteem. While the doctors have voluntarily raised the standard of education in their profession and have established a thorough, scientific course of study running through four full years of study, it is unfortunately still true that any man of ordinary sense and of limited education can gain admission to the legal profession in this State after six months of haphazard study. In the same way, it is the doctors, rather than the lawyers, who are now most eager to make such changes in the law as will prevent the abuse of medical expert testimony. The ablest and most learned members of the medical profession are disgusted with the manner in which, and the persons by whom, medical expert testimony is now given. They are eager to avoid the contempt which is too often cast upon them by the manner in which the courts allow ignorant physicians and surgeons and self-praised, unfit specialists to testify as experts and are eager to prevent lawyers from using untrustworthy medical expert testimony to excuse criminals or to get unjust verdicts. It is the duty of the lawyers of this State to actively help the eminent physicians

and surgeons of the State to obtain a statute to correct these abuses.

We need expert testimony in many cases. It is absolutely essential in the administration of justice. It would be absurd to shut out expert testimony or opinion testimony; and yet we know that such testimony is often ridiculous and sometimes scandalous. The abuses mentioned occur most often in criminal prosecutions, in will contests, and in actions for damages for personal injuries. It is well known that self-styled experts can be gotten to testify in favor of almost any theory for a fee. Neither the law nor medicine is an exact science. Lawyers and judges often differ on law questions as much as doctors differ on medical questions. The lawyer that makes a corrupt use of expert testimony is as blamable as the experts that aid him; and the doctors are now doing more than the lawyers to prevent these abuses, and to put the expert testimony on a sounder footing.

The abuse of this testimony is brought out most plainly in spectacular murder cases, where an effort is made to save the neck of some criminal by supporting the fictitious plea of insanity. This hollow pretense has often been used of late to enable juries and courts to violate their oath of office by giving effect to the so-called "unwritten law," or by freeing from just punishment some man that has a plausible plea for public sympathy and that is helped by heedless or shrewd and corrupt newspaper advocacy. If the so-called "unwritten law" is sound, it should be made a written statute or it should be suppressed with a stern hand. We should not force jurors and judges to disregard their solemn oath and to render dishonest verdicts because we have not the hardihood to put such a law on the statute book.

Ordinary witnesses testify to facts seen or heard, but an expert usually states, under oath, his conclusions or findings from facts stated, or he tells what he knows of the laws of his science so far as applicable to a case on trial. Men do not usually agree even on facts under their actual observation. It is much harder for them to agree in their conclusions from facts. Errors of judgment are more likely to occur than errors of observation. Medical experts do not differ more on the abstruse questions of their calling than lawyers and courts differ on hard questions of law; but, unless we are called as expert witnesses to prove the law of our State for use in some other State, we do not swear to the correctness of our theories and conclusions. We ought, therefore to be careful to allow only real experts to testify, and we should be more indulgent in our criticisms when they do testify. The expert is usually told what facts a lawyer can prove and what theory he wishes to maintain and the expert is expected, for a certain or a contingent fee, to make his theory fit the facts. At best such testimony has all the infirmities of deduction; and yet, as Bacon has shown, science can be exact and trustworthy, only when it is based upon careful induction.

Judge Rufus B. Cowling, of New York, in a paper read before the New York Academy of Medicine, on June 6, 1908, states his objections to ordinary expert testimony as follows:

(1) It is usually partisan and biased in character and is obtained by private persuasion and by compensation; (2) the present standard or

qualification required of experts is insufficient; (3) the number of experts now allowed to be examined is excessive; (4) too much latitude is given to experts when they are expressing their opinions based upon presumed facts not within their own personal knowledge.

While the courts, by their failure to regulate properly the introduction and use of expert testimony, have weakened its force and subjected it to public contempt, they nevertheless speak slightly of it, as if the fault lay only in the witnesses and not in the courts also, and in the manner in which the testimony is allowed to be introduced. At the present time almost any quack can claim the privilege of testifying as an expert; and yet there should be tests by which the court should determine whether such a witness is an expert or not. The court always has control of the method of interrogation and ought to exercise that control more than it does now when an expert's testimony is introduced. No expert should be allowed to testify when his fee is contingent upon the verdict or judgment; and litigants, courts and juries should not expect an expert to give his time and skill for nothing or for the compensation of an ordinary witness. It is an error to suppose that jurors pay no attention to expert testimony, though it is true that they are often confused by the differences of the experts; and they may follow the imposters rather than the real experts. In the notorious and disgraceful Thaw case, some of the jurors were led by the experts in one direction and some in the opposite direction. We cannot know, therefore, in which direction the jurors will be led, especially when they are often forced to join in a unanimous verdict which they do not really approve.

It is said that some time ago a lawyer in Baltimore was given considerable honor by his friends because he had never failed to get a favorable verdict in a murder trial—because he had acquitted eighty murderers. If this almost incredible story be true, he could not have won always by honorable means; and his ill-gotten success was an unmistakable condemnation of the courts and the jurors that tried his cases. His career showed the depraved condition of his community and the inefficiency of the courts before which he pleaded. Many times he must have been on the wrong side.

Expert testimony is needed, not only in ordinary murder trials, in damage suits and in will contests, but in many other cases where scientific questions should be rightly decided, as, for instance, in cases involving the question of infanticide, gestation, legitimacy, poisoning, rape, etc. Coroner's inquests, if rightly conducted, and preliminary trials in examining courts, if rightly conducted, when the facts are fresh in the memory of the witnesses, and when there has not been time to mislead or corrupt witnesses, would be of great value to the courts and the public. Post-mortem examinations and chemical analyses by real experts would often be of great assistance in the administration of justice if conducted by men of high character and great attainments. The public needs all such safeguards to protect it against criminal lawyers of the Baltimore type mentioned above. Expert testimony, however, is of great importance now in actions for damages for personal injuries where the temptation is great to misrepresent opinions or sci-

entific principles applicable to physical ailments or injuries, and, in will contests where the question of mental capacity is involved, and, in criminal trials where insanity is set up as an excuse.

The subject of nervous or mental diseases has never yet been satisfactorily mastered even by the greatest experts, and it will be many years before the students of these complicated infirmities have been able to classify their data after a thorough investigation, and to specify accurately the characteristics and symptoms and effects of different mental disorders. Hardly any subject of study has been so difficult or disturbing to scientists. The proper diagnosis of nervous and mental diseases is usually difficult and often open to fair dispute; the proper treatment of the insane, especially of those with homicidal instincts, is still open to grave controversy, and the proper test of mental unsoundness has not yet been agreed upon by the able men that have given it constant study.

In a valuable paper on Epilepsy and Expert Testimony, by Dr. Ira Van Gieson and Dr. Boris Sidis, printed in the State's Hospitals Bulletin of New York, in April, 1907, the intricacies of this subject are fully set out, and the common tests applied to insane persons are shown to be unsound. These distinguished doctors have shown how criminals often escape just punishment on fictitious pleas of insanity—especially on the plea of "psychic epilepsy"—and how necessary it is that only conscientious and well-informed and experienced experts should be followed in detecting nervous and mental disorders, and in fixing the tests of responsibility in cases of crime.

As said by "American Medicine," in an editorial in October, 1907, "Every criminal is abnormal * * * If the insanity plea is to be accepted in the cases of abnormal men, we will empty the prisons." The test first applied was this: Whether the patient had knowledge of the difference between right and wrong; but it was found that some irresponsible, insane persons knew the difference between right and wrong. Then the test applied was this: Whether the accused had "an irresistible impulse" or was unable to control himself; but that test would also include sane criminals, and many abnormals who are not criminals. It is probable that the real test is whether the accused has or not "a diseased brain." The men of genius whom Grasset and Lombroso tried to classify as insane or degenerate, because abnormal—men like Napoleon, Columbus and Dr. Johnson—were neither insane nor degenerate. They were abnormal because they were far above the average man in intellect. Some alienists, like those mentioned, try to make hosts of men appear as insane or irresponsible; but society must be protected from abnormal men with criminal traits or impulses. When Buford, who coolly assassinated Judge Elliott for an adverse opinion written in a case before the Court of Appeals, was saved by the plea of insanity, he soon escaped from the asylum and was free from all punishment, and, when Warner killed Mr. Leeds, his superior officer of the L. & N. Railroad, in Louisville, he, too, escaped punishment by a plea of insanity and then promptly escaped the asylum. Each of these cases was a disgrace to the State. Temporary insanity and fits of violent passion are often confused by the public, and we are too far indulgent to men that do not try to control their

passions. Decent, inoffensive men must be protected from men of insane passions, and we can be protected only by punishing the brutal and the passionate. By excusing them we multiply their number. The "brain storm" theory or the "emotional insanity" theory is but the preposterous excuse of a hired expert who saves the neck of a criminal by pandering to a maudlin public sentiment. Crimes committed in hot blood are punished less than deliberate brutal crimes, but there must be punishment for both. If murder in passion be not punished, all normal and peaceable men are unsafe.

In France and in Prussia, and in Maine, Michigan, Rhode Island, and in one or two other States, expert testimony has been regulated by statute. In considering the remedies which are proposed to cure the present evils, we must remember that the courts would probably hold that one accused of crime could not be deprived of the privilege of calling expert witnesses of his own selection to give testimony in his behalf, but the matter nevertheless could be regulated by statute, if the courts were disposed to assist in giving relief from the evils of which we have spoken.

If a proper law should be passed to provide a method of selecting real experts, an accused man would find little value in introducing quack experts or dishonest experts that were known to be hired to give biased and untrustworthy testimony. In criminal cases the law should provide that one who expects to rely upon the excuse of insanity should be compelled to set it up in a special plea, or to give ample notice to the State that this defense would be made. If the excuse was that the accused was of unsound mind at the time of trial, he should be tried solely on that issue, first, and, if found to be unsound, he should be confined in some proper place until he could be observed and examined; and, when he was found to be of sound mind, his trial on the merits should then proceed. If the excuse offered was that the accused was unsound when he committed the act, provision should be made for a special verdict by the jury, stating whether or not the acquittal was on that ground or not. Lately, in St. Louis, there were four brutal murders close together, and two of the murderers had already been several years in the penitentiary for murder, and yet they were again acquitted on the ground of insanity, and were turned out to commit murder again with impunity. Such men are a menace to society and society should be protected as much from them as from others of homicidal instincts.

I am told that in Prussia, a commission of experts is appointed by the court to investigate and report when insanity appears, or is alleged. In Maine, Massachusetts, Vermont and New Hampshire it is provided that an accused person that pleads insanity, shall be sent to the State Asylum, and shall there remain under surveillance or observation until the next term of court, at which time the superintendent of the asylum shall make a report to the court, or shall testify before the jury and state what the mental condition of the accused was and is. In St. Louis the following plan, without the sanction of any statute, was tried successfully: The court and the jail physician selected three experts to act in conjunction with the jail physician, and the court and the jail physician, from time to time, added to the number of experts so as to embrace experts in the several branches

of medicine, surgery, etc. All of these experts agreed to serve without pay. Their duty was to observe and pass on the sanity of accused persons as to their responsibility or irresponsibility. Separate rooms in the jail were provided for accused persons that were to be thus carefully examined, and records were kept of all investigations and data. This plan brought about good results, saving some persons from punishment who were really insane, and completely dissipating the fictitious plea of insanity by imposters.

Dr. T. A. Burke, of Cleveland, in a paper read before the Medico-Legal Section of the Academy of Medicine of Cleveland on January 21, 1909, recommended that the court select one or two experts to study the questions involved in a case where mental capacity was to be considered, and to testify for the court; but either side should be free to call other witnesses; that the experts selected by the judge should be taken from a regular list made up from names approved by the State Medical Society; that both sides in a controversy or suit should be allowed, by exceptions, to eliminate any objectionable persons from the judge's list before he appointed the men to act in the trial; that either side in the controversy should be free to call an expert on the court's list, or to call other experts also; that the experts named by the court should be allowed a fee by the court, and without regard to what opinion they expressed. A bill of a somewhat similar nature was introduced in the Legislature of Maine in 1907, but I do not know whether it was passed or not.

In substance, the recommendations made by the doctors and writers on this subject of late years are that the court should require hypothetical questions to be brief and clear and to state only facts brought out in the evidence by regular witnesses; that, in criminal cases and damage suits, the person whose physical or mental condition is being investigated, should, if living, be examined by the experts at the same time; that criminals alleged to be insane should be confined in a suitable place, and while there be under the scrutiny of learned and practical psychiatrists, who should accurately record their observations and opinions and submit them to the court; that a list of experts be made up by the court from the most learned and most competent men within its jurisdiction, after a consultation with such eminent persons of the profession as would be able to know who were real experts, and who were not; that these selected experts, orally or in writing, report to the court or the jury their findings and recommendations and that, when examined before a jury, the examination should be conducted by the court or by the attorneys under careful control by the court in order to protect the experts from indignity or badgering, and, as far as possible, to protect the jury from imposition and plausible pretenses; that experts thus called from the list of the court should be allowed a fixed fee by the court; and that it should be taxed as costs so that the experts would not appear as the partisan witnesses of either side.

Some of these suggestions are good and timely. There is now an imperative duty on the lawyers and the courts to bring about by legislation or by judicial rulings, reforms similar to those which have been introduced in other

States and countries for the protection of the medical profession and the legal profession and the public from the abuse of expert or opinion evidence. I have not had an opportunity of reading and studying the statutes adopted elsewhere; but they ought to be studied and a carefully prepared bill should be offered to the Legislature, embodying some of the suggestions set out in this report. Such trials as the Thaw trial, and the Haines trial, and several criminal trials of a similar character in Virginia a few years ago, tend to bring not only the lawyers and doctors into disrepute, but to make the people themselves believe that we cannot or will not make judicial trials reasonably efficient for the administration of justice. As leaders of public opinion and as champions of the law, we must improve it. We must protect private right and public order by making the law more perfect and the courts more efficient, by making the law the terror of evildoers by making it "the staff of honesty and the shield of innocence." We must move onward always, as Goethe said, "ohne hast und ohne ruh"—without haste and without resting. Civilization and liberty lose their greatest blessings, if they do not make life and property secure—if the humblest citizens do not have every reasonable right protected and every wrong redressed.

Book Reviews.

DISEASES OF CHILDREN, EDITED BY ABRAHAM JACOBI, M. D., LL.D., member of A. M. A., N. Y. Acad. Med., N. Y. Path. So., etc., etc. An authorized translation from "Die Deutsche Klinik," under the general supervision of Julius L. Salinger, M. D., with thirty-four illustrations. D. Appleton & Co., New York and London, 1910.

This work consists of a series of monographs, contributed by masters of national or international repute, arranged in the form of a systematic treatise. The diversified gifts of its distinguished editor are well exhibited by his judicious collations. The articles on "Diseases of the New Born in the First Days of Life" are comprehensive and most interestingly presented. The portrayal of the various nervous diseases of infancy and childhood is exceedingly instructive. The illustrations are rather few and limited chiefly to the orthopedic department. The book as a whole is a valuable addition to any library.

THE PRACTICAL MEDICINE SERIES, VOL. IX. Skin and Venereal Diseases. Miscellaneous Topics, edited by W. L. Baum, M. D., and Harold N. Moyer, M. D., Year Book Publishers, Chicago, 1909.

This little volume contains many useful hints on the diagnosis and treatment of venereal diseases. The addendum contains a number of very readable miscellaneous topics.

THE PHYSICIANS' POCKET ACCOUNT BOOK, BY J. J. Taylor, M. D., published by the Medical Council, Philadelphia, Pa.

It is bound in full leather with 24 pages of practical instructions for physicians and 216 pages for accounts. Price, \$1.

Married.

GROSS-ALTMAN—In New York City December 1, 1909, Dr. Herman Gross, of Metuchen, to Miss Goldie Altman, of New York City.

Obituaries.

ATKINSON—At his home in Philadelphia, Pa., November 23, 1909, Dr. William Biddle Atkinson, aged 77 years.

Dr. Atkinson was born in Delaware County, Pa., in 1832, received his preliminary education in Philadelphia, commenced the study of medicine under Dr. Samuel McClellan, one of the founders of Jefferson Medical College, from which college Dr. Atkinson graduated in 1853. For several years, in addition to the practice of medicine, he taught mathematics in Gregory's Classical School. He was secretary of the Philadelphia County Medical Society seven years and its president in 1873; was permanent secretary of the Pennsylvania State Society from 1862 to 1897; in 1894 was elected president of the State Associated Health Authorities of Pennsylvania.

For several years he was a correspondent of the New Jersey Medical and Surgical Reporter and other medical journals; in 1858 was associate editor of the New York Medical and Surgical Reporter, and 1859 became editor of the department of obstetrics and diseases of women and children in the North American Medico-Chirurgical Review; he also edited the annual volumes of transactions of the American Medical Association. He was assistant professor of obstetrics, etc., in the Pennsylvania Medical College two years; from 1877 to 1886 was lecturer on diseases of children in Jefferson Medical College, and in 1887 was made professor of sanitary science and pediatrics in the Medico-Chirurgical College.

The Journal of the A. M. A. says: "The American Medical Association owes much to Dr. Atkinson, who, during the years of relative weakness of the organization, served faithfully as its secretary, sparing neither time nor strength for the furtherance of its best interests and its upbuilding."

(The older members of the A. M. A. and of our State Society highly esteemed Dr. Atkinson for his ability, his genial, courteous manner and his obliging disposition. He was frequently a corresponding member at our State Society meetings, where he always received a cordial welcome.—Editor.)

BANKER—At Elizabeth, N. J., December 2, 1909, Dr. Pierre A. Banker, aged 64 years.

Dr. Banker, one of Elizabeth's oldest and best known practicing physicians, recently elected on the Republican ticket as a member of the Excise Commission, died suddenly at 1 A. M., December 2d, at his home, 1156 East Jersey street, of heart trouble, with which he had long been a sufferer.

The doctor retired the night before at the usual hour. Soon after midnight he complained of an unusual pain about his heart, and Dr. Milton A. Shangle, whose home is near by, was hastily summoned. Dr. Banker failed to respond to the treatment and soon passed away.

Dr. Banker was a son of John T. Banker, who was a descendant of John and Priscilla Alden.

The doctor was born at Poughkeepsie, N. Y., December 5, 1845. He was educated at the Mt. Pleasant Military Academy at Sing Sing, N. Y., and after graduation there was employed for a time as clerk in a bank.

At the breaking out of the Civil War he enlisted as a private in Company A, Twentieth New York Infantry. He afterward enlisted in the regular army, in which he served five years. He was in the cavalry service on the plains and in General Custer's regiment. He retired from the service in 1871, with the rank of sergeant-major, soon afterward entering upon the study of medicine in the New York Homeopathic College, from which he was graduated in 1879. After a brief practice in New York City, he went to Millbrook, N. Y., and then to Rhinebeck-on-the-Hudson, where he remained ten years. He came to this city from Rhinebeck in 1889.

Dr. Banker was a member of the New York State Homeopathic Medical Society, the New Jersey State Homeopathic Medical Society, the Union County Medical Society and the American Institute of Homeopathy. For several years he was vice-president of the New Jersey State Homeopathic Society. He was spoken of by his friends as a "good doctor as well as a good fighter, and a man of high intelligence and worth."

For many years Dr. Banker took a deep interest in the Independent Order of Foresters. He was a charter member of Court Columbus No. 920, of that order, and was its examining physician from its organization, eighteen years ago, until the time of his death. He was also for a time examining physician for both Court George W. Childs No. 1476, and Court Boudinot No. 1285. In 1895 he was honored by being elected as one of the three delegates from his city to attend the Supreme Council of the order which was held in England.

Dr. Banker was also a member of Washington Lodge No. 33, F. and A. M., and of Garfield Conclave No. 241, Order of Heptasophs, of this city. He was also a comrade of Ulric Dahlgren Post No. 25, G. A. R., an organization in which he ever took much interest.

Dr. Banker's wife, to whom he was married on November 13, 1873, was Miss Julia Carroll, daughter of William Carroll, who was a prominent merchant and business man at Rhinebeck. He was an attendant at St. John's Church. Besides his wife, he is survived by two sons and two daughters, George T. Banker, the well-known organist; Pierre Augustine Banker, Jr., and the Misses Harriett Preston and Julia Carroll Banker.—Elizabeth Daily Journal.

HUNTER—In Westville, N. J., November 22, 1909, suddenly, Mrs. Margaret Potter Pennington, wife of Dr. James Hunter, Jr., of Westville.

NEWTON—At Paterson, N. J., December 20, 1909, Dr. William Kelley Newton, from perforation of the duodenum. He was apparently in his customary good health until nearly midnight of December 18th; the gravity of the case did not admit of an operation and he died about 3.30 A. M. on the 20th.

Dr. Newton was born on old Market street, New York, April 23, 1850. After a good preliminary education in New York he began the study of medicine, entered the College of Physicians and Surgeons and graduated therefrom

in 1877; he then became assistant resident physician of the Nurse's and Child's hospital.

He served as a member of the Board of Health of New York City, was a fellow of the New York Academy of Medicine, a member of the New York County and State Medical Societies, and of the State Analyst and Food Commission.

He removed to Paterson, N. J. in 1880, where he has since practiced medicine. He has served as state sanitary inspector of New Jersey; he organized the Paterson Board of Health and later became its first health officer; was appointed a member of the staff of the Paterson General Hospital in 1890 and served as such till the time of his death.

He was also consulting physician of the Eye and Ear Infirmary, Paterson; a member of the Medical Book Club, a member of the Passaic County Medical Society, the Medical Society of New Jersey, the American Medical Association, the New Jersey Sanitary Association, of which he was one year president; and of the American Public Health Association, and was appointed by that body a representative to the International Meeting at the Hague. He also was president of the first meeting of the Pure Food Society held at Washington, D. C., in 1883 and 1884. He was the family physician of the late Vice-President Garret A. Hobart and attended him in his fatal illness in 1899. He was deeply interested in religious work, served ten years as vestryman and then ten years, until his death, as warden of St. Paul's Episcopal Church, Paterson.

June 1, 1880, Dr. Newton married Miss Harriet Eckhart, of Ridgewood, N. J., at the home of her cousin, Mrs. G. A. Hobart. Mrs. Newton died in 1903. November 15, 1905, in the Church of the Epiphany, Washington, D. C., he was married to Miss Cornelia Ridgley Hunt, daughter of the late William H. Hunt, of South Carolina, Secretary of the Navy under President Garfield and late Minister to Russia. Dr. Newton's second wife survives him. His funeral service in St. Paul's Church was very largely attended; fifty members of the Passaic County Medical Society acted as a guard of honor from his late residence to the church and Drs. Johnson, McCoy, Agnew, Leal, and Sandt of Paterson and Dr. McFadden, of Hackensack, acted as honorary pallbearers.

PRESLEY—At Camden, N. J., November 28, 1900, Dr. Sophia Presley, of heart disease, aged 65 years.

At a special meeting of the Camden County Society the following minute was unanimously adopted:

It is with sincere sorrow and regret that the Camden County Medical Society has learned of the death of one of its most useful members, Dr. Sophia Presley, who died of heart disease November 28, 1900.

Dr. Presley was born in Ireland, and came to this country in 1876, and becoming interested in the study of medicine, she was advised to attend the Woman's Medical College in Philadelphia, and she graduated from that institution in 1879. The following year, in recognition of her ability and proficiency in her chosen profession, she was appointed to the Surgical Clinic of that college, a position she retained for several years. In 1880 Dr. Presley was induced to settle in Camden, as at that time there was no reg-

ular woman physician practicing in this city—and although at this early date there was a strong prejudice in employing a female physician, yet by her earnest zeal and ability she soon had the confidence of many of our prominent families, and secured a large clientele under adverse circumstances.

Dr. Presley's professional work was also appreciated by many appointments she received in public and charitable institutions in Camden. The West Jersey Orphanage elected her as physician to the home, as well as one of the vice-presidents, where she served for several years. The Camden City Dispensary in 1894 appointed her in charge of the gynecological department of that institution. In 1884 Dr. Presley was elected secretary of the Camden City Medical Society. In 1890 she was appointed one of the attending physicians to the Methodist Episcopal Home. In all these appointments Dr. Presley rendered faithful and meritorious services.

In the county and city medical societies, as well as the Medical Society of New Jersey, of which she was a member, Dr. Presley was an earnest attendant at the regular meetings, and taking part in the discussions of the medical subjects before the societies.

Dr. Presley was a truly Christian woman. Was member of St. Paul's Episcopal Church in this city and a regular attendant, taking an active part in the different organizations of the church, and assisting them by her counsel and help.

H. Genet Taylor, Daniel Stroock, Alexander Scanlin Ross, Committee.

WEEKS—In Spring City, Pa., December 16, 1909, Dr. Henry Martin Weeks, Superintendent of the Eastern Pennsylvania Institution for Feeble Minded and Epileptics.

Dr. Weeks was born in Irvington, N. J., October 26, 1850, and at the age of thirteen went to New York and found employment. He began the study of medicine at the age of seventeen, continuing to hold a clerical position as a means of support, and later entered the medical department of the University of the City of New York and was graduated in 1873. He began his practice in Newark and soon became noted for his skill in gynecological surgery. In 1875 his health failed and he moved to Southern California, where he remained two years. In 1877 he returned East and located in Fallsington, Pa., practicing there until 1881, when he moved to Trenton.

In 1886, Dr. Weeks started a private hospital on Prospect street, Trenton, and performed the first operation in abdominal surgery ever attempted in that section of the State. Later he was instrumental in the establishment of the city dispensary, near the corner of Warren and State streets, from which the Mercer Hospital grew. He was one of the surgeons of the Mercer Hospital.

Dr. Weeks served two years as an assistant physician at the State Hospital, where he was pathologist and bacteriologist. When the State established the epileptic village Dr. Weeks was placed at its head. In 1907 he resigned to go to Spring City, Pa. He was succeeded by his son.

He was a past master of Ashlar Lodge No. 76, F. and A. M., of Trenton, and was a thirty-second degree Mason.

He was a member of the Philadelphia Obstetrical Society, the Philadelphia Neurological So-

ciety, was past president of the National Association for the Study of Epileptics and the Care and Treatment of Epilepsy, a member of the American Medical Association and of the American Gynecological Association. He was formerly a member of the Mercer County Medical Society and served as its president; when he removed to Skillman he transferred his membership to the Somerset County Society and retained it there until his death.

In May, 1873, Dr. Weeks was married to Mary M., daughter of David D. Fairchild, of Newark. Seven children were born to them, of whom six are living, one having died in infancy.

The funeral service was held December 20, at the home of his son, Dr. David S. Weeks, superintendent of the New Jersey State Village for Epileptics at Skillman, N. J. It was conducted by the Masons and by the rector of Trinity Episcopal Church of Trenton, of which Dr. Weeks was a member.

Personal Notes.

Dr. Ulamor Allen, Jersey City, was recently elected president of the Lincoln Association of Jersey City.

Dr. John E. Anderson, Neshanic, has been appointed medical inspector of the South Branch and Fairview schools.

Dr. Henry J. Bogardus, Jersey City, recently returned from a two weeks' vacation in Maine, with two fine specimens of deer as the result of his hunting experience.

Dr. John H. Carman, Plainfield, was re-elected a warden of the Church of the Holy Cross, Plainfield.

Dr. Albion C. Christian, Irvington, recently dislocated his wrist while cranking his automobile.

Drs. Henry A. Cotton and David F. Weeks have been appointed members of the Legislative Committee of the Charities and Corrections Commission.

Dr. Arthur H. Dundon, Plainfield, has been appointed the borough school physician.

Drs. H. H. Janeway and N. W. Green have a paper in the A. M. A. Journal of December 11th on "Experimental Intrathoracic Esophageal Surgery," illustrated.

Dr. Frank W. Mallalieu, Jersey City, has been reappointed a member of the Hudson County Tuberculosis Hospital.

Dr. Josiah Meigh, Bernardsville, is recovering from a severe illness.

Dr. Stephen Pierson, Morristown, who has been ill at his home and underwent a slight operation, has recovered.

Dr. Katharine Porter, Orange, medical inspector of the Orange public schools, has enlisted the interest of the Orange dentists in the plan of establishing a free dental clinic for the deserving poor children of that city.

Dr. Luther M. Halsey, Williamstown, has been appointed medical inspector of schools of Monroe Township.

Dr. William James, German Valley, was severely burned in the attempt to save his horses from a burning barn.

Dr. Joseph A. Stites, Springfield, has been appointed medical inspector of the Mountainside schools.

Dr. Edward Sutton, German Valley, has just recovered from a severe illness.

Drs. George C. Becket, Winfield D. Banks and Palmer A. Potter have been appointed medical inspector by the East Orange Board of Education.

Dr. Charles P. Britton, Trenton, has, because of impaired health, resigned as president of the Trenton Board of Health.

Dr. Margaret P. Brewster, Grantwood, in connection with the work of the Women's Clubs of Bergen County, is arranging a series of public meetings to be addressed by prominent physicians, including such subjects as deafness, blindness, purity in foods, etc.

Dr. George N. J. Sommer, Trenton, has discontinued the general practice of medicine and will hereafter devote his time to the practice of surgery and gynecology.

Dr. J. G. Louis Borgmeyer, Bayonne, and wife, sailed December 29th for South America, where they expect to stay several months.

Dr. Henry Mitchell, Asbury Park, writes from Bombay, India: "Have had 1,600 miles by rail, in India. Many ruins, a few grand buildings, a few palatial dwellings, and millions of mud hovels. Country barren except where irrigated. Caste dominates and enslaves the natives."

Dr. Edward P. Hart, Jersey City, has just recovered from a serious illness.

Dr. Samuel F. Ashcraft, Mullica Hill, has been suffering with a severely bruised arm, received in a runaway.

Dr. Raymond D. Baker, Summit, has recently returned from a ten days' rest at Danbury, Conn.

Dr. F. S. Hammond, State Hospital, Trenton, reports in the A. M. A. Journal, December 18, a case of primary tuberculous infection through the intestine without intestinal lesion.

Dr. J. Eugenia Jacques, Jersey City, is arranging a series of public health lectures to be given by prominent physicians in Hudson County.

Dr. William H. Lawrence, Jr., of Overlook Hospital, Summit, has opened an office, 20 Central avenue, Newark, where he expects to be on Monday, Wednesday and Friday afternoons. He makes a specialty of injuries and diseases of the bones and joints.

Dr. Dennis R. McElhinney, Elizabeth, has declined to be a candidate for re-election as city physician, though urged by many to do so.

Dr. Peter J. Rafferty, Red Bank, has resigned as a member of the board of managers of the State Hospital at Trenton, after several years of good service.

Dr. F. B. Stellwagen, Weehawken, has resigned as a member and vice-president of the North Hudson Hospital staff. The board of governors expressed regret and also appreciation of his faithful service.

Dr. Edward Sutton, German Valley, is suffering from serious liver disease.

Dr. Josiah Meigh, Bernardsville, has just recovered from a severe attack of grippe.

Dr. Sylvan G. Bushey, Camden, has recently returned from his four months' sojourn at his summer home, "Fairview," in the Allegheny Mountains.

Dr. Thomas B. Lee, Camden, has a good paper in the December Journal of the Camden County Society on "Diagnosis of Tuberculous Peritonitis."

Dr. Paul H. Markley, Camden, recently de-

livered a lecture before a large audience at Hammonton, N. J., on "Tuberculosis."

Dr. Harry A. Stout, Wenonah, was elected a coroner of Gloucester County at the election in November.

Drs. William A. Davis and Albert B. Davis, Camden, passed a delightful vacation season at Lake Winnepesaukee, N. H.

Dr. Clarence W. Byers, Rutherford, has been elected a member of the staff of the General Passaic Hospital.

Dr. Thomas S. Dedrick, Washington, has been elected second vice-president of the Arctic Club of America.

Dr. George H. Franklin, Hightstown, has resumed work after an attack of pulmonary disease.

Dr. Jacob Cole Price, Branchville, State Senator, Sussex County, who has been seriously ill for some weeks, we are glad to report as convalescing.

Drs. Arthur Stern, J. P. Reilly, E. B. Grier and T. E. Dolan, Elizabeth, were guests of the Manhattan Medical Society, at the December meeting.

Dr. William H. Shippo, Bordentown, has given the citizens good advice to prevent spread of diphtheria which has appeared there.

Examining Boards' Reports.

	Exam.	Passed.	Failed.
Colorado, October.....	17	12	5
Florida, May.....	45	40	5
Illinois, June.....	291	263	27
Illinois, July.....	107	83	24
Louisiana, October.....	23	19	4
Michigan, October.....	10	10	0
Minnesota, October.....	20	13	7
Mississippi, October.....	80	21	59
Missouri, September.....	57	37	20
North Dakota, October...	16	16	0
New Jersey, October....	34	29	5
Utah, October.....	5	3	2
Dist. Columbia, July....	22	13	9
Dist. Columbia, October.	23	19	4

Thirty-Second Annual Report of the State Board of Health—1908.

This is the largest (650 pages) and one of the best of the entire series. It gives the work of the several divisions—Vital Statistics, Medical and Sanitary Inspection, Foods and Drugs, Creameries and Dairies, and Sewerage and Water Supplies. It is for the year ending October 31, 1908, but its statistical disease and mortality data are for the year ending December 31, 1907.

We can only refer to a very few of the important facts which are worthy of notice and study. There were 44,651 birth certificates received, an increase of 1,974 over the previous year. Deaths reported, 37,408, of which 10,867 were of children under 5 years of age. The death rate of 16.63 was the lowest in the history of the department. We note the following number of deaths per 10,000 of population during 1907 from some of the leading diseases, comparing them with the year 1879, also the average per year for the 28 years prior to 1907.

Diseases.	1879.	Average.	1907.
Consumption.....	27.31	21.50	16.67
Cancer.....	3.70	4.59	6.52
Diphtheria and croup	10.86	8.34	2.81

Diarrhoeal diseases of children*.....	18.11	18.76	11.08
Pneumonia.....	†	13.89	14.67
Typhoid fever.....	3.17	3.52	2.06
Adult brain and spinal diseases.....	12.87	14.82	15.13
Children's brain and nervous diseases....	16.13	12.42	7.51
Malarial fever.....	2.62	1.33	0.13

*Lowest was in 1905—7.95.

†Not separately classified until 1901, when deaths were 13.18 per 10,000.

The deaths under 5 years of age per 10,000 of population have been: 1879, 75.55; the highest (1882), 88.36; the lowest (1905), 46.01; in 1907, 48.33.

During the 29 years—1879 to 1907 inclusive—there were more than a quarter of a million deaths from the following diseases: Consumption, 97,976; diarrhoeal diseases of children, 83,994; diphtheria and croup, 35,172; cancer, 22,417; typhoid fever, 15,030; also from pneumonia from 1901 to 1907 inclusive, 20,262.

The death rate per 10,000 of population in several of our cities, compared with first tabulated records, in 1879, the latter given in parentheses, were:

Bayonne, 16.56 (26.73); Burlington, 18.68 (21.10); Camden, 17.44 (18.88); Elizabeth, 18.70 (18.20); Hoboken, 22.91 (27.01); Jersey City, 19.42 (28.04); Millville, 14.00 (20.72); Morristown, 22.49 (16.40); Newark, 19.11 (25.26); New Brunswick, 19.19 (19.50); Paterson, 16.12 (25.61); Plainfield, 18.01 (18.01); Trenton, 18.06 (26.08); East Orange not given until 1901, when it was 10.97, and was in 1907 the lowest of any reported—11.15.

The report shows that 307 suits had been instituted for violation of food and drugs law; that 222 persons had been convicted or paid the penalty; 3 had been acquitted and appeals had been taken; 4 suits had been settled and 14 discontinued. Penalties collected, \$14,447.

We have not been able to give time for a further review of the good work done by Dr. A. C. Hunt, chief of the Division of Medical and Sanitary Inspection, and of Director Randolph, of the Laboratory of Hygiene. Mr. G. W. McGuire, chief of the Division of Creameries and Dairies, and Chief H. M. Herbert, C. E., of the Sewerage and Water Supplies Division, have also shown commendable zeal and efficiency. The fact that milk from about 10,000 dairies is shipped to the people of our State gives some idea of the magnitude of the work of inspection and correction by the former chief, while the 188 pages that set forth the work of guarding the water supplies of our State, public and private, and in inspecting the public and private sewerage disposal plants, approving plans and specifications of sewerage systems and purification plants, etc., show that Chief Herbert has no easy position.

The report closes with 152 pages of statistical tables compiled by Register David S. South, which give an immense amount of valuable information.—Editor.

The best means of securing a painless end-bearing amputation stump consists in covering the raw surface of the bone, whenever there is no contraindication, with an osteo-periosteal flap, after the manner of Bier.—Amer. Jour. of Surg.

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

Monthly Statement, November, 1909.

There were 2,993 deaths reported in New Jersey during the month ending November 10, 1909. By certain age periods there were deaths as follows: Under one year, 627; one to five years, 297; over sixty years, 861.

Tuberculosis, pneumonia and other diseases of the respiratory system show the usual increase expected at this season of the year and the number of such deaths for this month is larger than for the corresponding period last year. The figures are as follows:

	1908.	1909.
Tuberculosis	275	286
Pneumonia	183	196
Other diseases of respiratory system	133	158

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending November 10, 1909, compared with the average for the previous twelve months, the averages being enclosed in parentheses:

Typhoid fever, 36 (25); measles, 12 (21); scarlet fever, 13 (28); whooping cough, 18 (22); diphtheria, 63 (48); malarial fever, 1 (2); tuberculosis of lungs, 286 (300); tuberculosis of other organs, 41 (54); cancer, 149 (137); cerebro spinal meningitis, 9 (19); diseases of nervous system, 367 (343); diseases of circulatory system, 326 (340); diseases of respiratory system (pneumonia and tuberculosis excepted), 158 (184); pneumonia, 196 (253); infantile diarrhoea, 209 (195); diseases of digestive system (infantile diarrhoea excepted), 206 (188); Bright's disease, 254 (204); suicide, 34 (36); all other diseases or causes of death, 615 (589); total, 2,993 (2,988).

**Laboratory of Hygiene—Bacteriological
Department.**

Specimens for bacteriological diagnosis: From suspected cases of diphtheria, 1,656; tuberculosis, 326; typhoid fever, 193; malaria, 16; miscellaneous, 33; total, 2,224.

**Laboratory of Hygiene—Division of Food and
Drugs.**

During the month ending November 30, 1909, 178 samples of food and drugs were examined in the State Laboratory of Hygiene. There were found below the standard: 14 of the 217 samples of milk; 7 of the 19 of butter; 1 of the 3 of chocolate; 3 of the 5 of essence of peppermint, and both of the 2 samples of sweet cider.

All samples of spices, cocoa, coffee, molasses, oleomargarine, sausage, vinegar, borax, cream tartar, colors and flavors were found above the standard.

Nine suits were instituted for adulterations of milk and one of butter.

Division of Creameries and Dairies.

DAIRIES INSPECTED.

The first column gives the number inspected, the second and third columns the numbers above

and below 60 per cent. of the perfect mark, respectively. Eight private dairies were unscored: County. Inspected. Above. Below.

Bergen	2	0	2
Burlington	27	15	12
Mercer	1	1	0
Salem	1	0	1
Sussex	10	10	0
Warren	22	8	6
Totals	63	34	21

Creameries Inspected.

The following creameries were inspected during the month: Allamuchy, Andover, Baleville, Changewater, Highland Park, Lamington, McAfee, Monroe, Stockholm, Three Mile Run, Tranquility, Warbasse, Woodstown 2.

Samples collected from creamery premises, 5.

During the month ending November 30, 1909, 82 inspections were made in 44 cities and towns:

Asbury Park, Ashland, Atlantic City 2, Basking Ridge, Belvidere 2, Berlin 2, Bridgeton 2, Camden 11, Clinton, Collinwood 3, Egg Harbor, Elizabeth 5, Garfield, Gloucester, Haddonfield, Hainsburg, Harrison 2, Irvington, Jersey City 2, Jutland, Kearny, Long Branch, Lyons, Madison, Morristown 6, Newark 8, New Brunswick, Oxford Township, Passaic 2, Paterson 2, Perth Amboy 2, Phillipsburg, Plainfield 2, Pleasantville, Princeton, Roselle, Roselle Park, South Amboy, Summit, Trenton, Union Hill, West Hoboken, Westville, Woodstown.

The following articles were inspected during the month but no samples were taken: Milk, 323; butter, 530; foods, 833; drugs, 156. Other inspections were made as follows: Milk wagons, 188; milk depots, 79; milk cans, 287; grocery stores, 479; drug stores, 45; Meat markets, 45; bakeries 2, restaurants 1, notices served, 18.

Division of Sewage and Water Supplies.

Total number of samples analyzed in the laboratory 148. Public water supplies, 97; creamery supplies, 6; State Institution supplies, 1; private wells, 20; dairy wells, 15; miscellaneous, 1; sewage samples, 8.

Inspections.

Public water supplies inspected at Gloucester, Merchantville, Collingswood, Ridgewood, Midland Park, Bernardsville.

Sewage plants inspected at Princeton, Flemington, Westfield, Freehold, Jamesburg, Vineland, Millville, Riverside, Overbrook, Morris Plains, Newton, Glen Gardner, Plainfield, New Lisbon, Delford, Collingswood.

Special inspections at Lambertville, Pennington, Rahway, Chatham, Stone Harbor, Bivalve, Salem, Elmer, Newark, Wanaqua, Oakland, New Lisbon, Morristown, Newton, Collingswood, Merchantville.

Stream inspection on Passaic River and tributaries, Barnegat Bay, Maurice River and tributaries, Raritan Bay and Raritan River.

Number of sewage disposal systems approved, 6; water supply systems approved, 1; persons summoned before the board, 58; cases referred to the attorney-general, 45.

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SOME POINTS ON INFANT FEEDING.*

BY DAVID E. ENGLISH, M. D.,
SUMMIT, N. J.

Infant feeding has not yet become an exact science, nor a perfect art; the final word has not yet been said on this subject, and probably never will be. The two thoughts to be ever kept in mind are, first, the final result to be striven for is a mentally and physically perfect adult, and, second, the aiding of Nature in her efforts to attain this result. We cannot take the kingdom of heaven by force, but must work with the same method, and as far as possible, with the same materials that Nature uses; and we should be careful never to be found working at cross purposes to her.

In order that the infant may ingest, digest and assimilate sufficient nourishment to keep it in good health, and to make it grow into a perfect child, three factors should be considered: First, the kind of food given; second, the amount of food given, and, third, the manner in which it is given.

I. The kind of food to give a healthy infant has been pretty successfully worked out, and I have not much to add on that point. It is universally agreed that Nature's food, breast milk, is the best, if it is normal breast milk. When the mother's milk is scanty or disagrees with the baby, and a suitable wet-nurse is impossible, resort must be had to artificial feeding in whole or in part. When the mother's milk is of good quality, but deficient in amount, it is my practice to give the infant a certain

calculated amount of specially modified milk before each breast feeding, then to change it quickly from the bottle to the breast. In this way the artificial food becomes mixed in the stomach with the mother's milk and gets the benefit of its animal heat and natural ferments. Much can be done, however, by improving the mother's health, both before and after confinement. It is my habit to have the newborn babe put at once to the breast, as soon as babe and breast have been cleansed. I still believe the breast contains something when the baby is born that it needs at once. This nursing also favors the firm contraction of the uterus and makes the mother's condition safer and more comfortable. After this first nursing the baby should not be given anything but water until about the end of the third day, unless the mother's breast becomes distended sooner. It is safe, as a rule, to allow the baby to nurse as soon as its mother's breasts are full of milk. No hard and fast time rule can be established; the mother and her baby, if both are healthy, are fitted to each other, and when she has a full supply of milk the baby needs it, whether or not the full three days have elapsed. The infant should be given water before each feeding, and in the intervals, as much as it will take, until nine months old. After that age it is better to give the water between feedings, and as far from them as convenient. It is not necessary that the water given an infant be sterile, in fact it is probably better for the baby if it is not sterile, but it is absolutely necessary that it contain no pathogenic microbes. If the water comes from deeply driven wells, and clinical experience has proved its innocuousness, it is better to use it raw. We do not yet know all the secrets of Nature's laboratory; the microbes that we call harm-

*Read at the 143d annual meeting of the Medical Society of New Jersey, Cape May, June 25, 1909.

less are probably beneficial. Water is very easily and quickly contaminated; a dirty faucet, a dusty pitcher, cup or spoon, are things to be guarded against, and even the baby's lips are not above suspicion. Any of these things may be more dangerous than the water itself. But if there is any reason at all to suspect the water, or its source, it is better to boil it.

As the baby grows it soon begins to put everything it can into its mouth, so it becomes of great importance to prevent its getting harmful things. At first it is its own hands, making it necessary to keep the baby's hands, and everything they touch, as clean as possible. Later, all the toys and other things that the baby has to play with should be kept clean, the clothing it wears, and the surface on which it lies or sits. This tendency of the infant to put everything into its mouth is a natural instinct, and an effort to find out for itself what is good and what is bad, and to develop the facial muscles. In a state of nature it was harmless, but in our present state of development and civilization is fraught with danger, unless carefully directed. It is proper that the baby should have something to put into its mouth, and the things I have found most useful are the bone or celluloid ring, because it is easily kept clean; a hard crust of bread; a bone from cooked meat or fowl, and the rind from smoked bacon or ham. The last article mentioned, the ham rind, seems to be particularly good for babies; why, I do not know. Possibly because of the minute quantity of creosote it contains, or it may be the kind of fat the baby gets out of it. It is a good thing to give to a baby with indigestion and diarrhoea.

It is best to wash the mother's nipples and the baby's lips, both before and after nursing, with sterile, physiological salt solution. It is not best to wash the interior of the infant's mouth at all until after the eruption of teeth, and especially not with a solution of boric acid, as this alters the quantity and quality of the saliva, and is a fruitful cause of indigestion. The healthy infant's mouth does not contain harmful microbes unless they are put there by improper care.

When the infant has two lower incisors, unless they come abnormally early, it is time to begin to carefully increase its diet. Oatmeal or barley gruel, with cow's milk, may be given once a day at first and one nursing omitted. In making these gruels they should be gently cooked in a double boiler for not less than three hours. It

takes this long to properly liberate and hydrate the starch. The usual direction to boil twenty minutes is not long enough. A week later egg-albumen water may be begun, once a day at first, later three times a day, used instead of plain water. This is usually made too strong. The white of one egg to one pint of water, and later the white of one egg to one-half pint of water, is strong enough. To suit the infant's taste a little salt, or a little milk sugar may be added. A little later, generally about the eighth month, the yolk of an egg, half a teaspoonful in a little water, or a little finely chopped meat may be given from time to time. If an egg is fried in bacon fat until the white is hard while the yolk remains soft, this yolk, or part of it, may be added to the bill of fare. Fruit juices, preferably orange juice, should be given twice a week from the third month, even in nursing babies. When the infant has four well-developed teeth, with two more in sight, weaning should be begun. This should be a slow process extending over six or eight weeks, the night feedings being omitted first. In fact, the night feedings may often be omitted much earlier, six or eight weeks before any further weaning is attempted. As the weaning proceeds the mother's milk should be replaced by cow's milk, to which a little water and salt should always be added; cereal gruels, strained bean and pea soups, bread, butter, soft eggs, chopped meat, scraped apple, baked apple, and occasionally some soup made by boiling bones and joints. All these things contain substances essential to the proper growth and development of the child. If the indications for weaning come in the hot and humid season it is best to defer it for a time, or to wean the infant partially only. The mother, however, has some rights, as well as the baby, and these must be respected. The progress toward adult diet should be slow and gradual. Potatoes should be one of the last articles added, not one of the first, as so often advised. Bread and butter should be the main stay until long after the second year. About the twelfth month it is well to add to the menu the juice squeezed out of boiled greens, as spinach, endive, young beets, dandelion, dock, etc. These seem to supply certain vegetable principles and oils that do good, but should not be used too freely. Meat should be used in moderation, but a two-year-old child needs a little more meat than an adult in proportion to its weight. Most adults, however, eat too much meat.

In artificial feeding the problem is greatly simplified by the manner of feeding, of which more will be said later on. If the mother has no milk at all from the first, when the infant demands food it is best to begin with a simple dilution of cow's milk, about one of milk to eight of water, increasing the strength as the patient is able to digest it. This generally does well for the first four or five days, when properly modified milk should be begun. When it is possible to get clean, fresh milk, it is much better not to pasteurize it. The less the cow's milk has to be handled and altered the better. If it can be obtained warm from the cow it is still better. We should bend all our energies to the acquirement of a supply of clean, fresh milk. In pasteurizing milk a temperature of 140 degrees F. (60 degrees C.) should be used for forty minutes. In modifying cow's milk the infant's stomach is superior to all rules. It is well to begin with a 0.5 per cent. proteid, 5 per cent. sugar and 1 per cent. fat formula and work up, varying the proportions from time to time until the particular strength and proportion that suits that particular infant is found.

This formula may be made approximately and conveniently as follows:

Whole milk. fl3ii, or 4 tablespoonfuls
 Water. fl5xi, or 22 tablespoonfuls
 Cream. fl5i/3, or 1/2 even teaspoonful
 Milk sugar. 5iv4/10, or 6 even teaspoonfuls
 Salt. 3½, or 1/2 even teaspoonful

The half teaspoonful of cream may be taken from the top of the bottle before it is shaken without appreciably altering the result, except in bacterial count. The cream in bottled milk contains many more bacteria than the milk lower down. They seem to be carried up with the cream as it rises. This is especially true of Jersey and Guernsey milk, in which the fat globules are much larger than in Holstein, or common cow's milk. For these reasons Jersey milk is not so good for infants as Holstein or common cow's milk. Dr. R. G. Freeman says, "95 per cent. of the bacteria of whole milk are found above the cream line." He suggests pasteurizing the cream only, and using the skimmed milk raw.

It is safer, also to sterilize the milk sugar used.

The tendency is to use too high a percentage of proteid and fat, and to overfeed. The infant will fail to grow on too rich a food just as surely as on too poor a food. For diluent, plain water should be used for the first two, or sometimes three months,

when starch water, albumen water, or whey may be used. The first starch waters should be weak, a tablespoonful of oatmeal or barley to a quart of water gently cooked for three hours, and carefully strained. The strength may very gradually be doubled. The white of one egg to one quart of water at first, gradually increased to one white to one-half pint is quite strong enough. Which diluent best suits the infant must be found out by trial. To feed all infants exactly alike is unscientific and absurd. Orange or other fruit juice should be begun at the end of the second month, but not overdone. A teaspoonful twice a week is sufficient, and it is not necessary to increase beyond a tablespoonful three times a week during the first two years. A quarter of a dram of raw yolk of egg given in a little water once a day should be begun at the end of the third month, and gradually increased to one dram twice a day by the end of the seventh month. A little salt should always be added to the modified milk. Cow's milk contains less sodium chloride than human milk, and it is logical and beneficial to add the salt. A slight excess does no harm. Whatever is fed we should be careful that it suits the baby's taste, otherwise it will not take enough, nor digest it well. It is a mistake to suppose a three-months infant does not possess a discriminating sense of taste, for it certainly does in spite of its habit of putting all sorts of unsuitable things into its mouth. In fact this habit is evidence that it has a sense of taste which it is instinctively trying to develop and educate. Our effort should be not toward making a perfect imitation of mother's milk, but to make a food that will suit the infant. The weather, also, should be taken into account in making this food. In the hot and humid season the percentage of proteid, and of fat, should be lower than for an infant of the same age in cold dry weather. Especially is this true of fat.

2. As to the second division of our subject, many exact rules have been laid down as to the proper quantity of food to give at each feeding. These rules are based on the supposed capacity of the infantile stomach at different ages, a most uncertain and variable criterion. The normal capacity of the infantile stomach has never been accurately ascertained, and it is obvious that it never can be, for the reason that it varies greatly in different infants; it is a highly elastic organ; and it is so changed by death as to make post-mortem observations unreliable. That the infant is the best judge of how

much food should be taken at each feeding I shall endeavor to show under the next heading. The amount of food for twenty-four hours can be determined with more definiteness, but here also so much depends on the size, shape and weight of the subject, on its natural digestive powers, its hereditary traits, and on the care and treatment it gets in other particulars that any rule to be at all useful must be very flexible. The proper guide is the increase in weight and length; if these increase at the proper rate, and bear the proper ratio to each other, the infant is getting enough nourishment. But if the increase in weight, although normal, is due to the deposit of too much fat, there is error in the amount, or quality, or both, of the food. Lack of proper increase in weight and length is oftener due to the quality of the food than to its scarcity. There is much more danger of over-feeding than of under-feeding, especially in hot weather. I have frequently been surprised to observe how little food, and what weak food, will keep a baby well in hot and humid weather. At such seasons it is unwise to insist that the infant shall continue to increase in length and weight up to the full rate; it is more important to keep him from getting sick. If they grow ever so little during the three hot months, but keep hard and well, we should be content. We should not forget, however, that the infant requires more of modified cow's milk than it does of breast milk, for modify it as we may we cannot make a food from which the infant will absorb as much nourishment as from the same quantity of mother's milk. The amounts given in the tables in the text books must be considered as approximate only, as the proper amounts will differ with different babies, and each infant must be studied by itself. There is after all some truth in the fond mother's frequent remark, "This is not an ordinary child." There is no "ordinary" infant, each one is a separate and distinct problem for the pediatricist to solve.

3. The stomach of the new-born infant is little more than a straight tube, continuous with the oesophagus at one end and with the gut at the other. There is a slight bend where it joins the oesophagus, and a little sharper bend at the intestinal juncture. It is of little larger calibre than the gut, and generally has a slight bulging on what will be the lower side, showing that there is to be a fundus. When distended it approximates in shape the adult stomach. It hangs nearly perpendicular in the abdominal cav-

ity, passing from above downward and backward. Its coats are thin, its digestive powers weak, the muscular fibers are scanty and with little tone, and the contents soon pass on into the gut. The problem before us is to develop this organ into the adult stomach with its thick gastric membrane, its strong muscular and digestive powers, and its different shape and position. We must develop the stomach in order to nourish the infant, and we must nourish the infant in order to develop the stomach. In the development of the stomach itself as well as the stomach's owner, the manner of feeding is of quite as much importance, if not of more importance, than the quality of the food. Pediatricists have been teaching for years exact regularity of feeding both as to time and amount, some going so far as to have the infant wakened from sleep when the specified minute arrives and forcing it to swallow its regular dose. This is distinctly wrong and contrary to nature. A baby is vital, not mechanical. The infant cannot always digest and assimilate the same quantity of the same kind of food in the same number of minutes. The only thing that has saved the babies under this plan of feeding is that mothers and nurses do not, and will not, strictly adhere to it. Still even this absurd method of regular feeding is better than the old slipshod way of feeding the baby a little, just enough to quiet it, every time it cries. The best plan, however, is to watch nature's way, and imitate it as closely as possible. First, never feed an infant when it is not hungry. To do this is to interfere with nature, not to help her. To waken a healthy infant in order to feed it, is a sin. Never feed an infant until nothing else will quiet it. Try water, change of position, adjustment of clothing and other quieting measures first, and let the baby cry and worry awhile before each feeding. G. Stanley Hall says, "We must first of all get out of Nature's way, and not interfere with, but follow, her teachings. We must not try to keep children so incessantly happy that they cannot cry. Occasional crying is the only vigorous form of exercise for the child who cannot yet walk. It irrigates the whole body with blood, stretches arteries, veins and capillaries, expands the lungs, develops the voice, helps digestion and polarizes the soul between pleasure and pain, its sovereign masters. Studies of the infant voice, of nutrition, circulation, etc., all show that crying has its own physiology, psychology and hygiene." This is good doctrine, and my

own experience has taught me that the infant will digest and assimilate its food better if allowed to cry and worry for a time, before each feeding. Second, when the infant is fed try in every way to induce it to continue feeding until the stomach is full and distended. It does not harm if a little runs over. Do not allow it to fall asleep too soon. It is this distention of the stomach that develops it. If a muscle is never stretched and used it will not grow, but remains weak and toneless. This distention of the stomach will not cause chronic dilatation. The cause of dilatation is too frequent feeding, and never allowing the stomach to become entirely empty. Do not be guided by any rule as to the quantity of food an infant should take at each feeding, for every infant is a law unto itself. Third, after the infant has taken all the food it can be induced to take, it should sleep. This is natural. A puppy or a kitten feeds until its abdomen is round and tense, and then it sleeps. Do not feed it again until nothing else will quiet it. Give the stomach and intestines ample time to digest one feeding before the next is given. Allow time for complete evacuation, contraction, and rest. Pay no attention to the clock, watch the baby. As a matter of fact the intervals under this method will loosely approximate the rules in the text books, but they will be irregular, and sometimes surprisingly long. Frequently a week old infant will go eight hours without feeding and be the better for it. This does not interfere in any way with the secretion of milk by the mother. There is a relationship between the baby's stomach and the mother's breast that prevents this. Babies and mothers will both do better under this method of feeding than under any other. Under regular feeding as to time and amount, the mother's breast is often not completely emptied, and the baby's stomach is seldom completely filled. This retards the secretion of milk in the one, and does not properly develop the other. Moreover, in regular feeding, there is often some remains of the last feeding in the stomach when the time comes to give more. This left-over food is probably fermenting, and starts fermentation at once in the fresh food. This will cause chronic dilatation of the stomach, indigestion and diarrhoea. As the infant grows older the feedings will naturally come further and further apart until between 18 and 20 months we can get down to three good meals a day with a crust, a bone, or a ham-rind in between.

The infant cannot always digest and assimilate the same quantity of the same kind of food in the same number of minutes.

DISCUSSION.

DR. FRANCIS H. TODD, Paterson, thought that the feeding of children should be divided into two classes: first, that of the normal child with a normal mother and taking a normal amount of breast milk. Such cases are easily cared for. The technique is usually left by the physician to the attendants. He believed in putting the normal baby with a normal mother on the breast as soon as convenient after delivery. He had the children nurse every six hours in the period between delivery and the time when lactation begins freely. He thought that the first secretions from the breast are very necessary to the child, clearing out its intestinal tract and leaving it in condition to take the pure milk of lactation which follows. In regard to the giving of water for the first three days, he said that while a certain amount of this may be given, he did not believe in keeping the child on this too long. Any water given to a child one year of age or under should be sterile. The quantity to be given depends upon the readiness with which the child takes it. Instead of giving water just before nursing, he thought it would be better to let the child first nurse the breast and empty it as completely as possible. Then, if it is fretful and requires something to fill up on, some sterile water could be given it.

Regarding the care of the child's mouth, he thought that here again the children should be divided into two classes, the attention required being governed by the class into which the child falls. Breast-fed babies, he said, need less attention to the mouths than do bottle-fed babies. The mouths of the latter should be rinsed gently with sterile water before each nursing. If done gently, he had never seen harm result from it. No erosion of the mouth was produced, and he thought this procedure demanded.

Regarding regularity of feeding, he differed somewhat with Dr. English. He believed that the child should be nursed regularly. While he admitted that there might be exceptions, he was of the opinion that, as a rule, regular nursing brings about regular habits and makes the child easier to take care of. He had never seen any case in which this regularity was carried on by intelligent people and in which any difficulty was found in waking the child for its food. The child gets into the habit of waking at about the same time and looking for its food.

Regarding mixed feeding, he thought that the number of cases in which this is necessary are very few. By mixed feeding, he meant the nursing of the breast and bottle-feeding at the same time. If he did have such a case, he would advise the nursing of the breast first by the child, rather than giving it first the bottle. This would allow the child to get all the milk that was in the breast, and the simple act of nursing would stimulate the breast to secrete more milk, thus making less of the artificial food necessary.

As to modification of milk, or artificial feeding, he thought that strong efforts should always be made to secure certified milk or pure milk. He said that certified milk is at present

within the reach of so few that in most cases the common store or bottle milk must be used. This, as a rule, is not clean. There is no doubt that a large percentage of the bacteria are carried up by the rising cream. He doubted, however, whether the removal of a teaspoonful or half a teaspoonful of cream from the top of the bottle would remove enough bacteria to make it worth while to attempt to remove them in that way. Given milk that is filled with bacteria, as is ordinary milk, it is necessary to pasteurize it in almost every case, especially for children of one year or under. The modification should be carried out according to the demands of the child, and the milk should afterward be pasteurized, unless certified milk is employed.

It seemed to Dr. Todd that it is unnecessary and uncleanly to give the child a piece of ham-rind, and it formed a habit hard to break later. It hardly seemed to him a food that a child should take, if it could get anything from it as a food. With reference to the good effects of this material in indigestion or diarrhoea, he personally thought that if used with the idea of helping an intestinal condition, it would put the physician in the light of treating such conditions by means of medicine; and he believed that a large number of such troubles should be treated more by a modification or reduction of the food than by medicinal treatment. If the amount of creosote present in the material were enough to bring about this effect, he did not know whether it was best to treat intestinal diarrhoea in this way.

He thought that Dr. English gave the fruit juices a little earlier than necessary. He thought that it was a little early to begin using them at the third month, unless some indications of scurvy or something of that sort were present. He said that perhaps he did not begin to use them early enough, but he thought that six or seven months was as early as one ought to begin giving fruit juices as a routine method of feeding.

He considered Dr. English correct in stating that over-feeding is the usual mistake with infants, but thought that most physicians who modify milk and feed by formula make the mistake of under-feeding. This, he said, is explained by the fact that few physicians have the advantage of having certified milk, so that they do not know exactly the strength used. While theoretically one might prescribe a formula that would be all right, practically, he believed, these formulae are weak, as a rule. This, of course, applied only to bottle-fed babies. Nursing babies take care of themselves.

DR. THEODORE F. LIVENGOOD, of Elizabeth, said a very important point had been omitted, or at least he had not noticed reference to it in the reading of the paper, viz: the sterilization of toys. There are, said he, on all these things that have been carelessly thrown around the floors and manipulated with unwashed hands, numerous pathogenic bacteria as well as dirt which the baby is constantly transferring to its mouth. Dr. Livengood said that it is more than probable that in not a few instances of diarrhoea, vomiting, fever and other symptoms of gastro-intestinal irritation in infants the milk is not at fault.

Another thing to which he desired to refer is the now well-known fact that the dirt on the streets of every town and city contains speci-

mens of about all the pathogenic bacteria in the whole nomenclature. These are carried on the shoes of pedestrians to the carpets and rugs in the houses. Were a culture made of those carpets the positive result would be a revelation to the very elect.

Observing the customs of our honored ancestors, the baby is raised on the floor, a place where the temperature in winter is from five to ten degrees lower than four feet higher up in the same apartment and where cold currents of air sweep over the child. The infant's hands are busy transferring the dirt of the carpets to its mouth. To obviate this menace to the child's health, parents and nurses should be instructed that the baby should be placed on a sterilized sheet spread upon the floor, and that sheet should be replaced by another one at least twice daily. By doing this Dr. Livengood said some blame that was placed on milk might be removed.

OPHTHALMIA NEONATORUM.*

BY T. RICHARD PAGANELLI, M. D.,

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The reason for selecting the above topic is chiefly because of the neglect of proper preventive measures being taken especially when yearly a multitude of infants become unnecessarily blind.

All ophthalmologists agree that one-fourth of all blindness is due to this disease. The partially and totally blind, according to the United States census for 1900, was 7,369. Ophthalmia neonatorum is probably the cause in 25.02 per cent. of those blind in the first year of life.

In Great Britain in 1880, 7,000 persons lost their sight from this disease, costing the government £350,000 to maintain them annually. Entailing for every blind person an expense of £25 upon the charitable organizations and about an equal amount upon the State.

From a commercial point of view one can readily see what a benefit it would be to stamp out this disease which is both preventable and curable.

Ophthalmia neonatorum includes several distinct disorders.

From its importance medico-legally I will describe the disease under two separate headings: The specific or gonorrhoeal oph-

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thalmia neonatorum and non-specific ophthalmia neonatorum due to organisms other than the gonococcus.

Definition—By ophthalmia neonatorum is meant an acute inflammatory conjunctivitis of the new born, due to the action of micro-organisms.

Etiology—Among the oldest writers to mention this disease are Soranus and Aetius.

Many theories were advanced as to the cause of this disease; some held that it was due to strong light, cold draughts, scrofulous constitution and derangement of the bowels. Later on some one said it was due to soap getting into the infant's eyes in the act of washing.

In the year 1750, however, T. S. Quelmaltz got nearer to the real cause. He associated leucorrhœa with ophthalmia neonatorum. Thomas Morrison some time later positively stated that it was of a venereal origin.

In 1834 Arthur Jacob, in an article on ophthalmia, said that there was a close connection between purulent ophthalmia, gonorrhœal ophthalmia and ophthalmia neonatorum. He described two clinical types: The mild and severe. The former he refers to as being due to strong light and cold occurring immediately after the expulsion of the fœtus, and the latter as having been produced by leucorrhœa and gonorrhœa at the time of labor. At a still later period Pauli, of London, began to experiment, and taking the discharge from the eyes of an infant suffering from the disease inoculated the urethra of a man thirty-six years of age, with the result that in three days he had a severe gonorrhœa.

In 1858 D'Guyomar placed in his own urethra the discharge of the inflamed eyes of an infant three days old, whose mother suffered from leucorrhœa. A severe gonorrhœa followed, accompanied by muscular pain in the lumbar region, confining him to bed.

In 1879 Neisser discovered the gonococcus. He found the micro-organism in seven cases of ophthalmia neonatorum, two adults affected with gonorrhœal ophthalmia and thirty-five cases of urethritis and vaginitis.

Mode of Infection—The infection usually takes place either during or just after the head passes the vagina, by an abnormal secretion from the said parts finding its way into the infant's eyes.

Few cases have been reported by Strazminski where the infants have been born with the disease. He believes that the gonococcus can penetrate the intact fœtal membranes.

If the infection takes place during or immediately after labor the disease appears in from two to five days according to the virulency of the infection. If it occurs later than the fifth day the infection must have taken place from outside sources, such as infected towels, nurses' infected fingers, etc.

The disease is best described in two stages:

First Stage—Lasting from forty-eight hours to four or five days. One eye becoming inflamed, then the other in from one to seven days.

The earliest sign of the disease is Ballard's sign, which is a red line in the centre of the upper lid running transversely. Later the lids become hot, red, swollen, glazed and tense with pain and photophobia. Infiltration of the conjunctiva occurs with a serous fluid discharging, causing a serous chemosis; this marks the end of the first stage.

Second Stage—Lasts from four to six weeks. The conjunctiva becomes less tense, less shiny and more velvety in appearance. The eye lids are more easily everted in this stage. The discharge is altered from a serous to a characteristic greenish-yellow pus. The chemosis is more firm and fleshy in appearance. Not so marked in children as in adults suffering from this disease.

The swelling continues and the upper lid overlaps the lower, often becoming pendulous and hangs over the cheek. Slowly the swelling and chemosis subsides. The discharge is lessened and the conjunctiva gradually resumes its normal appearance. Few cases become chronic.

COMPLICATIONS.

1. Loss of epithelium of the cornea. If it occurs at the height of inflammation it is apt to form deep perforating ulcers.

2. Interstitial abscesses or purulent infiltration of the cornea. The cornea becomes opaque and greyish spots are seen here and there about the cornea.

3. Infiltration at the margin of the cornea, sometimes extending a considerable way around, forming a marginal ring ulcer.

4. Clean-cut ulcers at the margin of the cornea without purulent infiltration; such are sometimes masked by the chemosis which should be gently pushed aside with a probe on examination.

Perforation of these ulcers may also occur. Complications may occur at any stage of the disease. The earlier they occur the more disastrous the results.

Suker, in the *Annals of Ophthalmology*, April, 1905, mentions infection of the ethmoidal cells manifesting itself clinically as an orbital cellulitis, as a complication of ophthalmia neonatorum.

Arthritis also occurs.—Pancet *Archives D'Ophth.* 1881, T I, page 213.

Remote Results—Remote results are squint, nystagmus and amblyopia.

Diagnosis—Diagnosis should present no difficulty; any redness or discharge of a new-born child's eye in the first week of life should be regarded as specific.

Microscopic examination and finding of the gonococcus makes the diagnosis positive.

Prognosis—Prognosis depends upon the bacterial cause, size of the palpebral fissure, stage of the disease, condition of the cornea and nutrition of the infant.

Ball holds that if the disease is not promptly and properly treated that blindness occurs in 80 per cent. of cases.

Prevention—Prevention was practiced by the ancients, but the methods were very crude. Their principal method was to instil olive oil into the infant's eyes. The proper methods are: Surgical cleanliness throughout the whole puerperium. Irrigation of the vagina with a 1:1000 bichloride solution before the delivery of the infant and precaution in preventing the lochia from getting into the infant's eyes.

General cleanliness of the mother and nurse. The baby should be taken to the mother's bed only when it is to be fed.

Drugs Used for Prevention—Silver acetate, saturated aqueous solution 1.25 per cent.; Silver citrate or Iatrol; Argentamine, 5 per cent., ethylene-diamine-silver phosphate; Protargol, 10-40 per cent. It is less irritating. Out of 44 cases treated prophylactically three cases of gonorrhœal ophthalmic occurred, or 1.06 per cent.; Argyrol, 30 per cent.; Sophol, 20 per cent.; Corrosive sublimate, 1:1000; Acid carbolic, .5 per cent.; Acid boris, 3 per cent.; Potassium permanganate, .6 per cent.; Acid salicylic, .3 per cent.; finely pulverized iodoform—dusted into the eyes—but this is very bad; Formalin, 1 per cent., and Zinc sulpho-carbolate, .5 per cent.

The best method of prevention, however, is that used by Crede, which is as follows: Remove, by washing with warm sterile water, the collection of vaginal discharge on the infant's eyelid. The eyelids are then separated and a drop of a 2 per cent. solution of silver nitrate instilled.

That the above method has greatly reduced this affection may be best shown by Crede's own figures:

Year.	Births.	Cases.	Percentage.
1880....	211	0	0.00
1881....	400	0	0.00
1882....	418	½	0.25-0.49
1883....	131	0	0.00

Bayer states that from 1877 to 1880 ophthalmia neonatorum at Stuttgart, Germany, was from 8.7 to 14.3 per cent., and by the adoption of Crede's method not a single case of ophthalmia neonatorum occurred in 351 births.

By the foregoing one can at once notice that by obligatory notification to the health authorities, periodical publication of records of ophthalmia neonatorum in public institutions and by free distribution of an efficient solution of prophylaxis to the doctors and midwives, the disease can be exterminated.

Treatment—The treatment depends on the stage of the infection. In the period of infiltration, continuous cold applications to the eye day and night is used. This is best accomplished by placing a cake of ice near the patient's bed and a supply of linen or absorbent cotton pads given him, and that the attendant be instructed to place the pads on the ice to cool, and then place them over the child's eyes. When they become heated to place them in a vessel so that they might be destroyed later and apply fresh pads.

The general condition of the patient is to be looked after. He should be placed in a well-ventilated room, his bowels kept open and light nourishing foods given. The pulse should be kept down by veratrum or aconite, if rapid. If pain is severe opium may be given and canthotomy performed if the swelling is too severe. If the chemosis is hard and great, scarification about the cornea is a good procedure, inasmuch as it relieves the pressure and relieves the blood vessels. This being performed the cul-de-sac can be better irrigated with a warm boracic acid solution.

In the second stage, when the discharge is purulent, cleanliness and germicidal agents are in order and the cold applications are to be discontinued. As fast as the discharge collects it should be mopped up with absorbent cotton and irrigation of the cul-de-sac used, by means of a bulb syringe with a long, soft rubber beak, of warm bichloride 1:15000, potassium permanganate 1:5000 or a 3 per cent. solution of boric acid.

After the stage of infiltration the lids can be everted and a 3 per cent. solution of silver nitrate applied by swabbing once a day. This is contraindicated if the lids appear to have a croupy membrane. Protargol and argyrol have been used with great success, but they possess no advantages over the silver nitrate. In cases where there is a croupy membrane hydrogen peroxide is very efficient. If canthotomy and scarification about the cornea are performed they sometimes prevent the formation of ulcers in that locality. If corneal ulcers have occurred atropin, four grains to the ounce, three times a day is instilled and washing the ulcer frequently with an aqueous solution of the gas of formalin is used.

In cases of marginal ulcers showing a tendency to perforate, eserine 1-10 to 1-5 per cent. of a 1 per cent. solution is used. It should not be used where there is an iritis, as it has a tendency to cause a hyperaemia of that part.

Bovine serum (Gilbert in the *Munich Med. Woch.*, July 28, 1908) was used by Gilbert, of Munich, in eight cases of ophthalmia neonatorum, curing them in from two to three weeks. Treatment consisted in flushing the conjunctiva with bovine serum every two hours, but silver nitrate was used in the final stages of the disease. The serum is supposed to stimulate the phagocytic properties of the leucocytes.

NON-SPECIFIC OPHTHALMIA NEONATORUM.

Definition—The same definition holds good in this disease as in the former.

Etiology—1. Next in frequency to the gonococcus the pneumococcus occurs in 10.52 per cent. The infection is in all probability a primary one. No corneal complications occurring; 2. *Coli communis* bacillus occurs in 8.25 per cent. It is an inhabitant of the genital tract, so infection is not difficult to trace; 3. Koch-Weeks bacillus. Morax first discovered this organism in ophthalmia neonatorum in four out of fifteen cases. Aussenfeld found it once. Fraser, of London, found it once in a series of twenty-one cases. Zinc salts seem to act as specifics in these cases; 4. Klebs-Loeffler's bacillus, usually found associated with the bacillus xerosis. This accounts for the high percentage of findings in the latter; 5. Pneumo-bacillus. Groenouw found it once in four cases of ophthalmia neonatorum; 6. Influenza bacillus. A frequent inhabitant of the nose and throat may account for some cases—two in sixty-

two cases; 7. Pseudo-Influenza bacillus of Pfeiffer, found once in 165 cases. It is difficult to differentiate this from the Koch-Weeks bacillus and the influenza bacillus; 8. Common pyococci from pustular eruptions of the face (*Staphylococcus aureus*). Froenouw found four in a series of 100 cases; 9. *Streptococcus pyogenes*, inhabitant of the female genitalia. G. B. Miller found it seven times in 127 cases, or 5.5 per cent. 10. *Strepto bacillus*—One case reported by Duriac; 11. *Micrococcus lutens*, one case reported by Groenouw; 12. *Bacillus pyocyaneus*—two cases reported by Herff and one case by George Derby.

Clinically this disease runs a milder course, having the same outward manifestations and is of shorter duration.

Diagnosis—Finding any of the above organisms microscopically and noticing the above clinical characteristics, the diagnosis should present no difficulty.

Prognosis—It is better than in the gonorrhœal or specific type.

Treatment—Similar to the specific.

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DISCUSSION.

DR. NORTON L. WILSON, Elizabeth, said that Dr. Paganelli was to be congratulated on bringing the subject before the society, although few took particular interest in it. It ought, however, he thought, to be emphasized occasionally, and he considered this the time and the place to do it.

Dr. Wilson disagreed with Dr. Paganelli regarding his figures, he having stated that twenty-five per cent. of the cases of blindness are due to this cause. Dr. Wilson said that up to ten years ago, this statement was correct; but that since that time, owing largely to prophylaxis, perhaps undertaken particularly in institutions, the statistics had been reduced from fifteen to eighteen per cent. He had read a similar paper before the society seven or eight years before, and had then found this to be the fact. He had seen less ophthalmia neonatorum, perhaps one-quarter less than formerly, in the last eight years; and he believed this to be due to the Crede method employed in most of the hospitals. This consists in dropping a two per cent. nitrate of silver solution into the eye as soon as the child is born. He would not, however, recommend that this be done in the case of every infant in private practice; because when the mother is known to be clean and probably free from gonococci, it is not necessary. He did not believe in treating people, unless it is necessary. This matter, he said, was pretty thoroughly brought out by Dr. Kipp and others who fought for the law that is now in operation in New Jersey, making it com-

pulsory for midwives and others to report cases properly.

Dr. Paganelli had divided the cases into the specific and the non-specific. Dr. Wilson said that the non-specific will get well, in most instances, whether anything is done or not, if the eyes are kept clean; and that cleanliness is the greatest factor in the treatment of the specific cases. If the eye is irrigated so that the cul-de-sac is thoroughly flushed out and frequently, the case will do much better than if this is not done. He was always suspicious that gonococci do not exist in cases that last only from one to seven days without treatment, although he knew that a few such cases had been reported.

He did not favor the application of continuous cold to the eyes. He had found, in gathering the statistics, several cases in which the eye was lost by this procedure. He did, however, believe in cold, but said that it must be applied intermittently, giving the cornea an opportunity to regain its natural temperature between the applications.

He considered the silver nitrate the best treatment, but said that it must be put in so that it swabs out the cul-de-sac and, as far as possible, penetrates the conjunctiva. He had used argyrol and protargol, but always with fear and trembling.

DR. LINN EMERSON, Orange, quite agreed with what Dr. Wilson had said relative to the application of cold continuously, though his experience with argyrol and protargol had been more satisfactory than Dr. Wilson's.

Dr. Emerson said that one point that every practitioner should observe is the question of detail. He did not think it made so much difference about the use of heat and cold, etc., as it did about the thoroughness with which the cleansing is done. Every physician with a case of this kind should personally clean the eyes and show the nurse how it should be done. He had had several instances of this neglect, in one of which the mother was a trained nurse herself. The physician in this case took it for granted that she knew how to do the irrigation properly. To his chagrin, the case did not progress satisfactorily. When Dr. Emerson went to see the child, its eyes would be clean and ready for inspection, as the people knew when to expect him. One day, however, he went unexpectedly, and the eyes were not clean. When he saw the child, he cleaned its eyes thoroughly, and the mother, who was watching him, said that his method was a revelation to her. She had never known how to do it, and neither had the attending nurse. In general hospitals, the nurses do not always get such training; and the exact method of cleaning the eyes is not understood. The danger of wounding the cornea either with the cotton or with the hands, is not sufficiently impressed upon them. Dr. Emerson believed that many cases in which the physician gives orders that the eye is to be cleaned at certain intervals, giving no demonstration of the method of doing this to the person attending the case, the child is not properly treated. The secret of success is the frequency, thoroughness and skill with which this is done. This, he said, has more to do with the result than have cold applications or whatever particular remedy is used.

In practice, he gives one of the weaker solutions for instillation by the nurse or mother,

and has the physician make a stronger application of nitrate of silver with his own hands. The latter should not be placed in the hands of the nurse to be instilled.

DR. PAGANELLI, closing the discussion, said, regarding the statement of Dr. Wilson that the disease had decreased in recent years, that he had gone back only about three years. Four or five days previously, an article published in the Journal of the American Medical Association stated that in 25 per cent. blindness occurred, leaving ophthalmia neonatorum as a cause. The percentage of ophthalmia neonatorum occurring at the present time is about 0.1 to 0.2 per cent.

Regarding the application of cold, he said that this is a matter of choice. If the patient is under the constant observation of the physician, he thought that the latter would be pretty well guided regarding any complications arising in the cornea.

As to Dr. Emerson's statement that the necessity of cleanliness should be thoroughly impressed upon the nurse, Dr. Paganelli said that he agreed with him; also that the nitrate of silver should be applied by the physician's own hands.

SPONTANEOUS RUPTURE OF PYOSALPINX INTO THE GENERAL PERITONEAL CAVITY PRODUCING ACUTE DIFFUSE PERITONITIS.*

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That spontaneous rupture of a pyosalpinx or tubo-ovarian abscess into the general peritoneal cavity, producing acute diffuse peritonitis, is a rare occurrence, is attested both by the paucity of cases in literature and the experience of surgeons who have done a large amount of abdominal work. In view of the pathology of suppurative tubal diseases, however, its rarity is not surprising, as the morbid process within the cavity of the tube generally extends through its walls and produces a perisalpingitis, which, as a rule, results in adherence of the tube to those structures which come in contact with it, notably the peritoneal covering of the pelvic walls, the rectum and the bladder. In some cases, too, the passage of micro-organisms directly through the fimbriated end of a leaking tube gives rise to a localized inflammation which not only serves partly or completely to close the opening at this extremity, but also effectually to bind down the tube and wall it off from the adjoining area of the peritoneal cavity. If the fimbriæ are not

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all drawn into the lumen of the tube, further leakage may take place, producing still greater inflammatory changes. Such an occurrence and ulceration through an adherent portion of the tube are responsible for the formation of many pelvic abscesses, those walled off purulent collections which Dr. Joseph Price has so appropriately termed cess-pools of pus. Similar and identical conditions may be brought about by the migration of bacteria through the walls of the tube itself, or their passage through some portion of the bowel to which the former has become adherent. So, too, infection passing through the mesosalpinx may eventually lead to the formation of small abscesses between the folds of the broad ligament. In some cases the inflammation seems to expend itself upon the tubal walls, so that the organ becomes thickened and distorted, and its cavity practically obliterated.

It is evident that the supervention of any of the changes thus far mentioned tends rather to prevent involvement of the general peritoneal cavity than to favor its occurrence. If in lieu of these changes the tube becomes distended, forming a suppurating cyst-like body, free or only slightly adherent to contiguous structures, the condition is one which endangers the integrity of the peritoneal cavity, providing rupture or continued leakage take place. Omitting all discussion of the pathogenesis of sactosalpinx purulenta, I will proceed to a consideration of the former accident, which forms the subject of this paper.

The individuality of the accident must be recognized. It is a phenomenon analogous to the perforation of an inflamed appendix, a distended gall bladder, or a typhoidal ulcer of the intestine. Its sequelæ are to be distinguished from those cases of general peritonitis which follow pelvic peritonitis either as the result of liberation of pus from a localized focus of suppuration, or the propagation of micro-organisms through the limiting walls of such foci, or even through the lymphatics. A distinction also should be drawn between rupture of a distended tube and leakage from a previously agglutinated fimbriated end which gives way under the constantly increasing pressure within the cavity.

I have had one case of distinct rupture, the history of which is as follows:

The patient, a widow thirty-eight years old, first came under observation early in September, 1907, at which time she was affected with a facial paralysis of undoubt-

ed syphilitic origin. Her nutrition was poor, the arteries were hard and fibrous, and the heart's action was feeble. Under vigorous antisiphilitic treatment, however, she rapidly improved. Little concerning her previous medical history could be learned except that she had been infected with syphilis by her husband more than fifteen years before.

About the middle of October she asked advice for pain in the lower part of the abdomen, especially pronounced in the right ovarian region; backache; a purulent vaginal discharge and profuse menstruation. She stated that she had been troubled with these symptoms for several years, but that they had become much worse after a curement done eighteen months previous.

Upon examination it was found that the uterus was enlarged and displaced backward, that there was a well-defined mass to the right of it, and that there was some enlargement of the left Fallopian tube. A diagnosis of double pyosalpinx, endometritis and retroversion of the uterus was made, palliative treatment prescribed, and the patient advised to submit to operation later, provided her general condition should become such as to justify surgical intervention. For a short time some relief was afforded by the treatment ordered, but on the 6th of November the patient complained of increased pelvic pain and more profuse purulent vaginal discharge, the latter having superseded an unusually prolonged menstrual flow. Vaginal examination at this time revealed an increase in the size of the mass at the right of the uterus. Rest in bed was enjoined and an anodyne internally, together with a counter-irritant application to the lower part of the abdomen, was prescribed. On November 8th the patient felt better. She had no fever, her pulse was slow, and the abdomen was not sensitive to pressure except in the right ovarian region, and even there it was only slightly tender.

On the evening of November 9th I was hastily summoned to her bedside, being told that she had been suddenly seized with violent abdominal pain and seemed to be dying. I found her in collapse, moaning, groaning and tossing about the bed. Both knees were flexed, the extremities cold, the forehead covered with sweat, the abdomen rigid and painfully susceptible to the slightest touch. The pulse was 140, small, wiry and weak; the temperature was 100.4 degrees Fahrenheit. In short, the clinical picture was that of a typical acute fulminating peritonitis.

From the fragmentary statements of the patient herself and the information given by her friends, it was learned that the abdominal pain from which she had been suffering during the preceding days returned very early in the morning and became progressively worse during the day, and that at about six o'clock that evening when returning to bed from the bathroom she experienced a sudden sharp pain low in the right ilias fossa, so excruciating as to cause her to drop to the floor, where it was thought she had lain for a number of minutes before being able to summon assistance. The pain continued to be most distressing, rapidly became generalized, and was accompanied by repeated attacks of vomiting and two chills.

Although there was no doubt about the patient's actual condition, nor any question whatever in my mind that immediate laparotomy was indicated, I was at a loss to account for the sudden onset of such violent peritoneal symptoms. While the possibility of rupture of the right tube was considered, it was thought more probable that the appendix, adhering to the tube, had become inflamed, ulcerated and perforated.

The patient was removed to the Methodist Hospital and operated upon at 11 P. M., or five hours after the onset of the first alarming symptoms. As soon as the abdomen was opened an abundant outflow of sero-purulent fluid occurred. The intestines were somewhat distended and considerably congested, but there were no fibrinous deposits upon them, nor were they matted together. The appendix was normal.

Passing my fingers into the pelvis, I easily delivered from the right side a large sactosalpinx together with the ovary. The tube was the size of a large pear, violaceous in color, already partly collapsed, and presenting on its anterior superior surface, about midway between the uterine and fimbriated ends, a perforation fully three-fourths of an inch long and half as wide, from which pus was still issuing. The fimbriated extremity of the tube was completely closed. The ovary was enlarged and adherent to the tube, but had not become converted into an abscess. Both were removed, the peritoneal cavity flushed out with hot normal salt solution, a drainage tube and a strip of gauze inserted through the lower angle of the incision, and the patient sent back to bed. Owing to her desperate condition—being apparently in extremis—no attempt was made to ex-

plore the left side of the pelvis. During the first forty-eight hours after operation her condition remained precarious, but at the end of that time she began to improve. After the first week convalescence was uninterrupted, and she was discharged from the hospital on December 1st, three weeks after the operation.

Feeling sure that such rupture of a pvo-salpinx is an unusual occurrence, and having this belief corroborated by the opinion of a number of surgeons with whom I discussed my case, I began an investigation to determine its incidence, its course and its termination. An exhaustive search through the literature revealed a record of thirty-one authentic cases up to June 1, 1909.

A letter was sent to fifty surgeons asking for a report of their experience with such cases. Forty of them answered. Out of this number only fourteen had ever seen the condition, and only nine could give any definite information concerning their cases. The combined cases of these nine gentlemen are thirteen in number. Of the remaining twenty-six who replied, sixteen stated that they had never seen a case, some were unable to look up their case-records, and a few evidently misunderstood the questions and gave information concerning other subjects.

A combination of the cases obtained from the two sources, together with my own, makes a sum total of forty-five, an analysis of which yields the following data:

In the majority of the cases there was no assignable cause of rupture. In the minority of them such exciting causes as straining, lifting, traumatism inflicted during coitus, and the use of strong purgatives seem to have been operative. In some rupture evidently following a fresh puerperal infection superimposed upon an old inflammatory process.

In thirty-one cases the manner in which the attack began and the way in which the peritoneal symptoms developed are known. In all but two of these the onset was precipitate and violent, the evolution of symptoms rapid. Sudden, sharp abdominal pain, collapse, and the rapid development of diffuse peritonitis constitute the symptom complex. Thus it appears that the manifestations of this accident, both as to their beginning and course, resemble those of other kinds of perforative peritonitis.

These circumstances serve to distinguish it from attacks of localized peritonitis accompanying salpingo-oophoritis, either independent of or associated with pelvic cel-

lulitis or pelvic abscess. In several cases a diagnosis of ruptured appendix was made, and this is probably the condition with which it will most often be confounded. In a few cases it was thought that perforation of the uterus made during an attempt to procure abortion was responsible for the peritoneal inflammation. I believe that in most instances a correct diagnosis will have to be made from the history of the case, for the reason that the agonizing condition of the patient precludes all possibility of a thorough physical examination.

What is the prognosis? It is universally recognized that an outpouring of purulent fluid into the general peritoneal cavity is an accident fraught with great danger. In the cases herein studied its occurrence was disastrous. It is probable that the potentiality for evil is greater in acute puerperal cases, in those in which the tube is in close relation with the bowel, in the acute primary gonorrhœal cases, and in those in which a fresh gonorrhœal infection has been implanted upon a chronic suppurative process, than in the purely chronic gonorrhœal cases, in which the pus is relatively innocuous, particularly if no part of the tube has become adherent to the bowel. In the cases first enumerated, the staphylococcus, the colon bacillus and a fresh strain of gonococci are the chief offending micro-organisms, in the latter principally an attenuated strain of gonococci. Unfortunately, sufficient data could not be obtained from the cases analyzed to afford any positive information in reference to this matter.

With regard to the general mortality, it may be stated that of the forty-five cases herein studied recovery took place in twenty-three, and death occurred in twenty-two, which gives a mortality rate of 48.8 per cent.

In thirty cases it was possible to determine the time which elapsed between the presumable occurrence of rupture and the operation. The results were as follows: Of twenty patients operated upon during the first twelve hours, fourteen recovered and six died. Percentage of recoveries 70, percentage of mortalities 30. One patient operated upon at the end of twenty-four hours recovered. Of five operated upon at the expiration of forty-eight hours, four died and one recovered. Percentage of recoveries 20, percentage of mortalities 80. Of four operated upon between the fourth and tenth days, three recovered and one died. Percentage of recoveries 75, per-

centage of mortalities 25. At first sight the results obtained in the last group of cases seem the best. In reality, however, they are entirely untrustworthy. In two cases the patient did not have symptoms of fulminating peritonitis, these being the two already referred to as the ones in which such symptoms were not present. The third patient required a second operation at the end of four weeks for evacuation of pus and removal of the debris of the tube, and a third operation two weeks later for a collection of pus in the left iliac fossa. In this connection an analysis of the cases in which operation was refused or contraindicated by the gravity of the patient's condition is of interest. One patient died thirty-six hours after the presumable time of rupture, one forty-eight hours afterward, one seventy-two hours afterward, two ninety-six hours afterward, and two at the end of two weeks. Of the remaining eight patients, three of whom recovered and five of whom died, nothing could be learned either in reference to the time elapsing between perforation and operation or to the period intervening between the beginning of the attack and its fatal termination. It is known, however, that two were moribund when first seen.

Writing in 1889, H. J. Boldt stated that there was not a single case on record in which recovery took place without operation. Writing now, twenty years later, I am able to repeat that statement, and furthermore to demonstrate that the earlier intervention is practised, the better is the chance of recovery. The latter circumstance is entirely in conformity with the now generally accepted rules governing the treatment of acute perforative peritonitis, upon whatever lesion depending.

These considerations naturally lead to a discussion of the treatment to be employed. It is my opinion that every patient should be operated upon at the earliest possible moment after the onset of symptoms, and by operation I mean that the abdomen should be opened, the ruptured tube removed, and the peritoneal cavity drained. To open the abdomen and merely allow fluid to run out is, I am convinced, an almost invariably futile procedure. In only one of the cases in which it was done did recovery take place, and in that one two other operations had to be performed. If a patient's condition is such as to justify operation, then it is such as to warrant removal of the primary causative lesion, provided that unusual obstacles to its removal

are not encountered. To leave rotten, poisonous tissue behind is nothing more nor less than to contribute to the propagation of the peritonitis.

So likewise vaginal puncture, as valuable as it may be in the treatment of certain walled off collections of pus, would be worse than useless in the cases under discussion. What can be said in reference to waiting for the hyperacute symptoms to subside? Certainly nothing favorable, for the reason, as shown above, that almost every patient who was not operated upon during the first forty-eight hours died. In only three cases was there an absence of very severe peritoneal symptoms after that length of time. In one of these there was evidently a localization of the trouble to the pelvis. In the other two there was free pus in the peritoneal cavity, and some, though not a violent peritonitis. While it is possible that such comparatively mild consequences as these may occasionally result, it is probable that the sequelæ will be so serious as greatly to jeopardize life. Therefore, the patient's interests will be best subserved by subjecting her to immediate laparotomy.

The conclusions drawn from the investigation of this subject may be summarized as follows:

1. Spontaneous rupture of a pyosalpinx or tubo-ovarian abscess into the general peritoneal cavity, producing acute fulminating peritonitis, is a very rare accident.
2. In the severity of its symptoms it usually resembles other forms of perforative peritonitis.
3. It conforms to the general rule obtaining in such cases, that the earlier operation is performed, the greater is the chance of recovery.
4. It is a very momentous accident, having a mortality of thirty per cent. even in those cases in which operation is made during the first twelve hours.
5. It should be considered as the possible causative agent in all cases of acute general peritonitis of obscure origin occurring in females.
6. Its proper treatment is immediate operation.

320 South Eleventh street, Philadelphia, Pa.

In fractures of the trachea an immediate tracheotomy is indicated, as emphysema occurs if the mucous membrane is punctured, and the operation is then rendered much more difficult. The mucous membrane is injured in most cases.—*Amer. Jour. of Surg.*

PYELITIS, WITH SPECIAL REFERENCE TO ITS OCCURRENCE IN INFANTS.*

BY THOMAS N. GRAY, M. D.,
EAST ORANGE, N. J.

No pathological condition shows more clearly the wonderful progressiveness of medicine than does pyelitis, when the knowledge of its etiology in the past is compared with that of the present, and when its possible far-reaching results are taken into account.

It is not many years since calculi, cystitis, tubercle, the various infections, decomposing urine following retention from pressure on the ureter, the ova of certain parasites and some drug poisons were considered exciting causes, the few cases in which it was considered to be of an independent character being ascribed to cold or over-exertion.

At the present day, bacteria are considered to be the cause of pyelitis in nearly all cases, the few exceptions being those occasioned by the irritation of some drugs and by the effect of the toxins of infectious diseases.

Probably the reason for the slow acceptance of the bacterial origin of this disease lay in the accepted statement that the kidney possessed unusual resistance to bactericidal action, and in the known germicidal power of normal urine, through its acid phosphates.

This comparative non-vulnerability of the normal kidney to the action of bacteria is still held by most writers, making necessary some contributing factors, these factors acting by lowering the general resistance, and, indirectly, that of the kidney; by directly lowering the kidney resistance; by causing a retention and stasis of urine with a resulting decomposition; or, the factor may be a penetrating wound. Under the first classification comes any general disease or infection. Under the second come calculi and any inflammation of a contiguous organ. Under the third come tumors, exudates, the gravid uterus, distention of the colon by constipation, stricture of the ureter or urethra, an enlarged prostate, a narrow meatus and a phimosis.

The paths by which bacteria find their way to the kidney are by blood current and lymphatics, by contiguity from a neighboring organ and by bladder and ureter. Any

*Read before the Practitioners' Society of the Oranges, October 22d, 1909.

lesion of the intestinal wall provides a ready entrance for bacteria to blood current and lymphatics and, as well, a way directly from intestinal wall to kidney. By the blood stream also come the toxins of the infectious diseases, and possibly the bacteria producing this disease. An acute appendicitis or a pelvic peritonitis may be the distributing point; and it has been conclusively proven that bacteria can be carried from the bladder to the kidney by the blood vessels of the general circulation, by the vesico-ovario-renal anastomoses, or by the lumen of the ureter, the bacteria reaching the ureter through a lesion of its wall, or possibly by direct perforation of its wall.

The bacteria isolated have been of many kinds, the colon bacillus, however, being found in the largest percentage of cases, their number and virulence having much to do with lighting up the pyelitis; and it is a significant fact that the virility of this bacillus is greatly increased by intestinal disease and diarrhœa.

The most prevalent age for this disease is between twenty and fifty. This is easily accounted for, as it is the period in which urethral troubles are most common in men and genital and pelvic troubles in women.

What is apparently a curious fact in the history of pyelitis is the late discovery of its frequent occurrence in young infants. In 1902 a prominent pediatricist, in his "Diseases of Children," mentions pyelitis as occurring only with cystitis; and, as cystitis is a very uncommon disease in infancy, pyelitis was at that time only diagnosed in older children. As late as 1907, another prominent pediatricist said: "Pyelitis is rare in children." And it was not until late in 1907 that Fisher and Ashby published separately a series of cases showing it to be not infrequent in infants. Since that time a considerable number of observers have published the results of their observations as to the frequency of the occurrence of pyelitis in very young children.

This late discovery is explainable. No one thought of the possibility of this disease in infants when its chief causes were held to be calculi, cystitis and pressure resulting in retention and decomposition of urine, for all of these causes are practically negligible in young children. Calculi are rare under ten years of age, as already stated, cystitis is not a disease of infancy, and growths and those conditions leading to pressure on the ureter are not common. With the recognition of the chief contributing causes of the infection—a pathological intestinal wall, re-

ceptive blood vessels and lymphatics, a way through intervening tissue, transmission from bladder to kidney, the general resistance lowered or local resistance lowered—how clearly the special vulnerability of infants stands out.

Another fact is the large proportion of girls in the reported cases, which can be accounted for by the short, wide urethra, allowing a readier route from diaper to kidney than is present in boys. This fact also gives force to the belief of many that the infection is an ascending one in the majority of cases.

In infants are found the constitutional conditions necessary to lessen the normal kidney resistance, particularly through a general lowering of resistance. Not a few infants are ill nourished. Rickets is not an uncommon condition. They have not the amount of normal resistance which older children and adults possess. Slight causes lessen the resistance rapidly. The easily acquired pathological intestinal wall paves the way for infection by providing an exit for bacteria from the bowel and an entrance to blood stream, while the condition which has brought about the intestinal lesion has been sapping the child's vitality.

The symptoms of pyelitis in children, as given by different observers, are: chill, sometimes repeated; fever, usually high and with marked remissions or intermissions; pain in the loins; local tenderness; anorexia; vomiting. The urine by some is stated to be increased; by others, diminished. Acidity is always marked. My own record consists of nine cases diagnosed during the past two years. Eight of these were girls. One was an ill-conditioned child, through faulty nursing, in which the pyelitis was apparently primary. One case was tuberculous. Six cases were in connection with or following some form of bowel disturbance; and one, the boy, followed an attack of malaria, which had been diagnosed by blood examination, the attack of pyelitis simulating the malarial attack closely, causing a tardy diagnosis. In age, these cases ranged from nine months to two and a half years. The fever was not uniform. Two did not have a temperature above 102 degrees in the afternoon, touching just above normal in the morning, with no chill. The case following the attack of malaria had a chill every morning for three mornings, with temperature reaching 104 degrees in the afternoon. It was the failure of quinine to end the fever that led to the discovery of the pyelitis. One case be-

gan with an initial chill, an abrupt rise in temperature to 105 degrees and pain in the side, making a near picture of pneumonia. The tuberculous case ran a daily afternoon temperature of 101 degrees, which passed off with perspiration in the late night, with patient much prostrated. This case had no chill. The other four cases all ran high temperatures. One had a chill. None had pain. One had tenderness in the right lumbar region. In all cases, the amount of urine was normal. In five there was frequent micturition—in no case painful. None of them vomited. In all the urine was markedly acid. Analyzed: Six cases had high fever. Three cases had a chill, one a recurrence of chill. One had pain. One tenderness. The impression left from a study of the cases is that of a very indefinite picture, the only common symptom fever, with the diagnosis depending on the urinary findings, then determining between a cystitis and a pyelitis; and in doing this, it is very questionable whether any reliance can be placed on a differentiation of epithelial cells. In all cases, pus was abundant. Microscopically, were found pus, epithelial cells and, in a few cases, some blood corpuscles, no casts. The amount of albumen did not appear to be more, in any case, than could be accounted for by the pus and blood. Knowing what we do to-day of pyelitis in children, does not the query naturally arise: What happened in the many cases that have occurred, all unsuspected, in the years that are past? How many cases of surgical kidney had their starting point in a pyelitis? How many of the cases of Bright's in young people for which we have been unable to find any cause, had for their start a pyelitis in infancy? How true it is that the experience of value is that which comes from lessons learned from a study of the mistakes we make, whether the mistake be a lack of observation or false reasoning! Is not the lesson taught: Bear in mind pyelitis when confronting an obscure fever in an infant?

No disease in children yields more readily to treatment. Urotropine gives uniform and rapid results. To very young infants, $\frac{1}{2}$ to $\frac{3}{4}$ of a grain every two hours, during the day only is sufficient. Older children can take two grains every two hours, during the day only.

Some writers have advocated an alkaline treatment, but this is apparently irrational; for, by making the urine alkaline, it would seem that one of nature's breastworks was

being weakened. For, while the colon bacillus will grow in an acid medium, it will not thrive as actively nor as virulently as in an alkaline or neutral one.

FIRST INKLINGS OF DISEASE.*

BY ALEXANDER MCALISTER, M. D.,
CAMDEN, N. J.

Our growing appreciation of the prime importance of recognizing diseases early in their incipency, by their initial prodromata, if possible, has lent a fresh interest to what would otherwise be an obsolete subject. Such is "growing pains," a subject that formerly loomed up large and important in medical literature, but which is now met only in the nomenclature of the laity and a doctor here and there. But this does not express half the newness that this subject to-day attracts to itself.

In the recent past the conviction was rapidly formed that growing pains, so-called, are always symptomatic, never a disease entity, and that, perhaps, in the majority of instances, they are indicative of a rheumatic disorder. For this reason the subject ceased to be regarded as a proper headline for a medical textbook. But more recently still, and along parallel lines, has come the conviction that rheumatism in childhood is more frequently overlooked than recognized; and that the affection is by no means an uncommon one. A vague pain is often the only sign of rheumatism there is.

There are two reasons why every case of rheumatism should be as clearly recognized and given proper treatment in childhood the same as in adult life: (1) No case, however mild, is exempt from the danger of provoking cardiac disease; (2) The reparative power of growth peculiar to childhood encourages the hope that by proper treatment we can effectually prevent both the production of cardiac lesions and of deeply laid predilection to rheumatic affections during adult life.

All these facts doubly emphasize the importance of carefully following up and properly classifying each wandering pain. There is no pain without its cause. A symmetrical growth, if there is such a thing, is no more a cause of pains than it is of fever. The fact that the cutting of teeth is painful, and not infrequently the sole cause of a more or less elaborate clinical

*Read before the Camden City Medical Society, November 2, 1909.

picture, is not a sufficient argument that growth of the frame, or any of its normal parts, is at times pathological.

There lies before the writer a fervent plea—an *alarm*—addressed to parents and guardians of children by a gentleman of more than average intelligence now lying in the final stage of *Rheumatic Arthritis*—blind and every joint more or less completely ankylosed. In youth he suffered acutely from what his fond mother assured him were “only growing pains and everybody has them.”

He writes: “I was often taken with severe pains in my knees and back. Sometimes they were so severe that sleep was not possible, or again I could not eat my supper.” It was this touching plea, given to the present writer in the hope that some child similarly suffering might be benefited, that led to the selection of the above subject for this paper.

This layman who cannot but elicit our sympathy and enlist our medical service, wrongly infers that all growing pains are premonitory of some form of rheumatism. This is perhaps at the present time the commonest mistake made by physicians who undertake to prescribe for such cases. That many cases are properly so classed cannot be refuted, but then it is equally certain that a like class is non-rheumatic.

There are to-day in the United States thousands of cases of deforming arthritis and only an exceptional one gives a history of so-called growing pains. From evidence at hand it appears that acute inflammatory rheumatism and myalgia are the types most frequently involved in the causation of these vague pains. Of these the former is by far the more important.

It is a fact of no small clinical significance that these growing pains single out the joints and center by preference about the epiphyseal lines. This at once suggests: (1) The weakness peculiar to these parts, favoring the occurrence of trauma, osseous nodules from inflammation and, finally, neuroses; (2) the epiphyseal pains peculiar to typhoid and malarial fevers and the period of convalescence from the infectious fevers generally; (3) the epiphysitis found in extreme anaemia, rickets and scurvy; (4) the referred pains of coxalgia, poliomyelitis and flat-foot; (5) pains common to osteomyelitis and bone tuberculosis.

Syphilis and auto-intoxication are among the causes that must be borne in mind. While the detection of nodes quickly reveals the former we have no such aid in the

latter. A thorough clearing out of the alimentary canal works marvels in the way of bringing relief, but gives no guarantee against an early return of the pains.

The chief feature of these pains, regardless of the cause, is their diversity of character. They are apt to differ from outbreaks preceding in the manner of recurring, length and severity. They are almost always mildest at the first and are never attended by any other clinical evidences of disease.

No wonder the old-time physician with his scant diagnostic resources, treated of these pains as a pathological condition, in the text book, and in the main shied off from them in practice!

Nor is the parent to be held culpable for failing to discern what the modern scientific practitioner unravels only with difficulty. Education is the demand of the hour.

Every consideration of modern scientific pediatrics as well as general medicine, with its ever-increasing demands upon preventive measures, demands treatment of these first inklings of disease, the growing pains, in the hope each time of nipping a disease while it is still in the tender forming bud.

SOME OBSERVATIONS ON HEUBNER'S MUSTARD TREATMENT OF CATARRHAL PNEUMONIAS IN CHILDREN.

BY ARTHUR STERN, M. D.,
ELIZABETH, N. J.

In volume 52 of the *Journal of the American Medical Association*, page 383, I published an article on diagnosis and treatment of catarrhal pneumonias complicating infectious diseases of childhood, and I called attention to the mustard application as advised by Professor Otto Heubner, of Berlin. We know that the bronchial pneumonias complicating measles, whooping-cough and other infectious diseases in childhood give a very bad prognosis, as well as the bronchial pneumonias in little infants, which take their origin from an infection of the nose and gradually descend into the large and smaller bronchi, causing the well-known picture of rapid respiration, gradual filling up of the bronchial tubes, increasing cyanosis and death.

From past experience, I believe that in this simple and easy procedure we possess a strong and effective weapon to save many lives that in former times we used to despair of. The method is so simple that

every mother can apply it and the effect is so marked that the mothers ask for a renewal of the procedure, should the symptoms not disappear immediately.

I quote Heubner again as follows:

Take a pound of mustard flour and add to it a quart and a half of warm water, stir until the odor of mustard is perceptible. A towel is dipped into this mixture, wrung out and wrapped around the child from the shoulders to the feet, and then a woolen blanket is put over this. The neck must be well covered so that the mustard does not affect the eyes and lungs. The child stays in this dressing for from ten to thirty minutes, or until the skin is red. It is then washed with lukewarm water, after which a lukewarm bath of five minutes' duration is given. Then a moist warm towel is put around the chest. This procedure may be repeated the next day, and in some cases it has to be repeated on two or three consecutive days, before the temperature is normal and the respiration is quiet. I have never seen any bad results from this method, only that some of the children become restless during the application and that after three or four applications the skin begins to peel.

Case I.—Otto S., 14 months old, sick with whooping cough about six weeks. A few days before I saw the child the mother noticed that he had fever, breathed rapidly and that his lips and finger nails had a bluish appearance. When questioned, the mother stated that the child had averaged about one coughing spell every hour and that it had been comparatively well until the last few days. She noticed, however, that the whooping cough had been very indistinct during this time. On examination the little fellow appeared to be in a grave condition; respiration 80, pulse 180, hardly countable, the hands and feet ice cold, the lips blue, face wax-like and the outlook for any therapeutic action very discouraging. The examination showed all kinds of rales all over the lungs, loud expiratory groaning and slight tracheal rattling. A mustard application was ordered immediately, with the result that the circulation improved rapidly, the respirations dropped to 50 and the formerly apathetic child took an interest in its surroundings. Gradually the whooping cough appeared again, and after four consecutive applications the child breathed normally and, with exception of the continuation of the whooping cough, made an uninterrupted recovery.

Case II.—Howard S., thin, poorly nour-

ished child, 4 years old. At the fifth day of an otherwise normal case of measles the mother sent for me because she had noticed that, instead of showing the normal improvement, he started to breathe heavily and acted very sick. Examination showed the remnants of the rash, pale and slightly cyanotic, the temperature was 104, pulse 160, respiration 60. Fine rales could be heard over both lungs and rattling could be heard in the trachea at a distance. The boy was very restless and when lying in bed had his eyes half open, showing the sclera. As soon as the first application of the mustard towel was removed the rash came out again in the reddened area, the boy fell asleep and after two more applications made a perfect, although slow, recovery.

Case III.—Sam M., 6 weeks old. Three days before I was called the mother noticed that the child's nose was running, that it was feverish and that it could not nurse. Soon after, it started to breathe heavily, coughed and moaned incessantly. The examination showed a respiration of 60, pulse 180, temperature 104, and fine rales over both lungs. Three mustard applications were made and within five days the child was normal again.

As our therapeutic armamentarium in these and similar cases is not abundant in quick-acting, reliable remedies, I feel justified in calling attention to this simple and safe procedure.

224 East Jersey street.

DIRECTIONS TO A YOUNG PHYSICIAN.

BY DEAN SWIFT, *Redivivus*.

Should you be called to see an important man in your town, when you go, impress him with the idea that you have laid aside all other cases to see him. Tell him that he is seriously sick or *threatened* with pneumonia. If he does grow very ill you will be credited with great sagacity, whereas if he gets well rapidly you will receive praise for great skill. That word "threaten" will be a very valuable one in your vocabulary. Use it often, for much reputation may be gained from its apt use.

When your patient is suffering from an incurable disease, if he has money, tell him you can cure him. He will die in the end, but dead ones are soon forgotten and you have done him good by inspiring him with hope. Do not send in a bill during

his life. Wait until you know the amount of his estate and act accordingly. You worked for the money and need it as much as the helpless widow who probably would not have courage enough to fight a suit.

When a child is sick it does not talk and so you can make a mountain out of a mole-hill. Now is the time to say "You have just called me in time." Above everything else have your reputation in mind and the more closely you sail your case between the Scylla of diphtheria and the Charybdis of meningitis the more glorious will be your safe homecoming. In these cases send your bill while the parents are in the throes of gratitude.

When you are told by a layman that Dr. Rival has been telling queer stories about you and criticising your management of a certain case, believe him, for what reason would he lie, and Dr. R. does not treat you well anyhow. If a layman tells you that Mrs. Jones says Dr. R. killed her child, it is not necessary to truthfully defend him. Just say, "Oh, that cannot be," and otherwise "damn him with faint praise." Remark that you heard he had been drinking lately and it's too bad.

You may be called to see a case of pneumonia which Dr. R. has been working hard with for a week, and who is getting sicker and sicker. By this time he is on the verge of crisis. Stride into the room, give a casual glance at the patient, pick up the medicine bottle, smell it and look horrified; go to the open window and fling the drug as far as your indignant arm will permit. Then turn, and in awful, solemn voice, say: "What a blessing I was called. I may be able to save him, but he was slowly poisoning." Then what acclamations you receive when next morning the grateful wife meets you at the door with the news plainly showing in her face that "John is better." You get all the credit and be sure you take it, and hold your hand out for more and—and—remember to charge for that credit. You might as well have it. By right it belongs to God and Dr. R., but they will never miss it.

When you are asked to witness an operation be sure on the first occasion in the drug store or barber shop to tell of it and hint that maybe it was a good thing for the patient that Dr. R. had asked you to assist him, and how much she had been neglected by her former attendants. Of course you mention no names; you never do; it is not ethical; but it is none of your business if your description is interpreted correctly.

It will save you time and trouble if you

train your clientele to believe that a single glance of the eye is enough for you to reach a correct diagnosis. There is no use of all this thumping of the chest or this kneading of the belly when we have such terms as "sluggish liver," "neurasthenia," "grip," "malaria," to cover a multitude of conditions. It makes no difference about a name, for the medicine will be the same, and likely the result, for God is good to the sloppy doctor.

When you are called in consultation, try to remain after the regular physician is gone. Gossip about everything, including the patient. Let the family know that Dr. R. was doing all right, but—ah, that "but"—"two heads are better than one. Ha! ha! Good day." They will all think that you are a genial, whole-souled fellow, ever ready to give them some time. Always be strictly ethical, but a man of any standing must sail his barque close to the shoals of dishonesty to anchor it in the deep water of financial success.

Should a consultation be asked for in one of your own cases, never leave the side of the consultant and always give the result of your meeting to the family yourself. Do not give him a chance to express his opinion openly. Ask for his fee, in the presence of the consultant. He will know that you always look after his interest, besides the family will remember how mercenary he is, thinking of money in the face of death.

Never ask for a consultation yourself, for that calls the attention of the patient to your ignorance, and it is better never to know what ails a man than to let him think you do not know.

There are three kinds of people you ought never to offend—a newspaper man, a policeman or a religious gentleman. The first has your reputation in his hand. Everyone but you advertises and pays for it. You avoid publicity. It is a good thing to have a friend on a newspaper. Tell him all about the peculiar ingrown toenail you operated on. That is the public's business, they ought to know, but warn him not to mention names, for that offends ethics. Say this in a way that he forgets it, and the article in the paper will graphically describe the wonderful success of Dr. Getthair.

Medical ethics is an occult subject, the knowledge of which must be acquired by study. It is above common sense and courtesy; we are governed by set laws which must be learned so that when you offend it is not because you are not a gentleman; it is because you never attended a course of lectures.

Clinical Reports.

A CASE OF KORSAKOW'S PSYCHOSIS.

Reported by Charles A. Rosenwasser, M. D., Newark, N. J., at the meeting of the Clinical Society of St. James's Hospital, January 7, 1910.

I call your attention to a case showing a phase of pathological drunkenness, which, while by no means uncommon, is but rarely recognized by the general practitioner.

Patient, Mr. F. H. B., was brought to me by Dr. S. M. Robinson, of Waldwick, N. J., September 27, 1909. He is 57 years of age, widower, a salesman by occupation, but has not worked for several years. Has led a very irregular life, but there is no venereal history. His family were all temperate. Father died at 84 years, mother was more than 70.

He began the use of alcohol socially at the age of twenty, and had been drinking to excess, taking all forms of alcoholic drinks. About five weeks before coming under my observation his condition became so bad that he was removed to the Pater-son Hospital, said to be suffering from delirium tremens. He remained at the hospital about four weeks, started drinking on the way home from the institution, was drunk on the following day, and had been drinking hard up to the day he came to Newark for treatment.

On examination I found a man who was well built and well nourished, but who appeared to be nearer sixty-five years of age than the fifty-seven he claims. Both pupils were small, the left being smaller than the right. Both reacted to light and accommodation, but sluggishly. Tongue was heavily coated and tremulous. Tremor of the hands was marked. No Romberg symptom. Left patellar reflex absent, right elicited on reinforcement. Lungs showed chronic bronchitis and emphysema. Heart sounds were feeble, no murmurs, but rapid pulse. Liver enlarged. Kidneys negative. Shows slight steppage gait. Walks with the aid of a heavy cane, and must be assisted in rising from the sitting posture. Cannot stand on his heels. Some hyper-sensitiveness in both legs, feet and toes. Has sensation of numbness and tingling in toes, but no pain anywhere.

He entered St. James's Hospital a few hours after coming to Newark.

Mental examination revealed the fact that

there was disorientation. He did not know where he was or who brought him to the hospital. Said he had occupied a room upstairs before he was placed in the room he was occupying. Also that he was in another hospital across the street before entering St. James's. Did not know day, month, date or year, and, when told, very promptly forgot. There was marked loss of memory for recent events, and important happenings of a few minutes before were soon forgotten. For example, he made out two checks to pay for his room, and a few minutes later had no recollection of so doing. Could not remember his own room, and had to be escorted back when he left it. When in the hospital five days, he insisted that he had been there five weeks. When shown that he was in error and that he did not remember things, he made lame excuses and childish explanation. There were no changes in the speech, no defects in handwriting, no errors in reckoning—multiplying, etc.—and aside from disorientation and defective memory, his intelligence was good.

Under treatment he gradually improved. The absent patella reflex returned. The legs grew stronger, he walked fairly well and the memory also slowly improved, though there were occasional lapses into forgetfulness.

Thinking that he would improve more rapidly in his own home, and hoping that it would be possible to keep alcohol away from him, he was permitted to leave the hospital after a stay of about six weeks. Within a day or two after leaving the hospital he again relapsed into his former condition of inebriety. He wandered around and refused to return to the hospital, until coming home one night intoxicated, he fell and fractured his clavicle. He re-entered the hospital November 26th, about three weeks after leaving. At this time his mental condition was practically the same as it was on leaving the hospital, but the multiple neuritis had progressed further. He could not rise nor walk without assistance, and complained of pain in the legs. Under treatment he again improved. He now has control of his legs and walks without assistance. His mental condition, while much improved, still shows some impairment of memory. He will at times say Sunday for Thursday, 1907 for 1909, and also that he has been at the hospital for about three weeks, when he has been there about six. He does not realize his physical and mental incapacity and is making

plans for travelling, going into business, etc.

The condition is one to which the name of Korsakow's Psychosis has been given. It is a combination of multiple neuritis with mental symptoms. It is usually of alcoholic origin, but may be caused by other poisons such as tuberculosis, influenza, the metallic poisons, etc. Occasionally it is met with in paresis and in senility. It is at times preceded by delirium tremens, though in some cases the early symptoms are like those of delirium tremens, and only the progress of the case establishes the diagnosis. As the disease goes on the multiple neuritis becomes more marked and the patient becomes somewhat demented. The most marked of the mental symptoms is forgetfulness for recent events, while the memory for past events remains good. The gaps in the memory are filled in by fabrications; thus a patient who lies in bed paralyzed, will describe a journey he took that morning.

The prognosis in Korsakow's Psychosis is ordinarily good as to recovery, but the danger of relapse is great. If alcohol is not permanently withheld, the condition almost always ends in dementia.

Case of Blepharospasm After Measles.

Dr. W. E. Gamble, at a meeting of the Chicago Ophthalmological Society, reported this case. A child, four years of age, developed blepharospasm after an attack of measles. All efforts to produce a cure were ineffectual. The mother of the child had a bottle of peppermint in the cupboard on the same shelf with a bottle of atropin. One morning the child got hold of the atropin bottle, drank some of its contents and became thoroughly intoxicated with atropin. The necessary antidotes were administered, and the child recovered. The blepharospasms had subsided, and remained away for two weeks, and then returned. The child took violently ill with pneumonia, and the blepharospasm subsided and never returned.

A Case of Aniridia.

Dr. Hugh Blake Williams, at a meeting of the Chicago Ophthalmological Society, reported a case of aniridia occurring in a girl aged 9 years, one of four children, all healthy and the parents as well as far as the eyes were concerned. Vision in the right eye was 4/200; left, 5/200. She had a mixed nystagmus, microphthalmus and total congenital aniridia, with pyramidal cataracts and the cortex of both lenses somewhat opaque. With an apparatus suggested by Dr. Charles H. Beard and devised by him, consisting of two blackened coquilles with stenopaic slit at 180 degrees, vision came up to 20/200, with crossed stenopaic slits, one of 90 degrees, the other at 190 degrees, to 21/100. Then Mr. J. T. Brayton constructed two brass bowls with a curvature equal to 25.00 D., and over the eye-

ball a disk about three-quarters of an inch in diameter was cut out and crossed stenopaic slits were placed in this. By making the curvature of these disks 9.75 D. toward the eye, vision came up at once. She had 8 to 16 D. myopia. He then ground a pair of minus 8 disks in a light tint about one, placed them in front of the stenopaic slits, bringing vision up to 20/60, so that the patient is now quite comfortable, has no difficulty in sunlight, sees well in the distance, but vision for near is still very much reduced, and she prefers for reading the number four coquilles.—Illinois Medical Journal.

Melanosarcoma.

Dr. H. H. Brown reported the case of a man, aged 51 years, who was operated on eleven years ago for an epithelioma of the upper lip. He made a rapid recovery without evidence of further involvement for about fifteen months, when it was found necessary to remove all the lymphatics of the right side of the neck. Six months later the submaxillary gland on that side was removed, and a year later he had the sublingual gland removed. For five years he seemed to be in perfect health. Last fall his sight began to fail and in January, 1909, he had a distinctly opaque cornea with tension plus 2. An interesting feature of the condition was that it would last for three days and then all evidence of irritation would subside and the eye assumed almost a normal appearance. In March Dr. Brown did a very deep iridectomy, with the hope of relieving the man from the frequent attacks of glaucoma. Tension would disappear under enormous doses of salicylate of sodium, 30 grains, every three hours, and the man would be perfectly comfortable for three days, when there was a recurrence of the condition. Finally an enucleation was done, and an examination of the tissues removed disclosed a melanosarcoma, which had its beginning in the ciliary body in the upper nasal quadrant and extended back nearly to the disc. The man's physical condition was excellent throughout.—Illinois Medical Journal.

Case of Intestinal Obstruction Due to Volvulus Through a Mesenteric Rent.

Reported by Dr. J. B. Carnett at a meeting of the Philadelphia County Medical Society.

The patient was a woman 45 years of age, who while carrying a washtub full of water fell and injured her abdomen against the projecting tub-handle. One month later she began to have symptoms of gastric indigestion and, later, symptoms suggestive of pyloric obstruction. She was admitted to the hospital three years after the injury. While in the hospital she developed symptoms of acute obstruction high up in the small intestine. At operation a rent was found in the mesentery. Eight feet of the jejunum-ileum had made three complete circuits through the rent around its own mesentery as an axis, the obstruction being caused by three twists in the upper jejunum. The obstruction was relieved by passing the entire eight-foot loop of the intestine through the mesenteric rent three successive times in the same direction. The mesenteric rent was closed by suturing the edges together with a catgut suture. Convalescence was normal. The patient was discharged on the twelfth day. When seen two years later the woman had gained thirty pounds

in weight and had remained free from all symptoms of gastro-intestinal disturbance. Traumatism was given as the cause of the mesenteric rent.

Foreign Body in the Larynx.

Reported by A. W. Hawley, M. D., Seattle, Wash., in *Northwest Medicine*, November, 1909.

H. B., about 4 years of age, was playing around the room at 5:15 P. M., with a brass nut from the end of a curtain rod in his mouth. Suddenly he commenced to cough and strangle for breath, having in some unexplained manner aspirated the foreign body into the larynx. Numerous efforts were made to force the child to cough up the nut, such as hanging up by the heels, at the same time striking the back, gagging by putting finger into the throat, but without success. Dr. Hibbs was called, found the child breathing well but exhausted, pale and worn out, pulse rapid, occasional retching and vomiting, but no strangling. The child could articulate sufficiently to be understood, though with some effort. He was taken to Dr. Hibbs's office, where fluoroscopic examination revealed the object in the larynx, as it moved with the larynx in efforts of deglutition and respiration. I saw the patient about 7 P. M. at Dr. Hibbs's office. Laryngoscopic examination revealed the object in the larynx above the vocal cords, lying at about an angle of 45 degrees, which explains his ability to breathe and speak. Under local (cocain) anesthesia an attempt was made to seize and extract the foreign body with the laryngeal forceps. Though the child was very willing, it could not be done. It was decided to take the patient to the hospital, where under chloroform anesthesia, with the assistance of Drs. C. T. Cooke and Hibbs, the obstruction was removed. After anesthesia was induced the child's head was drawn well over the table so as to put the mouth and larynx on about the same line. With the Whitehead gag in place and the tongue retracted with a Pynchon tongue depressor, it was possible to obtain an excellent view of the nut. The end of a laryngeal applicator was bent so as to form a hook which on the first attempt was passed into the nut. It caught readily and easily extracted the nut, which dropped into the roof of the mouth. The patient soon recovered from the anesthetic and was returned to bed. Ice applications were applied to throat all night. The next day he showed only a slight hoarseness as a result of his experience.

Thrombosis Complicating Typhoid Fever.

(From a Paper Read by Dr. H. W. Johnson, Hudson, N. Y., on Unusual Cases of Venous Thrombosis, Published in the N. Y. State Medical Journal)

Case 1.—W. N., male, aged seventeen years, a student in high school, I first saw during the tenth week of his illness.

He then had a small superficial thrombus over the shin of the left leg which the nurse in charge was religiously rubbing three times per day. This procedure was stopped, and after a few days an abscess pointed at this location which was opened and evacuated. Drainage con-

tinued but a short time. After two weeks, during which time I did not see the case, I was again called, found pulse and temperature normal and patient anxious to be out of bed.

On palpating the abdomen I found a tumor midway between the umbilicus and pelvis. Within a few days tumor had increased to the size of an orange and was found to contain a large quantity of pus. The incision was a deep one and drainage was continued for some weeks. From the location and depth of the tumor I concluded a second thrombus had formed in the epigastric vein and had broken down as had the one in the leg. From the finding of this tumor to the discharge of patient there was no rise in temperature.

Case 2.—G. C., female, aged thirty-two years, developed femoral thrombosis in the left leg at the end of the third week of typhoid fever.

On July 10, 1906, during the second week of the thrombosis the nurse in charge informed me by telephone that the patient was suffering a chill, that an eruption had started on the feet and was progressing over the legs.

Upon my arrival at the hospital I found the patient not cold, but experiencing a severe rigor, temperature 105°, pulse of very low volume 108, respiration 36, with great anxiety and other neurotic symptoms. During my visit the eruption, an urticaria, advanced over the thighs, abdomen, chest and face like a marching flame. It disappeared in a few days. After a short remission another rigor presented, temperature 106°, pulse 120, respiration 40. An area of dullness could be made out in the middle lobe of the right lung and some fine rales indicating infarction. During the two succeeding days other rigors were experienced but of mild degree, and with no increase in the physical signs which gradually faded. However, temperature continued with remission each day of some two or three degrees and an evening rise. The thrombus advanced to the iliac veins descending the femoral on the opposite side. During the first week in September a tumor appeared in Scarpa's triangle left side, which fluctuated, and on September 10th I incised the same, obtaining a large amount of pus. Soon another abscess appeared in the popliteal space in the same leg, then another under the gastrocnemius muscle and finally a fourth in Scarpa's triangle of the right leg.

For months the patient was unable to walk, but recently has made an apparently complete recovery and weighs 180 pounds.

Thrombosis Complicating Rheumatism.

Also From Dr. Johnson's Paper.

Mrs. J. G., aged fifty-nine years, in the history of whose case is a hemiplegia about one year before present illness which started as acute rheumatism. These symptoms had abated before I saw her, February 12, 1908, when there remained an endocarditis with evidence of extreme depletion, anemia and a decided secondary leucocytosis.

On February 28th she began to complain of pain in left leg with marked swelling and shiny hue to the skin. The engorgement seemed more intense along the saphenous vein but extended to the femoral, the entire leg becoming so engorged that the toes stood apart.

Dr. Gordinier saw patient with me March

7th. On March 17th, after some moderation of above symptoms, signs of extension of the thrombus through iliacs to vessels of right leg appeared: the legs remained greatly swollen. Within a short time a long tense tumor appeared under abdominal wall extending along left side from the pelvis following the line of large intestine to right side of abdomen. With this was associated a complete obstipation which was not relieved by washing with colon tube.

It seemed that the inferior mesenteric vein had become occluded before the superior, as it was some three or four days before the hardness had extended to the entire abdomen when no visceral signs remained. To these was added an almost complete suppression of urine, there being excreted two to three ounces once in twenty-four and later forty-eight hours. Soon there appeared a general anasarca of all parts above the diaphragm.

There were no symptoms of uremia, as the patient approached the culmination of the disease, the mind was clear and calculating and three minutes before death ensued patient talked with a member of her family and was served with water.

The two prominent subjective symptoms were pain and vomiting, which were relieved only to return. No autopsy was granted.

(According to Osler's Modern Medicine, published during the current year, there are but 25 to 30 cases of true rheumatic thrombophlebitis in medical literature.)

Vaginal Cesarean Section.

Reported By Dr. W. M. Sprigg, Washington, D. C., in a Paper Read Before the Washington Obstetrical and Gynecological Society, and Printed in the American Journal of Obstetrics, October, 1909.

Case 1.—Colored, age thirty, three-para, admitted to Columbia Hospital March 6, 1907, at six and a half months of gestation. Admitted in convulsions, not in labor. Had four convulsions before operation, none after. Delivery by vaginal Cesarean section and version. Mother recovered, child still-born. Urine: specific gravity, 1.022; albumin, hyaline and granular casts present; urea three grains to the ounce.

Case 2.—Admitted to Columbia Hospital June 14, 1907, white, primipara, ninth month of gestation. Admitted in labor and in convulsions. Seven convulsions before delivery, none after. Vaginal Cesarean section, delivery by forceps, child weighing 4 pounds and 2 ounces. Mother lived; child lived. Urine: specific gravity 1.020; albumin, hyaline and granular casts present. Uterine and vaginal gauze used to control hemorrhage. Coma for twenty-six hours; puerperal mania twenty-four hours. Steam baths and active purgation.

Case 3.—Admitted to Columbia Hospital November 21, 1907, white, age twenty-three, primipara, seven and one-half months' gestation, admitted in convulsions, not in labor. Five convulsions before operation, none after. Vaginal Cesarean section, delivery by version. Child weighed 4 pounds 2 ounces. Mother lived; child lived. Urine: specific gravity, 1.020; albumin, granular and hyaline casts present, urea 7 grains to the ounce. In November, 1908, this patient

had a five months' miscarriage, due to a fall down a flight of steps.

Case 4.—Admitted to Columbia Hospital February 1, 1909, colored, age seventeen, primipara, eight months of gestation, admitted in convulsions, not in labor. Eight convulsions before delivery, none after. Vaginal Cesarean section, delivery by forceps to head in R. O. P. position: converted into R. O. A. Baby weighed 5 pounds 12 ounces. Mother lived; baby lived. In this case both the anterior and posterior incisions were made, the posterior incision to give more room and increase the facility in delivery. Urine: specific gravity, 1.018; albumin, hyaline and granular casts present. Ten days later, specific gravity, 1.022; albumin and casts negative. Thirty-seven days after delivery this patient killed her child by pouring down its throat pure carbolic acid and is now in jail awaiting trial.

Case of Osteitis Deformans, (Paget's Disease).

Read by Walter R. Hewitt, M. D., of St. Louis, before the Society of the City Hospital Alumni and published in the Interstate Medical Journal, August, 1909.

The patient, a negro male, laborer, aged 60 years, widower, stated that he had had typhoid fever, rheumatism and scrofula, but denied venereal disease. The family history was negative.

Present trouble: Two years ago both legs began to swell; the right one steadily, though slowly increasing in size, and painful at the onset of the disease. The patient entered the hospital complaining of dull, aching pain, which had begun, four days ago, in the right ankle, and had involved the leg, but not the knee-joint. He had had a severe cough in the spring. The general nutrition was fairly good. The head was held somewhat forward and the chin dropped downward toward the sternum. The left clavicle was considerably, the right clavicle slightly, enlarged. The right ulna was enlarged and the right leg, from ankle to knee, was twice the size of the left leg. The patient had a high arched palate.

The chest expansion was 1.5 c.m. The tactile fremitus and vocal resonance were slightly increased, over base of the left lung and over both apices. Auscultation showed few subcrepitant rales over the apices and over the base of the left lung. The heart was normal, except that the second pulmonic sound was accentuated. The apex beat was not visible. The arteries were markedly sclerotic. The pulse was of good volume, regular, seventy-two per minute. The digestive and genito-urinary apparatus were normal. The scrotum showed a large tympanic mass, which was translucent and gave an impulse on coughing. Boborygmi were heard over this mass on auscultation. The joints were not involved, and examination of the nervous system was negative.

Skiagraphs showed a rarefying osteitis.

The term, "osteitis deformans," was first introduced by Czerny, in 1873, for a group of cases, which were afterward shown to be cases of osteo-malacia. Paget's original article appeared in 1876, but it was one year later that he gave us our first clear, clinical picture. It is thought that there are sixty-seven genuine cases

reported in the literature, this one making the sixty-eighth.

The etiology begins as a chronic rarefying osteitis, in which the normal compact tissue becomes finely porous; fresh bone is formed beneath the periosteum, and finally, in the later stages of the disease, undergoes hypertrophy and partial sclerotic changes. These two conditions, osteoporosis, and osteosclerosis, exert considerable influence in bringing about the deformity of the long bones, although we must not forget the effect of gravity and weight on the already weakened bones. As a rule, there is no joint involvement. Well-marked arteriosclerosis is usually present.

Joncheray distinguishes two varieties of the disease, one painless and the other painful. The contour of the patient is changed and he exhibits a peculiar mode of locomotion. He is decreased in stature, the head is advanced and lowered, so that the chin is below the top of the sternum. The chest becomes contracted, narrow, flattened laterally and deep from before backwards. The arms appear unnaturally long; the skull is increased considerably in thickness for which reason the patient states that his hat is too small for him, and that he has been compelled to buy one a size larger. The shafts of both tibiae and femora are bent so that the patient becomes bow-legged. The tibia or femur may be bent anteriorly or laterally, and the vertebral column presents abnormal curvatures. If the bones of the arm and chest are involved, the patient may be round-shouldered. Often these patients present a dwarfed appearance. The above description is of a well-advanced case of osteitis deformans. The bones most frequently involved are, in order of frequency, the tibiae, femora, vault of the skull, clavicles, spine, ribs and radii.

Elting states that the disease occurs most frequently in the tibia, which may be the only bone involved. The bones of the cranium may not be involved at all, especially in the early stages of the disease. The vertex of the skull is more often involved than the base. Careful blood examination, in some cases, has been negative.

The diagnosis in a typical, well-advanced case is easy. In the early stages of the disease a skiagraph is essential to clear up the diagnosis.

The disease is a chronic one, which assumes a slow, but progressive course. This may extend over a period of from five to fifteen years, the patient dying from an intercurrent disease.

Elting states that treatment must be purely symptomatic. Bowlby states that in some instances improvement has followed the use of potassium iodid and of thyroid extract, and believes that these drugs deserve a further trial.

Fracture of the Sixth Spinal Vertebra, Treated by Suture of the Cord. Death on the Sixty-seventh Day.

Reported By T. W. Huntington, M. D., San Francisco, at the Meeting of the California Academy of Medicine, Taken from the California State Journal of Medicine.

My interest has centered, during the past few weeks, on a case of fracture of the spinal vertebra which came under my care April 24th, 1909.

The patient was a robust man, age forty-four, living in a remote part of the State. Family

history and past history, negative. He had been actively engaged in business life and was an unusually strong man.

On April 24th, 1909, he was rolled beneath a wagon in such a way that his forehead struck the ground, his body being forced backward over his head. Fifteen minutes later, he was picked up by friends. He realized from the outset that the lower part of his body was paralyzed. The local doctor found total paralysis of the body from a point two inches above the nipple line. The paralysis involved the anterior muscles of the arm and forearm, there being slight movement of the deltoid and posterior muscles of the forearm. The intercostals were paralyzed and respiration depended upon the diaphragm. Sense of heat and cold were absent throughout the affected area.

I saw him first on the 26th of April and verified the above observations. At this time, his muscles were uniformly flaccid, although the sphincters were not relaxed. There was inability to evacuate the bowels and bladder. Pupils were normal in size but entirely stationary. The head was freely movable in all directions by voluntary effort including rotation. Patient resented any effort at traction of the head upon the spine. The following reflexes were manifest at this time, the patellar, cremasteric and ankle clonus. A Babinsky was manifest bilaterally. The patient was placed upon a rubber water mattress and was left in charge of Dr. T. G. Russell, who preceded me to the case. The conditions remained stationary for one week, when he was brought to this city after a three days' journey, arriving on the 5th of May, 1909.

Upon his arrival, he was seen by Drs. Kerr, Newmark, Terry, Russell, Cooper and myself. An X-ray taken by Dr. Cooper showed a double fracture of the body of the sixth vertebra. There was no evidence of fracture of the spinous process or of the laminae, nor could any deformity be discovered by palpation at this point. During the following five days, the case was carefully gone over from every point of view and the possibility of total division of the cord or of compression was fully discussed. My own feeling was that the patient had sustained a complete division of the cord at the time of injury, but there was disagreement upon this point.

An operation, for the relief of possible pressure, was undertaken on May 13th, 1909, in which I was assisted by Drs. Terry and Russell. Full ether anesthesia was well borne throughout. A vertical incision over the spinous process of the sixth cervical vertebra was made and the cord was easily exposed by a double laminectomy. On opening the spinal column, the first thing that attracted my attention was a transverse, slightly lacerated tear through the dura. Through this opening, a probe dropped readily to the bony structure behind and when moved laterally, met with no resistance until the lateral pillars of the dura were encountered. Dr. Terry thought that possibly some portions of the lateral columns of the cord remained intact, but I had no evidence of it. The cord was then sutured with two very fine chromicized catgut mattress sutures. These were passed directly through the dura, posteriorly and anteriorly to the cord and through the cord itself. When the sutures were tied, the approximation of the cord and dura seemed almost perfect. Wound

closure was by the tier method and resulted in rapid, ideal healing. For the next week or ten days, the patient remained apparently as he had been prior to operation. At the end of two weeks, there was evidence of failure which was continuous to the time of his death on June 30th, 1909.

The first thing that attracted our attention after the operation was the exaggeration of some of the reflexes, notably, the patellar reflexes. The Babinsky was again manifest bilaterally. Nearly all the skeletal muscles were susceptible to the influence of irritation, and there was scarcely a single reflex in the lower part of the body which could not be elicited. There was, however, no suggestion of nerve regeneration over the paralyzed area. The presence of reflexes suggested to several of those who observed the patient the possibility that total division of the cord did not exist.

Dr. H. M. Sherman, San Francisco, in discussing the above case, referred to another case of a young man riding on a lumber wagon, which was watched by Dr. Newmark and himself. Dr. Sherman said: He fell from the wagon and was caught on the back of his neck by the axle as he sat upon the road and forcibly flexed. He remembered very distinctly that after having been left he stretched his feet out, and then all power of motion disappeared. He was in St. Luke's Hospital when Dr. Newmark saw him with me, and upon that one symptom we held our hands and did nothing in the way of operation. The symptoms were those of complete separation of the cord in the mid-dorsal region, and he had a slight kyphosis, but because he had been able to move after the accident we let him wait. He was ill for a number of weeks and had bed sores and all the symptoms going with section of the cord, but he recovered perfectly. Two years after I saw him racing after my carriage to stop me on the street and tell me how he was.

Abstracts from Medical Journals

Lobar Pneumonia; Is it an Inflammation of the Lungs?

Dr. McConkey, in *Medical Record*, N. Y., October 30, 1909, p. 727, considers lobar pneumonia a bacteriemia, and the localization in the lungs is not an inflammation, but a process secondary in sequence and importance.

Pneumococcus Infections.

Dr. Strouse, in *Jour. Exper. Med.*, Sept., 1909, p. 743, states that phagocytosis of pneumococci in vitro runs parallel with phagocytosis in vivo. The virulence depends not only on resistance to phagocytosis, but also on the ability to grow in the body of the animal. The pigeon is immune to pneumococcal infection because of its normal high temperature.

Pneumonia; Alcohol in Treatment.

Dr. Holitscher, at the 12th International Anti-Alcoholic Congress, London, July 19, 1909, as reported in the *Medical Record*, N. Y., September 11, 1909, in quoting from the statistics of 47 hospitals, compared results of treatment of lobar pneumonia with and without the use of alcohol. In 238 cases treated with alcohol, the

death rate was 24 per cent.; in 248 treated without alcohol the rate was 21 per cent. The rule followed was to treat every alternate case with alcohol.

Pneumonia Treated by Inoculation.

Drs. Willcox and Morgan, in *Brit. Med. Jour.*, Oct. 9, 1909, p. 1050, often found a definite improvement in clinical symptoms, as, for instance, an immediate fall in temperature; dyspnea and delirium were lessened after the dose of vaccine. The duration of the disease seemed to be shortened. Sometimes the fever subsided by lysis. Sometimes a stock vaccine was of no benefit, while an autogenous vaccine caused rapid clearing up of symptoms.

Typhoid Fever; Analysis of Over 68,000 Cases.

Dr. Sallom, in *Med. Rec.*, N. Y., Nov. 20, 1909, p. 860, states that this report covers the period from January, 1898, to June, 1909; there were 8,102 deaths, a mortality of 11.75 per cent. Most cases occur in February, the next largest number in January, the least in July; the number then rises again, reaching a maximum in September, then falls until December. He states that after a study of the data he believes that filtration of the water of the Schuylkill River has decreased the morbidity in the districts supplied with the filtered water.

Intestinal Perforation in Children in Typhoid Fever.

Drs. Jopson and Gittings, in *Amer. Jour. Med. Sci.*, Nov., 1909, p. 625, state that perforation is very rare in children under five years of age; not infrequent afterward; about half as common as in adults. Occurs usually at end of second or beginning of third week. The mortality under ten years old is less than afterwards, lower in relapsed than unrelapsed cases—somewhat less than 50 per cent. The earlier an operation is done the better the prognosis. Technique not materially different from that in adults, except in the use of a general anesthetic and greater need for rapidity of operation and avoidance of meddlesome surgery.—*Washington Medical Annals*.

Persistence of Gonococci in the Prostate.

Dr. Saxe, in *N. Y. Med. Jour.*, Oct. 2, 1909, p. 629, states that to prevent contamination of the prostatic secretion by pus and bacteria from the urethra this latter should be irrigated before massaging the prostate. Injections of 15 drops of a one-per-cent. solution of silver nitrate into the urethra twenty-four to forty-eight hours before the prostatic massage reveals gonococci when other means fail. Of 150 cases of chronic gonorrhoeal infection from six months to eighteen years' duration, 60 per cent. showed prostatitis. Of 108 cases of prostatitis studied, 31 showed gonococci in the prostatic secretion. The older the infection the less likely to find the gonococci; after three years they are rarely found, but many and thorough examinations are necessary before we can be at all certain of their absence. Mixed infection occurred in 86 per cent. of the cases; the gonococcus alone occurred in only five of 108 cases; these five were of less than one year's duration. The older the

cases the more prevalent the mixed infection. Staphylococci occurred in 74 per cent., bacilli in 28 per cent.; Gram positive diplococci in 10 per cent. and streptococci in 7.6 per cent. of cases with mixed infection. Microscopical examination of the prostatic secretion is absolutely necessary. Gonorrheal prostatitis is curable by proper treatment in most cases. Consent to marriage should not be given until all methods of examination are exhausted and until the possibility of postmarital infection is practically excluded.

Studies in Edema.

Drs. Fleisher and Loeb, *Jour. Exper. Med.*, Sept., 1909, p. 650, state that direct measurements of blood pressure, carried out during the intravenous infusion of various solutions into rabbits, show that although a relation between height of blood pressure and secretion of urine may be noted, a direct relation does not exist between blood pressure and peritoneal transudate and intestinal fluid. Calcium chloride does not increase the peritoneal transudate by a rise of blood pressure, nor does it decrease the intestinal fluid by a fall of blood pressure, since no such increase of peritoneal fluid nor decrease of intestinal fluid is noticeable in animals with myocarditic lesions which are infused with solutions of sodium chloride. It can be proved that calcium chloride does not diminish the amount of urine as a result of its depressing action on the blood pressure. The experiments make it probable that calcium chloride decreases diuresis by direct action on renal epithelium.

Heart Massage in Surgery.

Dr. White, in *Surgery, Gynecology and Obstet.*, Oct., 1909, p. 388, after a study of the subject, some experiments and treatment of three cases, concludes as follows: Heart massage is an established method of resuscitation. Heart failure is rarely primary in chloroform anesthesia; it is, therefore, essential that respiration be invoked by artificial means in conjunction with heart massage. Artificial respiration alone will not start heart contraction nor maintain blood pressure. The best results of heart massage have been obtained by the sub-diaphragmatic method.

The most frequent indication for its use is in chloroform necrosis with cessation of respiration and circulation. The method is also applicable in other conditions of heart failure secondary to failure of respiration and not dependent on organic changes in the heart. The possibility of resuscitation has a definite relation to the time since cessation of heart beat and massage; the shorter the interval the more rapid the response to the massage.

Prostatectomy.

(From *Deutsche Med. Woch.*, April, 1909, abstracted in the *Medical Record*.)

Dr. Cahn reports forty cases of suprapubic prostatectomy performed by Israel. The age of the patients was from fifty to eighty years and their chief complaint consisted in the disturbance of urination, which led to prolonged use of the catheter. Most of the patients were infected so far as the bladder was concerned, and all retained a considerable amount of residual

urine. Thirty per cent. of them had vesical calculi in addition. The following conditions were looked upon as indicating an operation: the failure of the catheter to remove all residual urine, repeated attacks of pyelitis, the occurrence of hematuria or much pain during catheterization, and spontaneous hematuria. Bad general condition and very much impaired nutrition were looked upon as contra-indications to operative interference; diabetes must be considered a serious complication acting as a relative contra-indication, one of Israel's diabetic patients dying of coma after the operation. Infection of the bladder was not considered as a contra-indication, though in several instances the operation had to be performed in two stages, the bladder being first drained and the infection diminished in extent or completely cured. Old age was not considered as forbidding an operation, for a number of aged patients were greatly relieved by the surgical treatment. Before the operation the cystitis was treated by regular catheterization, by bladder irrigations, and in certain cases by a preliminary drainage of the bladder through an artificial fistula. Suprapubic enucleation was the only operation performed, lobar anesthesia being used in recent years. Post-operative complications consisted in hemorrhages and in inflammation of the testicles or of the epididymis. In no case was there a fatal outcome caused by these conditions. Of the forty patients six died after the operation, one of uremia, one of diabetic coma, two of pulmonary embolism, one of pneumonia, and one of general peritonitis. Ninety-four per cent. of the surviving patients were discharged cured, two patients only continuing to suffer from incontinence or from cystitis. The pathological findings lead Cahn to conclude that the hypertrophy is due to a true neoplasm originating in the glandular epithelium of the organ. The picture was that of a papillary adenomata, which quite explained the possibility of recurrence of the tumor or the frequent transformation into a malignant epithelial new growth. Inflammatory conditions have nothing to do with the origin of a prostatic hypertrophy.

Treatment of Enlargement of the Prostate.

Dr. Wulff, in *Medizinische Klinik, Berlin*, calls attention to the fact that sometimes it is impossible to palpate the prostate causing disturbances; in two cases the gland was even abnormally small, and yet prostatectomy was followed by a clinical cure. Such cases reduce the importance for examination of the prostate by way of the rectum. The most important means for diagnosis is the discovery by catheterization of residual urine. When there is no trace of this, the disturbance is usually due to neurasthenia or kidney disease. In one such case a man of 70 had pus in the urine and signs of enlargement of the prostate, but the absence of residual urine led to discovery of a tuberculous process in the right kidney. In another case a man of 55 was referred to Wulff for prostatectomy after fifteen years of symptoms; ligation of the vasa deferentia ten years before had failed to benefit. The trouble proved finally to be tabes. In another similar case a man of 50 had complete retention about twice a year, but no residual urine and he was advised against an operation. The diagnosis was cleared up by other signs later of a nervous affection. After discovery of residual

urine, the nervous system should be examined and the prostate palpated through the rectum to exclude cancer and tuberculosis. Cystoscopy is generally unnecessary. A careful examination should also be made for a calculus; the presence of stones for years in the bladder may cause no symptoms. The bowels must be kept open and regular, to prevent aggravation of prostatic trouble. Extreme care should be taken not to "catch cold," as this is especially liable to induce cystitis. Such patients should sleep in a warm room in winter and should wear woolen stockings and underwear. Wulff deprecates the dread of the catheter. If infection, hemorrhage and debility compel surgical measures, the only treatment is prostatectomy; partial operations are inadvisable.

Review of 600 Cases of Total Enucleation of the Prostate.

A. L. W., in Medical Review of Reviews.

Dr. J. P. Freyer, in Amer. Jour. of Dermatology and Genito-Urinary Diseases, urges the earliest possible removal of the prostate when there is enlargement of the organ giving rise to symptoms that necessitate the use of the catheter before grave complications arise.

Prostates weighing from 2 to 6 ounces are most easily and rapidly enucleated. Those weighing less than 1½ ounces present the greatest difficulties in the way of total enucleation. For these cases the catheter is completely dependable. The size of the organ is determined by bi-manual examination and the cystoscope.

The author reports on 600 cases of the operation of total enucleation of the prostate for enlargement, the patients varying in age from 48 to 89 years, with an average age of 68½ years. There were 47 octogenarians between the ages of 80 and 89, and 7 patients aged 79 years. The prostate ranged from ½ to 16¾ ounces, with an average weight of about 2½ ounces. The great majority of the patients had been entirely dependent on the catheter for periods varying up to 24 years. Nearly all were in broken health and many apparently dying before operation. Existence was simply intolerable to most of them. Few were free from one or more grave complications, such as cystitis, stone in the bladder, pyelitis, kidney disease, diabetes, heart disease, chronic bronchitis, paralysis, hernia, and in a few instances there was malignant disease of some other organ than the prostate. Such were the unfavorable circumstances under which the operation was undertaken.

In connection with these 600 operations there were 37 deaths, in periods ranging from six hours to 37 days after the operation, or a mortality of 6.15 per cent. The mortality has been steadily decreasing from 11 per cent. in the first 100 cases to 4 per cent. in the last. The causes of death were: Uraemic symptoms due to chronic kidney disease, 16; heart failure, 6; septicaemia, 2; shock, 3; exhaustion (kidneys much diseased), 1; mania (hereditary in 1), 2; malignant disease of liver, 2; heat stroke, 1; pneumonia, 1; acute bronchitis, 1; pulmonary embolism, 1, and cerebral hemorrhage with paralysis, 1. Though all these deaths are accepted in connection with the operation, in not more than half the number can the fatal result be attributed thereto, the remaining deaths being due to disease incident to old age and unconnected with the operation. In 108 cases

vesical calculi were removed at the same time, but all the deaths in these cases are accepted in connection with the prostatectomy, none being put down to the suprapubic lithotomy involved.

Reports from County Societies.

ATLANTIC COUNTY.

Theodore Senseman, M. D., Reporter.

The annual meeting of the Atlantic County Medical Society was held Friday, January 14th, 1910, at the Hotel Rudolf. The following officers were elected for the ensuing year:

President, Dr. Edward H. Harvey.

Vice-President, Dr. Thomas G. Dunlap.

Secretary and treasurer, Dr. Edward Guion.

Reporter, Dr. Theodore Senseman.

Annual delegates to the State Society, Drs. Edward S. Sharpe and Clyde M. Fish.

Censor, Dr. Edward A. Reiley.

There being but one candidate nominated for each position, the secretary cast the ballot in each instance.

After the regular business had been transacted the society adjourned to partake of the annual banquet. Toasts were responded to by Drs. E. H. Harvey, W. M. Pollard, G. W. Stimson and A. E. Ewens.

The meeting was the best attended and most enthusiastic held in years, and plans were laid to make the coming year the banner one for the society.

BERGEN COUNTY.

Frederick S. Hallett, M. D., Secretary.

The Bergen County Medical Society met in Elks' Hall, Hackensack, January 11, 1910, at 8 P. M., with fairly good attendance.

After the transaction of necessary business the scientific program was carried out, which consisted of a Symposium on Infant Feeding, as follows:

1. Personal Equation in Infant Feeding, by Dr. Alexander McAlister, of Camden, N. J.

2. Factors which Compose Success in Infant Feeding, by Dr. Henry L. Coit, of Newark, N. J.

3. Some Points in Infant Feeding Not Generally Considered, by Dr. J. Finley Bell, of Englewood, N. J.

The discussion of the first was opened by Dr. M. J. Synnott, of Montclair, N. J.; the second by Dr. F. H. Todd, of Paterson, and the third by Dr. B. P. Craig, of Jersey City. Dr. Craig also took part in the discussion of the other papers.

The papers read by Drs. McAlister and Bell are forwarded herewith for publication in the Journal. Dr. Coit did not have a prepared paper, but gave us one of his usual interesting and instructive talks along the line of his subject. We are sorry we did not have a reporter to give us for the Journal a full outline of his address.

BURLINGTON COUNTY.

George T. Tracy, M. D., Secretary.

The eightieth annual meeting of the Burlington County Medical Society was held at the Arcade Hotel, Mt. Holly, N. J., on Wednesday, January 12th, 1910. Dr. E. R. Mulford, of Burlington, was elected to membership.

Dr. E. Hollingshead reported a case of Ac-

tinomycosis in a patient of his, which resulted in a cure of the disease.

Some lively discussion ensued on mentioning the new law relative to medical inspection of schools. The concensus of opinion of the members was that medical inspectors were not paid enough for services required, that this law was hastily passed without consulting the medical profession, that it should be repealed or amended so that provision is made for a reasonable and fair compensation for services. A committee was appointed to investigate and consider medical inspection of schools in this county and report at the next meeting. The following officers were then elected: President, J. Boone Wintersteen; vice-president, Dr. A. L. Gordon; secretary, G. T. Tracy; treasurer, E. Hollingshead; nomination for a permanent delegate to the State Society, Dr. W. P. Melcher; delegates to the State Society, Drs. J. E. Dubell and A. H. Small; chairman of section on Practice of Medicine for the April meeting, Dr. Joseph Stokes; chairman of section on Surgery for the June meeting, Dr. Willette P. Haines; chairman of section on Diseases of Women and Children, Dr. R. C. Barrington.

The retiring president, Dr. W. H. Shipps, in his annual address presented a timely subject, "The Sanitary and Moral Treatment of the Young."

At the conclusion of the address a collation was served. The society adjourned to meet in Burlington, April 14th, at 1 P. M.

ESSEX COUNTY.

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

At a scientific meeting of the Essex County Medical Society, held Thursday evening, January 13th, Dr. Hobart Amory Hare, professor at Jefferson Medical College, Philadelphia, read a paper on "The Relation of the Bundle of His to Therapeutics" and "The Need of Revision of the Dietary in Typhoid Fever." He began with the interesting history of the discovery by His, and the other workers, of the anatomy and physiology of this remarkable bundle of muscular fibres auriculo-ventricular in situation, its function to harmonize auricular and ventricular contraction conveying the contractile impulse across the opening and providing a contraction of ventricle after every contraction of auricle. This completely revises the former theory of nerve function being the initial factor in heart-beat. Heart-block (the Stokes-Adams syndrome) is the arrest of this contractile impulse so that the auricle may be beating frequently while the ventricle beats independently, hence the pulse is very "slow."

The vagus acts chiefly on the auricle, and if under the influence of digitalis, the auricle is slowed while the ventricle is strengthened, hence digitalis, in large doses, is fatal in partial heart-block. A similar condition is present in mitral stenosis; the laboring heart does not need further slowing; digitalis, unless in small doses, is dangerous. This suggests the very important matter in therapeutics of dosage in drugs, on which practitioners often fall down, thinking the choice of the drug enough without weighing the question of dose. Atrapipe is the reverse of digitalis, letting loose impulses in the auricle. In total heart-block, the bundle of His being completely destroyed, the action of digitalis on auricle, not being conveyed to ventricle, is not

so disastrous, and the difference between contraction of auricle at 100-140 and ventricle at 80-40 may be lessened or even made 70 and 70. High arterial tension was given much consideration by Dr. Hare and its importance emphasized. As it is a conserving factor in physiological need the administration of the nitrites to reduce it is contrary to nature, though the error is common. Physicians as a class are patients—with high tension and subject to its dangers.

In the discussion which followed, answering questions, Dr. Hare said he should consider, from the standpoint of life insurance, a pressure of 150 min. Hg (on an average and not merely on casual observation) 20 min. nearer danger than 130 and showing that much less reserve for emergencies. That mitral regurgitation did not have the same contraindications for digitalis as mitral stenosis or partial heart-block.

On typhoid feeding Dr. Hare reviewed the history of 20 years' change in theory of the roll of fever (voiced by him in articles in *Therapeutic Gazette*). We do not now give antipyretic drugs but help elimination. Hyperpyrexia (over 103 degrees) we do treat, but reduce by cold bathing which acts differently and like a draft to fire. Fever consumes glycogen; hence, feed more starch. Casein, not only naturally but more in fever, is difficult to digest without causing flatulence, and, moreover, milk cannot produce the 2,500 calories needed. Feed in 24 hours two very soft boiled eggs, one pint milk with hydrochloric acid and pepsin, gruel made from barley, rice or wheat (better than oats) with pancreatin. Avoid meat extracts. He would consider it the highest encomium to have it said, "He fed fevers."

In the business meeting which followed, the president, Dr. Charles D. Burnett presiding, the following five were elected members of the society:

Dr. Anthony Charles Zehnder, Newark; Dr. Clarence A. Birdsall, East Orange; Dr. Charles Day Moulton, East Orange; Dr. Arthur Daniell, East Orange; Dr. Edmond Francis Fitzpatrick, Newark.

Dr. Eagleton, on behalf of the special committee of the State Society, offered a resolution of concurrence in their bill on medical practice, to be presented in the Legislature, and that expenses of our Committee on Legislation in trips to Trenton be paid by the society. The resolution was unanimously carried, without dissent.

MONMOUTH COUNTY.

From the A. M. A. Journal.

At the annual meeting of the Monmouth County Medical Society held in Freehold, December 14, 1909, the following officers were elected: President, Dr. Harry B. Slocum, Long Branch; vice-president, Dr. Peter P. Rafferty, Red Bank; secretary, Dr. Edwin Field, Red Bank; treasurer, Dr. Isaac S. Long, Freehold; recorder, Dr. P. P. Rafferty. Delegates to the State Society, Drs. Isaac S. Long, H. B. Slocum and D. Edgar Roberts.

MERCER COUNTY.

The Mercer County Medical Society met December 14, 1909. We have received no report of the proceedings, but take the following report of

the paper read before the Society from the *Trenton True American*.—EDITOR.

Mr. P. A. Maignen, Chemical Engineer and Expert on Sanitation, read a paper on "Control of Suppurative Inflammation by Sterilization in Surgery, Leprosy, Diphtheria, Tuberculosis and Cancer."

Mr. Maignen's deductions are based upon actual experiences and tests, and his findings are not only of great interest to the medical profession, but to the public.

In the pursuit of his studies on sanitation, carried on during the past 31 years successively in London, Paris and Philadelphia, Mr. P. A. Maignen has discovered with his microscope, first, and afterward by bacteriological and clinical tests, germicidal properties in certain non-poisonous mineral salts combined in certain proportions and prepared in a fine state of division (the formula was given to physicians, but not for publication).

This preparation diluted in the proportion of one part of the powder to 1,000 parts of water has been proved capable of destroying the anthrax bacillus which is the most resisting of all known microbes.

Experiments made on animals, with the view of sterilizing and healing injuries, having proved successful it was then decided to sterilize injured tissues on man.

The first case reported by Mr. Maignen to the Medical Society was that of the leper boy, Charles Clark, until lately interned at Blackwood, N. J., and now at large, nobody caring to find out where he is. He has been pronounced free from sores of any kind (and, therefore, clean) by competent authorities.

It was a well-defined case of anesthetic-tubercular leprosy. One toe had already sloughed away; all that was left of it was a small stump. The other toes were covered with tubercles. Every one of his fingers had ugly sloughing blisters under the lower knuckles. His nose was affected, the skin on his arms and leg was scaly.

The treatment was begun on November 16, 1908. It consisted of washing the hands and other parts with a one per cent. of the antiseptic two or three times a day.

On December 4, Dr. H. wrote: "The boy is doing quite well; the large sores on his hands are all healed."

Later on, other sores broke out under the upper knuckles. The same treatment was applied. On March 19 the doctor wrote: "The patient is better, sores are pretty well healed, but the finger joints are very large and will soon break down; looks as though bone will come away."

Three weeks afterward the sores were perfectly healed, the finger joints which had hitherto been stiff could now be moved freely. There was no break down of the finger joints and the bone did not come away, nor was it injured in any manner. New skin grew over the injured parts.

The second case reported by Mr. Maignen was one of acute suppuration, resulting from an ulcer of the rectum, after an operation known as proctotomy. More than half a pint of pus came out of the wound every day during three weeks. The weight of the patient had fallen more than 30 pounds. He was on the verge of collapse. The treatment consisted in washing the part with a fresh one per cent. antiseptic

solution once a day. In less than one week the danger point had been passed, the suppuration was checked. A few weeks later he was able to get up and in less than three months he had regained his weight and attended to his outdoor business.

The next set of cases reported related to tuberculosis of the lungs, or consumption. Mr. Maignen exhibited cards from the Bureau of Health of the city of Philadelphia, reporting the result of the examination of the sputum for tubercle bacilli. Six cases were in the first stage—fever, night sweat, expectoration and tubercle bacilli in the sputum—were present before the treatment. After two and three months' treatment, all these symptoms had disappeared and the bacilli ceased to be in the sputum (what little could be raised). As there has been no relapse since, in any case, they may all be pronounced as cured.

Another case in the second stage has not been cured, but is so much improved that the patient is able to attend to her household duties. This case has presented peculiar features. The tubercle bacilli have been found in the blood by the Rosenberger method. They have also been found in the sputum immediately after hemorrhages which occurred after over-exertion. Some time after the hemorrhages no bacilli were found in the sputum. The treatment followed in all cases consisted in inhaling, by the mouth, into the lungs five or six grains of the antiseptic powder three or four times a day until relieved.

Another most interesting case was that of Mr. J. N., aged 40 years. The disease was in the third or last stage. On February 22, 1909, the attending doctor declared that the patient could not live 24 hours. Another physician was called in consultation, and reported as follows:

"The left lung was originally the seat of infection. Found him with right lung extensively involved. Rales of all kinds. Fever 104. Weak, hectic flush, short breath, cough, expectoration profuse, lumpy, yellow and full of bacilli. Board of Health returned positive cards."

He was there and then made to inhale the antiseptic powder.

On March 12 the medical report says:

"The man is sitting up, walks about second story, appetite good, temperature 98 A. M., 101 P. M. Much improved generally."

On May 14: "The temperature at 12 o'clock (day) is normal, 6 o'clock (evening) nearly 99, patient out of house."

On November 19: "Temperature normal; with the exception of a slight hoarseness of voice, patient feels well. He has gained from 9 to 10 pounds in weight during the summer months. He now looks and feels fine."

The tubercle bacilli were found in specimens of his sputum on March 22, June 7, August 19 and October 22.

A communication was made to the Germantown Medical Society on March 15, 1909, concerning this invention, and upward of two hundred physicians have since used it in a large number of bacterial disorders. Among the most gratifying results reported may be cited those referring to diphtheria.

In a large number of instances the patients brought to the doctors exhibited all the physical signs of the disease. The patient was made to gargle with a one or two per cent. solution of the preparation, or the throat was sprayed or

swabbed with the solution. In other cases the dry powder was blown direct on the part. The treatment was repeated every hour, and in some cases every two or three hours during the 24 hours. The next day the inflammation and pain were so reduced that there was no need for returning the case to the Bureau of Health or quarantining the house, and complete cure was effected in a few days.

Mr. Maignen concluded by citing a case of uterine cancer. The part could not be operated on, the growth and the discharge were most offensive, and the pain was so great that four grains of morphine were necessary each day to give relief.

Two douches a day with a one per cent. antiseptic solution, and two enemas of one-half of one per cent. (two quarts of water), have relieved the patient so much that it has been possible to reduce the morphine to less than two grains a week. The discharge has practically ceased, and the patient sleeps well, eats well and feels much stronger.

If no complications supervene hope is entertained that the benefit may be permanent. The case has been under medical observation for more than one year.

COUNTY SOCIETY MEETINGS IN FEBRUARY.

Essex County Medical Society.

This society will meet Tuesday evening, February 8th, in the hall of the Free Public Library, Newark, at 8:30 o'clock. Dr. Simon Flexner, of the Rockefeller Institute, New York City, will be the speaker and will describe the production and therapeutic uses of Meningococcus serum for cerebro-spinal fever.

A special invitation is extended to members of the adjoining counties of Hudson, Union, Passaic and Morris.

Passaic County Medical Society.

The next meeting of the Passaic County Society will be held in the Braun Building, Paterson, February 11th, at 8:30 P. M.

OTHER COUNTY SOCIETIES.

The Essex County Anatomical and Pathological Society.

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

The regular monthly meeting of this society was held at Achtel-Stetter's, Newark, Tuesday evening, January 18, 1910, at 8:45 o'clock. The following program was presented:

1. A Case of Pulmonary Atheroma, by Dr. H. B. Epstein.
2. Demonstration of Common Pathological Lesions encountered in Uterine Surgery, from the Pathological Laboratory of the Newark City Hospital, exhibited with lantern slides: (a) Anatomy and Histology of the Uterus and the Common Pathologic Lesions encountered, Dr. E. Z. Hawkes; (b) Technique of Diagnosis, Dr. Martland; (c) Demonstration of Histo-Pathology of typical cases, Dr. Sutton.
3. Demonstration of Specimens and Slides (from the City Hospital) illustrating Congenital hypoplasia of kidney, pericarditis, stab wound

of heart, heart hypertrophies, and specimens showing pulmonary tuberculosis, Dr. Martland.

Union County Medical Milk Commission.

Reported by D. E. English, M. D., Summit.

The first meeting of Union County Medical Milk Commission No. 2 was held in the Highland Club House, Summit, N. J., on Wednesday, December 29, 1909. The committee of three reported the following as the names of the members of the commission: Drs. Calvin Anderson, of Madison; Wellington Campbell, of Short Hills; David E. English, Eliot Gorton, Robert H. Hamill, James T. Harrington, William J. Lamson, Roger W. Moister, of Summit; Josiah Meigh, of Bernardsville; Joseph E. Pollard, of Chatham; Thomas H. Rockwell and Jean M. Williams, of Summit. The following officers were elected: President, Dr. Eliot Gorton; secretary, Dr. D. E. English; inspecting physician, Dr. Walter W. Jaquith, of Chatham; veterinarian, Dr. J. Edward Rowe, of Summit.

Local Medical Societies.

Camden City Medical Society.

At the annual meeting of the society, held January 4th, 1910, the following officers were elected: President, Dr. William H. Pratt; vice-president, Dr. J. Watson Martindale; secretary, Dr. William I. Kelchner; treasurer, Dr. Joseph H. Wills; historian, Dr. Albert B. Davis.

Orange Mountain Medical Society.

Reported by David E. English, M. D., Summit.

The twenty-seventh annual meeting of the Orange Mountain Medical Society was held in the rooms of the William Pierson Medical Library Association, at Orange, on Friday evening, January 21st, 1910, Dr. Mefford Runyon, the president, being host. There were twenty-seven members present out of a membership of thirty.

The average attendance for the year has been 26 2-3. Can any medical society in the State show a better average?

The following officers were elected: President, Dr. Richard P. Francis, of Montclair; vice-president, Dr. Richard D. Freeman, of South Orange; secretary, Dr. Levi W. Halsey, of Montclair; treasurer, Dr. James Minor Maghee, of West Orange; reporter, Dr. William H. Lawrence, Jr., of Summit. Many friends of the host were invited to sit with the society. The annual address, by President Runyon, was a finished and scholarly paper on "Restorative, or Physiological, Surgery; the Fourth Era in Surgery." He traced the development of surgery from the earliest times down to the present day, showing how each great surgeon added something to the structure, and giving Lister credit for more advancement than any other one man.

Dr. Thomas W. Harvey, of Orange, reported a case of gunshot wound in a four-year-old boy, where the bullet passed through the right lung from front to rear. The boy made a quick recovery, the interesting points being the slight shock, and the absence of any very serious symptoms.

Dr. John H. Bradshaw, of Orange, reported a case of irreducible left femoral hernia in a five-weeks-old girl. The sac contained the uterus

with the left ovary and tube. The ovary was not considered viable, and was removed, the other contents of the sac were returned to the abdomen, and the baby made a rapid recovery.

Dr. James S. Brown, of Montclair, exhibited an unusually fine skiagraph of the head of a negress, showing a bullet in the brain.

Dr. Mefford Runyon, of South Orange, reported a case of phleboliths in the flexus of veins behind the ureter, and showed by skiagraphs how to make the diagnosis between this condition and stone in the ureter. He thought it could not be made positively without catheterizing the ureter.

After the meeting the annual banquet was served and Dr. Runyon received many congratulations on the success of his administration as president.

Summit Medical Society.

Reported by D. E. English, M. D., Summit.

The regular meeting of the Summit Medical Society held at Overlook Hospital on December 30th, took the form of a reception and a royal banquet tendered by Dr. William H. Lawrence, Jr., the proprietor, to the society, and to about 100 invited guests. The festivities began at 6:30 P. M., and continued until nearly 9, when the guests proceeded to the auditorium on the third floor and listened to a most interesting and instructive address on "Local Anesthesia," by Dr. James F. Mitchell, of Washington, D. C. Dr. Mitchell described local anesthesia produced in four ways: (a) By cold; (b) By pressure; (c) By the injection of anesthetics into and under skin, and (d) By the injections of anesthetics into the vein between ligatures. Most of his work had been done by the third method, using a 1-1,000 solution of cocain, and surrounding the seat of the operation with a ring of wheals. He was just beginning to use novocain and thought he was going to like it better than cocain, as it produced a longer anesthesia. He described the proper field and the limitations for surgical work under local anesthesia. Local anesthesia produced by ligating a limb above and below and then injecting an anesthetic into a vein between the ligatures, was still a new procedure and, while he had not yet done a great deal of work by this method, he had done enough to make him believe that this method of local anesthesia had a great future before it.

The subject was discussed by Drs. James S. Brown, of Montclair; Linn Emerson, of Orange; David C. English, of New Brunswick; Philander A. Harris, of Paterson; William H. Lawrence, Jr., of Summit and Newark; Richard Cole Newton, of Montclair; Charles A. Rosenwasser, of Newark, and Norton L. Wilson, of Elizabeth. A hearty vote of thanks was given to Dr. Mitchell for his able address, and to Dr. Lawrence for his royal hospitality.

There were present invited guests from New York, Brooklyn, Jersey City, Newark, the Oranges, Elizabeth, Springfield, Roselle, Westfield, Plainfield, Paterson, Passaic, Montclair, Bloomfield, Mt. Vernon, Maplewood, Short Hills, Chatham, Madison, Morristown, New Brunswick, Gillette, Sterling, Bernardsville and Peapack.

Miscellaneous Items.

New Jersey Sanitary Association.

The following are the officers elected for the ensuing year, at the annual meeting held in the Laurel-in-the-Pines Hotel, Lakewood, December 3d and 4th, 1909:

President, Rudolf Hering, C. E., Montclair; first vice-president, Edward Guion, M. D., Atlantic City; second vice-president, John B. Smith, So. D., New Brunswick; third vice-president, Morris R. Sherrerd, C. E., Newark; secretary, James A. Exton, M. D., Arlington; treasurer, George P. Olcott, C. E., East Orange. Executive Council, with the above officers, D. E. English, M. D., Millburn; W. H. Shippis, M. D., Bordentown; Clyde Potts, C. E., Morristown; Thomas W. Harvey, M. D., Orange; R. H. Parsons, M. D., Mt. Holly; A. Clark Hunt, M. D., Metuchen, Elwood S. Johnson, East Orange; A. W. Bailey, M. D., Atlantic City; Irwin H. Hance, M. D., Lakewood; J. Brognard Betts, Trenton; G. E. McLaughlin, M. D., Jersey City; A. M. Jordan, C. E., Atlantic City; Elias J. Marsh, M. D., Paterson; Edward B. Voorhees, So. D., New Brunswick; Henry H. Davis, M. D., Camden; Joseph Tomlinson, M. D., Bridgeton; Alex. Marc- Jr., M. D., Riverton; Stewart Hartshorn, Short Hills; John W. Griffin, Arlington; Hon. Charles J. Fiske, Plainfield; George W. Fuller, C. E., Summit; John H. Capstick, Boonton; Edlow W. Harrison, C. E., Jersey City; Henry B. Francis, Camden; T. Frank Appleby, Asbury Park.

The ex-presidents of the association are honorary members of the Executive Council, among whom are Drs. H. Mitchell, D. Benjamin, D. C. English, D. Strock, J. L. Leal, N. L. Wilson, G. K. Dickinson and W. G. Schauf-fer.

The chairmen of committees are as follows: Publication, Dr. D. C. English, New Brunswick; Membership, Dr. Edward Guion, Atlantic City; Education and Training of Health Officers, Dr. John L. Leal, Paterson; Legislative, Colonel Geo. P. Olcott, C. E., East Orange; Education of School Children, Dr. William G. Schauf-fer, Lakewood; Social Evil, Dr. Alex. Marcy, Jr., Riverton.

New Site for College of Physicians and Surgeons.

Within the last few weeks Columbia University has received gifts amounting to more than \$1,000,000 for the purchase of land on Morningside Heights. This announcement was made by President Nicholas Murray Butler this afternoon. According to Dr. Butler, this money came from William K. Vanderbilt, George J. Gould, Frank A. Munsey and a man who did not wish his name made public. The land will be used for the medical school, which will be moved from its present site, at Tenth avenue and Fifty-ninth street.

Columbia began the acquirement of land for this purpose last week, when at auction it bought the northeast corner of Amsterdam avenue and 116th street, directly opposite the university's holdings on Morningside Heights. This purchase was made at an expenditure of \$230,000, and was the first step toward getting possession of the entire block between 116th and

117th streets and Amsterdam and Morningside avenues. The whole block has been valued at about \$1,000,000. The remaining half of the block is owned by Mrs. Drexel, of Philadelphia.

The estimated cost of the entire undertaking is \$3,000,000, and, if it is successfully carried out, it will give to Columbia, and to New York, the best organized medical school in the world.

Part of the new medical school equipment, as planned for, is a building devoted entirely to medical and surgical research, in which cancer researches can be carried on under the terms of the will of George Crocker.

Merging of Medical Schools.

Plans are under way for the merger of the Jefferson, Medico-Chirurgical and Polyclinic Medical Colleges, of this city, and their connection with some university as its medical department. As Princeton University has no such department, it is the first choice of those back of the plan, with Lehigh University as a possible second choice. The Medico-Chirurgical will soon lose its buildings by the cutting of the parkway, and its union with Jefferson has been considered for some time. The Polyclinic under the new plan will continue to be an institution for post-graduate study.—New York Tribune, January 21st.

Diphtheria in Bayonne.

A special meeting of the Board of Health was called January 5th, with Mayor John J. Cain presiding, to discuss measures of combating diphtheria and preventing its spread. Health Officer Dr. John T. Connolly and his assistant, Dr. Charles Larkey, were instructed to begin a crusade at once.

Numerous cases of diphtheria had been reported to the Board of Health and two deaths occurred within twenty-four hours.

Bubonic Plague in California.

The bubonic plague, which claims thousands of victims each year in the Orient, is now endemic in California for the first time in the history of the United States, and, according to C. Hart Merriam, chief of the bureau of biological survey, who gave this information to the House Committee on Agriculture, the condition which confronts the government is serious.

Professional Magnanimity.

Osler says if you have the sense to realize that some things are inevitable, unavoidable, and the way of the world, and if you have the sense to talk over, in a friendly way, the first delicate situation that arises, the difficulties will disappear and recurrences may be made impossible. A man of whom you may have heard as the incarnation of unprofessional conduct, and who has been held up as an example of all that is pernicious, may be, in reality, a very good fellow, the victim of petty jealousies, the mark of the arrows of a rival faction, and you may, on acquaintance, find that he loves his wife and is devoted to his children, and that there are people who respect and esteem him. After all, the attitude of mind is the all-important factor in the promotion of concord. When a man is praised, or when a young man has done a good bit of

work in your special branch, be thankful—it is for the common good. Envy, that pain of the soul, as Plato calls it, should never for a moment afflict a man of generous instinct and who has a sane outlook in life.

Changes in the Practice of Medicine.

The past fifty or sixty years have witnessed greater and more important changes in the practice of medicine than have the preceding two thousand years. And it is safe to predict—we stake our reputation as a prophet on this—that the changes within the next twenty-five years will be even more important, more far-reaching, than have been those of the preceding half century. The important discoveries will be, however, more in the line of prevention than of cure.—Critic and Guide.

We cull the following from recent issues of Critic and Guide:

"People pay the doctor for his trouble; for his kindness they still remain in his debt." Thus spake Seneca. The men and women of to-day do not seem to think so. They think if they pay the doctor's bill, they have done all that can be expected of them. And some forget to pay that, too.

The doctor who never makes a mistake and cures all of his patients, usually ends his days trying to make others believe what he says.

The measure of respect that you show to your brother practitioner, is the measure of respect that you feel for yourself.

Any physician who makes the acquaintance of the devil, will find it hard to prevent such acquaintance from ripening into friendship.

Fame is a delightful asset for any physician; but as collateral for a loan it does not rank very high.

Doctor, don't abuse your enemies; make them ashamed of themselves.

There is one thing a physician should put off till to-morrow that he might do to-day, and that is sitting down and counting up his troubles.

Some doctors not only feel that the world owes them a living, but they are sore because there are no collection agencies to collect it for them.

We are sorry for the doctors who love controversy. They have always either to be accusing somebody or else explaining and correcting things generally. For those who like it perhaps it is very well.

One of our exchanges gives us this. Let us have more taffy and less epitaphy. If the allopathy of truth were dealt out to the quick and the dead there would be a homeopathy of both taffy and epitaphy.

One of the times to get busy is when you are discouraged and think there is no use trying any more.

No, doctor, the swollen head does not necessarily come from a broad mind.

* * * A child's kiss

Set on thy sighing lips shall make thee glad;
A poor man served by thee shall make thee rich;
A sick man helped by thee shall make thee strong;

Thou shalt be served thyself by every sense
Of service which thou renderest.

—Mrs. Browning.

THE JOURNAL

OF THE

Medical Society of New Jersey

FEBRUARY, 1910

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.

THE NEW OPTOMETRY BILL.

Assemblyman Sullivan, of Hudson County, has introduced a new optometry bill. It is known as Assembly Bill No. 37. It was referred to the Committee on Public Health. The chairman of this committee is Hon. Isaac T. Nichols, of Bridgeton, N. J. It is urgently requested that our members write to this gentleman protesting against the passage of this bill for the reasons stated in the January Journal.

CHARLES J. KIPP.

We refer our readers to the excellent editorial written by Dr. Kipp, on pages 410-412 of our January Journal. He there gives abundant and most convincing reasons why this bill, or any other of like character, should be defeated. We hope that our members will not only write to Chairman Nichols, as Dr. Kipp urges, but that they will also call the attention of the Assemblymen from their respective counties to this bill as objectionable, and explain to them the damage its passage might do to those having defective vision, and would undoubtedly do to a great number of such as are suffering from actual disease of their eyes.

MEDICAL PRACTICE BILL.

This bill has been most carefully prepared and has received the unanimous approval of the joint committee. It seems to adequately meet the requirements of the public's needs. It ought to pass and we believe it will if our members will properly explain it to our legislators and urge its passage, because it is a fair and just bill and it is for the protection of the people in requiring simply the maintenance of a high educational standard for the practice of medicine in New Jersey. Dr. Halsey, chairman of our Committee on Legislation, says:

"The Committee on Legislation has requested our members to ascertain the position of the members of the Legislature from their respective counties and inform him how they stand. This information has not been sent me. Will not some man in each County Medical Society be loyal enough to the profession to get this information at once and send it to me? Hearty co-operation will accomplish much just at this time and will help us to secure the passage of this bill and stop the needless expense to the Society. Let us have it and have it quickly."

We hope this appeal will meet with prompt responses. This yearly recurring warfare is costing too much in time and money to the committee and to our State Society. It ought to end in the passage of this bill which we believe would be vastly more for the people's good—in safeguarding their lives, than for our profession's benefit.

ANTI-VIVISECTION FALSIFIERS.

The enemies of animal experimentation are as active as ever and many of them seem to be so vastly more concerned about a few animals' comfort than the saving of tens of thousands of human lives, that they resort to any amount of misrepresentation and slander to accomplish their ends. We give the following editorial brief from the *New York Tribune* of January 19th, 1910:

The charge of the anti-vivisectionists that cruelty is practiced at the Rockefeller In-

stitute of Research is unequivocally denied by Dr. Simon Flexner, who is at the head of that institution. He affirms that the animals which are subjects of experiment there are treated with as much consideration as human patients in hospitals, partly, no doubt, from mercy, but also, he says, because the success of the work done at the institute largely depends on the avoidance of roughness and carelessness. Dr. Flexner is a man of the finest personal character, as every physician who has met him will testify, and he is in a position to know precisely what he is talking about. On the other hand, it does not appear that the officers of the organization which has attacked the Rockefeller institute even profess to speak from their own observation or knowledge. They have accepted, apparently without any attempt at verification, the statements of irresponsible persons whose veracity is disputed. Would any judge who has been trained to weigh evidence hesitate for an instant to choose between Dr. Flexner and his accusers?

We believe that all sensible, intelligent, truth-loving men, inside and outside of the medical profession, will heartily endorse the sentiments expressed above. If all editors of the daily and weekly press who care for the truth and seek the highest interests of humanity would thus use their mighty influence in shaping public opinion for the maintenance of truth and right, rather than for the encouragement of ignorance and a sickly sentimentality, which is based on falsehood and would sacrifice not only truth but human lives, it would mean a mighty advance not only in medical science for the good of our fellow men, but also in the betterment of humanity.

OUR FORMER MEMBERS.

It is always a pleasure to hear from those who were associated with us in past years, but are now practicing their profession successfully in other States. We assure them of our continued interest in their success and that we will ever welcome from them scientific contributions for our Journal, or such other matter as may be of interest to the profession for our correspondence columns.

We gladly inserted in the December issue

of the Journal a communication received from Dr. Horace G. Wetherill, of Denver, Colorado, who was for a few years a practitioner in Trenton, N. J., an active member of the Mercer County Society and of our State Society, and a contributor to the scientific program at some of our annual meetings.

We believe that the profession generally are in accord with the position Dr. Wetherill took in his communication, from the scientific, humanitarian and commercialistic viewpoints of the subject discussed. From his experience and observations he ought to be a competent judge and he evidently speaks from positive conviction.

We are glad to know that the doctor is one of the prominent physicians and surgeons of Denver, who has contributed some valuable scientific papers to the meetings of the Colorado State Society and other medical organizations. We shall be glad to hear from him again and we send him and others who have gone out from among us our most cordial New Year's greetings.

TRENTON'S WATER AND MILK SUPPLIES.

In the proper discharge of his duties the editor of a State medical journal has often to meet questions which call for careful exercise of judgment, especially when he believes that duty requires criticism, if not condemnation of the civil authorities and especially of medical men who are serving in public positions by appointment of city, county or State officials. It is always far more pleasant to commend than to criticize, and we recognize the fact that judgment should be based on knowledge of the facts in determining the question of responsibility for existing maladministration.

When we come to consider the health conditions at Trenton—the capital of our State—which should be as perfect as position and sanitary administration can make them, we believe there is ground for criticism and need of prompt action. From the fact that the State Board of Health has

its headquarters in that city, there should be no lack of knowledge as to proper measures for the control and prevention of epidemics on the part of the local board of health, but it would seem that there has been lack of application of that knowledge. There has been for several years a belief among medical men throughout the State that a contaminated water supply was the chief cause of the several outbreaks of typhoid fever in that city, and that an impure milk supply was also the cause of a considerable number of cases of typhoid and other preventable diseases. The recent action of the State Board of Health in seeking to compel the city to adopt adequate measures for the purification of its water supply, and the communication of the health officer—Dr. Fell—to the Common Council, urging the adoption of active measures to secure a pure milk supply, show that the belief was well grounded.

This matter concerns not only the city of Trenton, but all the people of our State. When we consider that it is the capital of our State, that several of our State institutions—educational and charitable—are located there, a deep concern for the health and lives of all our citizens and a proper State pride, lead us to suggest to her good Mayor—a brother practitioner whose administration we have previously commended—and to the authorities of Trenton that here are great questions that vitally concern us all, which far transcend in importance the controversies over a trolley company's shortcomings and extravagances in the construction of public buildings.

There are few questions that so vitally concern a city's welfare as that of a pure water supply, and an adequate expenditure of money to secure it is one of the best investments a city can make. We commend to the able body of physicians and the authorities at Trenton the example that Newark has set, in spending millions of dollars to secure what we regard as the best water supply in the State and to maintain and guard it from contamination.

The securing of a pure milk supply is of about as much importance in conserving the health interests of a city and the prevention of epidemics. These are truths that need no argument, they do need, however, application in the sanitary administration of Trenton and every other city. The influence of the State Board of Health, located in Trenton, and an efficient local board ought to secure for that city an ideal sanitary administration which would greatly advance its growth and prosperity.

After the above editorial was put in type we noticed that Mr. Edlow W. Harrison, C. E., one of our ablest civil engineers, at the recent meeting of the State Sanitary Association, in discussing a paper said:

Communities like Trenton with a typhoid death rate as high as Jersey City in the worst state of its Belleville supply, should not be lulled into fancied security, but should and must filter their water, and should be compelled to do so as a protection to the rest of the State.

UNJUST OFFICIALS.

Concerning the recent discreditable condition of affairs at the Essex County Hospital for the Insane, there is no doubt that there has been gross mismanagement resulting in a public scandal, and while we may not pass judgment as to the parties who are responsible therefor, because the matter is undergoing judicial investigation, it seems evident that an undue amount of censure is sought to be placed upon the medical superintendent, when the county authorities are by no means free from the charge of great negligence, if nothing worse; while in the matter of the building of the Essex County Isolation Hospital, the Board of Freeholders, we believe, are justly censurable for ignoring the medical staff, as the *Newark Evening News*, in an editorial which appears on page 469 of this issue of our Journal, justifies Dr. Synnott's protest against their action.

We need to present no argument to intelligent men when we state that the ordinary

freeholder has not the knowledge needed to decide how hospitals and sanatoria should be constructed, and that the minor details of their construction should not be left entirely to the decision of the architect, no matter how competent he may be to decide as to the general plan. The judgment of able medical men who have had considerable experience in hospital work ought to be regarded as authoritative in deciding as to the minor points of construction and equipment that will provide the best facilities for treatment and secure the best results. These men are giving gratuitously an immense amount of time and service; they should at least be consulted and decently treated, and their judgment should receive respectful and proper consideration.

LOCAL HEALTH BOARDS.

At the annual meeting of the New Jersey Sanitary Association at Lakewood in December, Mr. R. B. Fitz-Randolph, chief of the Division of Foods and Drugs and Director of Hygiene, State Board of Health, in an able paper, used forceful, and, we believe, pertinent language in describing the present status of the local boards of health of our State. Referring to the action of these boards in their attempt at dairy inspection, he says:

There is no doubt that they accomplish some good, but it is equally certain that they do considerable harm by discouraging the farmers with conflicting and contradictory requirements. Dairy inspection to be of value should treat every producer alike.

Referring to their general efficiency we quote his remarks at some length, as follows:

It cannot be denied that a large proportion of our local boards are incompetent and inefficient to the last degree, that they do the things they ought not to do and leave undone the things they ought to do, that they are helpless in the face of emergency and, generally, are of little or no benefit to the communities which they are intended to safeguard. * * * The members are not sanitarians and, therefore, do not realize the importance of it. Such boards have not, because of their apathy and incompetence, the respect and support of their communities and, therefore, even if they would, cannot obtain the funds necessary to do successful work. This condition of affairs is threatening

the progress of the State in sanitary matters, and in my opinion, can only be remedied by a radical change in the management of local sanitary matters. * * * I do not mean for one moment to say that there are no good local boards in the State. There are some that are doing magnificent work—work that is the admiration not only of our own citizens, but of the entire country, but these may be counted on the fingers of one hand, while the inefficient ones are numbered by scores. * * *

In order that a local board of health may do efficient work, the following requirements at least are essential:

First, members who are trained along sanitary lines and have the best interests of their community at heart; second, a trained and competent health officer to carry out the plans of the board; third, intelligent and efficient employees; fourth, the moral support of the community, and, fifth, freedom from any form of political interference. * * * A board under political control and swayed by political influence can seldom command the respect of its community, because, in the first place, men appointed for political reasons to membership on a local board are seldom selected because of fitness, but for other reasons, and they are, therefore, usually inefficient; and, second, political interference with the operations of a board results in favoritism, and without fair play to every citizen, no such board, however good its intentions, can make progress and obtain the support of that class of citizens whose support is worth having.

Mr. Randolph's closing paragraph is:

No great improvement need be expected until the methods of sanitary administration in our cities and towns are radically changed.

These are strong words from one in a position to know the facts and who is abundantly qualified to pass intelligent judgment, and we call special attention to the fact that he is not a member of the medical profession. His words should have our most serious consideration and lead not only every physician, but every good citizen who has the honor of our State and the welfare of its citizens at heart, to prompt and decisive action for the radical change in methods of sanitary administration which are essential for the proper safeguarding of the health and lives of our people.

The initial error, we believe, is in the gross carelessness and lack of judgment in the selection of members of the boards of health, and that phase of the situation savors of criminality when it is sought to make these bodies a part of the party political machinery to serve partisan ends. There has come to us a report that in one city

there has been suggested the abolition of their board of health in order to change the control of the board from one political party to another. If such be the fact, it should be condemned by all good citizens—as a trifling with human life.

We believe that an ideally constituted board of health would be one consisting of three physicians who have made sanitary science a study and—where possible—who have had experience in sanitary administration, one veterinarian, one civil engineer, one lawyer and one intelligent and practical business man. In their selection fitness should be the first consideration and party affiliation should be utterly ignored. Such a body could safely be entrusted with all the power and should receive all the financial support—by adequate appropriations—that the highest efficiency demands.

In the name of humanity and of the science that has been doing such splendid work in its attempts to relieve her of her ills, we say let us have a radical change and at the earliest possible moment.

We acknowledge, with thanks, the receipt of papers on the following subjects: "Infant Feeding"—four papers by Drs. J. Finley Bell, Frank Bowyer, Alex. McAlister and Henry Chavanne; "Health Education of the Juvenile Public," by Dr. W. H. Shipps; "The More Common Affections of the Nose and Throat," by Dr. Gerhard H. Cocks, New York; "Summer Grip," by Dr. James Douglas; "Oedema," by Dr. W. L. Pyle; "Auto-Intoxication Resulting from Restricted Diet," by Dr. W. W. Beveridge. We shall give them as early insertion in the Journal as possible. The first four, with others, will appear in our next issue.

Several items which should have been inserted in this issue were received too late, including an obituary of the late Dr. F. S. Buckingham, of Lakewood, and two county society reports. They will appear in the next issue. Correspondents are again requested to send matter for the Journal in

time to reach the editor not later than the 25th of the month preceding the date of the Journal in which insertion is desired. We always try to accommodate those who are unable to send articles until two or three days later—this month omitting an editorial on hospitals to insert items received on the 28th, though it delays the Journal's issue two days..

PRIZE ESSAY.

THE OPHTHALMIA OF THE NEW-BORN; ITS CAUSATION, PREVENTION, AND TREATMENT.

Prizes were instituted by the Medical Society of New Jersey at the annual meeting in 1905, and are open for competition to the members of the component (county) societies.

The subject is: "The Ophthalmia of the New-Born; Its Causation, Prevention and Treatment." The essays must be signed with an assumed name and have a motto, both of which shall be endorsed on a sealed envelope containing also the author's name, residence and component society. The essays shall not contain more than 4,000 words and must be based on personal experience, as well as on the study of the literature of the subject, especially with reference to methods of prevention applicable in private practice; be characterized by clearness and conciseness of expression, and be, in the judgment of the committee, of decided value to the members of this society, and to the profession generally. Failing in these respects, no award will be made.

The essays, which should be typewritten, with the sealed envelope, must be placed in the hands of the chairman of the committee on or before May 15, 1910. The committee will select the first two essays in order of merit. To the first will be awarded the prize of one hundred dollars, to the second a gold medal of the value of fifty dollars.

The unsuccessful authors will receive back their essays upon their identification to the chairman of the Committee. The successful essays will be the property of the Society and will be published in the Journal.

CHARLES J. KIPP, Newark, Chairman.
DAVID C. ENGLISH, New Brunswick.
STEPHEN PIERSON, Morristown.

We return thanks to Dr. W. A. Young, managing editor of the *Canadian Jour. of Med. and Surg.*, for the following New Year's thoughts:

Smile awhile,
And while
 You smile
Another smiles,
And soon
 There's miles
 Of smiles,
And life's
 Worth while
Because *you* smile.

Medical Education and Legislation.

A special conference on Medical Education and Legislation will be held at the Congress Hotel (formerly the Auditorium), Chicago, Ill., beginning at 10 o'clock A. M., February 28, 1910, and closing March 2d.

The present status of medical colleges, practical tests in State license examination, medical practice acts, National Bureau of Health, pure foods and drugs, expert testimony will be discussed.

A cordial invitation is extended to all interested in these subjects.

Editorials from Medical Journals

A Country Doctor.

From The Therapeutic Gazette.

The British Medical Journal of July 24, 1909, quotes Sir Frederick Treves, who in an address delivered as Lord Rector of the University of Aberdeen in 1906, said he was disposed to believe there have been more heroic men among practitioners of medicine than among those of any other calling. The heroism, he went on to say, may not be of a dramatic type, nor of a thrilling character. It is a heroism based upon self-sacrifice, which, accomplished under obscure conditions, has more than once signified that a man has laid down his life not only for a friend but for the stranger beyond his gates. It is in the humbler walks of the profession that men who have thus borne themselves gallantly are to be found. "I should not," said Sir Frederick Treves, "seek for such men at a great medical festival held in some lordly hall where ornate toasts are proposed amid every evidence of ease and luxury. I would rather think that on the very night of such festival, in some far-off part of the country, on a bleak moor, perhaps, a solitary man in a gig is pushing through the dark against wind and rain, to help another who is poorer than himself. Indeed, the true spirit of the profession of medicine is not to be illustrated by the brilliant surgeon who holds the operating theatre spellbound, nor by the learned teacher who can grasp the attention of a crowded audience, but rather by the lonely figure of the man in the gig."

Readers of the "Surgeon's Daughter" will remember Scott's sympathetic picture of Gideon

Gray, drawn, as Lockhart tells us, from life. To him Scott applies Johnson's beautiful lines on Levett:

"When fainting Nature call'd for aid,
And hovering Death prepared the blow
His vigorous remedy display'd
The power of Art without the show;
In Misery's darkest caverns known,
His youthful care was ever nigh,
Where hopeless Anguish pour'd his groan,
And lonely Want retired to die;
No summons mock'd by cold delay,
No petty gains disclaim'd by pride,
The modest wants of every day
The toil of every day supplied."

Be Decent With the Detail Man.

Editorial from Critic and Guide.

Some physicians think it is extra-smart and ultra-ethical to behave like a boor to every detail-man who dares to invade the sanctity of their waiting-room. We know of cases where the doctor allowed the salesman to sit an hour and a half in the waiting-room and then sent word that he didn't have time or didn't care to see him. This isn't fair, to use a very mild term. The salesman, or travelling man, or detail-man, or drummer—call him any name you please—is just as good a man, as you or I. That we have comfortable or luxurious offices, and go out in automobiles, while he has to go from doctor to doctor, humbly and smilingly introducing his firm's wares or books, is merely, as a rule, a matter of accident, or circumstances. It does not show superior brains and energy on our part, nor an inferior brand of these qualities on his part. It is all in the game of life.

And therefore let us treat the detail-man decently, politely, gentlemanly. He has a hard enough road to travel as it is.

And in this connection I wish to reprint an item which I think I saw in one of our exchanges. It is as follows:

"The salesman is waiting outside. It may be inconvenient to see him at this hour, but why not take just a moment to tell him so, and do it agreeably? It costs so little, and often means so much to the traveller. You may not want his goods, but there are ways of telling him so which do not sting nor leave tears burning in his heart. He is doing his part in the great implacable game of business. Give him a smile, rather than a thrust. There is a woman far across the land and children whose future depends upon his success. Do some little thing to make his exile from home easier for him. It will do you good."

(We fully endorse the above in its application to the vast majority of detail-men. There are but very few of the class who try our patience by insisting that they know what we need better than we do ourselves.—Editor.)

The Woman Who Went the Rounds.

From the Denver Medical Times and Utah Medical Journal.

First she consulted the corner druggist, who sold her a patent medicine containing 40 per cent. alcohol, which made her feel boozily easy when she took enough of the "dope." So one day, when she had imbibed more than usual, she signed a testimonial stating how she had been "cured" of all her troubles. But she was

duly punished, for the very next day she felt worse than ever before.

Next she went to a burly osteopath, who exerted himself to the utmost. He pulled her legs, wiggled her toes, crushed her ribs, wrenched her arms, wrung her neck and broke her back. So, to save her life, she fled from his presence.

Then she resorted to one of those nice, fat old ladies who "practice" "Christian Science," by whom she was informed that it wasn't really necessary for her to come regularly to the sanctum—just pay \$30 per month, and "Ich und Gott" would do the rest. But the only thing "done" was the patient.

After this, she dallied with various forms of mental moonshine, such as "high potencies," "divine science" (diluted Eddyism) and "new thought" (reviewed historically by Plato). But none of these appeared to fit her case.

Now came the turn of the specialists—all good men and true, skillful with their tools and indispensable to the profession, but some of them mentally just a little lopsided. One washed out her stomach every day; and another, her bladder. A third took a reef in her right kidney, and a fourth lightened her womb trachelorrhaphically. A fifth did a submucous resection of the nasal septum, and a sixth ablated the "valves" of the rectum. All these procedures were without avail, and when it was proposed to excise the seat of sorrows, the big bowel, she balked and shied.

Finally, in her agony and despair, an inspiration came. She sought the advice of the old family physician who had helped nature bring her into the world. He gave her iron and arsenic; beefsteak, bread and butter, eggs and milk; time to rest and seclusion from fool friends. The roses came back to her cheeks, the cry of the nerves for pure blood ceased, the wheels of life began to circle without friction, and she was well and happy ever after.

The Bureau of Public Health.

Editorial from the Interstate Medical Journal, December, 1909.

In the President's message which has just appeared the salient feature, for physicians throughout the country, is the suggestion for the establishment of a "Bureau of Public Health." What such a bureau would mean in the matter of the study of diseases which affect the health of many thousands of citizens, cannot be over-estimated, for by its Federal control it would be far-reaching enough to grasp situations which now are beyond the Government's jurisdiction. The concentration, resulting from a central governmental office presided over by scientific investigators, would undoubtedly be the means of effecting investigation directly a report reaches the bureau, and thus a whip would be placed in the Government's hands to lash the first manifestations of a disease. Again, what could be better for the preservation of the health of the country, than a vigilance that would note all those variations in statistics that now escape Federal notice, on account of the lack of the proper facilities. And since preventive medicine is the order of the day, would not the bureau be a splendid asset in warning and admonishing those communities which, on account of carelessness, are only too often guilty of a laxity that is a menace to the health of their citizens?

The two diseases—hookworm and pellagra—are cases in point, for our present knowledge of them, due to latency, illustrates the importance of not repeating an oversight, until the spread of a disease is so wide that it is difficult to combat. But in case the "Bureau of Public Health" is established this contretemps, so indicative of a bureau's need, will be high impossible; for being in touch with all the sections of the country, it will see that directly reports are sent in, its investigators will be put to work to remedy, if not completely stop, all untoward situations.

No country of the intelligence of the United States can afford any longer to be without a "Bureau of Public Health," and though the President's remarks are only a suggestion to Congress, we feel that their weight will not be lost on a body of men who surely must have the health interests of communities at heart, in the same proportion as they have the political interests.

Time to Call a Halt on Labyrinthine Operations.

Editorial from the Western Medical Review. Dr. Gifford, December, 1909.

The impetus given to operative interference with the labyrinth some years ago by Jansen has been developed into a mild fever by the brilliant physiological work of the Viennese otologists, especially Barnay, Neumann and Ruttin. The tendency now, in every case of mastoid abscess with labyrinthine symptoms, is, besides doing the usual mastoid operation, to at least open one or more of the semicircular canals. That this plan has been followed by a large percentage of relief from the symptoms together with a small mortality must be acknowledged; but these statistics are by no means so convincing as to the value of the labyrinthine work as many seem to suppose. In crediting the good results of these operations to the labyrinthine part of the operation the fact is lost sight of that probably the great majority of these cases would have been cured by the mastoid operation alone; moreover that the tendency of many labyrinthine infections to a spontaneous cure has not been sufficiently considered. Especial weight is laid upon the latter phase of the subject in a recent paper by George (Archiv. f. Ohrenheilkunde 80, 1). As the result of much micro-pathological work, Goerke claims that there is a marked tendency for labyrinthine infections to become self-limited; that in many of the cases of meningitis where the infection is supposed to have spread by way of the labyrinth, the disease really followed some other path; that the canals are so fine that they get so choked with bone dust and splinters during the operation that no efficient drainage is afforded unless the whole labyrinth is destroyed; and finally that by breaking up new membranes which have walled off exudate in the labyrinth and internal auditory meatus from the brain, the operation on the labyrinth may well precipitate a fatal result, as instanced by a case from Brieger's clinic. In a certain number of cases opening the labyrinth may certainly be a life-saving procedure, but not in anything like the proportion which the teachings of Politzer's pupils would lead one to expect. This conclusion is one in which the writer heartily concurs. In reviewing a tolerably active practice of more than twenty years he can recall but one case in

which it seems at all likely that a labyrinthine operation might have saved the patient.

The Local Use of Chloral Hydrate.

Editorial from the Medical Record.

Though chloral hydrate may be ranked as one of our best known and most widely used narcotics, its local actions upon bacteria and upon tissues does not seem to be very generally appreciated. For a number of years various practitioners have been using solutions of this salt for local application to contused and inflamed tissues, and these claim that in such conditions as bruising of soft parts, burns, sunburns, and even acute arthritides, it is a decidedly effective anodyne. In the *Munchener medizinische Wochenschrift* for November 23, 1909, Heller describes several ways in which the salt is of value for its local activity. He first calls attention to its powerful deodorizing effect, he having for many years used five per cent. solutions for the preservation of pathological specimens, and as a useful and effectual wash for the hands, hair and beard of the pathologist, removing completely the clinging odors of the autopsy or dissecting-room. Besides its use in the laboratory, he says it is of great value in the clinic, especially in cases of tonsillitis and pharyngitis. His procedure of treating such cases consists in taking into the mouth, a small amount of a two and a half per cent. solution of chloral hydrate, and, after throwing the head back, of swishing the fluid about in the throat without gargling. In the same article Professor Quincke notes that he has used the drug for sore throats for many years with excellent results. In lues, diphtheria and Vincent's angina, Quincke still applies bichloride, but in all other forms of sore throat, and in those cases of lues, also, in which mercury is contraindicated, he has used a two per cent. solution of chloral, by means of a powerful spray. In the nose in diphtheria and other purulent processes a one per cent. solution in normal saline is used, while in ulcerative stomatitis, especially of mercurial origin, a two per cent. spray, or a one per cent. wash is of great value. This insures mechanical cleansing, disinfection and deodorization, and, following the initial burning, a decrease of pain. Chloral would thus appear to be an ideal agent for the treatment of angina, and may prove of value in other forms of inflammation of mucous membranes.

The Early Diagnosis of Measles.

Editorial from the Medical Record, New York.

Though there is a well-grounded belief among the laity that measles is of little more importance than a common cold, that every child must have it sooner or later, and that the grandmother is the best authority on the treatment, to the physicians in charge of children's hospitals and especially those hospitals in which there are many cases of latent tuberculosis, the prospect of an epidemic of this disease is a cause of no small alarm. It is in such institutions that the fatal sequelae of this mild malady are more frequently seen, and it is there that any means of diagnosing the disease before it has reached the stage of contagiousness would be of inestimable value, for as a rule by the time a child in such an institution has developed

the rash it has infected every other inmate of the ward.

The discovery by Koplik of the spots in the mouth, one, two or even three days before the appearance of the eruption, was hailed with enthusiasm, and has resulted, in innumerable instances, in the correct diagnosis and the segregation of the patients many hours or even days earlier than would otherwise have been possible. The discovery of the spots is, however, a test of but comparative value in the prevention of an epidemic of measles, as, even if they are seen within a few hours of their appearance, the child has probably already had sufficient time to infect its neighbors. In the face of the great contagiousness of the disease among children the diagnostic sign which is needed is one appearing early in the prodromal period before the patient has become dangerous to his fellows. In the *Munchener medizinische Wochenschrift* for October 12, 1909, Hecker presents a report of the blood changes in the early stages of measles which he believes in certain instances may be of value in giving information of the approach of the attack. He has found that several days prior to the appearance of the Koplik spots, the blood begins to show a distinct reduction of the total number of leucocytes, an absolute leucopenia, occasionally varied by a transient leucocytosis, marked rapid changes occurring from day to day in the leucocyte count. Especially constant is the appearance of a reduction of the lymphocytes from three to five days before the Koplik spots show themselves. The lymphopenia is absolute, being due to an actual reduction of the lymphocytes and not to a leucocytosis. This premonitory leucopenia and lymphopenia, the author believes, may prove of value in the foretelling of approaching measles, and in enabling early and adequate quarantine precautions.

The application of a test of this kind must from its very nature be extremely limited, and still occasions may easily be imagined in an institution in which there is a suspicion of recent exposure to measles, when systematic blood examinations of the suspects would be eminently worth while, if thereby the infected children might be isolated sufficiently early to prevent a widespread epidemic of the disease.

Non-Medical Press Editorials.

A Well-selected Anti-vivisection Leader.

Collier's Weekly for December 25 has the following comment on one of the leaders in the movement against animal experimentation, whose zeal in the cause is only equalled by his superb disregard for facts: "The anti-vivisectionists are planning a grand coup. They are about to send the most eminent anti-vivisectionist in the world to visit us—Hon. Stephen Cole-ridge. He is the son of the late Lord Chief Justice of England. He has done in his lifetime several ungentlemanly and several misleading things which makes it unfortunate that he should be selected as a representative of a cause. He was, for instance, guilty of trying to ally the British Museum with his own personal propaganda by means of a cheap and somewhat ungentlemanly trick. He asked the librarian in the British Museum to give him a competent

translator, to translate for him a catalogue of one of the physiological instrument manufacturing companies. He then put on the title page of the translation the title of the librarian in the British Museum, as if lending favor to his anti-vivisection crusade. The librarian called what Mr. Coleridge had done an 'unwarrantable abuse of a mere act of courtesy.' Another time Mr. Coleridge, without investigation, saw fit to repeat the wild and picturesque statements of the beautiful Miss Lind-af-Hageby. She had claimed to have seen many quaint and piteous happenings inside the laboratory of Dr. Bayliss, University College, London. Her remarks, fortunately, were confined to private life. But Mr. Coleridge eagerly trumpeted them forth from a platform. He was sued by Dr. Bayliss and had to pay heavy damages, to the extent of nearly \$25,000—£2,000 for damages and nearly £3,000 for trial costs—for his falsification. Many instances of his false statements and his gift for twisting facts into malicious fiction will be found in the bluebooks of the proceedings of the Royal Commission on Vivisection. This is the gentleman who will so shortly visit us and continue his romancing on an important department of science."

Expert Advice Ignored.

From the Newark Evening News, Jan. 21, 1910.

Another complaint against the Board of Freeholders has been lodged from a new source. Dr. Martin J. Synnott, speaking for the managers of the County Isolation Hospital, criticizes the board for preparing and approving plans for the tuberculosis hospital without consulting the managers of the Soho institution or without submitting the plans to medical or sanitary authorities. Dr. Synnott admits that the board had a legal right to follow this course on its own responsibility, but he feels that in doing so the freeholders have not conformed to a wise public policy.

It is not fair to presume that Dr. Synnott's letter was inspired by pique because the board of managers of the hospital had been ignored. He and his fellow-members had devoted considerable time and energy to investigating the best methods of meeting the requirements for a tuberculosis hospital. He had consulted every physician in the county and had collected data of great importance for use in constructing the proposed institution. The Board of Freeholders was notified that this data was available, and it was urged to make use of it. Instead of doing so, however, the board paid no attention whatever to the suggestion and did not even consult with the board of managers. Dr. Synnott says further that he has not even been invited to inspect the plans after their adoption, and all that he knows about them is what he has gleaned from the newspapers.

In the light of past experience, Dr. Synnott's criticism would seem to be justified. There have been many costly mistakes made by boards of freeholders in this county in hospital planning and construction. The blunders at Overbrook and at Soho were notorious and expensive. The members of the present board knew of these experiences, and some had a share in them. They should have taken every precaution to guard against a repetition of similar mistakes. As far as the offence of ignoring the managers goes, the doctor says truly that "if this condition of

affairs continues, the result will be that competent and self-respecting men will not be found willing to accept appointments to the board of managers, or, if they accept, will not long continue to serve upon it." The action of the freeholders is extremely discouraging, to say the least, to any interest in the hospital by the managers.

This criticism is timely in view of the aroused public sentiment against continuing the extensive powers now possessed by the Board of Freeholders. There is a growing feeling that some legislation should be enacted that would take from the board the control of the hospitals at Overbrook and Soho and vest the responsibility in a special board of acknowledged competence.

An Unwarranted Attack.

Editorial in The Jersey Journal, Jersey City.

An official document issued by the head of a department is believed to be a careful compilation based upon detailed reports presenting actual known facts, and being written it must be a deliberate act; therefore, to the ordinary mind such statement becomes an authentic official record.

This being admitted, it follows that a high official should be at least reasonably sure of his statements before he attaches his signature to them and sends them forth in a report to the public. When an official document contains assertions which cannot be proven, it creates a revulsion of feeling which is apt to swing further away than the swing in favor of the respect for authority.

Something of this kind has been produced by a recent report of the directors of the Department of Health and Charities in Philadelphia. This report contains a charge against some of the physicians of that city of such a grave and definite character that it will attract world-wide attention.

The charge is that certain physicians of Philadelphia deliberately prolong the period of illness of patients for the purpose of increasing their incomes. Such a charge against a reputable body of professional men should not be made unless it could be supported by names and facts.

When this official got down to particulars he alleged that the increase of diphtheria is due to the fact that certain physicians decline to use anti-toxin either in curative or preventive doses because its use would reduce the number of visits the physician is required to make.

If the official had said that some physicians refused to use anti-toxin, there would have been no question raised, because some physicians doubt its efficacy and in some cases reputable physicians decline to administer it; but that is not what the report says, according to the summary sent out by telegraph. If the official knew of authentic instances, it would have been wiser and better to have laid the facts before the grand jury.

The medical profession as a whole is entitled to confidence and respect. The average practitioner tries to make a patient well as soon as possible and in a very large number of cases gets no monetary return for his effort. Few have any idea of the extent to which doctors are compelled to work for charity, and no one who has an intimate knowledge of their work will be-

lieve the charge so recklessly made, not against an individual, but against a large body of physicians, few of whom can escape odium from such a general accusation.

The director said too much, or too little. If he had specific cases and had given the number, if not the names, he might have been excusable, but a general charge against a body of men held in high respect seems cowardly and unwarranted.

The Criminal Insane.

Editorial from the Jersey Journal, Jersey City.

Insane criminals should not be sent to the State hospitals for insane persons. The criminals are generally dangerous persons, many of them having the homicidal mania. These require treatment and incarceration on a different plan from that adopted for the curable, or even from that accorded to harmless incurables, and there should be an institution especially planned for insane prisoners.

The managers of the two State asylums have complained for several years about the overcrowding to which they are subjected and have asked for a separate building for insane criminals. Governor Fort, after a careful investigation, has recommended the construction of a separate building in the grounds of the Trenton asylum and that seems the best possible solution of the problem.

The Trenton asylum has an abundance of land, therefore the only cost would be that for building and furniture, with a few additional employees. The management would not be increased nor the expense of a separate institution entailed on the State.

There are about 200 insane criminals in the two State institutions and their removal to a new building would reduce the congestion in the present buildings, a congestion that seems to increase with each term of court.

Sooner or later a new State asylum will be required, but the building for insane patients with criminal records would postpone the time when the State's burden in this direction must be increased.

The Child That Won't Pay Attention.

Extracts from an article in *The Circle*, New York, January, 1910, by William Lee Howard, D. D.

The Results of Nerve Fatigue—In mere physical exercise we all recognize the point where fatigue commences, and tell the child to stop, that it has played "long enough." But there is a more insidious form of fatigue—that of the brain and nerve cells. This kind of fatigue is generally demonstrated by subjective irritation, restlessness, and general perverseness. Now, the child gets blame and punishment instead of care, admonition, and nerve rest. He is urged and pushed to apply his tired mind to mental work at a time when every sensitive brain cell is calling out for a rest. This reacts on the developing psychic growth which causes explosions of perverted instincts and further retards all mental progress. Appetite fails or becomes capricious; sleeplessness is certain to follow, and in many cases drugs are given; then the child is on the downward path toward mental and physical incapacity.

Following the age of puberty, a year or so later, there is a distinct moral upheaval similar

to the physical. Doubt comes; preoccupation invades the mind of young people and completely absorbs the feeble power of thought-concentration of mind. It is in this state we find diminished inhibition and various moral fluctuations. Just here is the commencement of those strange and dangerous alternating personalities; those complete or partial divisions of personalities which, when full-blown, demonstrate most astonishing individuals existing in one body.

At eleven to fifteen years of age the normal child loses courage in self, lives in uncertainty, noisily demands strange and bizarre things, or else becomes sadly apathetic. It is here that the lying habit is established, because the effort at any explanation or to give thought is too great—lying saves effort. Truthfulness demands a pulling together of all the faculties; lying is a simple slide.

Now, if all this is true of the normal child, how necessary it is that the child worn out by some insidious defect in its physiologic or psychic makeup should have careful individual handling.

A Case in Point—How often a doctor hears a sorrowing mother say: "Oh, doctor, what shall I do with my daughter? She used to be so loving, so obedient. Why, Nellie always told me the truth—came to me for every little thing. But, now—yes, doctor—oh, I dislike to tell you—she's—well, doctor, she's wilful, will not obey, and I am afraid she is careless of the truth. She won't put her mind upon her studies. Her teacher sends me word that 'she's smart enough, but lacks the power of attention.'"

Let us see—Nellie is now fourteen years of age.

When I obtain the confidence of the girl I find that her "lack of attention" is due to two powerful factors—one a physiologic, the other a school condition. I find that the girl has been allowed to merge into young womanhood absolutely uninstructed. Oh, she has heard tales enough, but not of the right sort or from the proper persons. I find that matinees, evening dances, and constant social excitement have brought about a fatigue of the nerve cells. In this state it is impossible for her to be physically or mentally balanced. She is bound to wobble in ideas, words and judgment. She is a good girl but has not been adjusted to her delicate development. Her stomach cannot take care of proper food, her skin does not function properly because it has been exposed to overheating in the dances, or to chills.

Inattention to her studies, to her mother's advice—smug as it generally is—to any instruction, is a symptom of nerve fatigue, of chronic excitement of the cells of the brain and spinal cord—not a mental failing or moral palsy in the girl.

We took this girl away—as we have many others—from contact with youths, school dances, sororities, theatres, drug-store drinks, ice cream and cakes at night. We had her skin properly protected by adequate clothing. All this was done by sending her to a school where the training of girls to be healthy and normal women was the ideal. Her studies were along the lines to interest a girl, her body was given constant care, she was made to go to bed early, and the result was interest, attention, truthfulness—a full-blown woman. * * *

Attention to mechanical memory is injurious attention. Memorizing should be a mental pleasure, not a physical strain. What will be normal memorizing for a boy will be physically injurious to a girl. In this fact lies much of the harm done to the sexes in the mixed high schools. Boys need to have facts and information put to them in different colors, different words and examples than girls. Here lies also much of the cause of inattention. The non-interest which is the cause of inattention soon brings a habit of inattention.

A certain amount of inattention to special subjects is normal in all children. It is unjust and unpedagogic to force all children to pay the same amount of attention to the same subject. Some boy will show inattention and be accused of stupidity when the fact is his teacher is trying to interest him in matters that the normal boy cannot grasp and a man never would bother about. Twenty girls in a class may be interested in what the woman teacher is telling, but the five boys are certain to lack attention. Smug and varnished physiology does not interest the youth. He wants explanation of ideas always in his mind—he don't get it. Of course, he "lacks attention."

The average boy is a moral chap. He only needs to be handled as a growing man to bring out the good in him. It is wrong instruction, or lack of instruction, that causes him to lose interest, get into bad company, and live in injurious environment.

It is true that much of the instruction that boys and girls need to bring them to full development and implant healthy thoughts should be received at home, but they do not get it in the average American home, so it is up to the schools, and this necessary instruction can never be given where youths and misses are mixed together in the higher schools.

I talk to several hundred boys every winter. I have seen those who were considered "stupid, wanting in attention and mentally restless" sit for an hour attentive, tensely occupied with what was being told them, and eager in their questions. I tell these boys what every boy should know if he is to be brought up to the Christian standard of living.

Hospitals, Sanatoria and Other Institutions.

State Hospital at Morris Plains.

Dr. Britton D. Evans, medical director of the Morris Plains Asylum, has recently issued his annual report, from which we take the following items:

The admissions to the hospital during the year were 509—270 men and 239 women. Of the 2,059 in the hospital at the close of the year, 1,050 were men and 1,009 women; 1,761 are recorded as indigent, 188 private or pay patients, 69 convicts and 41 criminals.

There has been during the year an increase of 116 in the insane population with no additional provision for their care. In the previous year there was an increase of 119. These have been crowded into rooms, wards and dormitories already so full as to violate the laws of hygiene,

and greatly interferes with the application of the rules of classification and the principles of scientific treatment. The normal capacity of the hospital is 1,600. The year ending October 31, 1909, closed with 2,059 patients in the hospital, or 459 in excess of its normal capacity. The overcrowding, it is urged, is highly dangerous and demands the immediate attention of the Legislature. Dr. Evans urges against the increase of buildings at Morris Plains and advocates the building of another hospital in the southern part of the State and the erection of separate buildings at the Trenton hospital for the criminal insane. The segregating of this class from the ordinary insane is strongly urged.

The doctor says: "The State must build for this increasing insane population; there is no way of avoiding it. The protection of society demands that insane persons shall not be permitted to be at large. When the State assumes the right of depriving insane persons of liberty, it assumes the responsibility of properly caring for them in accordance with the principles of reasonable philanthropy and public charity, and with due consideration for the fact that they form a class of the helpless sick, suffering from the most serious of all maladies afflicting the human race."

Dr. Evans properly refers to the fact that hospitals for the insane throughout the country are not so financially supported as to enable their managers to employ a higher order of nurses. He says: "To command the services of capable, well-equipped, kind-hearted, conscientious and painstaking nurses higher wages must be paid. * * * While New Jersey does not pay nurses as well as some other States, the rates paid here are above the average and yet not sufficient to make the nurse feel that the loss of position would be a matter of serious consideration. During the year 430 nurses left the service by voluntary resignation or dismissal."

For the purpose of better guarding against the rough handling of patients and the prevention of the use of harsh language on the part of attendants and nurses and to more fully insure a humane consideration of the sick at all times, Dr. Evans last year appointed ward inspectors, whose duty it is to visit and inspect all parts of the house at irregular intervals. As a result no nurse can at any minute determine when his ward will be visited and inspected in fullest detail. This system has been severely criticized, but Dr. Evans says it has given good results at the hospital, and he thinks well of it.

The doctor dwells upon the importance of furnishing employment for the inmates of professional, mechanic and student classes and refers to the successful work in this direction in several State hospitals in this and other countries. Among the forms of employment are mentioned printing, book-binding, repair of furniture, manufacture of rugs, brooms, combs, buttons, etc. Dr. Evans recommends that some of these industries be established and a moderate appropriation be made for that purpose.

State Hospital, Trenton.

At the January meeting of the managers of the State Hospital, Dr. Steward Patton, of Princeton University, was appointed a member of the consulting staff. Dr. Patton is an expert on mental diseases.

Female Nurses in State Hospital.

An experiment is being made in the State Hospital for the Insane at Trenton, N. J., of replacing the great majority of the male nurses and attendants by women. It is considered that even violent men patients are more tractable in the hands of a woman than in those of a man and that in consequence of the change there will be a smaller number of accidents and injuries to the patients.

North Hudson Hospital.

William Peter, of Union Hill, has notified the Board of Governors of the North Hudson Hospital of a donation of \$1,000 to that institution. When the new building was spoken of the governors decided to issue bonds to those interested in the work. Mr. Peter took \$1,000 worth of the bonds, and it was these he made a present of to the hospital.

The female ward in the new hospital will be known as the Mary Balz Memorial Ward. The late Mrs. Balz left property worth about \$15,000 to the hospital, the money to be used as part of a building fund. It was this bequest that made the new hospital possible.

President Menegaux reported that he had received promises from seven individuals of one bed each for the new building. He also had two promises for the furnishing of two private rooms without cost to the institution.

The Ladies' Guild is busily preparing for the fair to be held in the new hospital in March. A committee from the Board of Governors will help the members of the guild.

It is expected that the building will be ready for occupancy by May.

Plans for Hospital, Greenville, Hudson Co.

The German Hospital and Dispensary Association, at a meeting of the directors, January 7, decided to have preliminary plans drawn up for their proposed hospital.

The association already owns a plot of land on the Boulevard, opposite Warner avenue, and the proposed building will be so erected on this site as to allow wings to be built when needed.

It is the intention of the association to erect an up-to-date institution on the land it owns, the cost not to exceed \$25,000. Of this sum over \$11,000 is in the treasury and it is expected that more will be forthcoming when the building is started.

Dr. Joseph M. Rector, the chairman of the ways and means committee, which has the matter of the plans in charge, said last night:

"We have got to make a start, even if we can only manage to put the roof on the hospital and then wait until we can get more money to furnish the inside. When I broached the matter two years ago I was voted down, as the directors did not believe a hospital could be built for less than \$50,000, but in the North Hudson Hospital, a building containing forty-five beds, the cost will be only \$20,000. What we want is a start, even if it is only a building of twenty beds. We can add to it in time and if we start the thing going people will help along."

Dr. Clarence Vreeland, director of the association and a member of the committee, said:

"I have looked at the plans and over the buildings of several hospitals in this country

and find that it is possible to build a hospital of twenty beds for \$25,000. We can't build a larger institution at this time, as we haven't money enough.

"This portion of Jersey City is sadly in need of such an institution; with the numerous manufacturing plants in this section of the city there are a large number of cases that need attention.

"When it is once open the hospital will pay for itself."

The Hackensack Hospital.

Senator W. M. Johnson, executor of the estate of Ellen M. Hopper, who died a year ago, has made final settlement of his accounts. The Hackensack Hospital received \$3,163.58.

Christ Hospital, Jersey City.

Under the will of Mrs. Kerstine Lawson, of Jersey City, who died December 2, 1909, the residue of her estate, after meeting a few bequests, was devised to Christ Hospital. It is estimated that the amount the hospital will receive will be about \$10,000.

Jersey City Hospital Training School.

The annual commencement exercises of the Training School for Nurses, auxiliary to the Jersey City Hospital, were held in Hasbrouck Hall, Jersey City, recently. The graduating class consisted of fourteen young women, who were appropriately attired in immaculately white uniforms indicative of their chosen profession. They occupied seats on the rostrum during the program of exercises, acted as hostesses at the reception, and actively participated in the terpsichorean diversion. Dr. John J. Broderick officiated as master of ceremonies for the occasion.

The exercises were opened with an invocation pronounced by Rev. J. Madison Hare, pastor of the Pearly Memorial Baptist Church of Jersey City Heights, following which Dr. Broderick presented the graduating class to the assemblage of their attending relatives and friends. Rev. Dean Smith then delivered an address.

Supplementing the presentation of their diplomas to the members of the graduating class by Dr. Broderick, Rev. Dr. Hare made an address to the young women. Then Miss Hitz presented class pins to the graduates, and Dr. Harry H. Brinkerhoff presented to them the medals they had earned.

Rev. Dean Smith brought the exercises to a close with a brief benediction. Mayor Wittpenn was scheduled to take part in the exercises and deliver a short address to the nurses, but his official duties prevented him from being present.

Among the prominent physicians and surgeons of Jersey City who attended the affair were Drs. Harry H. Brinkerhoff, president of the Jersey City Training School for Hospital Nurses; John J. Broderick, also an official of the organization; Mortimer J. Lampson, superintendent of the Jersey City Hospital; Charles E. Putnam, Joseph M. Rector, Charles H. Purdy, Norman L. Rowe, Jr., and John A. Chard.

City Hospital, Newark; Rabies Bureau.

On the authority of the Board of Health, a committee of that body yesterday practically established at the City Hospital, in connection with the bacteriological laboratory, a bureau of

research and treatment of rabies. This step was taken by a special committee of the board, consisting of Dr. Herman C. H. Herold and Dr. George L. Warren, acting with Dr. Richard N. Connolly, bacteriologist, and Dr. Werner Runge, veterinarian of the board. Valuable assistance was rendered in the preliminary work by the New York Board of Health, whose representative met with the committee.

The work of the new bureau will begin at once. Room was provided in the City Hospital for use in cases where examinations are made of the heads and spines of dogs that have died under circumstances that suggest rabies. Provision was also made for the treatment at the hospital of persons bitten by supposed mad dogs or other animals. At present the city will not produce its own virus, but will enter into arrangement with the New York Board of Health for a supply of fresh virus whenever and in whatever quantity it may be needed.

The virus will be prepared for injection by Dr. Connolly and will be administered by the senior surgeon at the hospital, to whom will be given special instruction in this branch of work. Dr. Runge will have charge of the animals that will be used in suspected cases.

The bureau will be as fully equipped as the institutions in New York that make a specialty of treating cases of rabies and of conducting research into the scientific phases of the malady. While a report of the action of the committee will be made to the board at its next meeting, it was decided not to defer operations until then, but to at once open up for work, trusting to receive the formal sanction of the board.

German Hospital, Newark.

Favorable reports on the work and financial condition of the institution were submitted at the annual meeting of the German Hospital in the Krueger Auditorium last month. It was stated by Gottfried Krueger that the reserve fund which was established three years ago at his suggestion has already grown to a total of \$29,302.85. Mr. Krueger's report showed that these legacies received during the last year were placed to the credit of the fund: Christian Stengel, \$1,000; J. S. Conant, \$13,588.38; Joseph O. Nichols, \$3,073.48; Albert Horwitz, \$250; Pauline Appel, \$905.

According to a medical report by Dr. Edward Stachlin, president of the house staff, there were 47 patients in the hospital on December 1 last. During the year a total of 760 patients were received, including 477 surgical cases. Sixty-three children were born in the hospital and 69 deaths occurred there. In the hospital clinic 1,452 persons were treated.

The following directors of the hospital were re-elected: Gottfried Krueger, Elias Berla, Albert A. Sippel, Paul D. Roder, August Goertz, Gustav Stachlin and A. O. Scherer. Emil Schumacher declined a re-election owing to a press of other business. Mr. Schumacher served on the hospital board for the last eighteen years.

It was formally decided to erect a five-story annex, to be used partly for wards, and in part as quarters for the nursing staff. The board has already in hand donations aggregating \$8,000 for the proposed annex.

St. Michael's Hospital, Newark.

Under the will of Patrick Kane, of Paterson, N. J., who died November 29, \$5,000 is bequeathed to St. Michael's Hospital, in Newark. The will was made ten days prior to his death.

Mercer Hospital, Trenton.

The monthly meeting of the board of directors of the Mercer hospital was conducted in the office of Henry W. Green, December 22d. The monthly reports showed the hospital to be in a prosperous condition, filled nearly to its capacity and better fitted for the care of patients than ever before.

A report prepared by the house committee showed that during the present hospital year, about eleven months of which have elapsed, 1,110 admissions have been made. Of these 62 per cent. have been treated gratuitously; 9 per cent. have paid a larger or smaller amount for treatment, and 29 per cent. have occupied the private rooms as pay patients. The hospital is thus doing a large part of its admirable work entirely gratuitously.

Owing to lack of room, several applications for private rooms have been refused. The hospital is now well equipped for X-ray treatment with new apparatus and by skillful physicians.

Monthly meeting January 17th.

The board of managers at this meeting received several reports showing even greater activity during the year 1909 than usual. Thirteen hundred patients were treated at the institution during the year. The Morris wing, a handsome addition to the institution, was given and equipped during the year, and many other needed improvements were installed.

Upon the recommendation of the medical staff the board authorized the creation of departments of rentgenology and electrotheropathy. The election to the hospital staff for the year 1910 resulted in the following physicians being selected as members: Consulting surgeon, Dr. J. M. Wells; consulting physicians, Dr. S. S. Stryker, Philadelphia; Dr. W. A. Clark; visiting surgeons, Dr. Thomas H. MacKenzie, Dr. N. B. Oliphant, Dr. George H. Parker; visiting physicians, Dr. G. R. Moore, Dr. Paul L. Cort, Dr. G. M. Ridgway, Dr. H. M. Beatty; visiting gynecologists, Dr. J. B. Shaw and Dr. E. S. Hawk; ophthalmological surgeons, Dr. C. F. Adams and Dr. C. J. Craythorne; rentgenologist, Dr. C. H. Holcomb; pathologist, Dr. F. S. Hammond.

Medical Assistants—Dr. Moore nominated for his assistant, Dr. Frank Harris; Dr. Cort nominated Dr. H. N. Parker, and Dr. Ridgway nominated Dr. Newell.

Surgical Assistants—Dr. MacKenzie nominated Dr. D. B. Ackley; Dr. Oliphant nominated Dr. Frank G. Scammell; Dr. Parker nominated Dr. C. J. Slack.

Gynecological Assistants—Dr. Shaw nominated Dr. E. D. Hutchinson, and Dr. Hawk nominated R. H. C. Phillips. Dr. Hammond, pathologist, nominated for his assistant, Dr. C. H. Waters.

Auxiliary Board, Surgical—Dr. R. W. Davison and Dr. Wilbur Watts; medical, Dr. Watson and Dr. Paul Kuhl; ear, nose and throat, Dr. H. N. Parker.

Overlook Hospital, Summit, N. J.

The opening of the new building of this hospital took place on Thursday evening, December 30, 1909, when its owner and surgeon, Dr. William H. Lawrence, Jr., of Summit, gave a royal welcome to more than one hundred physicians from New York, Jersey City, Newark, Elizabeth, New Brunswick, Montclair, the Oranges, Morristown, and other nearby towns. A sumptuous banquet was given by Dr. Lawrence at 6:30 P. M. The buildings were then inspected and warm words of commendation of the

any qualified surgeon is permitted to operate; third, that either Dr. Lawrence or his assistant, Dr. Harrington, is in the building at all times and each stands ready to do all the work of house physicians without charge to the patient, and most of all we were surprised at the moderate charges for private pay cases received when we considered the great expense of conducting such a thoroughly equipped institution, with such competent medical and nursing staffs, and also the fact that the owner and surgeon has each year assumed the burden of caring for and



OVERLOOK HOSPITAL, SUMMIT, N. J.

building, its equipment and its good work were spoken by all. The monthly meeting of the Summit Medical Society was held at 8:30 P. M., in the hospital building, of which account is given elsewhere in this issue of the Journal.

This hospital was founded by Dr. Lawrence in the winter of 1905 and was opened for the reception of patients October 1, 1906, on which day six patients were operated on by Drs. J. B. Deaver, of Philadelphia, and E. J. Ill, of Newark. Two hundred and forty-one patients were admitted during its first year, 160 were surgical and operative cases, and all the operations were successful. During the year 1907-8 there were 400 patients treated and during 1908-9 over 500 patients. The increasing numbers compelled the doctor to make large additions to the buildings during the past few months. There have been expended by him more than \$100,000 in the erection and equipment of these and he is alone responsible for the hospital's maintenance. Its location is most excellent, on an elevated ridge of land with abundance of fresh air and sunshine, in a beautiful and healthful section of the State. Among the many things that impressed us and led us to regard this as an ideal hospital were: First, that the building is entirely private, Dr. Lawrence has entire control and it is ably managed without any red tape; second, that all physicians are permitted to make use of the hospital for their cases or convalescents, and

treating gratuitously several urgent cases of charity.

We have written thus of this institution, not to advertise it—it does not need it, as applicants have been turned away for lack of room—but, first, to give credit to its genial and liberal-hearted owner, whose desire to help suffering humanity and advance the profession we believe is paramount to that of self-enrichment; and our second object is to stimulate the desire and zeal of others, like minded to establish similar institutions in other sections of our State, that shall be conducted under like broad, liberal management.—Editor.

Legacies to Trenton Hospitals.

Mercer Hospital and St. Francis Hospital, Trenton, will each receive \$7,500 from the estate of Mrs. Fred W. Smith, according to the will filed for probate in the Surrogate's office. Mercer Hospital will eventually receive a bequest of over \$2,000 under the will of the late Freeholder J. W. Stevens, who died on Mount Tacoma, Wash., in August last. It is payable at the death of the testator's father.

Vineland Hospital.

The monthly meeting of the Vineland Hospital Association was held January 15, at the hospital on East avenue. The affairs of the hospital were shown to be moving along in a

very satisfactory manner by the reports of the several committees. The financial report showed that all bills had been met up to January 1, 1910, with very bright prospects for the future.

Five patients were supplied with free treatment, medicine and board during the month of December.

The association is caring for three patients at the present time.

State Village of Epileptics.

The report shows that the population of the village at the close of the fiscal year was 297, a net increase of thirty-one patients. There is still a large waiting list of applicants, all of whom are pressing for immediate admission and institutional care. Dr. David F. Weeks, superintendent of the village, says it is estimated that there is one epileptic to every 500 persons, which would mean that there are upward of 4,000 epileptics in the State who are entitled to care and treatment in the institution. He joins with the managers in urging increased accommodations. Dr. Weeks says:

"We have a number of periodically insane patients who should be cared for in an insane department, both for their own and other patients' protection. Many homicides and suicides have been attempted during the year. I am pleased to say that all the attempts were detected in time to prevent loss of life, but we cannot always hope to be so fortunate. We are already facing a condition which comes and will surely grow worse where epileptics are congregated, namely, the mental and physical deterioration of our patients. A custodial building should be provided in which to care for these unimprovable and helpless cases.

"In my last report I called attention to the need of shacks in which to care for tubercular patients. As tuberculosis is one of the assigned causes of epilepsy, and of frequent occurrence among epileptics, provision should be made to properly care for patients suffering from this disease and to guard against infection of others.

"The work in the school department is progressing very satisfactorily and compares favorably with the school departments of other institutions of this character. The development along the line of hand work has been very pronounced. The quantity and quality of the articles produced shows much improvement over the work of any previous year. The course is so arranged that the girls receive training in the rudiments of housekeeping, sewing, dressmaking, embroidery, laundry work, reed and raffia and similar instruction. The boys are trained in farming and gardening, manual training, iron and brass work, carpet and rug-making and other occupations."

The total disbursements of the village during the year were \$139,559, of which \$101,440 was received from the State, and the remainder from counties, private patients, farm products and articles made by the inmates.

HOSPITAL NEEDED AT SKILLMAN.

The epidemic of diphtheria at the State Village for Epileptics at Skillman has demonstrated, in the judgment of the managers, the absolute need for a hospital building at the institution.

In their annual report to Governor Fort the managers assert that it was only because they had a building for attendants, nearly ready for

occupancy, which was used for a temporary hospital, that they were able to handle the disease successfully. If this house had not been available, the report says, it would be hard to contemplate what ravages the epidemic might have made in the crowded cottages.

The managers express a hope that the Legislature at its coming session will appropriate the necessary funds for a hospital, and not leave the village exposed to the danger of any infectious or contagious disease. Attention is also called to the need for custodial buildings for the segregation of inmates, who are not amenable to the rules and regulations for their government. On this subject the report says:

"There are a large number of epileptics in a colony of this size who are more or less combative and vicious, and who require to be under a certain amount of restraint and to have special care taken of them. As the village is at present constituted we have no means of isolating these patients, and, consequently, they are a detriment to the welfare of the other inmates and a source of menace at all times.

"It is earnestly desired by the board to make of this village not only a model institution of its kind, but also to enter into a study of epilepsy in all its different phases and thereby not only to help the unfortunate victims afflicted, but also to enlighten the world as to the care and cure of this disease. In order that we may at least attempt this much-desired end, it will be absolutely necessary that we have a hospital and custodial buildings."

Government Ceasing to Maintain Hospitals in Australia.

Until the present year the whole of the hospitals of Australia have been supported by the government. The annual expenditure amounts to \$500,000. It is now proposed that the management of hospitals shall be vested in local committees and that the government will only partly support them by annual subsidies. Thus to the Perth Hospital, which costs \$90,000 to maintain, they will grant \$65,000. The public will have to find the balance or the hospital will be reduced so as to work within the limits of the grant.

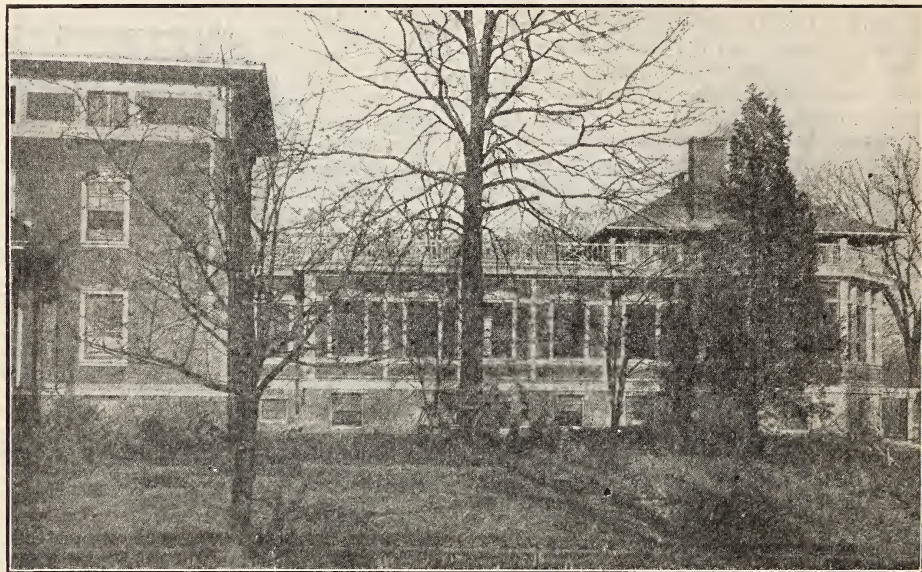
Glen Gardner Sanatorium.

Dr. Samuel B. English, superintendent of the Sanatorium for Tuberculous Diseases at Glen Gardner, expresses in his annual report the belief that the increased agitation on the subject of tuberculosis and the awakening of the people to the fact that permanent improvement can better be obtained in early cases, is largely responsible for the gratifying results attained at the institution during the past year. The report shows that total cures were effected in thirty per cent. of the cases treated, the disease was arrested in forty-four per cent. of the cases, improvement was shown in fifteen per cent. and no improvement in only six per cent. The percentage of fatalities was only one.

At the close of the preceding year there were 103 inmates, of whom fifty-three were males and fifty females. During the year 178 males and 142 females were admitted, making a total of 320. There were 156 males discharged and 140 females, a total of 296. This left seventy-five males and fifty-two females, or 127, in the sana-

torium at the close of the last fiscal year. During the year 867 applications were examined for admission, of which 463 were accepted, 172 deferred and 367 rejected. Of the 320 admitted, eighty-three paid \$5 weekly, the remainder being treated free.

Forty-two patients left the sanatorium with a residence of less than one month, and are not considered in the final results. These failed to react to tuberculin tests, were homesick or unwilling to follow the prescribed rules of the institution. The average daily number for the entire year was 118.5. The average length of residence was six and a half months, an increase over the preceding year of two months.



FAIR OAKS SANATORIUM, SUMMIT, N. J.

(This cut should have been inserted with the report of the opening of the new building, published in the January Journal, but was not furnished in time—*Editor.*)

The average gain in weight per patient was fifteen pounds. The maximum male gain was forty-three and a half pounds, the maximum female gain forty-eight and a half pounds. While 259 patients gained in weight, only twelve lost weight, the average loss being 5.5 pounds. There were twenty-four who neither gained nor lost. Commenting upon the condition thus disclosed, Dr. English says:

"The general condition of patients admitted during the past year has much improved over that of the preceding year, due greatly, I think, to the increased agitation on the subject of tuberculosis and the awakening of the people to the fact that permanent improvement can better be obtained in early cases. The educational feature of the sanatorium has, indeed, been gratifying. Of the patients applying for admission during the year thirty per cent. have been sent to the examining stations by former patients. We have endeavored to follow up the course of discharged patients, and while yet too early to report on them, very few of those leaving the institution with our consent have had a relapse.

"The amount of work done by the patients is receiving the utmost attention. That it is inadvisable to allow these patients to live a life of

enforced idleness cannot be doubted, but that the plan requires most careful supervision is apparent. Most of the patients are willing to co-operate with us, and by helping us aid themselves and greatly facilitate the workings of the institution."

The most important addition to the plant during the year has been the completion of the male shack, accommodating twenty patients and increasing the capacity from 104 to 124 patients. With the erection of an additional shack on the female side, Dr. English says a great need would be fulfilled, and the children now kept with the adult population could be segregated and much more satisfactorily cared for.

The total expenditures for the year amounted to \$89,380, of which \$76,150 was for maintenance and \$13,230 for property additions and betterments.

Tuberculosis Sanatorium in New Jersey.

A farm of 131 acres at Marshall's Corners, New Jersey, has been purchased lately by Bishop McFaul, of the Roman Catholic Church. On this site will be opened a sanatorium for the treatment of the tuberculous poor. Though the administration will be Catholic and the nurses nuns, the sanatorium will be open to patients of all creeds and all colors alike.

Tuberculosis Sanatorium at Soho.

Plans for the proposed tuberculosis sanatorium to be constructed adjacent to the Isolation Hospital at Soho, Essex County, were approved by the Board of Freeholders recently. The estimated cost of the work is \$50,000, and the money will be raised by a bond issue. Bids will be received at a date to be fixed by the Public Buildings Committee.

The plans provide for an administrative building and a frame structure, with accommodations for eighty-five patients. Particular attention

has been given by the architects, Hurd & Sutton, to the sanitary arrangements. Plans submitted by these architects for a brick building to be constructed at the County Asylum for the Insane were also approved. This structure is to be used for the isolation of insane patients suffering from contagious diseases, and will accommodate twenty-five.

In design the latter building will conform to the general architectural scheme of the institution. The estimated cost is \$17,000. The board authorized the expenditure of \$7,500 for a steam and formaldehyde disinfecting plant for the smallpox hospital at Soho.

Pennsylvania State Tuberculosis Sanatorium.

A tract of 450 acres of land at Cresson, Pennsylvania, has been given by Mr. Andrew Carnegie for the Pennsylvania State Tuberculosis Sanatorium.

Married.

BEVERIDGE — JOHNSON — At Asbury Park, N. J., January 20, 1910, Dr. William W. Beveridge to Miss Emma L. Johnson, daughter of Dr. Samuel Johnson, both of Asbury Park.

Deaths.

SUTTON—At German Valley, N. J., January 5, 1910, Dr. Edward Sutton, from cirrhosis of the liver, after an illness of about six weeks, aged 44 years.

Dr. Sutton was the son of the late Aaron S. Sutton, of Parker, and was born there January 7, 1866. At sixteen years of age he entered a business college at Newark. Subsequently he entered the College of Physicians and Surgeons (Columbia) of New York City, and graduated from there in 1888, being third man in his class. He practiced for a short time in Newark, subsequently with Dr. Sanborn at Bayonne, then at Somerville, and finally located in German Valley in 1891, where he commanded a large practice during the remainder of his life, till stricken down with disease. By his genial, kind manner he won the respect of all who came in contact with him, and was especially friendly with the children. He was a member of the Morris County Medical Society and of the Medical Society of New Jersey. He was also a member of several fraternal organizations and in politics was a staunch Democrat.

Personal Notes.

Dr. W. Homer Axford, Bayonne, has purchased a new 60-horsepower auto.

Dr. John K. Bennett, Gloucester City, has been elected medical inspector of the city board of health.

Dr. Gordon K. Dickinson, Jersey City, addressed the State Veterinarians' annual meeting in Jersey City last month on "Stable Reform." In the course of his remarks he said he believed the State Agricultural Departments are more active, better financed, send out more literature

and have more inspectors attending to their work than the local boards of health.

Dr. James A. Exton, Arlington, has been re-appointed health officer of Kearny.

Dr. Alton S. Fell, health officer of Trenton, is urging the Common Council to appoint a milk inspector because of the amount of filth in the milk supply.

Dr. George B. Gale, Newark, has resigned as a member of the Soho Isolation Hospital Commission.

Dr. Frederick S. Hallett, Hackensack, medical school inspector, is endeavoring to stop the spread of whooping cough in the schools there.

Drs. B. V. D. Hedges, Fred. J. Hughes, W. H. Murray and F. E. Dubois have been elected trustees of the Anti-Tuberculosis League of Plainfield and North Plainfield.

Dr. Fred. A. Kinch, Westfield, who has been ill, has recovered and resumed work.

Dr. William Lawrence, Summit, was recently elected president of the City Board of Health.

Dr. D. J. Milton Miller, Atlantic City, has a communication in the Medical Record, January 15, on non-alcoholic cirrhosis of the liver, in which he reports a case.

Dr. William E. Ramsay, Perth Amboy, Assemblyman of Middlesex County, has been appointed a member of the committee on public health, also the committee on towns and townships, and also on the joint committee on sanatorium for tuberculous diseases.

Dr. Daniel A. Currie, Englewood, who has been ill for more than a year, is reported to be improving.

Dr. Isaac S. Cramer, Flemington, was recently elected president, and Dr. John L. Chamberlin, Sergeantsville, treasurer, of the Delaware Vigilant Society.

Dr. Edward Guion, Atlantic City, recently dined the members of the Atlantic City Board of Health, at Young's Hotel. Dr. Guion is city health officer.

Dr. William L. Kudlich, Hoboken, has recently been appointed health warden of that city.

Dr. Edwin D. Leidy, Flemington, has been elected physician of the Hunterdon County Jail.

Dr. Walter Madden, Trenton, Mayor of the city, was recently compelled by illness from overwork, to take a brief rest.

Dr. Andrew F. McBride, Mayor of Paterson, who has been ill with septicemia, has recovered.

Dr. James J. Reed, Seabright, has recently returned with his wife from a two weeks' trip to Bermuda.

Dr. Valentine Ruch, Jr., Englewood, and wife have returned from several weeks' sojourn in Mexico.

Dr. Arthur P. Hasking, Jersey City, has been appointed assistant physician of Hudson County.

Dr. Frederick W. Sell, Rahway, has been re-appointed health officer of that city.

Drs. Harry B. Slocum and William K. Campbell, Long Branch, have been appointed medical examiners of school children for that city.

Dr. Robert R. Sinclair, Westfield, has been suffering from the effects of overwork and spent a few days resting at Lakewood.

Dr. Charles P. Britton, Trenton, has been appointed by the Trenton Chamber of Commerce a member of the Transportation Committee, and Drs. M. W. Reddan, W. Madden and W. H. Mackenzie members of the Playgrounds Committee.

Dr. George T. Tracy, Beverly, has been re-elected a member of the Beverly Board of Health.

Dr. George J. Holmes, Newark, discussed papers on infant mortality at the November meeting of the American Academy of Medicine, New Haven, Conn.

Dr. G. Herbert Richards, Orange, has been re-elected president of the Orange Board of Health.

Dr. Chas. A. Rosenwasser, Newark, established February 1st his main office for the treatment of the diseases of inebriety at 510 West End avenue, New York City, with a branch office in Newark.

Dr. John L. Suydam, Jamesburg, has recently presented his annual report as the County Physician, Middlesex, showing the commitment of six persons to the State Hospital at Trenton; seven autopsies have been performed and four bodies were viewed and burial certificates for them were granted.

Dr. John C. Parsons, Jersey City, is reported to be contemplating leaving Jersey City the coming spring for western New York State.

Dr. Alfred L. Ellis, Metuchen, has been appointed assistant physician to the Clinic for Children's Disease at the Post-Graduate Medical College, New York.

Dr. George J. Holmes, Newark, discussed papers on Infant Mortality, read at the November meeting of The American Academy of Medicine, at New Haven, Conn.

Dr. William F. Ridgway, Atlantic City, and wife, have sailed for a trip abroad, to be of about six weeks' duration.

Dr. J. Cole Price, Branchville, Senator from Sussex County, has been appointed a member of the following Senate committees: On Corporations, Game and Fisheries, Municipal Corporations, Public Health; also on Joint Committees on State Hospitals, State Village of Epileptics and on Sinking Fund.

Dr. David F. Weeks, Skillman, superintendent of the State Village for Epileptics, has been obliged to use crutches the past few weeks because of a badly sprained ankle.

Dr. Richard C. Newton, Montclair, addressed a large meeting in the Y. M. C. A. hall on Sunday, January 9th, giving some excellent hygienic instruction.

Dr. Thomas J. Smith, Bridgeton, recently presented to the Board of Freeholders his annual report as medical director of the Cumberland County Hospital, with some facts and figures concerning the first decade of the institution's history.

Dr. Oliver R. Blanchard, Jersey City, has been appointed one of the directors of education.

Drs. Henry H. Brinkerhoff and John J. Broderick, Jersey City, have been appointed health commissioners of that city. The former has also been appointed a trustee of the hospital.

Dr. Richard L. Cook, Dover, attended the funeral of his mother in Newark, January 15, 1910.

Dr. John J. Haring, Tenafly, has been appointed as medical school inspector of that town.

Dr. William Perry Watson, Jersey City, has been elected associate medical director of the Prudential Insurance Company at Newark.

Dr. N. Howard Burt has been elected president of the Ocean City Board of Health.

Dr. Richard M. Davis, Salem, has been re-appointed member of the city Board of Health.

Dr. W. Scott Smith, Salem, sailed for Europe February 1st.

Dr. Harry J. Moss, Woodbine, has been appointed assistant superintendent of the Mount Sinai Hospital, New York City.

Dr. Henry B. Diverty has been made secretary of the recently organized Board of Health of Woodbury.

Dr. Eugene L. Reed, Atlantic City, recently returned, with his wife, from an extended trip to Florida.

Dr. Anthony Gruessner, New Brunswick, has joined the Middlesex County Medical Society.

Dr. Andrew F. McBride, Mayor of Paterson, narrowly escaped serious injury recently in a collision of his automobile with a wagon.

Book Reviews.

A TEXT BOOK ON THE PRACTICE OF GYNECOLOGY.

By William E. Ashton, M. D., LL.D., Fellow Am. Gyn. So., Prof. Gyn. Med. Chir. Coll., etc. W. B. Saunders Co., Philadelphia, 1910.

This work, which through its several editions has taken rank among the first in its department, comes to us in its fourth edition with many additions and some important modifications of the views heretofore expressed. This is especially noticeable in the technic of abdominal and pelvic operations and in the length of time the patient should be kept in bed thereafter. The Fowler-Murphy treatment of peritonitis is advocated and described in detail. We regret that the author mentions only the purse string ligature of the appendiceal stump. This method not infrequently is followed by hemorrhage, which is sometimes fatal. There is no clinical objection to the safer method of ligature en masse. The illustrations are numerous (1058) and the practical details of all matters relating to gynecology are well presented, making the book a veritable encyclopedia on the subject.

A PRACTICAL TREATISE ON OPHTHALMOLOGY. BY

L. Webster Fox, M. D., LL.D., Professor of Ophthalmology in the Medico-Chirurgical College; Ophthalmic Surgeon to the Medico-Chirurgical Hospital, Philadelphia, Pa. With six colored plates and 300 illustrations in text. New York and London: Appleton & Co., 1910.

This handsomely printed and beautifully illustrated book of 807 pages is a revised and enlarged edition of the author's "Diseases of the Eye," published in 1904. From the preface we learn that in this work an effort has been made to present a comprehensive treatise on ophthalmology, including references to the many researches and great advances made in this department of medical science. Chapters on the anatomy of the eye and physiology of vision have been added for the purpose of assisting the student to refresh his memory. The bacteriology of the eye has received special attention, the various organisms being carefully classified and considered in connection with affections of the conjunctiva, cornea and uveal tract. The relation of general disease to diseases of the eye has also been carefully pointed out. The

operations which have proved to be most beneficial in the author's experience are described. The most modern theories in reference to color perception and color blindness are presented and full particulars as to the latest therapeutic measures which have yielded reliable results in combating ophthalmic diseases. The chapters which treat of ocular muscle in balance and the errors of refraction give sufficient working basis for the general practitioner and the students who wish to perfect themselves in this department of ophthalmology. A chapter on laboratory technic by Dr. Goldberg has been added. A very full index is a good feature of the book. The author is a well-known ophthalmologist of large experience which has been well utilized in this volume. He has devised many surgical operations of which extended descriptions are given. In the treatment of eye diseases the measures he recommends differ in many cases from those generally adopted, e. g., speaking of the treatment of vernal conjunctivitis, he says that he has obtained the best results from the Grattage operation. *It should always be performed* (italics the author's) even in patients of four years of age as soon as the diagnosis is confirmed. The reviewer has treated many cases of this kind and has in all that have been seen years afterward found the eyes in good condition, although only palliative treatment had been resorted to.

This work is thoroughly up to date and every one interested in ophthalmology should read it, as it gives a very fair resume of what is important to know in this specialty.

HEART DISEASE, BLOOD PRESSURE AND THE NAUHEIM-SCHOTT TREATMENT. By Louis Fauergas Bishop, M. D., of New York City; Clinical Professor of Heart and Circulatory Diseases, Fordham University, School of Medicine, New York City; Physician to the Lincoln Hospital, etc. Third Edition. E. B. Treat & Company, New York. Pages, 284. Price, \$3.00.

The issue of a third edition of this work shows that the profession has appreciated Dr. Bishop's contributions on these most important subjects. He has made diseases of the heart and circulation his specialty, is a close student and practical clinician, and the general practitioner will be helped by this volume to a better understanding and a more correct treatment of these conditions. A recent visit at Neuheim gave the doctor an opportunity to study closely the methods of Drs. August and Theodore Schott in the treatment of cardiovascular diseases by baths and gymnastics, and this volume sets forth practically the results of his observations and he argues that it is perfectly possible to carry out this treatment with as much success in New York and other cities in this country as at Neuheim, Germany.

THE PRACTICAL MEDICINE SERIES, VOL. X. NERVOUS AND MENTAL DISEASES. By Hugh T. Patrick, M. D., and Charles L. Mix, A. M., M. D. The Year Book Publishers, Chicago.

This book is the final volume of the series. Each one is complete in itself and together they give a complete review of the latest advances in all departments of the science and practice of medicine.

VITAL ECONOMY. By JOHN H. CLARKE, M. D. Price 50 cents net. A. Wessels, New York.

This little volume contains sound, practical, common-sense deductions from personal experience and observations. The author's remarks on "Fresh Air" and "The Daily Bath" are correct and opportune. We are in great danger of abusing these valuable measures and these criticisms should be brought to the consideration of every practitioner.

TREASURES OF TRUTH. By GEORGE F. BUTLER. 75 cents. S. DeWitt Clough, Ravenswood, Chicago.

Trite truths trenchantly told—"How to Live," "Work and Worries," "A Successful Life," etc.—make this little booklet a veritable treasury of literary nuggets. Open it where you will and the eye finds something of interest. Good thoughts, well expressed, are gems and live forever. Mask them as you please in the idioms of different languages, they, meeting you "like old friends flash back the smiles of recognition," and you thank the adroit masker for his contribution to the pleasure of your leisure hours.

REPORTS OF STATE EXAMINING BOARDS.

	Examined.	Passed.	Failed.
Arizona, October....	9	9	0
Arkansas, November	20	11	9
Connecticut, "	22	17	5
Florida, "	37	30	7
Idaho, "	42	27	15
Maine, "	27	22	5
Montana, October....	51	34	17
New Jersey, June....	56	47	9
New Jersey, October	34	29	5
Nevada, November..	2	2	0
N. Mexico, October	4	1	3
Wyoming, October..	5	5	0

183 Physicians Licensed.

During the past year medical license of the State has been granted to 183 physicians, about nineteen per cent. of whom held scientific or literary degrees. About eleven per cent. of those who presented themselves before the State Board of Medical Examiners were rejected. Under the law of 1908 providing for the licensing of chiropodists by the same board, twenty applicants were examined and eighteen were licensed. These facts are shown in the annual report of the medical examiners.

N. J. Physicians Licensed in Pennsylvania.

Among the New Jersey graduates of medical schools who have been granted certificates by the Pennsylvania State Medical Examining Board as the result of the recent examinations are Harry Ryerson Decker, Montclair, N. J.; Edward E. Erverts, Princeton, N. J.; Hyman Isaac Golstein, Camden, N. J., and Walter Stevenson Moyer, Pennington, N. J.

Many New Pharmacists Licensed.

A class of over fifty candidates took the examination January 20th, in the Assembly Chamber for pharmacists in this State. The examination was conducted by the State Board of Pharmacy.

From the list of questions submitted, it is plain that the State Board desires to be sure that

none but those fully qualified shall be permitted to handle drugs without they know something about the medicines.

The board is composed of Edward B. Jones, Mount Holly; Henry A. Jordan, Bridgeton; Lewis W. Brown, Englewood; George H. White, Jersey City; David Strauss, Elizabeth.

Public Health Items.

National Vitality, Its Wastes and Conservation.

Bulletin 30, of the Committee of 100 on National Health. Prepared by Professor Irving Fisher, of Yale University. Government Printing Office, 1909; pp. 138:

"The problem of conserving natural resources is only one part of the larger problem of conserving national efficiency. The other part relates to the vitality of our population. The two parts are closely interwoven. Protection against mining accidents, forest fires, floods, or pollution of streams prevents not only loss of property, but loss of life. The prevention of disease, on the other hand, increases economic productivity.

"So far as we can compare vital and physical assets as measured by earning power, the vital assets are three to five times the physical. The facts show that there is a great room for improvement in our vital resources as in our lands, waters, minerals and forests. This improvement is possible in respect both to the length of life and to freedom from disease during life.

"Contrary to common impression, there is no iron law of mortality. Recent statistics for India show that the average duration of life there is less than twenty-five years. In Sweden it is over fifty years, in Massachusetts forty-five years. The length of life is increasing wherever sanitary science and preventive medicine are applied. In India it is stationary. In Europe it has doubled in three and a half centuries. The rate of increase during the seventeenth and eighteenth centuries was about four years per century, during the first half of the nineteenth century about nine years per century, during the latter half of the nineteenth century about seventeen years per century, and in Germany, where medical and sanitary science has reached the highest development, about twenty-seven years per century. The only comparative statistics available in this country are for Massachusetts, where life is lengthening at the rate of about fourteen years per century, or half the rate in Germany.

"There is no need, however, of waiting a century for this increase. It could be obtained within a generation. Three-fourths of tuberculosis, from which 150,000 Americans die annually, could be avoided. Eighteen experts in various diseases, as well as vital statisticians, have contributed data on the ratio of preventability of the ninety different causes of death into which mortality may be classified. From these data it is found that fifteen years at least could be at once added to the average human lifetime by applying the science of preventing disease. More than half of this additional life would come from the prevention of tuberculosis, typhoid, and five other diseases, the prevention of which could be accomplished by purer air, water, and milk. In Lawrence, Mass., after the installation of a pure-water supply, the death rate from typhoid was

reduced by 80 per cent. For every death thus saved from typhoid, two or three deaths are saved from other diseases.

"Judging from the English statistics of illness, we must conclude that at all times in the United States about 3,000,000 persons are seriously ill, of whom about 500,000 are consumptives. Fully half of this illness is preventable.

"If we appraise each life lost at only \$1,700 and each year's average earnings for adults at only \$700, the economic gain to be obtained from preventing preventable disease, measured in dollars, exceeds one and a half billions. This gain, or the lengthening and strengthening of life which it measures, can be secured through medical investigation and practice, school and factory hygiene, restriction of labor of women and children, the education of the public in both public and private hygiene, and through improving the efficiency of our municipal, state and national health service. Our National Government has now several bureaus exercising health functions, which only need to be concentrated under one department to become co-ordinated parts of a greater health service worthy of the nation."

The Boston Board of Health.

The Boston Board of Health has recently issued a regulation forbidding the exposure of meats, cut fruits, candy, etc., to dust and flies; another regulation forbids the sale of dirty or polluted ice; and a third provides that milk in stores shall not be kept in bulk or sold from open receptacles, as has been the custom, but shall be sold only in the original unopened bottles or cans. These regulations are all conducive to more cleanly and healthful conditions, and the one relating to milk is especially commendable. It is universally accepted that many of the summer diseases of children are caused by impure milk, and no milk is more impure than that sold in the stores of large cities. Any measure which thus prohibits the promiscuous handling to which such milk is exposed in the ordinary store or bakery, which removes all temptation to mix to-day's supply with what was left from yesterday, and instead offers a comparatively clean bottled product, must be beneficial.

The cost will be slightly higher, but this should be more than compensated for in increased health.

Connecticut Tuberculosis Legislation.

The 1909 Legislature enacted some very important anti-tuberculosis laws. These include an act prohibiting spitting in public places, and while it does not differ greatly from the ordinances now in force in our larger cities, it provides a law applicable to the entire State.

An act concerning the reporting and care of tuberculosis is another measure of great importance. This act declares tuberculosis to be an infectious and communicable disease dangerous to the public health, and requires physicians to report to the local health officer all cases coming under their care, and to give such instructions as will provide for the safety of all persons occupying the same house or apartments. If the physician reporting is not willing to assume the care of the patient, then this duty devolves upon the local health officer. This law takes effect October first, and prior to that

date a copy of the act will be sent to all the physicians of the State.

A third act is that appointing a board of directors to establish county homes for the care and treatment of those suffering from tuberculosis. It proposes to establish three of these homes at once and an appropriation of \$175,000 is made for this purpose, with \$75,000 additional to maintain them for one year. These appropriations, with \$50,000 given to aid the Gaylord Farm Sanatorium at Wallingford, Wildwood at Hartford, and Undercliff at Meriden, make a total of \$300,000 given by the State of Connecticut to aid in carrying on the anti-tuberculosis work during the next two years.—State Board of Health Bulletin, July, 1909.

The Common Drinking Cup.

The Kansas State Board of Health in a regulation effective after September 1st, 1909, forbids the use of the common drinking cup upon the railway trains, in the railway stations and the public and private schools of the State.

There is no way through which disease could be more easily transmitted from one person to another than through the use of the common drinking cup, and the position taken by the Kansas State Board of Health on this question is to be commended, and the adoption and enforcement of such a regulation in our other States would be of great benefit to the public health.

It would be better not to limit such a regulation, but rather to let it apply to any place of public or private congregation. The use of such drinking cups in hospitals or dispensaries, for instance, where persons suffering from various diseases gather for advice and treatment, is most reprehensible, while the use of the common communion cup in churches is a filthy custom, and one which offers unrivalled facilities for the transmission of disease.

The report of Dr. John L. Lund, health inspector of Perth Amboy, states that there were 30 cases of smallpox in that city during the year, none of which were fatal. One good result was the compulsory vaccination of the school children, and there are now 90 per cent. of the population vaccinated. There have been nearly 100 cases of scarlet fever reported and in all 283 cases of contagious diseases.

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

Monthly Statement, December, 1909.

The number of deaths reported to the Bureau of Vital Statistics for the month ending December 10, 1909, was 2,810, a decrease of 183 from the previous month and 211 less than the average for the past year. By ages there were 544 deaths among infants under one year, 157 deaths of children over one year and under five years, and 851 deaths of persons aged sixty years and over.

The mortality from diphtheria continues high; there were 59 deaths from this disease last month, while the average for the past year is 50. Tuberculosis, pneumonia and other diseases of the respiratory system continue below the average.

The following table shows the number of cer-

tificates of death received in the State Bureau of Vital Statistics during the month ending December 10, 1909, compared with the average for the previous twelve months, the latter (average) in each case being enclosed in parentheses:

Typhoid fever, 26 (25); measles, 12 (21); scarlet fever, 24 (28); whooping cough, 14 (23); diphtheria, 59 (50); malarial fever, 3 (2); tuberculosis of lungs, 252 (301); tuberculosis of other organs, 55 (54); cancer 129 (140); cerebro spinal meningitis, 15 (18); diseases of nervous system, 363 (349); diseases of circulatory system, 317 (343); diseases of respiratory system (pneumonia and tuberculosis excepted), 263 (186); pneumonia 205 (254); infantile diarrhoea, 101 (199); diseases of digestive system (infantile diarrhoea excepted), 172 (189); Bright's disease, 198 (210); suicide, 29 (36); all other diseases or causes of death, 573 (593); total, 2,810 (3,021).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis: From suspected cases of diphtheria, 1,026; tuberculosis, 338; typhoid fever, 139; malaria, 18; miscellaneous, 12; total, 1,533.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending December 31, 1909, 531 samples of food and drugs were examined in the State Laboratory of Hygiene. There were found below the standard 18 out of 151 samples of milk; 27 of the 73 of butter; 4 of the 37 of oleomargarine; 22 of the 26 of essence of peppermint; 4 of the 162 of spices; 1 each out of 1 cider, 25 of cider vinegar, 28 white vinegar and 1 of witch hazel. All samples of chocolate powder, coffee, cream, molasses and borax were found above standard.

Division of Creameries and Dairies. Dairies Inspected.

The first column of figures below gives the number of dairies inspected and the second and third columns the number above and below 60 per cent. of the perfect mark, respectively:

County	Inspected.	Above.	Below.
Bergen	4	2	2
Mercer	26	20	6
Middlesex	3	2	1
Monmouth	1	1	0
Ocean	1	0	1
Passaic	1	0	1
Somerset	14	7	7
Sussex	35	32	3
Union	8	4	4
Warren	6	3	3

Total 99 71 28

Number of water samples collected from dairy premises, 25.

Creameries Inspected.

The following creameries were inspected during the month: Augusta, Baleville, Cherryville, Lafayette, Lamington, McAfee, Monroe, Newark, Oak Summit, Pemberton, Warbasse, Wrightstown.

Number of water samples collected from creamery premises, 4.

During the month ending December 31, 1909, 107 inspections were made in 57 cities and towns.

The following articles were inspected during

the month, but no samples were taken: Milk, 156; butter, 844; foods, 1,304; drugs, 372.

Other inspections were made as follows: Milk wagons, 81; milk depots, 48; grocery stores, 624; drug stores, 51; meat markets, 34; milk cans, 182.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the laboratory, 173, as follows:

Public water supplies, 98; creamery supplies, 4; State institution supplies, 3; sewage samples, 2; private wells, 20; dairy wells, 26; spring waters, 3; miscellaneous, 17.

Inspections.

Stream inspections on Whippany, Toms and Mullica rivers, Great Egg Harbor, Inside Thoroughfare, Atlantic Ocean, Barnegat Bay and Absecon Bay.

Special inspections at Lake Hopatcong, Lakewood, Bivalve, Oakland, Tuckerton, West Creek, Plainfield, Collingswood, Washington.

Public water supplies inspected at Ridgewood, Midland Park, Lakewood, Haddonfield and Merchantville.

State institution supply inspected at Jamesburg.

Sewerage systems inspected at Ridgewood, Lakewood, Lakehurst and Pemberton.

Number of pollutions reported, 233; cases referred to the attorney-general, 14; plans for sewerage systems approved, 3; plans for sewerage systems disapproved, 1; persons summoned before the board, 213.

PREPARATIONS APPROVED BY THE COUNCIL OF PHARMACY AND CHEMISTRY,

A. M. A.

The council has recently acted on the following products:

Articles accepted for N. N. R.:

From Fairchild and Foster's—
Oxyntin.

From H. M. Alexander & Co.—

Original Tuberculin "O. T.," Koch; Tuberculin-Bouillon Filtrate "B. F." (Human); Tuberculin Residue "T. R." (Human); Bacillen Emulsion "B. E." (Human); Dixon's Tubercle Bacilli Extract; Dixon's Suspension of Dead Tubercle Bacilli; Tuberculin for the Cutaneous test, von Pirquet; Tuberculin Ointment Capsules, for the Moro test; Tuberculin for the Ophthalmic test; Tuberculins for the Dietre differential diagnostic test; Vaccine virus, glycerinated lymph, glycerinated vaccine points, dry points; Diphtheria antitoxin; Antirabic vaccine.

From the Cutter Laboratory—

Tuberculin "Old," Koch, concentrated; Denny's Bocillon Filtrate; Tuberculin, Koch, concentrated; Tuberculin, purified; Vaccine virus, ivory points and capillary tubes; Diphtheria antitoxin; Polyvalent streptococcic serum.

From Koechl & Co.—

Tuberculin "Koch," old; New Tuberculin "Koch," T. R.; Koch's Bacilli Emulsion; Tuberculosis diagnostic "Hoechst," dry; Diphtheria antitoxin "Behring," Antistreptococcic serum Hoechst.

From H. K. Mulford Co.—

Tuberculin "Old," O. T.; Tuberculin Bouillon filtrate, Denny's; Tuberculin "R.," Bacillen

Emulsion "B. F.," Tuberculin Ophthalmic test solution; Tuberculin Ophthalmic test tablets; Tuberculin Ointment; Glycerinated vaccine lymph; Glycerinated glass vaccine points; Diphtheria antitoxin concentrated; Tetanus antitoxin; Coli-Bacterin; Neisser Bacterin; Neoformans-Bacterin; Pneumo-Bacterin; Pyocycano-Bacterin; Staphylo-Bacterin; Strepto-Bacterin; Typho-Bacterin; Antipneumococcic serum.

From Parke, Davis & Co.—

Tuberculin "Old," Koch; Tuberculin B. E., concentrated; Tuberculin B. F.; Tuberculin T. R.; Tuberculin discs for ophthalmic reaction; Moist dead tubercle germs; Erysipelas and Prodigiosus toxius, Coley; Glycerinated vaccine, in capillary tubes and on ivory points; Antidiphtheritic serum, U. S. P.; Antidiphtheritic globulins; Antitetanic serum; Gnococcus vaccine; Stephylococcus, Pyogenes-albus, tureus and citrens, also albus-aureus, citrens combined; Streptococcus vaccine; Antigono-coccic serum; Antistreptococcic serum.

From Schering & Glatz—

Orphol; Orphol tablets; Aronson's antistreptococcus serum.

From Knoll & Co.—

Arsen-Triferren, and tablets ditto.

From Merck & Co.—

Lactophenin.

From Schieffelin & Co.—

Glycerinated vaccine virus; Diphtheria antitoxin; Antistreptococcic serum Polyvalent.

From F. Stearns & Co.—

Diphtheria antitoxin, U. S. P.; ditto concentrated; Pneumolytic serum; Streptolytic serum.

From Burroughs Wellcome & Co.—

Diphtheria antitoxin; Polyvalent antistreptococcus serum; Antistreptococcus serum—erysipelas, rheumatism, scarlatina and puerperal fever; Antityphoid serum.

From the National Vaccine and Antitoxin Inst.

Sterile normal horse serum; Glycerinated vaccine virus capillary tubes and ivory points; diphtheria antitoxin concentrated; Gynococcic vaccine.

From the Health Department of New York City
Refined and concentrated diphtheria antitoxin, Globulin.

From the Lederle Antitoxin Laboratories—

Concentrated antitoxin, Globulin.

From the Memorial Inst. for Infectious Diseases—

Diphtheria antitoxin, concentrated.

From the Abbott Alkaloidal Co.—

Bilein; Bilein Pills, 1-4, 1-8 and 1-12 gr.

From Armour & Co.—

Suprarenal Inhalant.

From Henry C. Blair Co.—

Iodone Oil; Iodone Ointment.

Articles accepted for N. N. R. Appendix:

Liquor Santaiva, Sharp & Dohme.

From Manhattan Eye Salve Co.—

Comp. yellow oxide and adrenalin ointment; cocaine and adrenalin ointment.

In prolonged unconsciousness from any cause never forget to empty the bladder every three or four hours.—Medical Standard.

In suturing the tongue always use a buried suture of non-absorbent material—Medical Standard.

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THE PRESENT STATUS OF HYPNOTISM.*

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From time to time people seek my advice and opinion about hypnotism, and other physicians tell me that they have the same experience and that advice on this subject is being sought with increased frequency.

A lady wanted me to advise her about having her seven-year-old girl treated for the paralysis of poliomyelitis; a young man for defective memory; an old gentleman for paralysis agitans; a young man about having his wife treated for hysteria; a lawyer about being treated for alcoholism, and a domestic for rheumatism. A very intelligent and reputable physician called me in consultation to see a case of congenital athetosis and suggested sending the patient to a noted New York hypnotist who charges fifty dollars for twelve treatments, fee payable in advance.

Before a physician can give intelligent and conscientious advice in these cases he should know something of the history of the claims and practice of hypnotism. In this paper I have tried to analyze the general

psychology of mysticism and given an impartial resume of the doctrine and practices of hypnotism in particular.

The popular belief in hypnotism, and some other so-called occult sciences, is almost as widespread to-day as was the belief in necromancy and demonology five centuries ago; in witchcraft two centuries ago, and in the theories of phrenology a century ago. The reason for this extensive public acceptance of these metaphysical doctrines may be largely the fact that few people make a close, analytical and experimental personal study of the subject but adopt without critical examination the views of a few individuals, who claim to have investigated the phenomena in question.

In going through our medical literature, I find the names of less than a dozen physicians* presented over and over by all writers of medical text books, and these few isolated members of the profession are made sponsors for the doctrine as taught at the present time. I have been unable to find an account of any widespread concerted effort on the part of the profession to test to a finish the claims of these few individuals.

I find, however, that all medical discoveries of great value that have been known as long as hypnotism has been claimed and practised, have been tested in such a way as to leave no doubt as to their real merits. Vaccination, anaesthesia, asepsis and antisepsis, antitoxin immunity, the therapeutic value of quinine, mercury and various hypnotic drugs, have all been tried in hundreds of hospitals under the severest scientific scrutiny and precautions, where

*Read before the Tri-county Medical Society, Newton, N. J., annual meeting, November 9th, 1909.

*Charcot Liebault, Bernheim, Janet; Braid and Bramwell; Force, Moll and Krafft-Elbing; James, Prince and Sidis.

the element of personal bias or of incorrect inferences was entirely eliminated or reduced to a minimum. Hence the facts of the microbic origin of certain diseases and the specific action of certain remedies are no more questioned than the mathematical certainty that the square of the hypotenuse of a right angle triangle is equal to the sum of the squares of the other two sides.

To make things seem more wonderful than they are, to possess knowledge and exhibit power beyond the ken of the multitude, has exercised a fascination upon the human mind in all its stages of development. The primitive conjuring of the ancient priest, or of the savage medicine man, the long tradition of Oriental legerdemain, and the stage performances of the modern prestidigitator, are all connected with deep-seated human instincts.

It is our present purpose to investigate the nature of real deception, objective and subjective, and of the formation of mystic beliefs.

Deception is successfully practiced on two classes of individuals:

(1) Those who are ignorant of the technical details employed.

(2) Those whose credulity, superstition, mysticism or false belief furnishes a rich and ready soil for the growth of false inferences—victims often of self-deception.

Of the first class are children who often think that a spoon half immersed in water is really bent; primitive peoples believed that the moon really grows smaller as it rises above the horizon, and the ancients could count sufficiently upon the ignorance of the people to enable them to make use of mirrors and other stage devices for revealing the power of the gods. The ability to correct such errors depends solely upon the possession of certain knowledge, or of confidence in the existence of such knowledge.

When wine is turned into water, when two half dollars are rolled into one, when a box into which an article has just been placed is immediately opened and found to be empty, when a handkerchief is torn and made whole again, when a performer drives a nail through his finger, when a coin suddenly appears out of space at the end of a wand, when a card that you have just assured yourself is the ace of diamonds on second view is the king of spades, when a bowl filled with water in which gold fish are swimming is produced from under a handkerchief, when a child rests horizontally in mid-air, supported only on one el-

bow—you are misled or mystified or deceived in so far as you are unaware that the wine was a solution of potassium permanganate and sulphuric acid, and was clarified by sodium hyposulphite; that the one-half dollar is hollow and the solid one fits into it; that the box has a double bottom controlled by a secret spring; that the real handkerchief was not torn but another substituted for it; that the nail has been replaced by one that fits around the finger; that the wand is hollow and a spring controls the appearance or withdrawal of a split coin at its other end; that one half of the card is printed on a flap which by falling down shows another aspect; that the bowl covered with a rubber cap was secreted under the coat of the performer; that the child wears a steel suit fitted with joints that lock and become rigid.* All these technical devices amuse us by the ingenuity of their construction and though they are most baffling, they provoke about the same type of mental interest as does a puzzle of an automaton. Ignorance of this technical knowledge may convert these devices into real deceptions by changing the mental attitude of the spectator.†

We now turn from the objective to the subjective conditions of deception and in doing so we enter the true domain of psychology; for the most scientific deceiver is he who employs least external aids and counts most upon his power of captivating the intellect. In every perception two factors contribute to the result. The one is the nature of the object perceived, the other that of the percipient. The effect of the first factor is obvious and well recognized; the importance of the second factor is more apt to be overlooked.

The farmer sees the sun set in a bank of clouds and thinks of rain on the morrow; the poetic artist beholds the lord of day arrayed in scarlet and gold disappearing in a gorgeous chariot of cloud and blue. The hunter sees in the rocky landscape the hiding game; the geologist beholds the book of nature from which he reads the history of the earth. Things that were attractive in childhood, lose their charm in after years. Even from day to day our interests change with our moods, and our views of things brighten with the weather and the good behavior of our digestive organs.

Not only will the nature of the impression change with the interests of the observer, but even more, whether or not it

*Jastrow.

†Jastrow.

will be perceived at all will depend upon the same cause. The naturalist sees what the stroller entirely overlooks, not because the naturalist has the keener vision, but because he knows what to look for, and is interested in what he sees. Whenever an impression is vague or an observation made under poor conditions, this subjective element comes to the front. Darkness, fear, any strong emotion heightens the subjective element of perception. Expectation or expectant attention is doubtless the most influential of all such factors.

When awaiting a friend, any indistinct noise is readily converted into the rumbling of carriage wheels; the mother hears in every sound the cry of her sick child. In spite of the fact that the answer in the book happens to be wrong, a considerable proportion of the class succeed in reaching it. Everywhere we are apt to perceive what we expect to perceive in the perception of which we have an interest. We are always interested in and more or less prejudiced by phenomena which seem to verify our particular theories, or dogmas, be these theories, or dogmas, scientific, theological or empirical. Create a belief in a theory and the facts will create themselves.

The believer in witchcraft saw evidence of the correctness of his views on every hand. A child taken sick is remembered to have been fondled by an old woman; therefore, the woman has put the child under a spell and must be burned. A man sees an old woman in the woods, and on turning about the old woman is gone, and a hare runs across his track; he concludes that she turns herself into a hare, and the witch test must be applied. When a personal devil was believed in, he was seen daily clothed in the garments that imagination had given him, and engaged in mischief and villainy of all kinds.

"So with the believers in modern spiritualism. When a person of nervous temperament, not strongly independent in thought and action, enters a spiritualistic circle, where he is surrounded by confident believers, all eager to have him share their sacred visions and profound revelations, where the atmosphere is replete with miracle, where every chair and table may at any instant be transformed into proof of the supernatural, is it strange that he soon becomes affected by the contagion of belief that surrounds him, or becomes the victim of serious sensory illusions and emotional hallucinations? Error, like truth, flourishes in crowds. At the hearth of sympathy each

finds a home. The fanatical lead, the saner follow."*

Great thinkers and leaders of men rise upon us like new stars—a few in a century. Right or wrong, the multitude run after them and eat the crumbs that fall from their table. They follow them by instinct; they adopt their theories, and accept their thoughts at sight. Calvin rose and thought, and what a multitude swallowed his hard, rocky thoughts. Wesley rose and another multitude followed him. Luther spoke and all Germany listened. Mohammed promulgated his religion and millions accepted it. Swedenborg rose in the North and straightway a cloud of witnesses appeared about him to testify to all he wrote. Mrs. Eddy proclaimed a new religion, carved out of the old, and thousands rallied around her standard. So in the political movements of history, men follow their hero blindly, fanatically. A million died for the glory of Napoleon. Frenzied by the visions and hallucinations of a disordered mind, Joan of Arc roused the faltering courage of the French army, and caused it to burst into a flame of all conquering patriotism. The magic name of Lincoln held together the warring political factions of the North in the struggle for a great moral and civic principle. The South's almost idolatrous faith in General Lee inspired to almost superhuman endurance the ragged, starving, shattered army of the lost cause.

The fakir takes advantage of strange discoveries in science and uses them to confound and confuse the ignorant and credulous; the emotional and conscientious fanatic, carried away by some fantastic belief, uses these discoveries to explain and prove his doctrines. The uninformed, those who are too busy to investigate, and those who are incapable of sustained logical thought, adopt without critical examination the views most in harmony with their emotional temperament.

When performing before Arabs, Houdin, the prestidigitator, produced an astounding effect by a very simple trick. Under ordinary circumstances the trick was announced as the changing of the weight of a chest, making it heavy or light at will. The mechanism was simply the attachment and disconnection of an electro-magnet, in those days but little known. To impress the Arabs he announced that he could spirit a man's strength away, and restore it again at a moment's notice. The trick succeeded as usual, but was changed from a mere trick

*Jastrow.

to sorcery—the Arabs declaring him in league with the devil, and forcing him to flee for his life.

The trick above cited, of supporting a child in mid-air by means of a steel suit with joints that lock and become rigid, was performed at the time inhalation of ether for purposes of insensibility was first introduced. This idea was in the minds of the audience, and magical effects were readily attributed to etherization. Accordingly the trick was announced as "suspension in equilibrium by atmospheric air through the action of concentrated ether," and so successful was the trick that loud protests were made against the unnatural father, for sacrificing the health of his child to the pleasure of the public.

It is the proud claim of the scientist that in his ranks the superstitious, fanatical and credulous do not abound. He has no time for, or patience with, the mystic, spiritualistic or occult. His aims are entirely practical. And yet is not the history of the evolution of science full of mistakes, ridiculous errors, grievous blunders—yea, even fanaticism, superstition and infantile credulity? The alchemist hoped to create wealth, the astrologer to foretell and control fate, and the phrenologist to insure success by discovering the earmarks of natural gifts. The physician of a hundred years ago, fascinated by Harvey's discovery of the circulation, and captivated by the theory of a humor in the blood being responsible for almost all ills, poured out the life and strength of his patient with conscientious impunity by means of his barbarous practice of "blood letting." When the X-ray was discovered, and the properties of radium, scientific fanaticism became rampant, and it was announced that the remedy for cancer, tuberculosis and many other ills had been found. How many victims were sacrificed to this ignis fatuus during the period of experimentation and before the reaction set in, we had better not inquire. Read in the papers and magazines the high-sounding phrase of the medical quack, who restores brain fag with cerebrin, corrects defective nutrition with protonuclein, and chases away nervous exhaustion with neurasthin; note how they prosper, and draw your own inferences. And all this in the name of science!

As the beautiful and gifted Madam Rowland was led to the guillotin through the streets of Paris during the French Revolution she exclaimed: "O Liberty, Liberty, how many crimes are committed in thy

name!" So with equal propriety we might paraphrase this famous exclamation, and use the words: "O Science, Science, how many crimes are committed in thy name!"

The doctrine of psychotherapy is not new. Since the time when Moses lifted up the brazen serpent in the wilderness and commanded those of the children of Israel who had been bitten by the deadly reptile to look and live, through all the ages down to Christian Science, Hypnotism, and the Emmanuel Movement, afflicted mankind has been exhorted to look and live; to believe and thou shalt be saved; to exercise faith and thou shalt be made whole.

This doctrine of subjective preparedness forms the basis of all mental cults. If the mental healer fails to cure, it is because of lack of concentration on the part of the patient. If the Christian Scientist fails, he cries out, "O ye of little faith." If the hypnotist fails it is because the patients resist the efforts of the operator. Out of this elemental essential of success—absolute confidence and abiding faith in the remedy applied—the grand adepts of these cults have forged a two-edged sword, and with it smite the unsuccessful, hip and thigh. The conscientious understudy who fails to affect his patient is told that he lacks faith, concentration or psychic power.

If the action of castor oil, calomel, quinine; or of chloroform, ether, antiseptics and asepsis, were dependent upon the mental attitude of the person using the remedy, or of the physician prescribing it, *materia medica* could never have been written, or our modern system of aseptic and antiseptic surgery established, for it would be impossible to predict the action of any remedy or method in any given case or series of cases. Yet in the face of these scientific principles, plain and elemental as they are, there are names of high repute connected with the doctrine of hypnotism.

It is no new experience for the earnest student who has his doubts and asks for clearer proofs to be answered by a sneer, or a condescending shrug of authority so lofty as to be above criticism. Still, in spite of the obscurity of the subject, and the mystery surrounding it, there may be something in hypnotism. Let us see.

Hypnotism is defined as an artificially induced sleep in which the will, judgment and reason are suspended, and the mind of the hypnotised individual is under the control of the hypnotic operator.

The official book of the Emmanuel Movement, which advocates the practice of hyp-

notism,* informs us that the history of hypnotism may be divided into three periods: That of mesmerism, from the year 1780 to 1788; that of magnetism, from 1820 to 1850, and, finally, the period of the scientific study of hypnotism, beginning in 1875 and continuing to the present time.† This book passed through nine editions during the first eight months of its publication.

The history of this phenomenon harks back to the revival of learning. In the early part of the fifteenth century a man named Greatrakes was called upon to treat Lady Conway, who suffered from a grievous headache. While he failed to cure her headache, he wrought a few miracles of healing among rural invalids. He put his fingers into the ears of a man thick of hearing, and immediately the man's normal hearing returned. Dr. Henry Stubbe, an eminent physician of the time, thus explains: "The body of Mr. Greatrakes is composed of some particular ferment, the effluvia whereof, being introduced by friction, should restore the temperament of the debilitated parts, reinvigorate the blood, and dissipate all heterogeneous ferments out of the body of the diseased." This was soon after Lord Bacon had announced his theory that animal decomposition was caused by a ferment.

In the preparation of this address I have obtained much of the historical data from the writings of Professor Jastrow and have frequently adopted unchanged the clear and vigorous language of this forceful writer.

Frederick Anton Mesmer graduated in medicine from the University of Vienna in the year 1776, and in his doctor's thesis upon "The Influence of the Planets on the Human Body," he attempted to revive the underlying doctrines of astrology from a medical point of view. He defined the quality of "animal bodies rendering them susceptible to the influence of heaven and earth," as "animal magnetism" and regarded the action involved as analogous to that of the moon upon the ebb and flow of the tide.

Mesmer discovered, in the case of a young lady who was suffering from a variety of morbid symptoms, that placing a magnet upon her chest and feet, she felt internally a painful streaming of a very fine substance going now here and now there, but finally settling in the lower part of her body, and freeing her from all further attacks for six hours. Subsequently when

she lay unconscious a slight touch of a bystander had no effect on her, but the touch of Mesmer threw her into convulsions. Such experiments as this one lead to the belief that Mesmer was endowed with a supernormal force which he designated animal magnetism. He paraded in fantastic dress, used magnets, electric machines, stroking and passes with his hands, and soon had the reputation of curing hundreds of people of all sorts of diseases. He created so much popular enthusiasm that he could treat but a small proportion of his patients, and so he resorted to magnetizing water, trees, etc., by his touch, sending the water to distant patients, and having the multitude who flocked to him for treatment lean for a few minutes against magnetized trees.

Mesmer appeared before learned societies, but regarded any test that reflected a sceptical attitude on the part of the investigator as undignified and unbecomingly suspicious. He was banqueted by the elite of Paris, and given a royal pension. His theories were espoused by M. Deslon, of the Medical Faculty of Paris, who was a man of considerable influence. Deslon was dismissed from the medical faculty, but at once wrote a book on magnetism. He conducted a class of educated men and women, whom he charged ten louis per month.

Mesmer, becoming jealous of the success and reputation of Deslon, denounced him as a mercenary who did not even know the true method of his cure, and himself established an inner circle to whom he revealed the true secrets of animal magnetism for the modest fee of one hundred louis each. One of the graduates of this inner circle is reported as saying that those who know the secret are in greater doubt than those who are ignorant of it.

These disgraceful practices led to the simultaneous appointment of two commissions—one by the Crown and the other by the Royal Medical Society—to investigate the claims and practices of Mesmer.

Dr. Benjamin Franklin was a member of one of these commissions, and some of the experiments were conducted in his own garden, one of his trees having been magnetized for the use of the commission.

The system of animal magnetism Mesmer summed up in a series of twenty-seven propositions presented to the commission entirely without proof, asserting the existence of a "universally diffused subtle fluid, appearing in all portions of the celestial system, and affecting the animal economy by

*Religion and Medicine, Ch. X. and XI.

†Id. P. 221.

insinuating itself into the nerves; it has properties analogous to that of a magnet, may be reflected like light, propagated like sound, and may be increased, opposed, accentuated, transmitted to another object and transferred; furthermore, this principle which is in every way a sixth sense artificially acquired, will cure nervous diseases directly and other diseases indirectly by provoking salutary crises, thus bringing the art of healing to perfection."

In the report of the Royal Commission of which Franklin was a member, is the following language: "The commissioners conclude that the effects witnessed were due to an overstimulated imagination, to an anticipation of the results, to excitement and contagion." "Let us represent to ourselves," continues the report, "the situation of a person of the lower class, and in consequence ignorant, attacked with a distemper and desirous of a cure, introduced with some degree of ceremony to a large company partly composed of physicians, where an operation is performed upon him, totally new and from which he persuades himself beforehand that he is about to experience prodigious effects. Let us add to this that he is paid for his compliance, that he thinks he shall contribute more to our satisfaction by professing to experience sensations of some kind, and we shall have definite causes to which to attribute these effects."*

These adverse reports distributed by thousands among the people soon terminated Mesmer's career in Paris. Yet in spite of Mesmer's absurd claims and disgraceful practices, Paul Dubois, in his *Psychic Treatment of Nervous Disorders*, a work the translation of which is widely circulated in America, and looked upon as an authority of the very first rank, makes this remarkable statement: "The German physician (meaning Mesmer) whose sincerity it is difficult to appreciate after a hundred years have passed, succeeded in calling forth various manifestations of nervousness in a majority of the ladies of Paris, and, what was more to his advantage, he also knew how to cure them."** This same high authority commends Mesmer's therapeutic principles, and says it is impossible for them to have been clearer or more concise.

In the year 1841, James Braid attended a seance of a traveling mesmerist. He tells us he went to this exhibition, inclined to

regard the phenomena as due to deception, trickery and illusion, and saw nothing to disturb his belief. At a second attendance he was impressed with the fact that the magnetized were unable to open their eyes; this he attributed to a paralysis of the nervous centers by a too prolonged or too intense sensory strain. Braid began to experiment. He began by asking a friend to stare fixedly at the neck of a bottle held close to and a little above the eyes; in a few minutes the subject's eyelids closed, his head dropped, and he went to sleep; the same process was repeated on Mrs. Braid, with equal success. These experiments were extended and Braid was successful in sending to sleep nearly all who presented themselves. He at once announced his theory of physiological fatigue, induced by a fixed stare, absolute repose of body, fixed attention and suppressed respiration. When Braid began his experiments, the doctrine of phrenology occupied a conspicuous position in the public mind. Braid was himself an enthusiastic believer in phrenology, and proved the correctness of his views by experimenting on hypnotized subjects. Pressure over the phrenologist's organ of time caused the patient to express a desire "to write" to mother or brother, over organ of tune "to sing," etc.

He placed a cork over the organ of veneration and bound it in position by a bandage passing under the chin. He then hypnotized the patient. After a minute and a half an altered expression of countenance took place and a movement of the arms and hands, which latter became clasped, as in adoration, and the patient now arose from the seat and knelt down as if engaged in prayer. On moving the cork forward active benevolence was manifested, and on being pushed back, veneration again manifested itself. After the doctrine of phrenology had been thoroughly discredited by scientific societies and rejected by the public, Braid used hypnotism to disprove the doctrine of phrenology. And yet the official book of the Emmanuel Movement calls Braid a scientific physician and speaks of his sober and rational views.*

In the year 1850, through the efforts of two men, Dodd and Grimes, the phenomena of mesmerism or hypnotism became prominent in America under the absurd name of "electro-biology." The popular interest they aroused may be inferred from the fact that they were invited to exhibit before

*Jastrow.

***Psychic Treatment of Disorders of the Nervous System*, Page 214.

**Psychotherapy in Treatment of Nervous Diseases*.

Congress, the signatures of Henry Clay and Daniel Webster appearing on the invitation. Here is an extract from their writings:

"Let two persons of equal brain, both in size and fluid, sit down. Let one of these individuals remain perfectly passive and let the other exercise his mental and physical energies according to the true principles of mesmerism, and he will displace some of the nervo-vital fluid from the passive brain and deposit it in his own instead. The next day let them sit another hour, and so on day after day, until the acting brain shall have displaced the major part of the nervo-vital fluid from the passive brain and filled up that space with his own nervous force, and the person will yield to the magnetic power and serenely slumber in its inexpressible quietude. Your brain being magnetically subdued is worth hundreds of dollars to you. You are then ready for the day of distress. An ignorant young man is magnetized and forthwith converses with a mental activity which puts to blush men of superior education and intellectual endowments. An eminent lawyer is astonished at his learning and his quotations from legal authorities. He speaks Greek, Latin, French and Polish, all perfectly and without accent, though when awake he knows no language but English."

After these absurd claims were published the whole system of mesmerism or hypnotism was discredited, and in 1874 De Chamber, in his *Medical Encyclopedic*, declares that all the phenomena rest upon self-deception and delusion and that the condition does not exist.

In 1882, the far-reaching influence and authority of Dr. Charcot, who had for some years conducted a hypnotic clinic in Paris and who had written and lectured on the subject with great ability, succeeded in getting the Academy of Medicine to reopen the subject, himself presenting an able paper on the therapeutic value of hypnotism. Charcot claimed that all persons susceptible to hypnotic influence were more or less hysterical or neurotic, and confined this treatment to that class of cases.

In 1886 Bernheim published a work on hypnotism in which he made such extravagant and absurd claims as to scandalize the profession and again bring discredit on the practice of hypnotism. He claimed that M. Focochon had hypnotized patients and by suggestion increased or slowed the heart's action and respiration, increased the bodily temperature to 104 degrees Fahrenheit,

caused active congestion and even inflammation to appear in the joints, eruptions and blisters on the skin, etc.

If these claims were true, the present day teachings of physiology, pathology and bacteriology would have to be repudiated, and the work of such men as Schaeffer and Halliburton, Virchow and Mott, Koch and Pasteur, rejected.

Bernheim further contended that hypnosis enfeebled the will and suppressed all moral resistance; converted individuals of known integrity into false witnesses in court and even forced them into more dangerous conduct. In concluding his remarks on the relation of hypnosis to crime Bernheim makes this significant statement: "I have disclosed my doubts and my scruples. I dare not tell my convictions." Bernheim was the victim of self-deception. Fascinated by the theories of hypnotism, he allowed his enthusiasm and mystic credulity to plunge him into a maze of false inferences. After his imagination had been controlled and corrected by time and reflection, and his judgment ripened by experience, Bernheim was great enough to repudiate much of his early writings, and we have it upon the authority of Dubois* that Bernheim now says: "There is no hypnosis."

The advocates of hypnotism, as a therapeutic remedy in the treatment of nervous diseases, claim that it is most beneficial in the treatment of hysteria. So marked is the susceptibility of hysterics to hypnosis, they claim, that hysterical individuals have been called the "frogs of experimental hypnotism." Let us see what the great professors of nervous diseases have to say.

In his book on Diseases of the Nervous system, M. Allen Starr, professor of nervous diseases, Columbia College, classes hypnotism with Christian Science, Osteopathy, Patent Medicines, and the Miracles of Lourdes,** and makes but one reference to its use. He says that it *may* be tried in obstinate cases of hysteria, and often gives brilliant results, but it frequently fails.†

Professor Joseph Collins, in his Treatment of Nervous Diseases, says: "Unquestionably just as much good could be accomplished in the treatment of hysteria if physicians the world over were to agree never to mention or apply hypnotism."

*Religion and Science, Page 71. Hand Book on Insanity, Page 64.

**Organic and Functional Nervous Diseases, P. 792.

†Idem P. 703.

In the 1908 edition of his work Professor Dana holds that hypnotism is of no permanent benefit in hysteria and may lead to harm, and that the general popularization of hypnotism by means of mind cure specialists, accomplishes its results at the expense of mental demoralization and weakening of the will.

Professor Kirchoff, of the University of Kiel, writes that although favorable results from the employment of hypnosis in the treatment of psychical affections have been reported, the condition is still so obscure that it cannot be recommended.

In the latest edition of his work, Professor Frederick Peterson, of Columbia, states that hypnotism is of very little service to the physicians; that in hysteria, as elsewhere, it is a two-edged sword, and may relieve one morbid condition by creating a worse one in its stead. There is no longer any doubt that its frequent repetition is harmful, as it tends to destroy self-reliance, and to make patients imaginative, weak-minded and neurasthenic.*

Professor Biamchi,† of the Royal University of Naples, in his great work on Psychiatry, condemns the use of hypnotism in the treatment of hysteria as hurtful and dangerous, in that instead of curing, it often produced the disease.

One of the latest and most exhaustive works on nervous diseases is that of Modern Clinical Medicine, by eminent German neurologists. The fourth volume of this work is devoted entirely to the consideration of nervous diseases and comprises over twelve hundred pages. In this work we are told that hypnotism, no matter what the professional hypnotizer may state, is often directly harmful, and special directions which are supposed to render it harmless, should be regarded as humbug. In children hypnotism is not to be permitted under any circumstances.‡

Within the past few years, hypnotism has been revived in both this country and Europe, and many books and magazine articles on the subject have appeared. The contemporary advocates of hypnotism make the lofty claim as usual that it now rests upon solid and thoroughly scientific foundations. The alchemist, the astrologer and the phrenologist, Mr. Munyon and "old Dr. Grindle," each in turn made the same claim; and it would be difficult to

show that the present day explanation of the phenomena of hypnosis is one whit more provable, reasonable or thinkable than the theories held by Mesmer, Deslon, Braid or Dodd and Grimes.

Current literature on the subject is replete with intricate metaphysical speculation concerning the "subliminal consciousness," the "subconscious intelligence," dissociated personality, suppressed ego, etc.* Rigorously examined, these expressions appear to be nothing more than symbolic representations of highly evolved hypothetical postulates. That the mind may be active when consciousness is suppressed is not a recent discovery. Since the naked savage of the remote past slept and dreamed of the chase and matched his wit against the instinct of the beast, man has been aware of this second self, and has tried to explain it. Upon the knowledge he possessed the crude savage and the man of science have each in turn, in all ages, erected his theories about it. Closely examined, the modern doctrine of the control of an independent, dissociated, unconscious consciousness by an extraneous psychic force in the person of the hypnotic operator, is as untenable and unthinkable as Mesmer's doctrine of animal magnetism, Braid's of physiological fatigue, or Dodd and Grimes' of an electro-biological fluid.

When I was a student at the medical college, Dr. Fisher, professor of nervous and mental diseases, presented at the clinic a man who imitated or simulated epileptic seizures so cleverly and perfectly that he had deceived a number of well-known neurologists. His deception was finally unmasked by Professor MacDonald, and Professor Fisher exhibited the case before the class for the purpose of demonstrating the difficulty of diagnosis in some forms of nervous diseases. The man would describe the aura, emit the characteristic cry, fall on the floor, have convulsions, bite his tongue, froth at the mouth, become cyanotic or blue and apparently unconscious; would come out of the attack in a dazed, confused state of mind, complain of headache and a desire to sleep.

How much easier for one to simulate a condition of hypnosis, make believe he is asleep or unconscious and act his part with consummate skill. Indeed, I have seen patients pass into a state of hypnosis and automatic obedience who afterward confessed that they were merely acting a part.

*See works on Hypnotism by Hudson, Meyer, Sidis, Quackenbos, etc.

*Nervous and Mental Diseases, P. 613.

†Psychiatry, P. 569.

‡Modern Clinical Medicine, Vol. IV., translated by Salinger, P. 1097.

They enjoyed the fun, pleased the operator and confused and confounded the credulous spectators, occupied the centre of attention and heard an interesting and learned lecture on the wonders of the subliminal mind and dissociated personality. How can it be proven in any given case that the subject of hypnotism is not simulating? In the last analysis your proof rests upon the patient's word.

When the Hindoo fakir solemnly assures you that he can toss a rope into the air, that it will hang suspended in mid-air without support, that a boy will climb the rope while thus suspended, and both boy and rope disappear into the upper air, you just as solemnly declare that the Hindoo fakir is a humbug. The Brahmin priest will tell you that he can separate your astral body from your physical body, send the former thousands of miles away, make it appear in visible form, and converse face to face with a distant friend. This superstition enabled the Brahmin adepts to reign supreme over the countless millions of their uninformed and credulous countrymen until the enterprising Britisher introduced the more tangible, scientific method of subjugation at the cannon's mouth.

No doubt some people fall asleep while the professional hypnotist is making his passes and repeating his monotonous phrases: "Drowsy, sleepy—going to sleep, sleep—deeper—deeper." etc. But they doze off to sleep as the result of the operation of the same law that causes the man in the pew to fall asleep while hearing a monotonous, uninteresting sermon; the child, soothed by its mother's gentle lullaby; the traveler, by the hum and motion of the train. It is a natural sleep and is not induced in obedience to the compelling will or psychic power of the hypnotic operator. In this shallow, half-conscious, disturbed sleep many nervous people respond automatically in varying degrees of coherence to the questions and commands of the hypnotist just as some individuals, whose nervous system or digestive organs are in an abnormal condition, talk in their sleep, carry on broken conversations, walk about, perform on a musical instrument or indulge in other co-ordinated actions—sommnambulists they are called.

Too many people fancy themselves scientific and logical when they ridicule the faith of our fathers as impractical and childlike and in the next breath declare their belief in a doctrine far more mysterious and fanciful. They profess to believe that some

people, even the unlettered day laborer or illiterate traveling showman, possess powers of mind that enable them, by a few Svengalian passes of the hand and the monotonous repetition of such words as "sleep, sleep, deeper, drowsy," etc., to throw you or me into a state of hypnosis, render us oblivious to our own personality, to our friends and environment; obliterate our powers of will, judgment and reason; unlock the innermost chambers of our memory, and review the hidden pages of our experience. Yea, more, they may induce profound and fundamental changes in our mental processes and emotional tendencies; correct in us, without our knowledge, evil habits and pernicious practices, and make of us wise, benevolent and exemplary individuals on the one hand; or, prompted by motives of malevolence, the hypnotist may blot out of our minds all that is good and praiseworthy and sow therein the seeds of evil and discontent, convert individuals of known integrity into false witnesses in court or entangle them in the meshes of crime. In other words, the hypnotist may create in you or me a Dr. Jekel or a Mr. Hyde, as he may choose, and we are powerless to resist him, for we are unconscious of his performances, to say nothing of his evil designs. Is not this witchcraft and demonology parading under a more respectable and up-to-date cognomen?

So long as the practice of hypnotism was confined to a few nomadic jugglers, itinerant showmen, and medical charlatans, its evil effects were limited to a small class of individuals whose motives and sincerity were questionable. But the recent and extensive popular movements in which hypnotism plays a leading role, movements originated and propagated by individuals of high repute and far-reaching influence, whose honesty of motive and sincerity of purpose cannot be questioned, have again directed public attention to these empirical phenomena. The extravagant claims of some of these good people cause no little concern to the more thoughtful and conservative, and the danger of another public outburst of hysterical credulity seems more real than apparent. It is high time that a note of warning be sounded. Some of the doctrines and practices of these cults are most pernicious and demoralizing.

We are told that a very easy and rational way to remove the faults of children is to give them good advice while they are asleep.* In this way, we are told, childish

*Religion and Medicine, P. 69.

fears can be removed, injurious habits corrected, and nervous twitching, anger, violence, a disposition to lie, swear and stammer checked, and all this by simply talking quietly to your sleeping child, and we are solemnly told that the pastor or even the father or mother may apply this simple remedy.†

Shades of Spencer, Huxley, Maudsley, Mann, and all the great thinkers, educators and physicians of the past, how they have deceived us! They have taught us that the mind and emotions of a child is not a mere machine to be regulated and controlled by means of a push button. They have told us that the proper development in a child of the powers of control and self-discipline must be attained by a slow and tedious process of training; constant vigilance, repeated appeals to its intelligence, pointing out the consequences of evil conduct, advising self-restraint and self-denial, and giving reasons for the advice; and, in refractory cases, not the result of disease, they have told us not to spare the rod, but resort to the judicious administration of wholesome punishment. They have warned us that the saying "Whatsoever ye sow, that shall ye also reap" is as true and practical to-day as it was at the dawn of history. They have told us that strong will, sound judgment, prudence and wisdom, are attributes developed by self-discipline, constant application, the acquisition of practical knowledge, proper association and morally healthy environment.

Now we find that our methods of education, training and moral discipline, have all been wrong, and that the old adage "there can be no excellence without great labor" is no longer true. Under the new science the more we sleep the wiser we grow. Our subliminal consciousness acts as a kind of phonographic cylinder, receiving the impressions of good advice and wisdom while we sleep. And the process is so simple that even the unsophisticated Mr. Dooley can explain it to his friend Hennessey:

"It is this way," explains Mr. Dooley, "when something is wrong with one of the children they call in the minister. 'Ah, me little man, it's obsessed ye are,' sez he. 'It's a bad case of dissociation iv the personality ye have,' sez he, and be a quick pass iv the hand he lands the little 'un inter a state of hypnosis, which is the thrade name f'r near-slape. In this condition the poor little devil is complately at the good man's mercy, and the secret wurrukins iv his

moind is as clear to the learned gentleman as the spring waters ye see advertised in the magazines. In less time than it takes ye to empty a can of beer, Hennessey, the boy's moins is spiritoolly dry—clinsed ov its obsissions, and the boy comes back to earth. 'Lave him take a coorse in trancindintal ferposolhy,' sez the good man in parting from the overjoyed parents. 'It'll kape his attention off ov himself.'"

All this would be highly amusing were the consequences of such doctrine and practices less serious. To teach a child that it is the victim of an automatic subconscious machine, whose workings can be controlled by the force of an extraneous intelligence in the person of another individual, is fraught with the same disastrous consequences as the doctrine of demonology, evil possession and witchcraft; and tends to establish in the mind of the child a mystic superstition and a mistrust of all practical and scientific knowledge.

The child does not need metaphysical pap or psychological flim-flam; it needs plain, practical, common sense advice and training; it needs to be taught the facts of everyday life; that every cause has a rational, definite and inevitable effect; that health, self-control and strength of character are not acquired by a sudden resolution or a fiat of the will, but are attained by a process of growth and development through years of experience, self-restraint and rational living. He needs to be taught that we live in an age of specialization and differentiation; that no man can be proficient in all branches of knowledge; that the man who devotes his whole time to any given subject is more likely to understand it than he who gives his time to other subjects as well; that if he desires a picture made he should go to an artist; if he wishes an analysis of a substance he should consult a chemist; if he requires legal help he should see a lawyer; if he needs religious instruction, spiritual consolation or doctrinal advice, he should go to his pastor; and if he is ill he should consult his physician.

Moreover, he should be taught that if he is borne down by the bitter trials and misfortunes of life, and the burden seems greater than he can bear, the distressed, sin-sick, storm-tossed soul can find solace and healing balm, not in hypnotism, nor occultism, nor the psychic power of any individual, however great, but in the faith of our fathers; a faith that rests, not upon mathematical formulæ, or scientific demonstration, but upon the traditional experience

†Religion and Medicine, page 69.

and testimony of the human race; a faith that the most learned philosopher in christendom can no more explain than the crudest savage in the jungles of Africa; a faith that has survived the destruction of armies and dynasties and the wreck of empires; a faith that in some form has existed in the human breast from time so remote as to be lost in the misty dawn of creation; a sacred faith upon which rests the foundations of the church and of revealed religion; a faith that has withstood the shock, ridicule and sneer of scientific rationalism and has come out of the conflict triumphant and full of vigor; a faith that promises the broken-hearted mother that beyond the grave, beyond the twilight's purple hills, beyond the utmost reach of human help or harm, she will regain her lost child.

He should be taught that we have nothing to gain by allowing these pseudo-scientists to snuff out with the cold breath of scepticism this ancient and sacred flame, and try to rekindle in its stead the sickly phosphorescent glow of modern occultism; that we should be sincere in this matter, ask ourselves if we shall accept the fallacies, deceptions and insincerities of the seance and professional mystic, or hark back to the Rock of Ages that has withstood the test of time.

It should be pointed out to him that prayer has brought peace and comfort to millions of weary, foot-sore, disappointed pilgrims on life's journey—prayer that is lifted up on the wings of faith; that a Protestant's faith rests upon his own interpretations of the teachings of the Bible, and he prays to the God of Wesley, Calvin, Luther, Phillips Brooks and Charles Spurgeon; that a Catholic's faith rests upon the teachings of the New Testament as interpreted by that ancient and historic church of which he is a communicant, and that he prays to the God of Savonarola and Cardinal Newman; that the faith of a Jew rests upon his belief in the Hebrew Scriptures, and he prays to the God of Abraham, Isaac and of Jacob; that, Protestant, Catholic or Jew, the faith that is within him, piercing the thin veil of ritualistic ceremony and sectarian bias, appeals to Him

"Who works in mysterious ways

His wonders to perform,

Who plants His footsteps on the sea

And rides upon the storm."

That this ancient and sacred faith is a therapeutic remedy of incalculable value to the sin-sick, troubled soul; that it is sublime and helpful and supporting in life's

trials and moral battles, but it cannot cure a diseased liver or kidney, or a real disease of the nervous system, functional or organic; that it cannot remove a tumor of the brain, or take away cancer of the stomach, and that this faith should not be cheapened and belittled by the miserable makeshifts and false claims of so-called scientific occultism—the fads, fancies, pseudo-religions and mystic theories of modern egotism.

The practice of psychotherapy, in a legitimate sense, or of suggestion, is not to be confounded with that of hypnotism. That rational, common sense, discriminating suggestion which appeals to the patient's confidence or reason or both, is a therapeutic measure of the very first rank, and of the highest importance, no one can gainsay.

The endeavor to create in the mind of a curable patient a hopeful, optimistic, cheerful view of his case, should be practiced by all intelligent physicians. But upon this vast and interesting subject we cannot speak to-day.

COWS' MILK AND INFANT FEEDING.*

BY HENRY CHAVANNE, M. D.,
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In contemplation of what has been written, read and said in discussing infant feeding and cows' milk, and the fear of being misunderstood, it is with some perturbation that one cites that which has attracted his attention from an individual view point, and being ignorant of how these notes will be received, the writer forewarns you that he is not a chemist and disclaims pedantry for whatever may appear in the following lines. With a borrowed couplet is presented "Truths that the theorist would never teach
And observation taught me I would teach."

—Cowper.

Nor would he contend with you in analysis or biology. Only, your attention is called to a few facts that are rarely presented and are pertinent to the subject under discussion.

Empiricism is an unacceptable term to the ethical doctor, but when he deals with figures handed to him by the theorist and scientific pedagogue, he accepts material contrary to his declared principles.

A newspaper wit writes that "Senator _____ is fond of children; therefore, it is expected that the new tariff bill will admit

*Read before the Salem County Medical Society, November 3, 1909.

children free." How limited are the perceptions of the reputed wise and witty.

Except those who are smuggled over the border, or are launched into the light of day in a vicarious way, a tax ad valorem (obstetric fee) is collected on all arrivals, and with the arrival a primal consideration in the premises—if American—is the source of nourishment for the newly arrived.

Statistics have been offered to show that not more than 25 per cent. of American women breast-feed their infants; the rich will not; others will not or don't want to, for some pathological cause. This causes the problem of feeding to centre on "Bos" as foster mother for the babe of whom it cannot be said "Blessed are the paps that gave thee suck." However, whatever deprives the baby of its natural source of nourishment the cow is called on to wet nurse the waif, and this substitute dietary has deprived the United States of legions of prospective citizens, and will continue to scourge civilization in reproof of anomalous motherhoods.

The child that makes normal progress on substitutes for mothers' milk does so by the grace of God; not the dietary. In the opinion of the essayist, God did not intend cow's or other brute's milk for infant feeding. Otherwise one of two present and characteristic conditions would be absent from the experience of either species, either the period of adolescence of the child would begin a few days after birth and end in 18 months, or the calf would require 18 or 21 years to mature.

Have you criticised the analysis of the milk of our domestic animals? And, in contemplation observed the temperament of their progeny? The gambol of the lamb, the capers of the kid, the romps of the puppies, the play of the kittens, etc. Each acquiring in a few days after birth the displaying of these traits as the effect of a highly stimulating food product; and, corresponding to a precocious development and maturity.

On consulting the table of components we find the following, those of woman's milk being the requisite:

The density of woman's milk is 1.05 or 10.32, whatever multiple used. The others ranging up to 2.97 or 10.40, and in solids the same ratio exists. The puppy gets 227.92 against the child's 110.92. Of extracts the child gets 39.24 to the puppy's 116.89. The child gets 43.69 parts of sugar, doggie only gets 15.39; of fat the child gets 26.62, but the dog baby gets 88.95; of salts the child

gets the small allowance of 1.78, his canine contemporary 7.28 of the same substance. No animal is appropriative of salts less than 5.24, with which to construct cartilage, tendon, nerve, bone and other constructive needs.

Do we see in this the forces that control the period of adolescence?

The capital thought, or important consideration, in infant feeding which the above reasoning is intended to convey is, *compatibility* in food principles for subject, and power of digestion. The differentials of cows' milk are richer in proteids, fat, salts and solids than woman's.

Pertinent to the foregoing presentation, the inference is, that cows' milk to be valued for infant feeding is not dependent on the breed of cows or the high analytic average obtained.

Obviously, the introduction into the stomach of a fluid that taxes the tender membrane in its work of absorption will not be tolerated, for so sensitive is the manikin to impression that the maintenance of a constant equipoise between heterogeneous changes and the great activity of chemical forces is most important to the making for health of a lump of protoplasm, and, though metabolic powers are yet absent, the little motherless waif of 7 to 10 pounds weight is expected to digest that which a 100-pound cow baby is unable to do, because of the legislative standard the mother cow is required to maintain her milk. When discussing cows' milk as a substitute for mother's milk, we should keep in mind that milk is a fact, not a synthetic product, but a phenomenal elemental compound of quantitative and qualitative elemental factors and providently compounded; compatible with anabolism.

Pertinently, your attention is called to intra-uterine nourishment of the fetus. Until it is launched on the sea of experience and breathes into its nostrils the breath of life, need you be told that that nourishment is maternal blood assimilable without the aid of metabolic force?

Its composition and parts are water, albumen, fat, extractive matter, chlorides of sodium, potassium, lime and magnesium, carbonates, phosphates and iron. So chemists say.

Thereafter, subconscious and with functions subnormal, the manikin depends on the law of compensation, by which phenomenon the stream of pabulum is diverted from the uterus to the mammary glands for its nourishment. The composition of this

pabulum is water, sugar (lactate), albumen, fat, proteins, which are phosphates of lime, sodium and magnesium, chlorides of potassium and sodium, casein and iron (?)—this is milk. The saline matter of milk in both woman and animal is the same as blood.

Whoever cares to inquire into the physiology of life and the organism of man, animal or plant, will observe that respective elemental principles are economically acceptable to their functional needs.

Chemistry has accomplished much for science, but the chemist and physiologist have yet to learn how the metabolic functions of organic beings transform incompatible inorganic products into assimilable substances. The chemist seems to have attained to the knowledge whereby he may dictate to nature, and to have an omniscience which prescribes the formula that she shall follow. He tells us of carbonates, carbohydrates, calories, oxides and free oxygen. We listen in the name of science and progress, and in esthetic delight we follow the ignis fatuus as they flit through the air; with them we enter into the use of food stuffs, and being conveyed into the animal system we see them adjusted to their offices of construction and appertinment to our functional requirements. Albumen, proteins, casein, diastase, dextrose and all the mysterious agents of digestion and assimilation are reviewed before us as though reaction in a test tube is metabolism.

It is the opinion of the author that force feeding on scientific basis is only waste of elemental values. Nothing with which we deal in our search for information is more viciously untrue and deluding than statistics or averages, as they are handed down by the man higher up, and, accepted as authoritative, these figures are banded and quoted with comfort in absence of knowledge of what a real average is, until a sad realization teaches us the uselessness of pedagogic averages as bases for practice in infant feeding.

Chemists differ in their analyses. Likewise, in their use of terms qualifying the quantitative relations to the parts of compositions. Proteins, extractives, solids, albumen, caseins vary and change in tables. Failing to find fixed quotations, show that each table is an individual statement, and has its limitations of usefulness. With no other intention than to confirm the foregoing statement, your essayist infers that in the minds of many physicians, cows' milk has a fairly definite and fixed composition, when, in fact, each breed will not only vary,

but the individual cow will vary according to time of milking and advance of lactation.

Have you heard it said or read that the milk of pasture-fed cows is more alkaline, whereas the milk of stall-fed cows is more acid and, therefore, less digestible for infants?

We learn also that cattle feeding in exposed situations, such as mountainous and barren districts, and they have to take great muscular exercise to procure food, yield a small amount of butter fat, but a greater proportion of "casein" or cheese-producing principals. And that the opposite takes place if the same cattle are stall-fed.

When we hear of or read that children are nourished direct from the animal, without digestive disturbance, in Switzerland and other distant countries, this information is not accompanied with qualifying explanations.

Criticise the State Board of Health report by reading the figures of the vital statistic columns—minus the average 10,000 or 1,000 population—and strike your own average and note the results obtained as to infant mortality in the State. Here is an example, 25 years ago 1879 contending with an inaccurate birth record; to a population of 1,020,584, in New Jersey, there were born 23,116 children. There died under one year of age 18.49 of diarrhoeal disorders.

The latest official report—1907—shows that to a population of 2,248,331—double the above number—there were born 44,631 children, not double the above, though it is claimed that a more accurate census is obtained; it fails to show as well as 1879, and the loss by diarrhoeal ills was 2,492, and that year there died 9,280 children under 10 years of age.

This year in the presence of our pride in hygiene and clean milk the death rates from diarrhoeal ills alone for a month ending September, infantile diarrhoea, 553. For infantile digestive diseases, 257. For the month ending October 15th, 1909, is 362 = 11.72.

Think, doctors, and ask yourselves if the writer of this paper is far wrong in asserting that a large per cent. of these fatalities is chargeable to cows' milk. Not its impurity, as interpreted by the powers that be, but the abnormal character of the present supply, standardized as required by law.

The cow has become an article of greater commercial value than a generation ago, and to obtain the greatest monetary returns—the principal endeavor—she has become one

in a triangular struggle—the breeder of registered stock, the merchant handling the product, and the cow to produce legislative standard milk. Because of this triple force at work to obtain individual idealism, cows' milk is becoming a menace to the health of any one who uses it in quantity, and to infants especially. Two members of the triumvir of our terrestrial milky way—the breeder and the legislator—dictate the standard that will admit milk to the open market, and there the inquiry regarding the quality of cows' milk as a food rests officially, though the lay calves and the babies may die.

ARTIFICIAL INFANT FEEDING.*

BY FRANK F. BOWYER, M. D.,
JERSEY CITY, N. J.

During our early years of practice, no doubt many of us cherished the fact that, failing in mother's milk, the only proper food for an infant was cow's milk, and that it was a simple thing to feed a child successfully.

With little experience, any such belief in the simplicity of infant feeding vanished, and if cow's milk was ordered, it was with fear, and on the first sign of its disagreeing, recourse was had to some patent food or condensed milk, with probably no better results.

There is not a single patent food, or condensed milk on the market, which can replace cow's milk in the feeding of an infant who is deprived of the mother's milk, and a vast amount of infantile suffering and a large number of deaths are due to the indiscriminate feeding of infants with these artificial products.

Cow's milk, then, being our main reliance, it follows that everything relating to its production and handling is important. The conditions to be fulfilled are freshness; the milk should contain no preservatives, it should be from healthy animals, free from tuberculous and other diseases, clean and contain no pathogenic organisms, and the number of other organisms should not be excessive. A provision in the sanitary code of New York, providing that no milk shall be sold having a temperature above 50 degrees, has probably done more than anything else to improve the milk supply of that city.

The number of infants who cannot take cow's milk, I believe, is very small, and the

majority will thrive on it if it is properly modified. The most important part of modification is a practical knowledge of the average composition of human and cow's milk, and to modify the latter as nearly as possible to resemble the human milk, or to fit the infant's digestion. If we expect to dilute with water, sweeten and add a little cream, trusting to the mother or nurse to adjust the proportions, we shall have many failures, even in healthy infants, and many more in cases of weakly ones, and it is these more difficult cases, where a minute variation in one of the constituents is sufficient to disturb digestion, in which accurate modification is so important.

We know the curd-forming part of proteids, the casein in cow's milk, is about five times more than that contained in human milk, and it is more difficult of digestion; so we must understand how to get over this difficulty without reducing the other constituents of the milk to a harmful degree, or making the food too rich by the addition of too much cream and sugar. Taking human milk as the measure of a healthy infant's power of digestion, we must reduce the proportion of casein in cow's milk to about this standard. A strictly exact percentage of any one constituent is neither necessary nor practical, for fortunately Nature has provided infants with some range of accommodation in their power of digestion, and many will digest a larger proportion of casein in cow's milk than the average mother's milk contains, but I think the majority of failures in feeding cow's milk are due to insufficient dilution.

During the first few weeks of an infant's life, cow's milk, being five times stronger in casein than human milk, should be diluted one to five, and how often is this done? Is it surprising, from the mixtures these children receive, that they often suffer from colic, vomiting and other gastro-intestinal troubles? During the latter months of lactation, the curd in mother's milk scarcely increases at all, so here it might be expected to have to dilute further than is usual. I do not wish to advocate any extreme dilution for a vigorous youngster—the more curd he can digest the better; but I do wish to show the necessity for more accurate modification of cow's milk before rejecting this food for any of the far less satisfactory substitutes.

The above dilution seriously alters the proportions of the other constituents of the milk, and this fact, no doubt, often accounts for insufficient dilution. The lactalbumin,

*Read before the Hudson County Medical Society, December 7, 1909.

which is easily digested and without curd, is only about half that contained in human milk, and becomes still more deficient if ordinary diluents are used. If the proportion of fat is much less than found in mother's milk, the danger of rickets in later months is great, so sufficient fat, in the form of cream, must be added to make up for the dilution of the mixture and the smaller quantity contained in cow's milk.

Gravity cream contains about 20 per cent. of fat, but this is unsafe for infant feeding, as it requires several hours to rise. Far safer is a centrifugal cream, which is quickly obtained from fresh milk, and shows about 40 per cent. of fat. Now the addition of fat required in any mixture for infant feeding is not more than one or one and one-half drachms (depending whether we want a 2 or 3 per cent.) to a two and one-half ounce mixture, which added to the fat in the mixture, will raise the total fat percentage to the required strength (1 to 20 , $40 - 20 = 2$ per cent. $\div 1.2$ per cent. $= 3.2$ per cent.).

The upper part of a quart bottle of milk, left standing for three hours in a cool place, will contain $5\frac{1}{2}$ per cent. of fat, the upper 10 ounces 8 per cent., the upper 5 ounces 11 per cent.; so this "top milk," by simple calculations, may be used if we are unable to obtain fresh cream because of expense or other reasons. In this the proteids are scarcely altered from those found in fresh milk, so the result of dilution is to diminish the proteids without causing so great a deficiency in the fat as occurs when ordinary milk is diluted.

The dirty white yellowish curds in the stools, which we have been taught to believe were due to proteid indigestion, in the majority of cases are not proteid at all, but calcium soaps, fatty acids and particles of fat. This can be shown clinically by changing the diet to a fat-free food without altering the proteids. Dr. Frank Walls reported, in the *Am. Med. Assn. Journal* of April 27, 1907, feeding fat-free cow's milk to more than two hundred babies, some of whom were premature and some atrophic, and, after careful examination, was unable to find curds in the stools.

Buttermilk, which contains a large percentage of casein, may be used as an infant's food, and, when boiled with sugar and flour, is palatable, and valuable in acute intestinal disorders and fat indigestion. Undiluted cow's milk is deficient in sugar, and when diluted it is still more reduced. Elaborate methods have been introduced for the

addition of the exact quantity to a proportion equal to mother's milk, and some writers recommend a solution of sugar of known strength for a diluent. For practical purposes, a level teaspoonful of milk sugar, or a lump of cane sugar one-half inch square, added to a three-ounce feeding mixture, gives approximately a 5 per cent. solution, and as the original proportion of sugar in the mixture is calculated by division, the total percentage is known. With any of the ordinary milk mixtures this quantity of sugar added will give a total percentage near enough to Nature's average.

Because of its sweetness, children fed with cane sugar are hard to wean. It is perhaps a greater growth producer than milk sugar, for the reason that the latter undergoes more decomposition in the alimentary canal, but milk sugar is more valuable, for it can be given in relatively larger quantities without producing diarrhoea or flatulence.

What is the proper diluent? Whey is perhaps the ideal. It is Nature's diluent for milk when the curd is strained off; it carries with it the greater part of the fat, leaving a clear fluid which contains practically the same proportion of lactalbumin, salts and sugar as was originally present in the milk, and if this be used, there will be no dilution of lactalbumin. If whey cannot be used, cereal waters have, no doubt, some advantages over plain water in rendering the curd more flocculent. Barley water contains 1 to 2 per cent. of starch, and on that account is thought by some to be more indigestible to the infant under eight months of age, as the pancreatic secretion is scant before that period. This, however, is a question, and I have not seen any ill effects from its use, except in some cases it is rather too relaxing. The simplest diluent is, of course, water, and by the addition of sodium citrate, two to four grains in each feeding, which assists digestion of the curd and at the same time diminishes looseness of the bowels, the infant will usually do well, providing the proportions are properly arranged. Lime water is sometimes added to the feedings, but in my opinion its chief value is in counteracting looseness of the bowels.

The curd of asses' and goats' milk is fine, and more like the curd of human milk, and in severe cases, where cow's milk fails absolutely, it may do well for a short time, but, as might be supposed, so weak a food is not sufficient to secure much continued progress in weight.

Throughout infancy, the use of raw milk is attended with danger, a danger which altogether outweighs the disadvantages of boiling or sterilizing. Tubercle bacilli may be present in cow's milk, and even if cows are tested it is not certain that they will remain free from tuberculosis in the intervals. From 7 to 20 per cent. of cows in New York State are said to be tubercular, and the best veterinarians regard the disease as steadily increasing among cattle. I think it doubtful, unless a cow is fairly well advanced or the udder the seat of the disease, whether cows have tubercle bacilli in their milk. However, this must be considered one of the possible sources of tuberculous infection. Acute diarrhoea, scarlet fever, typhoid fever and diphtheria are other risks in using raw milk.

It cannot be denied that changes occur in milk that has been boiled, the lactalbumin becomes less digestible, some of the salts—particularly the calcium salts—may become less soluble, certain ferments usually present in fresh milk are killed, changes take place in the casein and the fats are partially thrown out of emulsion. These changes do not occur, or at any rate to so great an extent, if the milk is pasteurized, but experience shows that even boiled milk is usually digested as easily as unboiled, and there is no evidence, so far as I know, that its nutritive value is impaired, except as an anti-scorbutic. It may be taken as proved by experience that milk pasteurized loses so little that this disadvantage is not worth considering in comparison with the safety gained thereby from tuberculous and other infections.

The digestive disturbances and failure of growth which may result from curd indigestion are sometimes overcome by substituting for fresh cow's milk, condensed milk, or some patent food in which milk is present in a dried form, and therefore gives a fine, loose curd, which is easier of digestion than the curd of cow's milk, but if, at the same time, we are compelled by the composition of the food to give a proportion of sugar which is much higher than an infant should have, or a proportion of fat which is far too low, we may substitute one form of indigestion for another, and, in place of curd indigestion, have flatulence, colic, disturbed sleep and diarrhoea, or if the infant is not so readily upset by an excess of sugar or starch and it is continued, we may find, after some months—although he has appeared to thrive—the low proportion of fat in the food has led to some degree of rick-

ets. In human milk the proportion of fat to carbohydrates is about 1 to 2, in some of the patent foods it is from 1 to 8 to 1 to 35, and in sweetened condensed milk 1 to 5.

If such a food is to be used, with merely the addition of water, it is clear that by no possible way can it be made suitable for infant feeding; if it is to be used as an addition to milk it is clear that, in order to prevent an excess of carbohydrates, so small a quantity of food should be added that the fat in the food becomes a relative quantity, and the food can only be considered as adding a small quantity of carbohydrates to the milk mixture; but, according to the makers' directions, the foods have to be given in much larger proportions than would bring the proportion of sugar to that present in human milk, and this constitutes a grave defect. Excess of carbohydrates interferes with the absorption of fat, and a deficiency of fat and an excess of carbohydrates predisposes to rickets and scurvy. The excess of carbohydrates and the deficiency of fats in these foods make a favorable soil for the multiplication of bacteria, reaching the intestines from other sources.

The more one knows of the many simple methods of adapting fresh milk to the needs of the infant, the less use he will find for condensed milk and patent foods.

PERSONAL EQUATION IN INFANT FEEDING.*

BY ALEXANDER McALISTER, M. D.,
CAMDEN, N. J.

Every analysis of work done in the effort to solve the vexing problem of infant feeding shows the importance as a factor of the individual infant. Weigh as you will every gain in the vast volume of the research work done in all lands none is found superior in importance to the personal equation in the nursery. In determining the present status of this problem the final analysis will show that increased success comes only from a rational treatment of the individual just as we aim to do in the treatment of typhoid fever, tuberculosis or any other advanced medical problem.

The time has passed for the quest and exploitation of "sure cures" in internal medicine. It is a debatable question whether we have not in sound therapeutic principles remedial measures that are su-

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perior to *specifics*, particularly as that term was used by the ancients and is now employed by a school in medicine. At all events such principles rationally applied in meeting the indications of the individual case as in typhoid fever and tuberculosis, yield equally good results to mercury in syphilis and quinine in malaria—diseases in which successful treatment depends upon properly supplementing the *specific* remedy with other sound therapeutic principles.

Half a century of most voluminous research has given us no specific food or mixture or scheme, for hand feeding of infants. There is not now, nor can there be, a generally applicable rule. Every effort along this line always did and always will break down before the personal equation. The past half century has made nothing clear if it has failed to establish this fact.

Cleverly and minutely worked out percentage formulæ are elegant, even commendable for their mathematics, but they fall into insignificance before the purely medical factor of the personal equation. A statement of the number of calories of food required each twenty-four hours, per kilo of the body weight, is all very scientific, and applicable to marching soldiers and training athletes, but not to vegetating infants. It fails as a working rule in the art of infant feeding because it does not sufficiently recognize this personal equation.

In respect to the science of infant feeding it is to be noted that the dietetic phase has been developed beyond the infantile, and, what is to be lamented, there is great lack of unanimity of conclusions in respect to salient features of the latter. However, there are no doubt in both established principles of great practical value in the art of infant feeding. And furthermore the general adoption of the biologic basis at home and abroad, which, it is to be hoped, will turn a powerful searchlight on the problem of the individual infant. At least conditions seem ripe for this.

In approaching still more specifically the vital difficulties in the art of infant feeding interposed by the personal elements, candor compels at least a passing reference to the physician and the mother. It is a fact that the average family physician is not conversant with the best that medical science offers him. So much of it is new, undigested and distasteful. His practice shows that he seeks only a good working rule and that he is now casting about for a better rule than the one recently tried. Then it is a fact also that the rare faculty of extreme pa-

tience is a prime essential to large success in the treatment of these vexing problems in feeding. But even this high faculty must cringe and fail when the mother is lacking in sufficient intelligence, patience and skill to do her part in carrying out the detail of feeding.

As to the infant itself, there are those beginning independent life under normal physical conditions and those already showing, distinctly, inclinations to morbidity or, worse yet, the taint of disease. Two nursery phenomena will perhaps for all time stand out in most marked contrast, namely, the havoc wrought often by a few weeks of bottle feeding in the plumpest member of the first class and the miracle of transformation resulting in the frailest of the second class by good breast nursing.

The writer once brought gently to the attention of a mother the imperfect development of the hands and feet of her newly born—they being flattened, limp and suggestive of the extremities of a turtle. In fact the resemblance to the turtle was marked enough to draw from the father his entire fund of oaths, yet after six months of breast nursing both hands and feet were normal.

Such results never follow hand feeding and perhaps never will. The results of hand feeding, even when at their best, are inferior to the most mediocre results of breast feeding, owing, no doubt, to absence from the substitute food of the elements that so materially stimulate the processes of development in the remotest parts of the growing infant.

These elements are supplied by a normal mother in her milk for her offspring according to the requirements of the young—the mother for the babe and the cow for her calf, but not the cow for the babe. True, the normal ferments, bactericides, alexins, opsonins, etc., that make freshly drawn milk so distinctly a special biological food secreted for special biological ends, found in its highest type in *colostrum laden* milk, are qualities of good cows' milk above the purely nutritive that are beneficial as such in the feeding of infants.

It is demonstrable that these super-nutritive constituents of cows' milk aid in the digestion of the milk directly and indirectly, but they are not known to have any special influence upon infantile development. The position here taken is that they have no such remote effects as are produced by analogous constituents in the milk of the individual infant's own mother.

If this view is correct, success in every case of artificial feeding depends primarily upon a reserve of physical stamina possessed by the infant at the beginning of such feeding. Thus Doctor Chapin writes: "In some infants the ability to adapt themselves to their environments is better developed than in others and with them little trouble is experienced; but infants in whom the power to adapt themselves to their food is incomplete or feeble, either die or are extremely difficult to manage."

But even of these easy cases a certain number after a time develop indigestion and fall into the hands of the family physician—now vastly more difficult to feed properly than the average recently weaned infant. In addition to the disease, which may already have developed from purely functional to organic, we have to deal with vitiated conditions arising from a degree of adjustment to an improper food.

The mother may be depended upon to try, to the very best of her understanding, the food or method of feeding that chances at the time to be in the lime light of local repute. And it is amazing not only what has been resorted to but more especially the "good enough" results that sometimes follow.

In one of our inland hamlets "rum soup"—rum poured on toast—was popular enough years ago to supply to the present generation superior "ward politicians." Before the present writer lies a personal letter from a missionary telling of the custom of a native British Central African tribe of feeding babies corn mush, the most popular food of the tribe. When only a day old they are fed corn gruel, and after the age of from four to six weeks *mush*. The mother thrusts the mush down their throats with her fingers. Till about two years old the only article of clothing on the babies is a string of beads.

Thus characteristics of the individual infant make or mar the results of hand feeding, but the real crux in the present status of the problem of infant feeding is the factor of disease, as it always has been. The task is clinical, not dietetical. Vitiating digestive powers, morbidity or disease bar good results and each case is a fine problem in diagnosis.

The mother reports that the infant's food does not agree—the old family doctor wished no better diagnosis, but set about by means of a scheme of trials, to find a food that does agree. Not so the modern pediatricist. He ascertains first whether the er-

ror is one of digestion of or assimilation. If the former, which of the elements of the milk—proteid, fat or sugar—is offending?

But beyond the malnutrition may lie the real cause in a deeply seated disease, as numerous autopsies demonstrate. Again disagreement of food may be the cause of the only disease present. In either event the case is, first of all, one for the skillful diagnostician.

Unfortunately there is prevalent a false notion that tuberculosis is rare so early in life. This is leading many physicians to insert vague and erroneous terms into mortality reports. It is to be hoped that the present general demand for earlier diagnoses will prove helpful in the art of infant feeding.

SOME POINTS IN INFANT FEEDING NOT GENERALLY RECOGNIZED.*

BY J. FINLEY BELL, M. D.,
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A retrospection of the literature pertaining to infant feeding during the past ten years presents a decided tendency toward simplicity in methods on the one hand, and on the other more study of the infant's digestion, and attention to details in the individual cases. The percentage method of milk modification is essentially American, being evolved by the elder Meigs and brought to a high state of perfection by Professor Rotch, of Boston. Still, other pediatricians also, following Meigs, have added certain substances or diluents for the purpose of interfering with the formation of large milk curds; cereal gruels occasionally dextrinized, and mucilage have been largely used. That each and all of the methods have succeeded in many cases, and signally failed in others argues that the attempt to simulate closely, physically and chemically human milk, is not the guiding star to success in infant feeding. Most of the formulæ published in the text books aim to approximate the percentage values of human milk. A deeper study into the chemistry of cow's milk relative to human milk, demonstrates how far afield we are from an actual chemical similarity. The fat, proteid and carbohydrate constituents not many years ago were commonly considered in the light of elements. We now treat them as more or less gross constituents and

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subject to extensive physical and chemical cleavage. For many years the aim has been to deal with the fecal milk curds by modifying the albuminoids of the milk on the supposition that the curds were always composed of casein, and depended upon proteid indigestion or intolerance per se. Later it was found upon inspection and analyses, many of these curds had soaps, fatty acids and butter fat in varying proportions, predominating in their composition, after which there developed a tendency to consider most of the curds as composed of fat, etc. That both views are erroneous can be confirmed by any one on careful examination, analysis, or even close inspection. In most instances there will be found both fat constituents and casein in varying proportions. A consideration of the physiology of infant digestion on the one hand and the chemical and physical character of the milk constituents on the other, will prove that these curds of whatever quantitative composition have their origin in the stomach digestion, at least during the early months of life, and not in the intestine. It is, however, in the intestine that the local and nutritional mischief is wrought, and this occurs through the fatty constituents of the curds. Other things being equal, both the local and general damage is in direct ratio to the proportionate amount of fat in the curds. In this particular the amount determines, as we shall presently see, the character of the fat. If we go no deeper in our modification than a consideration of the fat, proteid and carbohydrate constituents, we can apparently simulate mother's milk, but further investigation into the composition of these constituents demonstrates marked differences in the proteid which is well known and frequently considered, and in the fats which are not so well known and less frequently considered. There is also a difference in the crystalography of the lactose which up to the present time has attracted little attention.

Melting Point, Fat—The fat globules are relatively smaller in human milk than in goat's milk, Holstein cow's milk and Jersey and Guernsey cow's milk in the order named. The melting point is in the same ratio and if the viscosity of the menstruum was the same in the human as in the other milks the permanency of the emulsion would be in the same ratio.

Proteid, Albumin and Casein, Proportions—Human milk can be considered an "albumin milk" because the addition of acid does not produce curds. Cow's and goat's

milk are "casein milks" because the addition of acid produces curds. Casein is albumin in combination or charged with calcium. If there could be some method devised whereby cow's milk could be decalcified without further complication, proteid feeding would be a matter of simple adjustment. In order to make practical application of the above stated information, it is necessary to briefly review the physiology of infant digestion and in so doing it is with the knowledge that many of the points to be considered are controversial, and whoever adopts must necessarily defend them.

First—Salivary digestion is probably not effectively established before the sixth or seventh month, and it is concerned solely with starch digestion. A simple reference will suffice. Gastric digestion is probably fully established within the first few days of life. It contains pepsin, chymosin, and the recently discovered gastric steapsin of Volhard, all acting in an acid medium. The gastric steapsin acts effectively only on the fats in a state of fine emulsion. On coarse and insoluble fats it has practically no effect, according to Volhard.

Pancreatic digestion is probably not actively developed before the sixth or seventh month. It contains the enzymes, trypsin acting on the albuminoids; amylopsin acting on starch and steapsin acting on fats in an alkaline medium. If the gastric secretion is developed at birth and the pancreatic not until the sixth or seventh month, it is evident that the elaboration of proteid and fat must take place in the stomach during this period. The character of human milk really confirms this theory for it seems built to order, containing a soluble fat in fine emulsion and a proteid not precipitated by acid. Not so with cow's milk, which is a "casein milk," and curds on the addition of an acid.

When this milk is introduced into the infant's stomach the HCL of the gastric juice immediately precipitates the casein in curds of various sizes and density, and the insoluble fat thrown out of the emulsion and solidified to a degree corresponding to its density. Fat splitting does not take place and its presence in this condition will mechanically suppress both the flow and power of the gastric juices on the one hand, and on the other coat the casein curds with an insoluble fat converting them into enteric pills. In this form they are passed through the pylorus into the duodenum where the chyme comes in contact with the immature pancreatic juice, first to be neutralized and then to be digested under the solvent action

of the bile. In this condition the curds are carried along the intestine until after the re-absorption of the bile, when the fat which has probably been, to a limited extent, softened by the bile undergoes splitting under bacterial influences into fatty acids and available soaps, for the most part insoluble, and in this way producing a condition of acid intoxication.

In order to appreciate, on the one hand, the extent of the deception under which we evolve our formulæ, and, on the other, the necessity for careful and wise selection of the milk entering into such formulæ, I have taken from one of the recently published and popular text books, a formula as you see designed for a child from three to five months old:

FORMULA FROM THIRD TO FIFTH MONTH.

	Oz.		P. C.
Cream (gravity). 4	= 120.00	Fat.....	3.36
Milk (whole)...15	= 450.00	Carbohydrate..	7.50
Lactose	2.5 = 45.00	Proteid.....	1.65
Lime water....	4 = 120.00		
Water up to....	40 = 1200.00		
	755	Calories	

Average weight 3 mos. 5,670=needs 567 calories
 Average weight 5 mos. 6,689=needs 669 calories

By the table you will see how the constituents differ in character, amount and availability when taken from human milk and the milk from certain breeds of cows and goats:

JERSEY MILK.

Cream, gravity—	Fat.	Proteid.
4 oz.= 120 c.c.	25% = 30.00	3.50% = 4.20
Milk, whole—		
15 oz.= 450 c.c.	4.3% = 19.35	3.55% = 15.97

Totals 49.35 20.17
 Soluble fat—Olein, 12.34; Albumin, 3.36%
 Insoluble Fat—Palmitin, Stearin, etc., 37.01;
 Casein, 16.81%

HOLSTEIN MILK.

Cream, gravity—	Fat.	Proteid.
4 oz.=120 c.c.	20% = 24.00	3.50% = 4.20
Milk, whole—		
15 oz.=450 c.c.	3.6% = 16.20	3.55% = 15.97+

Totals 40.20 20.17+
 Soluble Fat—Olein, 10.00; Albumin, 3.36.
 Insoluble Fat—Palmitin, Stearin, etc., 30.20;
 Casein, 16.81.

SWISS GOAT MILK.

Cream, gravity—	Fat.	Proteid.
4 oz.=120 c.c.	20% = 24.00	3.50% = 4.20
Milk, whole—		
15 oz.=450 c.c.	3.6% = 16.20	3.55% = 15.97+

Totals 40.20 20.17+
 Soluble Fat—Olein, 13.83; Albumin, 9.12.
 Insoluble Fat—Palmitin, Stearin, 13.17; Casein, 18.24.

AMERICAN GOAT.

Cream, gravity—	Fat.	Proteid.
4 oz.=120 c.c.	20% = 24.00	3.50% = 4.20
Milk, whole—		
20 oz.=600 c.c.	6.8% = 40.80	4.3% = 25.80
(5 in 10)		
Soluble Fat—Olein, 20.89+		Albumin, 6.54.

Insoluble Fat—Palmatin, Stearin, 19.90; Casein, 19.26.

HUMAN MILK.

	Fat.	Proteid.
Milk.. 40 oz.=1200 c.c.	3.78% = 45.36	4.3% = 25.80
Soluble Fat—Olein, 32.63; Albumin, 9.12.		
Insoluble Fat—Palmitin, Stearin, 12.73; Casein, 18.24.		

The melting point and iodine number of the various milks is set forth in the formula:

	FATS.		
Melting Point—			Iodine No.
Human	37.5 C.		
	38. C.		62
	38. C.		
Goat	34. C.		45+
	36. C.		
	34. C.		
Cow (Jersey)...	39. C.		
	40. C.		23+
	39. C.		
Cow (Holstein).	38. C.		27

Average of six observations.

The above deductions were made on the basis of the following analysis:

MILK ANALYSIS.

	Human.	Cow.	Swiss Goat.	American Goat.
Casein	1.03%	3.02%	2.84%	3.20%
Albumin ..	1.26%	.53%	.96%	1.09%
Proteid (T)	2.29%	3.55%	3.80%	4.20%
Fat	3.78%	3.64%	3.70%	6.80%
Sugar	6.21%	4.88%	4.46%	4.46%

Clinical Reports.

Sarcoma of the Spermatic Cord.

Dr. Fasano, in Il Policlinico, Sez. Chir. xv., 1908, reports two rare cases:

The first patient was a man 56 years of age, who had had an inguinal hernia for twenty years past; this had often become incarcerated and had always been replaced, all but a dense portion of the size of a walnut. This portion had increased in size for a few months past, and finally there occurred another incarceration, which did not subside spontaneously. Herniotomy was performed, and a tumor of the spermatic cord was found, having the size of a hen's egg and partially obstructing the orifice of the inguinal ring. This had led to the strangulation of the bowel. Castration was performed, and the microscope showed the irregular tumor to consist of a round cellular sarcoma, which had developed from a primary fibroma. The testicle and epididymis were found to be perfectly normal.

The second case concerned an old man 70 years of age, who for three months past had complained of pain in the left inguinal region. At the same time, a swelling of the left testicle was noted. The left inguinal region was found to contain a dense tumor, the size of a hen's egg, apparently connected with the epididymis. At the time of the operation, the irregular tumor was found to involve only the spermatic cord. The microscopical examination showed the picture of chondro-sarcoma.—F. R., in Med. Rev. of Reviews.

Case of Gallstone Disease Complicated with Necrotic Pancreatitis.

(From a Paper by Dr. L. R. Markley, of Bellingham, Wash., before The Washington State Medical Association, and published in the State Medical Journal.)

During the evening of December 30, 1907, I was called to see Rev. Mr. H., aged 39, the message stating he was suffering from very severe abdominal pains. I found a well-developed man of good physique, with a large muscular abdomen. He was in great pain, which I soon learned radiated from the gall-bladder region. Also learned upon hasty inquiry, that he had his first attack of "cramps" seven years previously, that he had an attack about once a year since that time, each attack coming on suddenly, lasting for half an hour, pain very severe, leaving as suddenly as it came. Could not establish a clear history of following jaundice. The past year he had two attacks. The last six months his general health had not been up to its usual standard. Was getting very nervous, some digestive disturbances, depressed feelings, unusually irritable at times.

All this history was learned in a few moments. Even though a patient is in great pain I do not like to give an opiate until I feel quite sure of my diagnosis. Deep palpation over the appendix elicited no pain, but there was tenderness over the liver. He was bathed in a cold, profuse perspiration, pulse normal, no temperature, no evidences of shock. The second night previous to my call he had two attacks which his wife treated with hot fomentations. Each attack lasted about thirty minutes with an intermission of several hours. The following day being Sunday, he attended to his church work. Monday evening I was called, being the first physician that had seen him during an attack. He had consulted physicians after the attacks and all said they were due to some digestive disturbance. I gave it as my opinion that he was and had been suffering from gallstone colic. Feeling sure of my ground, I gave him a good hypodermic of morphin and atropin. As his pains got considerably worse, I began the administration of chloroform which he took nicely for an hour, when he fell into a quiet sleep.

I said before leaving that he would probably sleep from four to six hours. In this I was mistaken. At midnight I was called again, condition being about the same and treatment repeated. Hot fomentations were applied freely, patient soon falling asleep. I directed that he be given a good dose of castor oil in the morning, this to be followed with tablespoonful doses of sweet oil every hour until his bowels acted freely. I directed that he lie on his right side while taking the oil. In the afternoon of the following day he reported that the oil had not acted and that he was becoming averse to taking any more. Directed seidlitz powders and said I would call in the evening, when I found considerable abdominal distension, some general soreness, not severe, gall-bladder area most tender, no jaundice, urine dark and scanty. Could hear no peristalsis. He looked fairly bright, with no temperature, pulse 80. I directed enemas during the evening and

more oil in the morning, if he could take it, which he did. Getting no results from all this, I directed more enemas with epsom salts in the water and head low with hips elevated. No results, tympanitis increasing, slight rise of temperature, this the third day. Now I gave him small doses of calomel and soda during the afternoon and evening, with salines in the morning of the fourth day. All this gave us no results; he had passed no flatus. I now tried the long rectal tube, passed the sigmoid and used a gallon or more of water with poor results. The following evening I again used the tube with better results but no high movement, temperature and pulse going a little higher, which I attributed to autotoxemia.

The morning of the fifth day of complete intestinal paresis found tympanitis severe, frequent eructations of gas, not a true hiccough, no vomiting. At times he perspired profusely. He took a little liquid nourishment. Ordered seidlitz powders and again used the tube, washing away a small amount of very offensive fecal matter and we thought traces of oil. Shortly after using the tube this time he had a free fecal movement followed by a large amount of flatus. The next two days we secured a number of very offensive stools, but the temperature and pulse remained above normal; very little abdominal pain. The following week the case resembled typhoid very much; temperature 100 degrees to 103 degrees, pulse 90 to 110. A short course of turpentine appeared to benefit him for two days, but the tympanitis and frequent eructations were annoying, despite the fact that his bowels were moving nicely. The tongue remained coated; he took some light nourishment; digestion was weak; no tenderness, tympanitis persistent, troubled with insomnia; at times perspiration profuse; fever ran an erratic course, no jaundice. A peculiar feature of this case from beginning to the end was that every third day he would feel much better, and the day following would feel badly, but no change in temperature or pulse. Still feeling that the temperature was due to autotoxemia, I tried salol for two days without results.

On January 12, two weeks from date of illness, a large induration became apparent in the median line, between the ensiform and umbilicus. This was a little tender. At my last call, two days previously, he was feeling better than at any time; temperature was under 100 degrees and we all felt encouraged. As soon as I had carefully examined this induration, I felt that the proper thing to do was an exploratory operation, at least to determine the cause. Dr. A. M. Smith was called and saw the case with me and urged immediate operation. We could not come to any conclusion as to what we might find, as he had not had chills, and the suddenness of its appearance precluded a large collection of pus at least. The location was not quite proper for a distended gallbladder but we thought of that as a possibility. As he had no symptoms of profound shock at the time of my first call for the severe pains, we ruled out a possible ruptured gallbladder. We were agreed, however, to go in and find out what the trouble was if possible. Dr. Kirkpatrick administered the anesthetic, giving ether. We asked the doctor to examine the patient after he was placed on the table but, after hearing a

brief history of the case, he would not venture a diagnosis.

A large incision was made along the outer border of the right rectus muscle. We found a large mass of adhesions, peritoneum and mesentery greatly thickened, and yet the patient had suffered but very trifling abdominal pains. After careful search among the mass of adhesions and indurations we found a small recent abscess, containing an ounce of pus. This was located in front of and close to the pyloric end of the stomach. The left lobe of the liver extended four inches below its normal location. We had great difficulty in locating the gall-bladder which was greatly atrophied, thickened, and filled with stones of a calcareous nature, not the usual dark and hard stones. The gall-bladder was left open and attached to the peritoneum. We placed deep gauze drainage, closed the wound in part, and returned the patient to bed in fairly good condition. The drainage was profuse, saturating the dressings and bedding twice daily. Tympanitis persisted in spite of all we could do and bowel movements were good. He took considerable nourishment. Temperature ran a very erratic course, usually highest at night, once reaching 104.4-5 degrees, but usually 102¼ degrees as an average, pulse 115 to 125. The induration persisted and, as before operation, every third day he would feel fine, to be followed by a bad day. He had a number of very profuse perspirations for which I gave him atropin; also quinin t.i.d., and strychnin t.i.d. by hypodermic. His stomach became irritable, appetite not so good, but no pains to speak of. He could never lie on his right side without inducing faintness. Somehow I always felt in doubt about this case because it ran such an unusual course, different from any case of gallstones I had ever treated or seen. He was never free from temperature, and pulse above normal. While tympanitis was pronounced continuously, there was but little pain, and the induration persisted in spite of the free drainage. Evidently there was some other pathologic condition present that we had not diagnosed.

Two days before death ended the scene he felt fine, temperature almost normal, pulse too high. He really did look better and our hopes were raised accordingly. Next day he was worse again, bowels obstructed, no movement of flatus or feces, tympanitis greatly increased, no pain, temperature just above normal with a rising pulse. He vomited frequently a very green vomitus that was offensive, with hiccough. Rectal tube was used without results; face took on a bronzed and anxious appearance. Next day the tube used again which removed some matter that was distinctly putrid, and perspiration was profuse. He gradually sank and died Jan. 22, sick a little over three weeks. Upon several occasions during his entire sickness he had spells when his finger nails would turn very dark and face become deeply cyanosed, lasting a couple of hours, pulse remaining good during these curious attacks.

We were fortunate in securing an autopsy next day. Adhesions were everywhere in upper abdomen; peritoneum and mesentery were greatly thickened; a large amount of pus and serum was removed that had its origin from behind the stomach. Dr. Smith suggested the evening he died that this might be a case of

pancreatic trouble. He never had pain in the region of the pancreas, which organ we found completely gangrenous. It was completely broken down into a mass of debris, one or two small pieces having a dark, slaty color which looked as though there might have been small hemorrhages at some time into the glandular tissues.

Case of Post-Operative Insanity.

Reported by Dr. Irvin Abell, Louisville, in the Kentucky Medical Journal.

This patient is a girl, nineteen years of age, whom I saw for the first time three weeks ago yesterday. She came to me with a history of frequent attacks of colic referable to the gall-bladder. The history was that the first attack of this kind occurred when she was thirteen year of age and have recurred frequently since that time. The family history (with which I was not familiar until subsequent developments) shows several instances of insanity on the maternal side; her mother's father was under treatment in a private sanatorium at some time for some type of insanity. She has, I think, a cousin who is at present an inmate of such an institution, and, going farther back into the family of the great-grandfather, there is one other instance of insanity. The girl herself has been rather a hard student. I only found this out since her present trouble occurred. Her type of reading has not been light, as it consisted of Carlisle, Shakespeare, Burns, Moore, Byron and literature of that class. She shows her familiarity with it by her ability to quote at will long passages from almost any author you can mention. She has been a high-school teacher for some years, and worked pretty hard in school.

Following operation for relief of the gall-bladder condition, at which two hundred and thirty stones were found in the gall-bladder, she suffered severe nausea for a period of three or four days and I was unable to give her rest either by the use of opiates or the ordinary type of hypnotics; none of them seemed to affect her longer than one or two hours. At the end of the first week she began to sleep two or three hours a night, but was still unable to take any appreciable amount of nourishment; no fever, no sepsis in the case; pulse and temperature normal. The pulse at times became a little elevated, particularly when excited. The first evidence of mental disturbance was during the second week, when she became dissatisfied with the nurse, claiming she was mistreated by her, and finally got the idea that the nurse was trying to kill her and requested another. That her mind was wrong was further evidenced by the fact that she made the same accusation against her mother and sister. During the past four or five days she has been entirely free of any rational periods, and once or twice has threatened suicide. She also imagines she is going to marry various persons about the institution and has many ideas as to what should be done in the way of saving the world.

The wound has practically healed. After the drainage tube was removed the rest of the wound healed up to that point. At the present time there is a small sinus which may discharge bile during one twenty-four hours and not during the next.

Abstracts from Medical Journals

Ophthalmia Neonatorum.

As the result of an investigation by the writer, he has found that blindness due to the infectious diseases sums up to a total of 62 cases, or 20 per cent., due to scarlet fever, measles, mumps, cerebrospinal meningitis, typhoid, smallpox and trachoma. School inspection is the greatest safeguard against all of these. No civilized community ought to expose its school children to the ravages of the infections, when regular and systematic examination of all children at school, by competent physicians, will lead to the early detection of a contagious disease in a child. When isolation of a child with scarlet fever or measles follows at once, when all the other children in that family, or even those living under the same roof, are isolated and not allowed to return to school until the danger of contagion is past, when fumigation of the schoolroom follows every time infection is detected, just to that degree are the dangers of an epidemic averted. Twelve cases (4.02 per cent.) were due to near-sightedness, high degrees of myopia. This condition can likewise be ameliorated by the proper lighting of school rooms, seeing that the light falls from the proper direction; the character of the type used in school books, and the proper adjustment of desks and chairs.

Methyl or wood alcohol has been the cause of blindness in three (possibly four cases), as the result of inhalation. Hundreds have died from drinking it. Its sale should be made a felony, since denatured alcohol (which contains but two per cent. of wood alcohol) can be used for everything for which wood alcohol is now used, and the dangers are greatly minimized. Lead poison caused four cases of blindness. These two causes are responsible for 2.62 per cent. of cases of blindness. In a total of 175 cases, equal to 58.99 per cent., the causes could justly be considered as preventable.—L. Stricker (Ohio State Medical Journal, August, 1909).

The Surgical Considerations of Goiter.

Dr. D. A. K. Steele, Chicago, at a recent meeting of the Chicago Surgical Society, read a paper on this subject. He referred to the histology of goiter, and spoke of simple colloid hypertrophy, adenoma, adenoma with cystic degeneration, and exophthalmic varieties, after which he discussed the surgical treatment. Total removal of the gland is no longer done except in case of carcinoma, as it is followed by myxedema in 70 per cent. of the cases. Removal or injury of the parathyroids should be avoided on account of the danger of tetany developing. By preserving the posterior capsule and leaving one-fifth of the gland we are safe from these dangers. Care to avoid injury of the recurrent laryngeal nerve when tying the inferior thyroid artery is necessary, and led Kocher to use cocain anesthesia. Deaths occasionally occur from shock, hemorrhage, pneumonia, infections, myxedema and tetany, in spite of the greatest care on the part of the surgeon.

Discussion.—Dr. M. L. Harris divided the cases into two classes, and he thought the method of procedure is quite different. First,

into those of ordinary goiters, such as the adenomas and colloid goiters, and all varieties of goiter except exophthalmic goiter. In the colloid goiters his method was enucleation. In these cases one could enucleate the diseased part of the gland and leave the healthy part. By the enucleation method one was able to save all the function of the gland on either side. In the exophthalmic variety one should avoid the gland and never get into it. Therefore, he should separate outside of the gland until he got to the posterior part. One should avoid getting into the gland because of wishing to avoid scattering the gland material, and thus preventing its absorption and the production of hyperthyroidism which causes death in these patients after these operations. In the exophthalmic variety, after exposing the gland and getting down to the capsule he proceeds to ligate the vessels. Usually, great difficulty is experienced in dealing with the superior thyroid. In pulling down the upper corner of the lobe we stretch and draw on the superior thyroid vessels, and when the lobe projects upward and well backward, we find, when we have drawn it down, that we have put the vessels on considerable tension, and there is danger of the vessel escaping from the ligature or clamp, with excessive hemorrhage. After the superior vessels are ligated it loosens up the gland and allows it to be displaced forward, and then we proceed to ligate the inferior artery. He never ligated this vessel in continuity of the main artery, but it should always be ligated inside of the capsule after the vessel has subdivided into its branches. He has never been able to determine just how much of the gland to remove. We remove a certain portion of the gland, but if we do not remove quite enough the patient will not be cured.

Dr. Daniel N. Eisendrath emphasized the importance of ligating the superior thyroid artery. In large goiters of long standing we are confronted by a trachea which is pathological. It is pushed over to one side. In either case it is pushed backward or deeper, so that a considerable part of the rings of the trachea may be atrophied, and not infrequently there is asphyxiation following the removal of large goiters.

Dr. D. W. Graham said he had never operated on a case of goiter under local anesthesia, and would feel averse to trying it. He knew he could do better, quicker and safer work under general anesthesia. He had found the greatest trouble with the small goiters. He was never much concerned about accidents and complications in large goiter, but he was in small ones that did not stand out much. They were always larger and deeper than they look to be.

Dr. Steele, in closing, said that in all cases of exophthalmic goiter that failed to show continued improvement under medical and other treatment, a partial thyroidectomy should be done.

International Prevention of Criminal Abortion.

The French Obstetric Society, at its recent annual meeting, Paris, October 8 to 10, appointed a permanent committee to study ways and means to be suggested to the public authorities for the prevention of criminal abortion. The committee includes nine of the prominent obstetricians of France, besides the offi-

cers of the society, and Treub of Amsterdam, Bossi of Genoa, Guzzoni of Messina, and Keifer of Brussels. Resolutions were adopted stating that, while it was not within the province of the society to discuss the subject on social, moral or religious grounds, yet it felt the urgent need for warning and calling attention to the great frequency and extreme gravity of the accidents consequent on criminal abortion, whatever the methods employed or the precautions observed. Statistics establish that in the large majority of cases long and serious local affections follow; that in two-thirds of the cases very serious affections develop, menacing life, entailing incapacity for work for months, years or permanently, and that the survivors are left infirm. Death usually spares women delivered normally at term, but carries off at once or not long afterward 6 per cent. of the women delivered by abortive practices. Recent statistics from the lying-in hospitals of the large cities show further that these practices destroy prematurely about a third of all the products of conception. The appeal for concerted action in this line was made by Bossi of Genoa, who delivered an address on the subject. Doleris, the president of the society, testified that at Paris 25 per cent. of the deliveries in the hospitals were the result of criminal abortive practices, and that the morbidity of the criminal abortions amounted to 66 per cent. and the mortality to 6 per cent. This discussion of prophylaxis against abortion was mentioned in the "Paris Letter," November 7, 1908, page 1613.—*Journal A. M. A.* January 9, 1909.

Clinical Significance of Albuminuria.

N. Tirard, in *The Lancet*, London, says that the chief difficulty connected with cases of albuminuria is not concerned with the detection of minute traces, but the significance of the albuminuria. The quantity of albumin is often an insignificant factor, but other factors, such as the quantity of urine excreted in 24 hours, the color, specific gravity, presence of other constituents must be taken into the account. General symptoms may be present or absent. Mere febrile albuminuria never appears to be associated with any grave interference with the renal function. Similarly albuminuria rarely causes any anxiety in patients who are suffering from disease involving retardation of the blood flow in the renal capillaries. The problem is a more difficult one in cases of albuminuria in connection with obvious heart lesions. Here the quality of the pulse and the presence even of the slightest amount of edema must be taken into account. Some of the most serious forms of albuminuria may be those in which the detection of the condition may be at times extremely difficult. Attention must also be paid to the time of voiding the specimen in relation to the ingestion of liquids, the permanent nature of a high or low specific gravity and the possibility of some disturbing factor, such as a diarrhea, recent violent exercise with profuse perspiration, and even excessive nervousness at the mere facts of examination. The presence of casts may be of assistance provided that too much importance is not attached to a few hyaline casts. Such casts are likely to be present whenever albumin is found in acid urine. Their absence can hardly be looked up-

on as a proof of the non-existence of possibly serious structural renal changes. In those who have been long addicted to athletics, albuminuria is often found, with or without cardiac abnormalities. Here the question must be decided between cause and effect on one hand and the reference of both to a common cause on the other. Indications of arterial rigidity are not much value in the separation of functional from organic forms of albuminuria. The author summarizes his conclusions by saying that a large amount of albumin without blood or pus may generally be taken to indicate chronic tubal nephritis, and this can be confirmed by a high specific gravity, by microscopical examination, and by the appearance of the patient. A very small trace in an elderly or middle-aged man will probably indicate chronic interstitial nephritis; confirmatory evidence can be found in the aspect, the history, the pulse tension and tracing, the outward displacement of the cardiac impulse, the accentuation of the systolic apical sound, and the accentuation and reduplication of the second sound at the base of the heart. These indications may be further supported in some cases by the pale color and low specific gravity of the urine; less frequently information may be gathered from the presence of casts and from their predominant characteristics. The absence of casts is not, however, to be regarded as an indication that the case is not one of chronic interstitial nephritis. In a young man a mere trace of albumin may be the only evidence of a functional albuminuria, and the diagnosis must then rest upon negative evidence to a large extent, one of the most important factors being the relatively high specific gravity, unless this has been influenced by nervousness or by the recent consumption of a large quantity of liquid. With the same limitations the deep color of the urine will lend confirmatory evidence.

Pathological Discovery and Bearing Upon Preventive Medicine.

By George Adami, M. D., Montreal, Canada. (New York Medical Journal, March 20, 1909.)

Adami's address on "Pathological Discovery and Its Bearing Upon Preventive Medicine" should be read by every thinking medical man. It is impossible to adequately abstract an article so full of meat, and the address should be read in full. The writer finds the cause of the great medical renaissance of the last thirty-five years in exact observation and in the employment of the experimental method: "advance in medicine has to a remarkable degree been the result of exact experimental investigations conducted in the laboratory, and to a remarkably slight extent has it been clear to empiricism or the employment of methods of treatment upon no settled plan, but on the chance that they might succeed." Pathological research has had its greatest fruition in infectious diseases and in preventive medicine. The author cites some interesting statistics to show reductions in the mortality sheets. Finklenburg, of Bonn, has estimated that the average human life of the sixteenth century was only 18-20 years; now it is well over forty. In London from 1620-1643 the mortality has been estimated at 70 in a thousand. During the last twenty years it has

been well below 20, and the last year it was 14.3 per 1,000. The remarkable reduction of the death rate attainable through Koch's discovery is considered. The author shows in what a chaotic condition our knowledge in regard to tuberculosis was in 1880-1882, when one well directed laboratory investigation supplied the proof necessary to establish the suspicion that had been cropping up for centuries in the minds of some. The well planned attack on the etiology of malaria and yellow fever is depicted and how the solution of the problems were the result of well directed pathological research rather than chance. Concrete illustrations of what has been done preventively are given to show what can be done to alleviate suffering and to establish commercially certain regions of the world.

In conclusion the work yet to be done is shown—30,000 individuals died in New York city last year of preventable causes. New York supplies stipends so meager that the men carrying out the work are obliged to practice to keep soul and body together, and it is the self-sacrifice and enthusiasm of the individuals that have accomplished what has already been done. The dependence of this work on political power is deplored. Conditions demand that there should be a Federal Board of Health. Zymotic diseases do not respect State boundaries. There should be a trained body of specialists to take care of this work, and the profession of preventive medicine should offer inducements to men with inclinations in that direction.

Treatment of Exophthalmic Goitre by the Roentgen Method.

Dr. Edward H. Skinner, of St. Louis, Mo., in the *Interstate Medical Journal*, gives a review of recent literature on the Subject, citing Papers by Drs. G. C.

Johnston, C. F. Holland and J. E. Pfahler.

The form of goitre peculiarly suitable for X-ray treatment is the exophthalmic. Here the condition is really one of hyperthyroidism. While the slight hypertrophy of the gland may be present yet the secretory function is exaggerated and the symptoms of tachycardia, tremor and extreme nervous unrest are largely toxic. The first effect of the X-ray upon the glandular tissue is inhibition of function and this inhibition may be so complete as to amount to a suppression. The results of operation in other than exophthalmic goitre have been very satisfactory. Kocker reported his second 1,000 cases in 1900 of thyroidectomy with only four deaths. The results in exophthalmic were four deaths, 45 cured and 10 improved in 59 cases. Johnston speaks of the unsatisfactory results of medical treatment and the multiplicity of remedies, the death rate following operation and complications, and then compares the effectiveness of roentgenization with no death rate and the results as equal or superior. He relates the early disappearance of the exophthalmos, and the relieving of the nervous unrest and tremor. The tachycardia persists for some time but grows progressively less. Freund reports unmistakable benefit in five cases with a restoration of the normal size of gland and condition. It may be argued that ante-operative treatment of goitre is helpful if not curative, and Charles Mayo

states: "We make use of the X-ray. From its known action upon the lymphatics and glandular tissue it exerts a favorable action upon exophthalmic goitre in decreasing its over-activity and in some cases seemingly develops something of a capsule and partially changes the character of the gland. While its action may not be permanent, it is a valuable adjunct in preparing advanced cases for operation." Johnston advocates the continued use of the ray for a period of three months with no danger of aphonia and other complications that follow surgical intervention.

Holland reports upon 20 cases in private and hospital practice, all exophthalmic. The diagnosis had been made by the physicians who had referred the cases to him. He makes the following points. 1. An immediate fall in the pulse-rate after the first few treatments, the reduction being permanent. 2. The muscular tremors and nervousness showed signs of improvement from the first. 3. The circumference of the neck in some cases diminished notably, whilst in others no diminution occurred. 4. The exophthalmos was not materially altered in any of the cases where it was a marked feature. He remarks that early cases will prove to be those favorably influenced and he sees no reason why the X-ray treatment should not be of value and no reason why it should not be combined with the usual medicinal methods.

Pfahler reviewed the world's literature upon the Roentgen treatment of exophthalmic goitre and found 51 cases reported with 42 good results, being 75 per cent. He summarized as follows: 42 good results and nine cases with little or no improvement. In other words, good results in over 75 per cent. of the cases with no risk or inconvenience to the patient. While the number of cases reported is small, still it is sufficient to justify further trial, since there seems to be nothing lost and a chance for much gain by the trial. He concludes: 1. That decided improvement may be expected in 75 per cent. of the cases. 2. This improvement consists of an increase in weight and strength and gradual disappearance of the Basedow symptoms. 3. Some improvement should be noticed within a month and after six to a dozen treatments. 4. When this treatment is properly given there appears to be no danger and no objection to recommending this trial of a month in all cases.

The Hurtfulness of Sun Baths.

(From *Deutsche Medizinische Hochschrift*, No. 33, 1909.)

No experimental evidence that sun baths possess therapeutic value is known to Grawitz while the Nansen expedition showed that men may live months in darkness without any discoverable detriment to health and well-being.

Exposure of the entire body surface to sunlight causes increase in transpiration and metabolism, but Lenkie found that if exposure to the sun's rays was continued longer than sixty minutes and without frequent changes in position, serious harm was done as shown by increased frequency and irregularity of the heart's action, valvular murmurs, extension of cardiac dullness to the right in less degree to the left, accentuated second tone, tense pulse, occasionally collapse from cardiac insufficiency, marked general depression, in some cases rise in tem-

perature, occasionally great excitement of the nervous system, often for several days headache and lassitude. The temperature of the skin may rise 4 degrees C. (7.5 degrees F.) and may cause dehydration of the blood that unless compensated by liberal drinking of water may result seriously; albuminuria Grawitz hasn't seen. Children lightly clothed and bareheaded playing on the streets get sunburned and acquire a healthy color, but become nervous and irritable.

W. J. B., in *Colorado Medicine*, referring to the above, says:

In this country Woodhull has called attention to the hurtfulness of exposure to direct sunlight, especially to the tuberculous, and I am sure that in Colorado much harm is being done by advising tuberculous patients to "spend as much time as possible in the sunshine."

Medical Expert Testimony.

Extracts From an Article By Dr. Nathan Smilie, of Philadelphia, in the *Wisconsin Medical Journal*.

The question is raised: shall medical experts "base their opinions upon inference drawn from their past experiences?" Are medical experts born with special intuition, a sixth sense, or knowledge gained in some previous existence? How does the innocent babe learn that fire burns? By intuition? By legal decision? No! by experience, somebody had to be burned before the fact was established, and nine times out of ten each individual has to learn it by personal experience. So it is with the medical expert: he sits on hard benches for four years and listens to the prosaic descriptions of atypical diseases by his professors, and perhaps goes into active practice before he ever sees many of the diseases taught, but when he meets them in practice, and many times the first meeting (and parting) is tragic, then and not until then has he something tangible upon which to base an opinion of future cases he may meet. In the course of time he sees many of the same cases and he becomes expert in diagnosis and prognosis, and thus in time becomes an expert, recognized as such by his fellow practitioners, if not by the legal fraternity, and not by poring over books and records of the past, or legal decisions of our courts.

Ask any of our medical teachers to-day whether the old style of didactic teaching or the present day methods of bedside and clinical instruction will turn out the most successful practitioners and expert diagnosticians.

I am surprised that the counsellor should mention ignorance among medical men. Is it not also a failing among the legal fraternity? Stored in the recesses of my gray matter is a little reminiscence that hardly seems creditable of a graduate of Ann Arbor, Mich., law school, and the proud possessor of a degree, who was questioned by some friends as to the meaning of the letters U. S. A. used by the government service corporation, and he failed absolutely to qualify. Almost as bad as a backwoods lawyer who after listening to the testimony of a witness against his client jumped up and said: "Judge, I object! the witness purged himself every time he opened his mouth." It seems to me that side of the question is unprofitable. There are legal crooks and medical quacks and

always will be as long as money is the ruling power of the world.

As to a remedy for the *casus belli*. Probably the ideal method would be to make more restrictive laws as to qualifications of medical experts in keeping with the higher standards of medical education of to-day. But I also believe the legal fraternity should be equally restricted in their manipulations of the cross-examination privileges and tactics used to get at the truth. If a physician qualifies as a medical expert there should be a limit to the amount of third degree he should be required to undergo. Let expert be controverted by expert. I judge the average medical man can be trusted to stick to the truth as he interprets it as closely as any type of witness on the stand—and not by legal quibbling, which keeps many of our best men of the highest standing in the profession from consulting on any case that is liable to be taken to court, and thus prevent the truth from being so buried and obscured by a mass of legal verbiage that it is no wonder "Justice" is depicted as blindfolded with a bandage over her eyes (to keep out the glare of the bright legal lights she is continually confronted with, perhaps), and the poor jurors must grope among the mass of evidence, and miss-evidence, and endeavor to lead blindfolded "Justice" into the right path.

Reports from County Societies.

BERGEN COUNTY.

Frederick S. Hallett, M. D., Secretary.

The regular monthly meeting of the Bergen County Medical Society was held in Elks' Hall, Hackensack, February 8th, at 8 P. M. The president, Dr. P. E. Brundage, occupied the chair, with 12 members present.

No special program had been arranged. After the regular order of business had been disposed of, reports of cases were received.

Dr. Charles Calhoun, of Rutherford, reported a case of apoplexy followed by complete hemiplegia. The patient suffered from intense coldness of the hand on the affected side, necessitating large doses of morphia at frequent intervals. This condition has continued for nearly a year.

Drs. J. F. Bell, J. S. Van Dyke and S. T. Hubbard also reported cases.

During the month we had a special meeting to promote the passage of the proposed medical bill. A committee was appointed to draft a letter, setting forth our views of osteopathic legislation and a copy of the same was sent to members of the Legislature and to the State and county societies.

CAMDEN COUNTY.

Henry H. Sherk, M. D., Reporter.

The regular meeting of the Camden County Medical Society, was held on the night of February 8th, at the Dispensary Building, 825 Federal street, Camden, N. J., Dr. William B. Jennings, the president, occupied the chair.

The following physicians were elected active members: Dr. Frank H. Cook, Laurel Springs; Dr. Edward Clementt, Haddonfield; Dr. Grafton E. Day and Dr. Joseph Husted, Collingswood; Dr. I. Grafton Seiber Audobon and Dr. Edward W. Rousell, Camden. At the conclusion of the business meeting the members and

their guests assembled in the spacious banquet room of the society where a splendid repast was served.

The February meeting being of a social nature, no scientific papers were presented, and the meeting was devoted to the ladies, who shared the festivities.

Dr. J. W. Martindale acted as toastmaster and called upon the following gentlemen to respond to toasts: Dr. Daniel Strock, "Halley's Comet;" Rev. C. V. Ogden, "The Relations Between the Clergy and the Physician;" Dr. Henry H. Sherk, "Women in Medicine;" Dr. R. I. Haines, "A Sane Fourth of July."

At a late hour the assembly adjourned, and every one went to their homes well pleased with the entertainment.

ESSEX COUNTY.

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

The Essex County Medical Society met in the hall of the Public Library, Newark, Tuesday evening, February 8th. Dr. Simon Flexner, of the Rockefeller Institute of Medical Research, New York, delivered an address on "Experimental Poliomyelitis and Its Bearing on Epidemic Poliomyelitis in Man." The work reported covers researches conducted almost entirely within the past three or four months. Monkeys were used as being the best type for a disease analogous to that of man and over one hundred have been used. Fluid from the human spinal canal in epidemic poliomyelitis failed to reproduce in monkeys either the symptoms of pathology of the disease. But, fortunately, two inches of the spinal cord from one case and the whole cord from another were procured and these have furnished the material for the work as follows: Injections into the brain or spinal canal of the animal produced the results. Subcutaneous injection would also, but peritoneal not. Injection into a nerve trunk would, but with effects limited accordingly. An incubation period of few days follows the injection, during which the animal appears well. (Ether as anesthetic is used and there is no suffering on that account.) Paralysis then follows and the onset of sickness is "tremendously rapid." The distribution of paralysis varies precisely as in man, and occurs in one or both lower extremities more often than in upper and in them more often than in the head or trunk, as is explained by the pathology of the circulation in the cord. The blood has the virus, though not concentrated. The virus is found in the lymph nodes draining the area involved. This demonstrates the infectious nature of poliomyelitis and that it is communicable.

The pathology is precisely as in man: not an inflammation(?), but an infiltration of the meninges which produces by pressure, not by thrombus, an occlusion of blood vessels. There must be some injury to the wall of the vessel to allow the transudation of red cells. There results a diffuse myelitis and encephalitis. It is not a poliomyelitis! The blood vessel change is the first step, then follows the effect on first the gray then the white matter of the cord. Hence the cause is the obstruction to blood circulation and the effect is denegeration of nerve cells which produces the permanent damage, i. e., paralysis.

What is the nature of this virus? It is contained in a filtrate of salt solution, is very potent, reveals no particles yet discovered, is very filterable, and, if a micro-organism, must be exceedingly small, and is stained by no known method. The virus of yellow fever and of rabies and of vaccinia are similar, but even less filterable. The disease spreads through the meninges. What is the external communication? The nasal passages, as also, we are coming to think, the cerebro-spinal fever. The nasal and throat mucous membranes have the virus for an emulsion of them made by rubbing fine with sand in a mortar will produce the disease. But the cerebro-spinal fluid seems to have it only for a transient period. It is, therefore, highly communicable enough to be classed as contagious, like meningitis. Note the recent epidemic in York, Nebraska. The lesson for any future epidemic is obvious. Treat the nasal passage prophylactically, and isolate cases.

The doctor concluded with a strong plea for every physician to oppose the threatened obstruction to research of antivivisection legislation.

Dr. C. F. Abraham, East Orange, was elected to membership.

GLOUCESTER COUNTY.

H. A. Wilson, M. D., Reporter.

The annual meeting of the Gloucester County Medical Society was held at Paul's Hotel, Woodbury, January 20th, 1910, with a large attendance of members and visiting delegates.

Dr. William S. Newcomet, of Philadelphia, gave a very instructive lecture on "The X-ray in General Practice," illustrating by the use of a lantern its value as a means of diagnosis in fractures and dislocations, and also in many cases of so-called facial neuralgia.

The secretary was directed to extend to Dr. John Ashcroft, of Mullica Hill, the sympathy of the society in the recent accident to Mrs. Ashcroft, with hope of her speedy recovery.

Drs. R. E. Hollingshead, of Westville; H. L. Sinxon, of Paulsboro, and H. L. Harley, of Williamstown, made application for membership in the society.

The following officers were elected for the ensuing year: President, Dr. Cyrus B. Phillips; vice-president, Dr. J. Harris Underwood; secretary and treasurer, Dr. George Evans Reading; reporter, Dr. Howard A. Wilson; censors, Drs. James Hunter, Jr., Luther M. Halsey and Harry A. Stout.

The following delegates were also elected: To the Medical Society of New Jersey, Dr. Charles S. Heritage; to the Camden County Society, Drs. Oliphant, Ashcroft, Fisher, Diverty, Stout; Salem County Society, Drs. De Grofft, Wilson, Oliphant; Cumberland County Society, Drs. Heritage, Fisher, Brewer; Burlington County Society, Drs. Stout, Reading, Hunter.

The president appointed the following committees: Legislation, Drs. James Hunter, Jr., H. A. Wilson, C. S. Heritage; Abstract, Drs. H. A. Stout, James Hunter, H. B. Diverty; Essays, Drs. H. A. Stout, C. S. Heritage, H. B. Diverty.

On motion of Dr. L. M. Halsey, the secretary was directed to write to the Senator and

Assemblymen from this county, asking their support for the medical bills now pending before the Legislature.

The society was pleased to entertain the following guests: Drs. Newcomet, of Philadelphia; Emma M. Richardson, W. H. Iszard, J. Anson Smith, of Camden County; Dr. Henry Chavanne, of Salem County; Dr. H. L. Sinexon, of Paulsboro; R. E. Hollingshead, of Westville, and H. L. Harley, of Williamstown.

HUDSON COUNTY.

Joseph Koppel, M. D., Reporter.

The regular meeting of the Hudson County Medical Society was held in Jersey City, February —, 1910. There was a large attendance with the president, Dr. A. A. Strasser, in the chair.

Under interesting cases, Dr. G. K. Dickinson reported a case of continuous bleeding after normal confinement. There was no disease of adnexa. Hysterectomy was performed; hypoplasia of lymph vessels and hypertrophy of muscular tissue; diagnosis, elephantiasis of uterus. He also presented a case of intestinal dyspepsia. Upon examination the peristaltic vigorous movement could be made out; obstruction was suspected. Operation showed it to be a scirrhous carcinoma just below the splenic plexus.

Dr. E. L. Bull reported a case of perpeszoster followed by paralysis of the ocular muscles. Dr. William L. Pyle demonstrated a sphygmometer and remarked that the same would be of great value if used on the same patient for comparative pressure. Dr. J. H. Rosenkrans said he had used gonococcus vaccine in a case of arthritis with very good results. He also reported a case of sarcoma of the brain which gave at first symptoms of chorea and improved under antisiphilitic treatment, but the patient subsequently died suddenly. The post-mortem showed a sarcoma on left side over the pons. Dr. J. Koppel reported a number of cases of German measles in adult patients, all of whom were employed by one concern.

There was no paper presented, but Dr. W. F. Faison gave a synopsis on the subject of "Duodenal Ulcer." He said it was more frequent in men than in women—74 to 26. He believed the most rational cause of all those advanced is that it is a septic process; bad food, bad teeth, poorly masticated food, etc., played no small part in its causation. Among the symptoms were: pain and distress three or four hours after eating, much gas in the stomach. These attacks come and go, vomiting is rare, occasionally hemoptysis. The diagnosis is usually made on history of the case. Gallstones give almost identical symptoms; it requires care also to distinguish it from ulcer of the stomach and chronic appendicitis. The treatment is surgical—post gastroenterostomy is the ideal operation for chronic duodenal ulcer.

Dr. G. K. Dickinson complimented Dr. Faison on some of his original views on the subject and remarked that if a case of disease of the stomach does not respond to treatment—medically—it should be explored surgically. Errors are frequent with the best of us, he said, and it is difficult often for an internist to make correct diagnosis; even surgically it is difficult

sometimes to differentiate between an indurated ulcer and cancer, the microscope is needed to decide. Duodenal ulcers are more latent than stomachal, the first symptom may be perforation. Study every case of stomach disease carefully and scientifically on a physiological basis.

Dr. J. J. Mooney said symptoms of duodenal and gastric ulcers are similar, all the so-called classical symptoms may be present or absent. Ulcers begin as abrasions and then the action of the hydrochloric acid occurs. Cicatrization cannot be due to the acid alone. The treatment should be medical in acute and surgical in chronic cases; if this is not sufficient it should be followed by medicinal. Dr. Henry Spence spoke of the difficulty in diagnosis of duodenal ulcer. He had a case recently where pain and distress came on in three or four hours after eating, there was no vomiting. Examination of stomach and feces was negative, it was relieved by alkalies. Every case should be studied carefully before deciding on treatment. Dr. F. D. Gray said that clinically all cases should be dealt with alike, the symptoms are the same, pain comes late; microscopic examination of the feces should be made. He had had a case of gastric ulcer where there were no symptoms after eating, but they occurred after exercise. On operation it was found to be a case of perforated gastric ulcer with adhesions in lesser sac, glands enlarged; partial gastrectomy was performed; patient did well after it, but pneumonia developed and death ensued in five days. Dr. William S. Pyle said that the internal medicine man is just as much interested in the cause of gastric ulcer as the surgeon. It may be due to anaemia, ischemia or angioneurotic anemia; we have these conditions in other parts of the body, why not in the stomach?

Dr. G. E. McLaughlin said that a number of cases after burns develop a more or less extensive form of toxemia. Bloods vary in alkalinity, also in force. Sections show only inflammation in immediate neighborhood. Dr. Mooney said a girl patient of his had all the symptoms of gastric ulcer, who got better under medical treatment. Afterward the symptoms returned and she was operated on for chronic appendicitis. He thought that appendicitis may possibly be the cause of gastric ulcer. Dr. Gray thought that the opposite is true. Dr. A. P. Hasking said, in reference to causation, he thought that foods eaten, excessive temperature or excessive tea drinking, tablets taken on an empty stomach may be considered. The location of ulcers modifies the symptoms. Lactic acid may be present in food taken, also much saliva is swallowed when tube is used and should be considered in making a diagnosis. Dr. Faison said that alkalines should be given after operations as they promote healing.

Dr. G. K. Dickinson, as chairman, presented the following names for members of the Medical Milk Commission: Drs. H. S. Forman, F. F. Bowyer, S. R. Woodruff, E. T. Steadman, C. L. DeMerritt, H. Spence, B. P. Craig, S. A. Cosgrove, J. J. Mooney, G. M. Culver, J. A. Exton. These were elected.

Dr. J. J. Mooney moved that meetings of this society be held more frequently and in sections. It was carried, and Drs. J. J. Mooney, H. H. Brinkerhoof and F. D. Gray were appointed a committee to arrange for this change.

MERCER COUNTY.

From The Trenton True American.

The regular meeting of the Mercer County Medical Society was held in the Council Chamber, February 8, 1910. Dr. H. G. Parker read a paper on Meningitis. Its reading was followed by a discussion, participated in by the majority of those in attendance.

SALEM COUNTY.

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

The regular meeting of the Salem County Medical Society was held at the Schaefer House, Salem, on February 2d, with a good attendance of the members.

Dr. Vernon E. DeGroff, of Swedesboro, was the only visitor present.

No epidemics were reported. A number of interesting cases were presented and discussed. In the absence of an essay, Dr. Henry Chavanne, of Salem, with a subject present, demonstrated the pathology and treatment of lymphangitis with a tendency to recovery.

After the business session the usual banquet was served and the society adjourned to meet at the Schaefer House, Salem, for the annual meeting in May.

Other Associations.

Essex County Anatomical and Pathological Society.

Reported by Frank W. Pinneo, M. D.

The regular monthly meeting of the society was held at 842 Broad street, Newark, on February 10, 1910.

The following very interesting cases, with discussions, occupied the evening hours:

1. Case of Primary Carcinoma of the Appendix, by Dr. Sutphen.
2. Case of Congenital Anomaly of the Bladder, by Dr. Levy.
3. Demonstrations of Gynecological Specimens, by Dr. Harden.
4. Case of Myxo-sarcoma of Bladder, by Dr. Kaussling.
5. Demonstrations of Specimens Showing: (a) Renal tuberculosis; (b) Adenoma of rectum; (c) Sarcoma of uterus, by Dr. Minningham.
6. Case of Primary Adeno-Carcinoma of Sigmoid Flexure, by Dr. Gauch.
7. Demonstration of some of the Common Primary Tumors of the Alimentary tract, by Dr. Martland.

Orange Mountain Medical Society.

Reported by D. E. English, M. D., Summit.

A most interesting and instructive meeting of the Orange Mountain Medical Society was held in the rooms of the William Pierson Medical Library Association on Friday evening, February 18, 1910. Dr. Richard D. Freeman, of South Orange, gave an address on "The Feeding of Children," from weaning up to adolescence. He said there was something radically wrong with the management of American children. No children in the civilized world were so unwisely fed as American children, and large-

ly for this reason: In no other country did business and professional men break down so early in life as here. Children are allowed too great latitude in the matter of eating, and there is a sad lack of discipline and regulation in this regard. Food other than milk should be begun when two teeth have appeared. This is a rule with few exceptions. Teeth were not given to us to chew milk. Get them down to three meals a day, with absolutely nothing but water between meals, as soon as possible. This change to three meals a day, principally of solid food, but not to the entire exclusion of milk, should be accomplished in four months. The keynote is proper discipline. The mothers must be educated. Breakfasts should consist of cereals, milk, bread, butter and fruit. Dinners, broth or beef juice, meat, baked potatoes and vegetables. Supper, the lightest meal, cereal, fruit, bread and butter, bread and milk. Begin with cereal gruels, rapidly strengthened up to oatmeal jelly. Feed with a spoon as soon as possible. Children should not be allowed to choose their food. They should be given the food that is best for them, and if they do not eat it, should be made to go without until the next meal time. The food should be properly cooked, and served in a cleanly and appetizing way. Too much served at once may disgust the child, and spoil the appetite. The child is very susceptible to small details, and the food and table and linen should be attractive. A child needs concentrated and easily digested food, for its stomach is small and under-developed, and it must provide for growth as well as repair. Children's stomachs are often abused by eating fruit, candy, crackers or other things between meals. This makes enlarged abdomen and constipation.

The topic was discussed by Drs. A. W. Bingham, Mefford Runyon, W. H. Van Gieson, E. C. Seibert, D. E. English, Walter Dodge, George H. Cobb, John Hammond Bradshaw, L. W. Halsey, William B. Graves, William D. Robinson, Thomas W. Harvey and Richard P. Francis. All agreed with Dr. Freeman in most particulars, and most regretted that the address was not in writing, so that it might be published. Dr. Bingham said it was better to follow principles than rules. It was not always possible to begin solid food at dentition, for some would not do well on it. Educate mothers; never tempt a child's appetite; do not give little children tonics to improve the appetite. He did not understand why orange juice was necessary, and thought children got along quite as well without it.

Dr. Runyon thought carrots, carefully cooked, should be one of the first vegetables given. Children had a natural craving for sweets. Many children were made too tired by over-exercise and excess of attention and handling. The whole mode of life must be considered in connection with the feeding.

Dr. Dodge recommended getting the child into a regular routine as soon as possible. Children were very amenable to suggestion, and could be taught good habits just as easily as bad. Dr. Bradshaw spoke against the patent cereals and in favor of molasses candy as a laxative.

Dr. Halsey said a child should be made to eat the proper kind of food, and should be kept away from the family table. Dr. Seibert thought

the size and weight a better guide than the teeth. He thought five meals better than three up to the end of the third year. Considered rice a specially good food for young children. Dr. Robinson said some fat meat was necessary and thought apples quite as good as oranges. Dr. Harvey thought three meals were not enough under three years, on account of the small size of the child's stomach. Dr. English did not think the taste for sweets was a natural one, but thought the taste for fats was. One of the uses of orange juice was to introduce living vegetable cells into the child's stomach.

Dr. Wellington Campbell, of Short Hills, related a very interesting case of acute ascending paralysis (Landry's Paralysis).

Dr. Mefford Runyon reported a case of recurring intestinal obstruction due to bands of adhesions; three attacks; three operations. Patient was doing well on fifth day after the third operation. The first attack occurred one year after an operation for appendicitis. Discussed by Dr. Harvey. He said certain people were prone to have these adhesions form, and a previous operation was not necessary to their formation. Dr. Cobb suggested that a condition of the blood, giving it unusual coagulating power, might favor these adhesions.

Dr. William H. Lawrence, Jr., of Summit, reported a case of tetanus in which he used intra-spinal injections of antitetanic serum, and magnesium sulphate. He gave one injection a day, giving 50,000 units of the serum at each injection. Of the magnesium sulphate he gave at first 4 c. c. of a two per cent. solution, increasing to 4 c.c. of a six per cent. solution. The magnesium sulphate seemed to relax the tetanized muscles in about 20 minutes. The patient recovered in three weeks, and was exhibited before the society. Some chloral and bromide were also given by rectum. Drs. Harvey and Graves discussed the case. Dr. Graves seemed to have considerable faith in the chloral and bromide treatment. Dr. English mentioned a case in which large doses of chloral and bromide by the mouth, and morphine hypodermatically, did not seem to do any good.

Dr. Levi W. Case, of Montclair, was the host of the evening and provided bounteous repast after the business and scientific work was over.

Summit Medical Society.

Reported by D. E. English, M. D., Summit.

The regular monthly meeting of the Summit Medical Society was held at the Highland Club, Summit, N. J., on Friday, January 28th, with Dr. William H. Lawrence, Jr., in the chair.

The feature of the evening was a paper on Eczema, by Dr. Henry J. F. Wallhouser, of Newark. In this excellent paper the doctor made plain the different varieties of this disease and explained lucidly why it assumed these various forms. He also outlined a simple system of treatment for each form founded on logical conclusions from the etiology and pathology. The paper was discussed by Drs. Wellington Campbell, of Short Hills; James T. Harrington, Thomas P. Prout and William H. Lawrence, Jr., of Summit; Joseph E. Pollard, of Chatham, and Josiah Meigh, of Bernardsville.

Dr. William H. Lawrence, Jr., related an interesting case of subperiosteal hematoma of the

skull that became infected from a suppurating eczema of the face.

Jersey City Medical Library Association.

From The Observer of Hudson County.

Dr. Richard Norris, professor of clinical obstetrics, University of Pennsylvania, and head of The Preston Retreat in Philadelphia, which has 2,000 maternity cases a year, gave a most interesting and valuable talk to an appreciative audience in the Free Library rooms, Jersey City, last night. The lecture was delivered before the Medical Library Association of Jersey City, and a general discussion followed. Instruments and appliances were shown.

The attendance was not as large as the importance of the subject presented by this master demanded, but the inclemency of the weather prevented many who value the medical library's efforts to make this an educational centre.

Union County Milk Commission.

Reported by D. E. English, M. D., Summit.

At the second meeting of the Medical Milk Commission of Union County of New Jersey No. 2, held on Wednesday evening, February 9, 1910, at the Highland Club, Summit, the following committees were appointed by President Gorton:

First—Committee on Medical and Hygienic Supervision of Employees (including their health, clothing, personal cleanliness, etc.): Drs. Thomas H. Rockwell and William J. Lamson, of Summit, and Dr. Joseph E. Pollard, of Chatham.

Second—Committee on Veterinary Supervision of Cattle (including their health, testing for tuberculosis, control of milk supply, etc.): Drs. Eliot Gorton and David E. English, of Summit, and Dr. Josiah Meigh, of Bernardsville.

Third—Committee on Chemical and Bacteriological Examinations of Milk: Drs. James T. Harrington and Roger W. Moister, of Summit, and Dr. Calvin Anderson, of Madison.

Fourth—Committee on Sanitary Conditions of Buildings (including inspection of wagons, cows, bottles, sterilizing apparatus, hay, feed, water, etc.): Drs. Jean Williams and Robert H. Hamill, of Summit, and Dr. Wellington Campbell, of Short Hills.

Letters of acceptance were read from Dr. Walter A. Jaquith, of Chatham, as inspecting physician, and Dr. J. Edward Rowe, of Summit, as veterinarian.

Anti-Tuberculosis Society.

Reported by John H. Griffith, M. D., Warren County Medical Society Reporter.

After a year of trial and tribulation, we are happy to present the following synopsis of an enthusiastic meeting in Phillipsburg, the metropolis of northwestern New Jersey, for the purpose of falling in line with the other towns and communities to throttle the hydra-headed monster, Tuberculosis. The meeting was held Monday evening, January 24th, in the High School assembly room. The gathering of seventy-five to one hundred people, though small in size, was fully representative of the entire town. It was resolved to organize a permanent anti-tuberculosis society.

A constitution was adopted naming the organ-

ization the "Anti-Tuberculosis Society of Phillipsburg, N. J." Its object is declared to be "the general education of the community in regard to the prevention and cure of tuberculosis, and the aid of needy persons afflicted with that disease." Membership is open to all adult persons on the payment of \$1 annual fee per member.

The ministrations of the society are intended to include the outlying regions as well as the town.

The following officers were elected for one year: President, Dr. J. M. Reese; vice-presidents, E. E. Carhart and Dr. Alma L. Williston; secretary, Miss Anna Nesom; treasurer, Mrs. S. H. Larned; executive board, Revs. A. W. Shaw and P. J. Quinn, George L. Shillinger, Mrs. O. D. McConnell, Mrs. Harry M. Souders, Mrs. S. H. Larned, Mrs. Edward Karcher, Mrs. J. J. Henderson, Mrs. J. I. B. Reilly.

The income from the sale of Red Cross Christmas stamps was reported at \$621.49. This sum was authorized to be entrusted to the new society, and the proper proportion thereof, totalling 30 per cent. to be paid over to the State and National Red Cross societies. The local society was authorized to arrange for the display in Phillipsburg in the near future of the State exhibit of anti-tuberculosis materials with accompanying lectures by physicians.

The executive secretary of the State society, William C. Smallwood, gave some interesting facts concerning tuberculosis.

The local societies, of which there are now thirty in New Jersey, are interested in seeing that the inspection of school children is carried out, for many children are infected with this disease and endanger their schoolmates as well as their home companions. If the proposed State Board of Health for tuberculosis is authorized by the Legislature, it will count on the hearty co-operation of the local societies as well as that of the local health officer.

At the close of the meeting about thirty persons signed the membership roll of the local society.

The New Jersey State Pediatric Society.

This society was organized in Newark on February 3d, 1910, with thirty-four charter members. The following officers were elected:

President, Dr. Henry L. Coit, of Newark; vice-president, Dr. Alexander McAllister, of Camden; treasurer, Dr. B. Van D. Hedges, of Plainfield; secretary, Dr. Martin J. Synnott, of Montclair; council: To serve five years, Dr. J. Finley Bell, of Englewood; to serve four years, Dr. T. N. Gray, East Orange; to serve three years, Dr. B. P. Craig, of Jersey City; to serve two years, Dr. Emery Marvel, of Atlantic City; to serve one year, Dr. F. H. Glazebrook, of Morristown.

The new society is the outcome of an idea formulated several years ago by Dr. Coit, and now successfully inaugurated through the efforts of several of his enthusiastic co-workers.

Membership in the society is restricted to physicians who have shown special qualifications in pediatric practice, or who have done some original scientific work in pediatrics.

The annual meeting of the society will be held in Atlantic City in June, when its members only will be present to hear and discuss instructive and scientific papers, and the results of the study and research of its individual members.

In addition to the annual meeting, and in order that the society may fulfill its obligation to the medical profession and indirectly to the public in the interest of the child, a series of four meetings will be arranged throughout the year in different parts of the State, when papers designed to instruct the general practitioner in the principles and practice of scientific medicine among children, will be read by well-known authorities on pediatrics and the leaders in pediatric teaching from the large cities of the country. Such meetings will be open to all physicians who wish to attend, whether members of the society or not.

From the constitution and by-laws we take the following:

"The name of this organization shall be 'The New Jersey State Pediatric Society.'

"Objects of the Society—The objects of this society shall be: First, to unite the physicians of the State, who are qualified, for the scientific study of the diseases of infancy and childhood; second, To promote by its concerted efforts scientific medical research in the department of pediatrics; third, to foster a greater interest in pediatrics by the profession at large, and to spread a knowledge of pediatrics among general practitioners; fourth, to study the problems of infant mortality and to popularize a knowledge of infant hygiene and of the means for the protection of child life.

"Membership—Any physician residing in New Jersey who is a member of a medical society in affiliation with the American Medical Association and who shows special qualifications in pediatric practice and who has been in general practice for ten years, or who has done some original scientific work in pediatrics or who is engaged in teaching pediatrics or who is doing pediatric work in research laboratories or who is holding a pediatric position in a dispensary or hospital, may become a member of the society."

The annual dues are five dollars and the annual meeting will be held the day preceding the annual meeting of the Medical Society of New Jersey.

The following is a list of the charter members of the society: Drs. H. L. Coit, F. W. Pinneo, O. A. Mockridge, E. W. Murray, Floy McEwen, S. A. Twinch, E. C. Wherry, M. R. Whitenack, Newark; J. Finley Bell, E. N. Huff, Englewood; A. McAlister, J. W. Fithian, Camden; T. N. Gray, A. W. Bingham, C. W. Banks, P. A. Potter, East Orange; B. P. Craig, G. E. McLaughlin, K. H. Goldstone, Jersey City; F. H. Glazebrook, Morristown; B. V. D. Hedges, Plainfield; M. J. Synnott, H. L. Taylor, Montclair; A. A. Strasser, F. H. Todd, D. T. Bowden, Paterson; D. E. English, Summit; Arthur Stern, Elizabeth; J. H. Bradshaw, Orange; F. W. Flagge, Rockaway; M. D. Hughes, Bloomfield; Emery Marvel, D. J. M. Miller, W. E. Darnell, Atlantic City.

Miscellaneous Items.

With all our varied instruments of precision, useful as they are, nothing can replace the watchful eye, the alert ear, the tactful finger, and the logical mind which correlates the facts obtained through all these avenues of information and so reaches an exact diagnosis.—W. W. Keen, M. D.

Congress of Medicine and Hygiene.

As already announced, the International Congress of Medicine and Hygiene will be held May 25, in Buenos Aires, Argentine Republic. In order to facilitate the contribution of papers and exhibits from the United States, there has been appointed by the president of the congress, Dr. Eliseo Canton, and the Minister of the Argentine Republic at Washington, a committee of propaganda of which Dr. Charles H. Frazier, 1724 Spruce street, Philadelphia, is chairman, and Dr. Alfred R. Allen, 111 South Twenty-first street, Philadelphia, is secretary. The congress has been divided into nine sections, each section being represented in the United States by its chairman, as follows:

(1) "Biologic and Fundamental Matters," Dr. W. H. Howell, 232 W. Lanvale street, Baltimore; (2) "Medicine and Its Clinics," Dr. George Dock, 528 Walnut street, New Orleans; (3) "Surgery and Its Clinics," Dr. J. M. T. Finney, 1300 Eutaw place, Baltimore; (4) "Public Hygiene," Dr. A. C. Abbott, 4229 Baltimore avenue, Philadelphia; (5) "Pharmacy and Chemistry," Dr. D. L. Edsall, 1432 Pine street, Philadelphia; (6) "Sanitary Technology," Dr. W. P. Mason, Troy, N. Y.; (7) "Veterinary Police," Dr. S. H. Gilliland, Marietta, Pa.; (8) "Dental Pathology," Dr. G. V. I. Brown, 349 Prospect avenue, Milwaukee, Wis.; (9) "Exhibition of Hygiene," Dr. A. C. Abbott, 4229 Baltimore avenue, Philadelphia.

It will not be necessary for one contributing a paper or exhibit to be present in person. Arrangements will be made to have contributions suitably presented in the absence of the author. Members of the following professions are eligible to present papers or exhibits: Medicine, pharmacy, chemistry, dentistry, veterinary medicine, engineering and architecture. Papers may be sent direct to the chairman of the particular section, or to Dr. Allen, secretary.

Colleges Asked to Teach Optometry,

Optometrists have asked Columbia and New York Universities to establish departments in which young men may study the science of testing eyes for errors of vision and prescribing and fitting eye glasses. The men in the movement say that although an optometry law has been in effect in the State for two years, New York City has no school in which candidates can qualify to take the examinations given under the law's provisions.

To Endow a Chair in Medical College.

As the result of the \$100,000 endowment obtained by alumni of the establishment of a chair in the medical school of the University of Pennsylvania, it is now believed that both Dr. James Tyson, professor of medicine, and Dr. David L. Edsall, professor of therapeutics and pharmacology, will remain with that institution.

While no definite statement has been made by the University authorities on the subject, it is known that a principal object of the endowed chair was to induce Dr. Edsall not to accept a position in St. Louis.

It was rumored for a time that Dr. Tyson would be dropped from the faculty, and that

his place would be tendered to Dr. Edsall. Both men are popular in the school and are conspicuous in the world of medicine.

Students of the medical department yesterday signed a petition protesting against the dismissal of Dr. Tyson. He has been connected with the University since 1876, when he was called from the Pennsylvania College of Dental Surgery to become professor of pathology and morbid anatomy. Later he was advanced to his present position—North American, Philadelphia.

The Humanity of Animal Experimentation.

Millions of animals, birds and fishes are tortured and slain every year to provide food, clothing and mere sport for mankind, and the zoophiles say nothing; but when a few hundred or a thousand animals are sacrificed for the sake of knowledge that will save the lives of countless children and avert destructive epidemics, a cry of pain goes up, and the lawmakers are prayed to arrest the progress of medical science. They will not do it, of course; they cannot do it, for the great mass of humanity is sane, but the periodical agitation against animal experimentation is none the less distressing to the lovers of their kind.—New York Medical Journal.

Italian "Doctor" is Fined \$50.

Dr. Joseph D'Amico, of 338 First street, who says he was a surgeon in the Italian Army, was fined \$50 recently in the First Criminal Court by Acting Judge Markley for violating the law which prohibits the practicing of medicine without a license.

D'Amico was arrested by Detective-Sergeants Rooney and Nugent at the instigation of the Board of Medical Examiners, which board has received numerous complaints against D'Amico from local physicians.

Dr. D'Amico in court admitted his guilt and pleaded ignorance of the law against practicing medicine without a license.

Reports of Boards of Medical Examiners.

States.	Examined.	Passed.	Failed.
California, Dec.....	97	66	31
Delaware, Dec.....	7	6	1
Idaho, Oct.....	44	27	17
Iowa, Sept.....	12	3	9
Maryland, Dec.....	42	30	12
North Carolina, June...	116	97	19
Oklahoma, July.....	38	23	15
Texas, Nov.....	32	31	1
Utah, Jan.....	6	6	0
Virginia, Dec.....	43	22	21
West Virginia, Nov....	27	24	3

New Members of the American Medical Association from New Jersey.

Coe, Richard, Newark.
 De Mund, Cornelius A., Ridgewood.
 Jacob, Albert N., Sparta.
 Lewis, Livingston L., Hoboken.
 Park, Henry, Paterson.
 Rogers, Benjamin H., Paterson.

THE JOURNAL

OF THE

Medical Society of New Jersey

MARCH, 1910

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.

MEDICAL PRACTICE BILL.

PRESIDENT WADDINGTON'S MESSAGE.

We have received the following letter from the President of our Society which we give prominent place in the Journal. It should receive that careful consideration and prompt action which its importance demands:

"Dear Dr. English: I am away from home with an invalid wife. I am prompted to write you a letter to appear in the Journal, urging the members of all our county societies to work and to do all they can to secure the passage of the Medical Practice Bill, and also the Midwifery Bill, which have been introduced at this session of the New Jersey Legislature. These bills, I believe, are satisfactory to all of us and why should not we all—*every member of the State Society*—urge the Senator and Representatives from our respective counties to vote for the passage of these bills? I take a very deep interest in these measures, and would like to see them placed upon our statute books while I am president of the Medical Society of New Jersey. * * *

"Sincerely yours,

"B. A. WADDINGTON."

As we have before said in the Journal, it is our conviction that a personal letter, or, far better, a personal talk with our representatives, explaining our reasons for urging the passage of these bills, and especially the one reason that vastly outweighs all others—that they are for the protection of the lives and health of the citizens of our State—will accomplish much more than a dozen public hearings. We need calm, deliberate argument with our representatives to convince them—as any honest, intelligent man, who desires to do his duty ought to know—that these bills are not for the advantage of the members of the medical profession more than of any other citizens.

The enemies of these bills, especially the Medical Practice Bill, are misrepresenting us and they are working unitedly and earnestly *for their own personal advantage*. They are using the public press to befog the issues. One of the leading newspapers of the State recently contained an editorial which showed the earmarks of the osteopaths—and the editorials in other papers are strangely similar—in which the leading objections to the bill are that it prevents the osteopaths from giving drugs, etc., and from signing birth and death certificates which, as it is stated, is one of that class of half-truths that is calculated, if not intended, to deceive, as we shall show.

What we say, and say with emphasis, to our legislators is simply this: MAINTAIN NEW JERSEY'S HIGH STANDARD OF REQUIREMENTS FOR LICENSURE AND THE PRACTICE OF MEDICINE, BECAUSE THE HEALTH INTERESTS OF OUR CITIZENS DEMAND IT.

Assembly Bill No. 156 was most carefully prepared with that object only in view. It is one of the best and fairest bills for the regulation of medical practice ever introduced in the Legislature of our State, and if our legislators examine it carefully and fully understand its provisions, and are not prejudiced against it by the gross, specious misrepresentations that are being made to them personally and through the press, we believe that every one of them

who wishes to vote intelligently and rightly—for the public good—will vote for it. Two points we wish clearly understood: 1. The present State Board of Medical Examiners is composed of five regular—old school—doctors, three homeopathic and one eclectic doctors. These three schools are satisfied with that and with the fairness toward each other with which the work has been conducted. This bill adds one osteopathist making ten members. All three schools are satisfied with that. Why should the osteopaths object? Is there any disposition on the part of the regular school physicians to be unfair? If the board were constituted according to the number of physicians of the different schools of practice in New Jersey, the proportion would be about 12 regular, 6 homeopathic, 2 eclectic and 1 osteopathic doctors. But (2) Section 9 of Bill 156 is the one that is being most falsely represented. It does *not* prevent the osteopathists who have passed the examination and have been licensed, from using drugs, serums or antitoxin, practising surgery, attending infectious or contagious diseases, or from signing birth and death certificates; it only prevents those who have *not* passed the examination and who are ignorant and utterly incompetent, from doing so. According to the statements of osteopaths, there is a large number of such and, be it remembered, there are two factions among them fighting each other, and that, we believe, is the main reason why one of these factions is so anxious to get a separate board of examiners which shall be controlled by them for the purpose of shutting out the other faction. It is a fact that the bills in former years which were introduced by the osteopaths themselves contained a clause preventing them from using drugs or performing surgical operations.

We insist upon the maintenance of high standards of medical education and medical licensure for all schools of practice, and if the graduates of any school pass the required examination let them be free to prac-

tice any method of treatment that their judgment and their consciences approve. The members of the regular school claim the right to, and do, use any and all methods of treatment, as each individual case requires and medical science suggests, and they are by no means therapeutic nihilists as many editorials in the daily press—inspired if not written by osteopathists—falsely assert.

DOCTORS AS MANAGERS OF COUNTY INSTITUTIONS.

There has been considerable adverse criticism of a few physicians connected with hospitals and other public institutions. We offer no words of justification or excuse for negligence, incompetence or other failure in the performance of duty by doctors, more than by non-medical officials, notwithstanding the fact that when the former are paid for services in such institutions they are very inadequately compensated, and the other fact that they are giving in such institutions an immense amount of service gratuitously, and their charity is often grossly abused. But it is our great pleasure to call attention to the fact that there are very many members of our profession connected with such institutions—we believe the vast majority—who are worthy of high commendation for guarding these institutions from graft and other forms of mal-administration. Hudson County furnishes us a recent illustration. Judge Robert Carey, in a banquet speech in Hackensack, February 22d, is reported in *The Jersey City Journal* as saying:

The Board of Freeholders of Hudson County have spent so much money in fitting up the tubercular hospital at Snake Hill that it has come to a pass where the doctors refuse to sign their names to the bills. In the establishing of the Hudson County tubercular hospital, the Board of Freeholders furnished it and have spent up to the present time \$15,000. They have spent so much, in fact, that the doctors refuse to sign their names to the bills. The matter of expenditures was called to my attention and I found that the City Hospital in the open market bought beds for \$7.50 apiece and that these same beds, these same identical pieces of furniture were installed in the tubercular hospital at \$15 each.

I had occasion to call before me the contractors who furnished these beds. Mr. So and So said to me:

"Judge, you've got my money all tied up. Won't you let go? The Board of Freeholders will pay my bills."

I told him I knew they would and asked him if he furnished all the beds for the hospital. He said he had. I asked him how much he had been paid by the Board of Freeholders and he told me \$13,000. I then told him I thought he had received more than a fair profit for the furniture already. Then I turned and asked him how much he paid for those beds.

He said: "Judge, that's my business."

I told him that was what I thought.

Then I said: "You're asking 100 per cent. more than a fair profit for those beds." The contractor replied: "Yes, I do, but that 100 per cent. added is only a fair profit for this kind of business."

All honor to the doctors who refuse to sign their names in approval of such bills.

U. S. PHARMACOPOEIA.

It is evident that far more interest is being manifested by the medical profession in the next revision of the pharmacopoeia than ever before, and this must be so if the work is ever to become of the value to the profession that it ought to be. We look forward to the meeting of the convention which is to be held in the City of Washington in May next, believing that the delegates will recognize the need of radical changes that will make the next volume one that will be of real value to the physician as well as the pharmacist, and that a spirit of harmony will characterize their deliberations. They should be united in the one purpose—to give us a pharmacopoeia that shall be constructed on the broadest, most scientific and most practical lines. There is little danger that this convention will be dominated by delegates representing the great trade interests, and therefore we may believe that the forthcoming volume shall not tend, as previous ones have done, to encourage the use of nostrums and proprietary preparations that the physicians ought not to prescribe and the sick ought not to purchase of the druggist.

We cannot now point out the changes that we believe are needed. The elimination of a large number of old remedies that are of no use to either physician or pharmacist

and the addition of many new remedies that are of acknowledged value, of different sera, antitoxins and such proprietary preparations as have been approved by such reliable authorities as the A. M. A. Council on Pharmacy and Chemistry; improved nomenclature; the incompatibilities of drugs, correct dosage, including maximum doses for potent remedies including those for hypodermic administration, are among the most important matters for consideration. There has been almost a flood of suggestions made in the medical press and the Hygienic Laboratory of Washington, D. C., has issued two large bulletins—Nos. 49 of March, 1909, and 58 of December, 1909, of 295 and 523 pages, respectively.

The Medical Society of New Jersey has been represented in previous conventions. It had delegates in the convention held in 1817; Dr. Lewis Condict was president of the convention of 1830, and also that of the year 1840. In the coming convention our society will be represented by Drs. Henry L. Coit, Isaac E. Leonard, Henry H. Davis and Joseph Tomlinson. We doubt not that they will welcome any suggestions for the improvement of the pharmacopoeia that our members will suggest to them.

On page 520 of this issue of our Journal will be found an abstract of a paper on this subject by Dr. Fantus, of Chicago, which is worthy of the consideration of our delegates and our members generally. His suggestion of the issuance of a smaller separate volume adapted especially to the physician's use, issued simultaneously with the larger work, seems—at first thought—to be a wise one; it is certainly worth considering.

We received, too late for insertion in this issue, an excellent paper on Urethral Stricture, by Dr. C. L. DeMeritt, of West Hoboken, also a clinical report of an unusual case of Sarcoma of the Uterus in a Child, by Dr. W. D. Minningham, of Newark. These will appear in the April Journal.

SHALL NEW JERSEY HAVE A MEDICAL COLLEGE?

In the February issue of the Journal we inserted an item taken from the *New York Tribune*, stating that plans were under way for the merger of the Jefferson, Medico-Chirurgical and Polyclinic Medical Colleges and their connection with some university as its medical department, and also stating that Princeton University was the first choice of those having the matter under consideration.

We are not only opposed to the increase in number of medical colleges, but we believe that a large number of existing medical colleges should be closed, as they fail to meet present requirements and are not able to secure sufficient financial support, or for other reasons are not likely to meet the increasing demands for more thorough medical instruction. We, therefore, approve most heartily of efforts to merge the financially weak medical colleges, though in this instance Jefferson College can by no means be classified as among the weak colleges—it has long been one of the best. It does, however, give us great pleasure to see this strong institution, with a splendid record, take the lead in favor of consolidation.

New Jersey has no medical college within its borders. From 1792 till 1835 Rutgers College—then Queen's College—did have a medical department which, for that period of inadequate medical instruction, did good work and graduated many able physicians; but it has never had since the discontinuance of that school the financial support it has richly deserved for the adequate equipment of the other departments of classical and scientific education, though its standing has been among the highest, and a very large number of its graduates have demonstrated the thoroughness of its work in qualifying men for professional and business life and for public positions.

Princeton College during these later years of its history has become a University and ought to have, as such, a medical department. It has for many years had the good

fortune to secure princely gifts for its equipment and endowment, and with the strength that Jefferson College and the other two excellent colleges—with the offerings of their generous friends—would bring in this proposed consolidation the success of this merger with Princeton would be assured.

We emphasize one point in calling attention to the fact that we have no medical college in our State, that—*New Jersey does not want, and should not have, a medical college unless that college shall be, in every respect, a first-class institution.* We believe there would be no room for doubt that New Jersey would secure one of the best medical colleges in the United States if this proposed plan is carried out, and we submit, with all due respect for the high standing of Lehigh University, that as Pennsylvania has already an excellent medical department in connection with the University of Pennsylvania, the "first choice of those back of the plan" is decidedly the wiser and better one, and should prevail.

We thank Dr. O. F. Ball, managing editor of the *Interstate Medical Journal*, St. Louis, Mo., for permission to use the historical note and cut which appear on page 527, of this issue of our Journal. We esteem the *Interstate Journal* as one of the best of our exchanges.

We regret to hear, as the JOURNAL goes to press, that Dr. John W. Ward, an ex-president of our Society and one of our most faithful trustees, is very ill. We hope for his speedy recovery.

Correspondence.

We are always glad to hear from our members when they are enjoying their seasons of rest, as well as, in their times of active professional work, they send us reports of interesting scientific matter.—Editor.

Dr. E. L. B. Godfrey, of Camden, in a letter from South Pasadena, California, dated February 7, 1910, says:

"Mrs. Godfrey and I have spent a delightful winter in this congenial climate. In this section winter has gone and spring, arrayed in gorgeous emerald and decorated with bursting buds, blooming flowers and ripening fruits, smiles with happiness and contentment beneath the cloudless skies of this favored section. * * *

* We expect to leave here about May 1st and return home, via New Orleans, going north

from there to take in the blue grass region of Kentucky, and arrive home about the middle of May."

Dr. William J. Chandler, South Orange, recording secretary of our State Society, who is enjoying a needed rest in Florida, writes us from Miami, Florida, under date of February 18th:

"It is hard for the ordinary inhabitant of the North to realize that he has within the limits of his own country such a delightful winter climate as that of Southern Florida, until he has actually enjoyed it. While you are sitting by a radiator or an open grate or are shivering in the wintry blasts on the city streets, we are sitting on the verandah with a temperature of 80 degrees in the shade. * * * We left New York in a snow storm by the Savannah line of steamers. These large, commodious boats, thoroughly warmed, made the temperature enjoyable in all the cabins. The table was excellent and the officers were unusually courteous and attentive. When we reached Savannah at 6 A. M., after a three days' sail, we still found overcoats none too warm. Indeed, there had been a slight frost there during the night.

"Jacksonville rejoiced in open trolley cars, but real summer weather was not found until we had gotten half way down the peninsula. Boys thronged the stations with baskets of large, luscious oranges at 'two for a nickel.' The pineapple culture is warranted and largely developed in the southern half of the State, but here in Miami all the tropical fruits are grown. Dates, bananas as well as oranges, grape fruit and pineapples flourish. We saw the tapioca bush—the tapioca is derived from the root.

"Excursions by boat, automobile, etc., are numerous and very delightful, to cool off during the heat of midday. The hotel accommodations are very good; the immense hotel—the Royal Palms—is without a superior, but there are numerous smaller hotels where one can be very comfortable. I should like a place similar to this in which to spend the months of January and February and then go north with the birds. * * * I shall be back by March 18th and hope to be ready for the rush of work from April 1st to the time of the annual meeting."

Optometry Bill Hearing.

Remarks by Dr. Charles J. Kipp, at the public hearing on the Optometry Bill—No. 37—before the Committee on Public Health of the Assembly at Trenton, Feb. 21, 1910.

There is nothing to show that this bill is wanted by the people. It is wanted only by a few men, for selfish purposes. Now, who are the men that want this bill passed? Are they any more competent to select glasses than the people that they want to keep out of the State? I do not think they are, nor have they proved that they are. Have they passed an examination before a board of men of whose competency there is no question? No. They have simply set themselves up as superior to the rest. They are superior in their own estimation only. The fact that they have been in business for over five years is no evidence that they know how to select glasses, nor is the fact that some of them have been able to save some money

evidence that it was acquired through knowledge of the conditions of the eyes of the people who contributed to their exchequer. They have not proved their competence and yet, should this bill become a law, the five examiners who are to be appointed would doubtless be selected from these men. Incompetency would have to determine the competence of applicants.

The selection of proper glasses for defects of vision and for the relief of eye strain is the practice of a branch of the art of medicine, and the people who are seeking to have this bill passed, really want authority from the State to practice this branch of medicine without having previously spent years in high school, classical college and college of medicine. They want the State to license them to practice this art, so that they can say to the people, the State recognizes me as capable to do this work as well as the men who have given many years to the study of the eye and its diseases, when, in fact, they have only a mere smattering even of the errors of refraction. These men who are dealers in optical goods are not satisfied with being known as such, but they want the State to proclaim them as competent to practice part of the art of the oculist.

Not one of these self-styled optometrists has the knowledge necessary to enable him to tell when glasses are needed and to select the proper ones. Such knowledge can be obtained only by the study of medicine and the diseases of the eye, in connection with optics. Optics alone will not do it. At a hearing held here last year on the same bill it was said by one of the optometrists that he could discover diseases of the eye, as the eye was an open book to all who could use the ophthalmoscope. But this is not true. I have used the ophthalmoscope constantly for more than forty-five years and yet meet cases daily in which I am unable to make a diagnosis of disease of the interior of the eye till I have dilated the pupil by medicines applied locally; and yet these men who are not allowed to use drugs for this purpose and whose skill in the use of the ophthalmoscope is very limited at best, claim to be able to recognize in all cases whether disease is present or not. There are also many cases in which the vision is but little impaired and who are suffering from very dangerous disease of the eye in which absolute rest and surgical interference is necessary instead of glasses. If such a case falls into the hands of the so-called optometrist and glasses are given a permanent loss of the vision will probably be the result. Again, there are many cases of astigmatism in which the examination with mechanical means only shows that the condition is directly the opposite from what it is found to be when a drug, that completely paralyzes the accommodation, has been used. If in such a case the glasses found to improve the vision when the eyes are not under the influence of the drug is given, the condition is made worse instead of better. The optometrist is not permitted to use such drugs and consequently he is unable to ascertain the refraction of the eye. Errors of this kind are frequently seen and in a case tried in one of our local courts some time ago it was proved that the optometrist by prescribing the wrong glass had increased the patient's eye trouble and the jury gave damages to the patient. Errors like this are constantly made by the optometrist for

which the State will assume responsibility if the bill under consideration is passed. A man licensed under this bill can claim to possess average knowledge in this line and then, for the errors made by him, he cannot be punished. The adoption of this bill will not be in the interest of the people; on the contrary, it will do harm.

With regard to the fact stated here that a similar law was enacted by the Legislature of the State of New York and approved by Governor Hughes, I will only say that the corruption of members of the Legislature of New York which has come to light in the last few weeks may well raise a doubt in our minds whether the law referred to was the product of solely altruistic motives of the members. Governor Hughes is a man in whose judgment I have great confidence, but he, like other men, is liable to err at times. In his approval of this measure he disregarded the advice of the whole medical profession of his State.

HOW CAN WE MAKE THE PHARMACOPEIA MORE POPULAR WITH PHYSICIANS?

Plea for a Physicians' Pharmacopeia.

Read by Bernard Fantus, M. D., of Chicago, before the joint meeting of the Chicago Medical Society and the American Pharmaceutical Association, March 31, 1909.

It has been said—it is true, rather facetiously—that the most certain way of lessening the popularity of a medicine with physicians was to put it into the pharmacopeia. Even if this be not quite the truth, all will admit that the pharmacopeia is not as popular with physicians as it ought to be; and that this is one of the roots of the nostrum evil. Is there much in it to make it attractive to physicians? Is it not a pharmacist's rather than a physician's book?

Nothing is further from my mind than to belittle our pharmacopeia. It fulfills in a most excellent manner the purpose for which it has been created—namely, to name, define, and describe the most important and most commonly used drugs, giving tests for their purity and strength and formulae for their preparations. Such a book is indispensable as the common meeting ground of the physician and of the pharmacist. But, while the pharmacist cannot get along without possessing a copy of it, a physician who has a pharmacopeia finds very little use for it; and, therefore, very few physicians own one. The pharmacopeia contains but few of the facts that a physician must know in order to be able to prescribe, and many that the physician is not in need of. Would it not be well to have a book that would give in an authoritative, systematic, concise and yet complete manner all the facts that a physician might need in order to compose a prescription for any pharmacopeial remedy that he has not prescribed before?

Such a book should contain.

1. The names of the drug—Latin name, English name, Synonym.

2. The physical characteristics of the drug—appearance, odor, taste, volatility, stability, solubility—the latter in considerable detail.

3. The chemical characteristics of the drug, including composition in case of compound

drugs, for the purpose chiefly of teaching how to avoid incompatibilities.

4. Dosage—The average dose or doses, when different dosage has different effects; and the average frequency of repetition to obtain or maintain effect. The minimum fatal dose should be given wherever possible. Dosage for children might advantageously be added in connection with important drugs; for, with quite a number of medicines, the dose arrived at by the use of general age rules is either too large or not efficient. For external remedies strength of application should be noted.

5. Administration—Under this heading should be discussed the best methods known for prescribing the remedy in a pleasant and efficient manner.

6. Antidotes, antagonists and the treatment of poisoning might be added.

7. The preparations of the drug, each of which should be treated from the above named first five standpoints, giving, besides the name, the physical and chemical characteristics, composition, dosage and methods of administration. If more than one preparation is official, the relative merits and special uses of each should be pointed out.

This would be the physician's pharmacopeia, which, it seems to me, every progressive physician would be glad to possess and would have occasion to make frequent use of. The size and shape of the book might preferably be such as to make it convenient to carry in the pocket. To give such a book the greatest degree of reliability, completeness, and therefore, usefulness, a body of experts such as constitutes the committee of revision of the pharmacopeia would be required as its authors, and it should be published simultaneously with the pharmacist's pharmacopeia.

Briefly, then, my plea is to make the pharmacopeia so valuable to the physician that he cannot afford to be without it, which, I believe, can only be done by issuing it in special form for physicians' use.

Editorials from Medical Journals

"Their Master's Voice."

Editorial from the New York State Medical Journal.

When an institution of mercy and healing has been founded by the munificence of one man, its activities organized and directed by other men, masters in their profession, so that it stood like a city set upon a hill, a centre of light and leading, a shining example among similar institutions, there is nothing sadder, nothing more painful to the thoughtful mind than to witness its vulgarization and degradation at the hands of well-meaning but ignorant and narrow men. It is pitiful to see high ideals trampled in the mire. It is pitiful to see the dollar mark break out on the walls and corridors of the House Beautiful and taint it with the modern leprosy so that we would fain cry "Unclean, unclean." It is pitiful to see a hospital staff so at the mercy of a lay board that its members retain their positions at the price of their self-respect. Lay boards of managers have in the past done some strange things, but it has been reserved for the board of managers of a once great hospital in Greater New York

to distinguish itself and gain a real and deserved but bad eminence. Indeed it ought to change its name and call itself not the board of managers, but a board of trade. It has promulgated the following extraordinary rule for the staff of the hospital: The visiting surgeons are classified, ranked and assigned to duty not according to fitness or length of service in the hospital, but according to the number of "paying patients" they have sent to the hospital during the fiscal year. The man who sends the most private patients has first choice of the service, and so on down the line until the man is reached who has sent in the fewest paying patients. He takes the leavings. In the eyes of the board of managers he is the yellow dog and a tin can is promptly tied to his tail "pour encourager les autres." It is difficult to see how any body of self-respecting gentlemen could allow itself to be persuaded to inflict so insulting and degrading a system on a visiting staff. Its members must have held the almighty dollar so close to their eyes they could see nothing else save its yellow glare. It is a matter of astonishment to the medical profession that the members of a self-respecting visiting staff could tamely submit to such ignominy. They have evidently heard "their master's voice" and the crack of the superintendent's whip. As a result of this base policy the hospital has already lost two of its best surgeons, men who have been associated with its honorable and brilliant past for over twenty years, and who refuse to accompany it on its downward path. The members of the staff who feel constrained to continue their relations with the hospital deserve the sympathy of the profession, the men who have resigned, that and something more.

A policy so cynical and vicious will not in the end rebound to the advantage of the hospital. Harmony and mutual confidence are essential to the success of any enterprise, but when an institution deliberately pits its men one against the other, it sows the seeds of suspicion, jealousy and dissension to reap in the future the fruits of a bitter harvest. Such an institution is false to its founder, false to benefactors, false to its patients, false to the public, and does not deserve the confidence of the community. The standing of a surgeon should be regulated by his professional fitness as determined by knowledge, experience, skill, devotion to the interests of the patients and ultimately the results which his treatment produces. This hospital has adopted the methods of the auction-room. What it wants is not men of high attainments and scholarship, but rather men who can produce what is commonly known as "dough." It does not need a laboratory or scientific equipment, but an auctioneer's block and hammer, an advertising agent and a bale of green trading stamps. A. T. B.

Educate the Public.

From the California State Medical Journal.

The example set by two or three of our county societies should not be ignored by the others; all should make an effort to arrange meetings between the medical societies and the bar associations, ministerial associations and prominent citizens of all classes generally. Nor should such meetings ignore the commercial side of our profession. If the laity once comes

to realize that to be an up-to-date physician, nowadays, is not an inexpensive matter, there will be a better appreciation of decent fees. A poorly paid doctor is generally not a good doctor, for he cannot keep himself supplied with current literature nor provide the required armamentarium; and every patient is entitled to, and should receive, the services of a good average up-to-date physician. Lodge and similar contract practice business really is an injury to the subscriber thereto, for bargain-counter methods in professional work always, eventually, harm the subscriber more than any one else; he gets the services of a cheap man—exactly what he pays for! Furthermore, the very members of the lodge not infrequently look down upon the lodge physician as a "cheap" man, and when anything more than a very trivial ailment is the matter with them they call in their own physician. If the physicians in a community agitate protection against a possible typhoid epidemic, or thorough investigation of school children to eradicate a remnant of a diphtheretic infection, the people become indignant and regard with suspicion the efforts of our profession. Why? Simply because they are ignorant of the truth; we have kept them in ignorance for so many years that they do not know how to look upon the public health work of physicians. If an oculist desires to examine the eyes of school children, or if an intelligent school board requires that this shall be done and appoints some one to do it, immediately a goodly number of parents will indignantly protest that the doctor in question is merely trying to drum up business. They have no realization of the fact that their own children may be commencing life with an ocular handicap that will hold them to or below mediocrity throughout life. Our State is famous for the high grade of its schools. Yet in the planning of them, how many times has the advice of a competent physician been secured to call attention to the proper distribution of lighting, ventilation, etc.? And this simply because we have not done our duty in educating the public.

Privileged Communication and the Accomplice of Crime.

Editorial by E. S. McK., in Monthly Cyclopedia and Medical Bulletin.

How far does a physician's devotion to professional secrecy render him an accomplice to crime is a matter of moment. The physician's course in this matter is often a decidedly hard one to decide. For instance, where a servant girl or nurse is afflicted with venereal disease and refuses to quit her job on the advice or command of her physician. Worse still is the instance of the diseased man or woman who refuses to defer or quit altogether the matrimonial arrangements. Hard, indeed, is it when, as has been the case in some instances, well known, this professional secrecy affects the safety of the physician's own household. Professional secrecy does not require a physician to allow his patient to infect others with the measles or mumps. Why should he allow the patient with gonorrhoea or syphilis any greater rights? The man who visits a house of prostitution is, in many cities and States, protected from infection. Shall innocent wives and chil-

dren not be allowed the same protection? We find a conflict between the physician's duty to his patient and the community in those instances where persons have responsible positions, where many lives, or health, or morals, depend on persons physically unfit. For instance, the color-blind railroad watchman; or the one subject to sudden death, or syncope, from heart disease, or epilepsy, or conditions causing possible or recurrent incapacity. There is a growing sentiment that a community has the inalienable right to protect itself. Cities of refuge have long since failed to protect the criminal; why should questions of professional secrecy when other lives or the State at large are endangered? Privileged communications as regards physicians have recently been very greatly modified with regard to certain contagious diseases and it is but a step to further this to other contagious diseases. A good means of differentiating is whether we are aiding in the punishment of a crime already committed, or to avert the commitment of one against innocent persons. The question is very ably discussed, editorially, by the New York Medical Times for August, 1909.—E. S. McK., in Monthly Cyclopaedia and Med. Bulletin.

Adrenalin as an Antidote.

Editorial in Therapeutic Gazette.

It has now been well recognized for a number of years that the use of adrenalin in conjunction with cocaine, or other local anesthetic, distinctly increases the local effect of the pain-relieving drug. At the same time it diminishes the danger of the absorption of the anesthetic into the general circulation, and so largely prevents any untoward effects which might otherwise develop. The explanation of this effect, of course, lies in the fact that the adrenalin so greatly diminishes circulation in the part to which it is applied that there is little chance for the cocaine to be absorbed.

It is not a far cry from this use of adrenalin to its employment in the stomach for the purpose of delaying the absorption of poisons. Early in 1909 this plan was resorted to by more than one physician. Among others, Jona reported in the International Medical Journal of Australia of July 20, 1909, a series of investigations made by him to determine whether the administration of adrenalin by the mouth would be of value as an emergency remedy in poisoning by cyanide of potassium, strychnine, and other rapidly-acting drugs. The fact that other investigators had already shown that the intraperitoneal injection of adrenalin diminished the rapidity of absorption of strychnine, even when it was administered by the mouth, led Jona to the belief that excellent results might accrue. He found that if three drachms of the 1-to-1000 adrenalin solution commonly found on the market, diluted with a small quantity of water, was administered at once after the poison had been taken, and then if, after the stomach had been washed out, a further dose of half this quantity was given, animals survived poisons which would otherwise have caused death if this treatment had not been instituted. Of course in the case of so rapidly-acting a poison as cyanide of potash it is essential that the antidote shall be given at once, and even if the quantity of the poison is small it can hardly be expected that adrenalin can prevent death

from such an exceedingly lethal drug. At most it can only delay absorption until an antidote can be given. When the poison is strychnine, however, the symptoms of poisoning are greatly delayed in their development and valuable time is given for the use of the stomach pump and physiological antidotes. Jona extended his research to such other drugs as aconite, belladonna, and chloroform liniment with equally good results. In other words, the adrenalin in such cases acts by delaying the absorption of the poison and not by any distinct antagonistic influence.

Preying Upon the People.

Editorial from the Critic and Guide, Jan., 1910.

How the people are being deceived, how they are cheated, how they are being lied to, how their brains are being befogged! And the poor dupes, who possess no scientific education, who are devoid of any analytic power of reasoning, of dissecting things, swallow whatever they read, taking it for scientific truth—and thus Error spreads out its roots farther and farther, deeper and deeper, and we sometimes almost despair of ever being able to uproot it in its entirety.

In a presumably honest and sincere "New Thought" journal, called Practical Ideals, we find an article by one Horatio W. Dresser, entitled "The Law of Spiritual Healing." The article is full of the most absurd claims, the most brazen impostures and the most ridiculous, the most impossible, the most imbecile stories of "cures." We cannot refrain from reproducing a case related by Mr. Horatio W. Dresser, who appends the title Ph. D. to his name (whether the title is genuine or not, or from what college obtained, we have no means of finding out. We cannot believe that a real Doctor of Philosophy can believe such horrible rot). Here it is:

"Once when a young man lay dying with a tumor on the brain, it occurred to a member of his family to summon this spiritual healer. The young man had lost consciousness, apparently forever, the nearest kin were gathered around the bed, and the physicians had already departed, after giving up the case as hopeless. When the healer entered the room, she realized that here was a supreme opportunity and that she must rise to the occasion. Accordingly, she dismissed the family and, sitting by the bedside, rendered herself receptive in the manner known to therapeutists of Quimby's type. She found that the soul, as she expressed it, had already in part separated from the body. One less experienced, and with less composure, would have said that nothing could be done. Plainly it would have been absurd to make suggestions, for example, 'You are healed,' 'You rule the body, and your bodily health is perfect.' For intuition had revealed the real and critical situation, and actual work had got to be accomplished, as she would put it, in order to bring the soul back into adjustment, and carry away the tumor. The healer had never had a case of precisely this sort, but, proceeding as she had in other instances in which consciousness was restored, she, to use her description, gently brought the soul down into the body. This return of spiritual activity and normal adjustment was accompanied by the breaking of the tumor, the young man regained consciousness, and wholly recovered."

Now, what do you say to that? What conclusions should rational, sane people draw from such a story? Is Mr. Dresser mentally unbalanced, or does he know that the thing is untrue, impossible, and deliberately, for an ulterior purpose, attempts to befog the minds of his readers and dupes? What will people, under present social conditions, not do, for the sake of making money, for the sake of making a livelihood? Some quacks will poison your body, others will corrupt your morals and still others will weaken your mind and muddle your brain—all with the same object in view—to part the fool from his money.

Editorials from the Lay Press.

Free Treatment in Hospitals.

There is probably no charity which is abused to such an extent as that in connection with hospital treatment, but if a plan mapped out by the Organized Aid Association meets with the success that is anticipated, many of the abuses which at least one hospital in this city suffers, will be checked, if not done away with altogether. The institution in question is Christ Hospital. The plan mapped out is the result of a conference held by Dr. G. K. Dickinson, chief surgeon at the hospital, Miss Edith Chambers, superintendent of the hospital, and Miss Anita Grish, secretary of the Organized Aid Association. It was realized before the investigation had gone far, that many of those who applied for free treatment at the hospital were able to pay but that, in common with many others, these applicants seemed to think that nothing which could be obtained free should be paid for, forgetting the fact that the hospital finds it a very difficult matter to keep out of debt. The reports of the hospital were gone over and it was found that out of ninety-seven patients in the institution at the time, only seven were paying for the treatment received. It was found that not a day passed without from eleven to fourteen applications being received.

That something would have to be done to change this condition of affairs was realized, and Miss Grish agreed, on behalf of the Organized Aid Association, to investigate the case of every applicant for free treatment. If the applicant can afford to pay, he will not be admitted to the institution unless he does pay. Of course, those who are really unable to pay will be treated free. In this way it is hoped to enlarge the scope of the charity work by increasing the accommodations for those who actually have no money to pay for hospital treatment. It is hoped that the physicians of the city will co-operate in this work, and it is also hoped that eventually the plan will be extended to include the other hospitals of the city, provided of course, that the managers of these institutions are willing to accept assistance in keeping out of the charity wards those who should pay for the treatment received.—From The Observer, Hudson County.

Microbes in Cold Storage.

From The Observer, Jersey City.

An additional cause for boycotting the Beef Trust has been discovered. In its investigation

of the cold storage proposition the Hudson County Grand Jury has learned that when beef is undergoing the rejuvenation process, after being in storage for a long time, it is particularly susceptible to microbes and little germ things, and these, like thieves in the night, steal their way into the midst of the best regulated families.

Dr. George E. McLaughlin, of Jersey City, who is a microscopical expert, is said to have brought out this delightful and most comforting fact before the probers yesterday afternoon, when the inquisition was continued, and as a result thereof twenty-three members of the august and somewhat austere body, sent some hurry-up calls to their respective domiciles by way of instruction as to the make-up of the evening repast. They became vegetarians in-stanter.

To-day, Assistant Prosecutor George T. Vickers is planning to leave for Washington, with Dr. McLaughlin, and there lay before H. W. Wiley, chief chemist of Uncle Sam's Department of Agriculture, the facts brought to light in Hudson County. Dr. Wiley may then send his poison squad here to put a crimp in the beef market.

Dr. McLaughlin was among the first witnesses called by the jury, and it is said his revelations were startling, to say the least. His testimony was based on observations made by him at several of the storage plants, where he claims to have taken a look at meat when received and other meat leaving. He says that when the meats are in the course of treatment provided to make them appear normal, the germs are very apt to find excellent homes, and this, in the expert's opinion, does not make for the health of the consumers.

Further facts along the line of restoration are to be given by Chief Chemist Wiley before the jury next Wednesday, if he can be induced to come here. He has made an investigation of the matter along the most scientific lines and his aid, it is expected, will prove very helpful to the jury.

Diet Fallacies.

Editorial Elizabeth Daily Journal.

There are more bromidic sayings concerning diet, and the effects of its variation on the health of the human system than concerning anything else.

The average American eats too much we assure each other as we order a planked steak for two that is big enough for five. If we would only chew our food sufficiently we'd have no indigestion, the commuter says as he gulps down his breakfast. On the train he expatiates on the need of Fletcherizing, and tells how many times Gladstone chewed each mouthful. Yes, we all eat too fast, replies the other commuter, joining the bromide. And another thing, we shouldn't drink while we eat; it retards digestion. Regularity is essential, says another. Three meals a day, and nothing between times, is my motto. No mince pie and Welsh rarebit at midnight for me. Moreover, if we ate less meat and more vegetables we men who lead a sedentary life would be better off. Plenty of fish is food for the brain. I always take a raw egg in the morning. If you

want to ruin your digestion, eat hard-boiled eggs. A nap and complete relaxation after meals is a good thing. And so on ad infinitum.

We stick to our little rules, no matter how often we break them, and we wouldn't be happy without them. But those who read the "Dietetic and Hygienic Gazette" of recent issues will get a rude shock. A doctor who is an expert on dietetics enumerates thirty-nine fads and notions which, according to his judgment, are as false as they are popular.

Many Americans eat too much, he says, but many others, leading solitary and monotonous lives and thus lacking the stimulus to appetite, as well as others guided by false ideas of economy, eat too little. Vegetarianism or any similar hobby is not necessarily conducive to health. A raw egg is no more nutritious than a cooked egg. Hard-boiled eggs are not hard to digest. Dry meals do not digest better than those with which a moderate quantity of water in soup and vegetables is taken. One should not always eat because it is mealtime. On the other hand, one should not always wait for an appetite. An ordinary meal for a healthy person does not require more than half an hour at table. Dawdling over meals is nearly as bad as bolting the food. Fish do not contain an excess of phosphorous or brain food. The phosphorescence of fish is due to the beginning of putrefaction and has nothing to do with phosphorous. Meats and various vegetables contain as much phosphorous as fish. It is not harmful to swim or bathe when there is food in the stomach. A Welsh rarebit is sterile, highly nutritious and not harder to digest than a milk curd. Mince pie and various other articles against which there is a strong prejudice are not necessarily difficult of digestion.

The article destroys all pet notions and leaves us without chart or compass drifting in a sea of food.

Insanity Pleas and the Jury.

From the Newark Evening News, February 7.

It is to be hoped that the Bar Association of the State of New York has more influence with the people than has the Bar Association of New Jersey. At the former's recent annual convention in Rochester it strongly recommended a very radical but eminently sensible change in the legal method of dealing with murderers who plead insanity as an excuse for their crimes. In substance the association advised that the trial jury decide only as to whether the accused committed the act charged and leave his mental condition to be passed upon by a competent tribunal created for that purpose. If the latter decides the convicted man to be sane the electric chair receives him; if insane, the State hospital holds him and no tricky process of law can get him out. In New Jersey the Bar Association twice indorsed amendments to the Constitution, particularly those reorganizing the judiciary. And not only the law as such but the most prominent, most respected and most influential members of the bar gave their strongest individual reasons, urging the people to vote for the amendments, but the people voted overwhelmingly against them each time. It is passing strange that the people will elect a large majority of lawyers to the Legislature—young

lawyers at that—and will take their advice in pretty much everything else, but will spurn them when they ask that an involved, expensive, antiquated judicial system be reorganized on a modern, economical basis.

A Warning—the Criminal Insane.

From The Jersey Journal, Jersey City.

Dr. Robert E. Lamb, medical superintendent of the Matteawan Asylum for the Criminal Insane, states in his annual report that during the last three or four years there have been committed to that asylum half a dozen or more notable criminals who are not insane. It is said that Harry Thaw is one of the criminals referred to.

These criminals must be kept in the asylum because the law requires it. They cannot be released except by order of the court. When such a case is returned to the court for disposition the medical superintendent must certify that the patient has recovered and that the recovery has taken place after the examination by the committing officers has been completed, but previous to his entrance to the hospital, and recovery in so short a time, Dr. Lamb says, is impossible. In fact, there can be no real recovery, because the cases exhibit structural weaknesses and defect rather than definite conditions of mental disease.

Evidently the law governing the commitment of insane criminals in New York State needs attention. It contains loopholes by which criminals who should go to the electric chair or to State Prison for life are sent to insane asylums instead. And in most instances it appears that these criminals are persons who can afford to wage long fights in the courts and take advantage of legal technicalities which are not open to any but the rich.

In New Jersey the law is less pliable and surer. We don't send to the asylums many criminals who are not insane. Such a thing is not impossible, however, even in this State. It would be well at any rate for the commission which is to revise our statutes to look into this matter carefully. It is too important to be treated lightly, and the problem raised in New York holds out a warning for other States.

Provision for the State's Wards.

From The Jersey Journal, Jersey City.

An old time writer alleged that parents eat sour grapes and set their children's teeth on edge. The transmission of mental and physical peculiarities either as instinct, heredity or the more refined atavism, has been recognized in all animal life for ages.

Attempts more or less successful have been made to utilize good characteristics and to suppress bad ones. In ancient Sparta the degenerate was liable to sudden death, and this heroic treatment has been modified through many stages and processes without preventing the recurrence of types which are destructive or dangerous to society.

Modern research and theories have decided that the criminal tendency is due to cerebral lesion or some other physical defect, some lack of synchronism calculated to produce deflection from conditions, and remedial action is suggested varying from sterilization to wholesale se-

questration, but remedial agencies have been employed only partially for mitigation, not for extermination of the evils of transmission.

A Western State had a commission for several years studying criminal records and it decided that 150 families had produced all of the criminals that State had suffered from during three generations. Investigations along similar lines in certain criminal families in this State showed the transmission of criminal taint, though it was not possible on the data presented to differentiate between hereditary taint and vicious surroundings in estimating the net result.

Scientists believe that the remedy must be sought in surgery and the philanthropists favor isolation. All admit that remedial action is necessary. The number of State wards in custodial care is making institution remedies expensive and cumbersome.

Experiments in reformation are almost as numerous as the States, and irresponsibles are sifted hopefully in a belief that society owes something to the lame man, whether his lameness is mental or physical. If there were any authentic records of substantial gain in treating these unfortunates there would be no ground for opposing the reformatory principle. Where the ailment is hereditary, opportunity excites vicious activity. It is not an easy matter to rejuvenate a superannuated egg. Yet there are cases where reform has added a useful citizen to the social structure, and it is not questioned that one reformed criminal or defective is worth many failures.

The feeble minded and epileptic are increasing along with the insane and criminal percentage of population and all are equally lame. These classes have cost this State over \$1,934,731 since it began the institutional care of them by separate classification, and there are now 822 in the State's custodial care in three institutions and there are 390 applicants awaiting admission.

The managers of these three institutions ask for means to enlarge them, so that all of the applicants can be admitted, and thus accomplish segregation and isolation to prevent the transmission of the taint.

Whether this plan is the best or not is not at present the question. The State has started these institutions, and it should make them large enough to sequester all of the eligibles who are found. That is one way to prevent the increase that is now providing more and more of these classes every year.

Unless some plan more radical and effective can be proposed, the State should enlarge its institutions to admit all who should be restrained. This might not stop the increase, but it would materially reduce it. The Legislature will act wisely if it decides to enlarge the institutions for the care of feeble-minded women, feeble-minded children and epileptics.

Gangrene of the extremities may be due to senile changes; local infection; mechanical injury to bloodvessels; tumors; diabetes; constitutional infective febrile disease; poisoning with ergot, lead, phenol, arsenic or tobacco; syphilis; trophic cord lesion; Bright's disease; leprosy; embolism; frost; ainhum; or Reynaud's disease.
—Amer. Jour. of Surg.

Hospitals, Sanatoria and Other Institutions.

How the Founding of a Hospital Originated the Royal Academy of Arts.

From the Interstate Medical Journal, St. Louis, Mo., Under Historical Notes.

The association of art with hospitals is an interesting subject which is worthy of study, for not a few famous paintings are housed in institutions devoted to the care of sick and injured mortals. This relationship is possibly easier of comprehension than that the founding of a hospital should be the fount from which should issue a Royal Academy of Fine Arts. Nevertheless, the present Royal Academy grew out of the Foundling Hospital in London.

The idea of establishing this famous charity originated with Captain Thomas Coram (1668-1751), an English "mariner and shipwright," who lived for several years at Taunton, Massachusetts. The charter of the Foundling Hospital was granted by George the Second, on October 17, 1739, in response to the memorial of Captain Coram. The institution was established "for the reception, maintenance and education of exposed and deserted young children." The Governors first opened a house in Hatton Garden, in 1740-41; fourteen years later the present hospital was built.

One of the earliest Governors was William Hogarth, noted then as a painter, but remembered more particularly for his great skill as an engraver and caricaturist. The income of the hospital not permitting the expenditure of money for decorations, Hogarth and other leading artists of that day voluntarily used their talents in the ornamentation of the several apartments. The pictures thus secured were much admired by the public and drew many visitors to the hospital. The artists were accustomed to hold an annual meeting at the hospital. Originally their little society was of a political nature, but soon it turned its attention to the encouragement of the arts. At these annual gatherings the donations of pictures were received, examined and discussed. So much interest was excited that the artists determined to hold a public exhibition of their works. This was opened April 21, 1760, in a large room, in the Strand, and was favorably received by the public. The movement grew rapidly and led to the formation of the Royal Academy in 1768.

Sir Robert Strange remarks that "Accident has often been observed to produce what the utmost efforts of industry have failed to accomplish, and something of this kind seems to have happened here."

Hogarth's interest in the Foundling Hospital led him to give to it his time, his talents, and his money. The charter of the institution permitting the Governors to seek alms, Hogarth's first artistic contribution to the hospital was a "head-piece" (see illustration), which was attached to the subscription list. The original plate is now in the possession of the hospital. The description of this engraving is as follows: "The principal figure is that of Captian Coram himself, with the Charter under his arm. Be-

fore him the beadle carries an infant, whose mother having dropped a dagger with which she might have been momentarily tempted to destroy her child, kneels at his feet, while he, with that benevolence with which his countenance is so eminently marked, bids her be com-

The rival portraits here alluded to are, George the Second, by Shackleton; Lord Dartmouth, by Reynolds; Dr. Mead, by Ramsay, etc., etc.

These and many other donations have caused an art critic to write, "that it is within the walls of the Foundling the curious may con-



Head-piece made by Hogarth for the Foundling Hospital.

forted, for her babe will be nursed and protected. On the dexter side of the print, is a new born infant left close to a stream of water which runs under the arch of a bridge. Near a gate on a little eminence in the pathway above, a woman leaves another child to the casual care of the next person who passes by. In the distance is a village with a church. In the other corner are three boys coming out of a door, with the king's arms over it, with emblems of their future employment; one of them poises a plummet, a second holds a trowel, and a third, whose mother is fondly pressing him to her bosom, has in his hand a card for combing wool. The next group, headed by a lad elevating a mathematical instrument, are in sailors' jackets and trousers. Those on their right hand, one of whom has a rake, are in the uniform of the school. The attributes of the three little girls in the foreground—a spinning wheel, a sampler and broom—indicate female industry and ingenuity. It should be remarked that the designs of the Hospital, foreshadowed by this interesting engraving, did not come into actual operation till two years afterwards."

In May, 1740, seven months after the charter had been granted, Hogarth presented to the Foundling Hospital a full-length portrait of Captain Coram—a canvas in which the painter took a particular pride. "If I am so wretched an artist as my enemies assert," wrote Hogarth, "it is somewhat strange that this, which was one of the first I painted the size of life, should stand the test of twenty years' competition, and be generally thought the best portrait in the place, notwithstanding the first painters in the Kingdom exerted all their talents to vie with it."

template the state of British art, previously to the epoch when George the Third first countenanced the historical talent of West."

Christ Hospital, Jersey City.

The thirty-seventh anniversary of the founding of Christ Hospital was celebrated last evening with services at the Church of the Ascension, New York avenue and South street. Rev. Walter E. How, rector of the church; Rev. Francis W. Wheeler, chaplain of St. Luke's Hospital, New York, and Rev. Archdeacon William R. Jenvey, D. D., rector of St. Paul's P. E. Church, Hoboken, president of Christ Hospital, were the chief speakers at the services held.

Archdeacon Jenvey read his annual report, which was listened to with much interest by the large congregation. He said the last year saw an unusually large expenditure, the receipts not having met them by \$12,000. Much of the expense was caused by the renovation of the Nurses' Home, the enlargement of the Daisy Ward for children and the increase in the work done, as shown by the following summary of the year, culled from the report:

"The greatest encouragement, however, is found in the amount and character of the work done. The past year has been far and away the greatest in the history of the hospital.

"There have been 6,949 patients treated in all departments, as against 6,432 for the year of 1908, a gain of 517.

"There have been 2,218 patients in the hospital proper, as against 1,873 last year.

"There have been 1,924 in the eye, ear, nose and throat department, as against 1,704 in 1908.

"There have been 2,807 in other dispensary departments, as against 2,855 in 1908.

"This very large increase in the amount of

work done is one of the chief causes of the large increase of expenditure.

"The receipts have been \$51,850, as against \$49,709 in 1908. This is all the more gratifying, as none of this is because of some special effort. There was no carnival, no tag day, as in 1908. * * *

"The expenditures have been, in round figures, \$12,000 more than the receipts. Nearly \$6,000 has been expended in necessary repairs and improvements.

"This, with a deficiency carried over from the preceding year, makes the current expense deficiency about \$26,000. This sobering fact should not discourage us. It should only stimulate us to renewed and increased effort.

"The connection between the efficiency of the Training School for Nurses and the work of the hospital is close and vital. * * *

"There are 28 pupil nurses in the school and 6 probationers—a total of 34. Ten nurses were graduated. The need for a larger, better Nurses' Home is as great as ever."

Hospital for Immigrants.

The new hospital and pavilions, for immigration cases of scarlet fever, diphtheria and measles, which have been erected on Hoffman's Island, N. Y., under the supervision of Health Officer Doty, will be ready for occupancy on March 1, it is said. At the present time these cases are taken ashore, where the ill persons are turned over to the municipal health authorities. Dr. Doty says that under the new arrangement there will be a much smaller chance of the disease spreading, and thus the public at large will be guarded. As a rule quarantine stations have been detained from the incoming steamships such cases as smallpox, typhus fever, plague, yellow fever and cholera. The hospital proper was made over from a large dormitory and together with the four pavilions, which are new, will accommodate 300 patients.

Hudson County Asylum.

County Counsel John Griffin, at the meeting of the Board of Freeholders yesterday afternoon, explained the object of the bill of Assemblyman Mark A. Sullivan, of Jersey City, introduced at the present session of the Legislature, providing for additional room at the Hudson County Asylum at Snake Hill. The explanation came as the result of a request by Freeholder Hogan, of Bayonne.

Mr. Griffin says the present asylum is little better than a jail and that it is impossible to give patients treatment they deserve. He said there are now about 650 inmates and about fifty in the State asylums from this county. These patients, the county counsel said, should be taken care of by Hudson County, as the State is without adequate accommodations for them, but the county is in no better position. He said there is but floor space for 250 patients at the county institution.

He said arrangements should be made in accordance with the growing population of the county. In 1875, he said, it was only about 200,000, while to-day it is at least 500,000 and increasing daily. He believes the county should have a piece of ground of at least 200 or 300 acres for the insane asylum, where the patients

should have plenty of breathing space, and "not be housed up like prisoners, to sit around in a doxy condition."

After hearing Mr. Griffin, Mr. Hogan agreed with his suggestions and said he thought the new building should not be more than two stories high and made thoroughly fire proof. He said the freeholders should go on record as favoring the Sullivan bill.—The Observer, Hudson County.

City Hospital, Newark.

An effort is to be made in the near future by the Board of Health to enlist the co-operation of the Common Council, through its Committee on Public Buildings and Finance, to secure an appropriation sufficient to increase the facilities of the board for taking care of the sick and maimed of this city. The movement contemplates either the enlargement of the present City Hospital at Fairmount avenue and Bank street, by the addition of two wings to the north and south ends of the building as originally planned, or to erect another hospital in a different section of the city.

The hospital has been congested several months and its capacity more than taxed. Many pressing cases have been turned away because there has been no place into which more patients could possibly be squeezed. The tuberculosis ward is sadly overcrowded and there is a waiting list of afflicted persons unable to obtain the hospital treatment requisite to sustain life and check the malady.

These conditions were shown in the monthly report of the Hospital Committee, submitted to the board last night by Dr. James T. Wrightson, who is urging on the movement for funds to build additional hospital room. During last month there were treated at the institution 514 patients, a record number. In the wards, which were designated to accommodate not more than 275 patients under normal conditions, there were 300 patients occupying beds.

St. Peter's General Hospital, New Brunswick.

The second annual report of St. Peter's General Hospital, New Brunswick, N. J., has recently been issued. From it we gather the following:

During the past year a wing has been added which nearly doubles its capacity and furnishes two wards, twelve private rooms, a few smaller rooms, doctor's room, pharmacy, elevator and other facilities. This addition has cost nearly twenty thousand dollars, of which amount \$3,381 is still unprovided for. The maintenance account shows an expenditure of \$12,774; \$3,125 were received from Middlesex County. There is, in connection with the hospital, a training school for nurses in which there are nine young ladies. According to the rules of the hospital, cases of contagious or infectious disease and maternity cases are not admitted; cases of chronic disease where there appears to be no prospect of cure or improvement will not, as a rule, be admitted; patients who are able to pay will be charged a moderate sum for board.

Number of patients admitted during 1909, 488—234 males, 254 females; discharged cured, 410; improved, 25; unimproved, 4; deaths, 30. In hospital December 31st, 19. Outside patients

treated, not included above, 150. Average cost per day per patient, \$1.53. Number of pay patients, 191; free patients, 297. Moribund when admitted, 17—included in the number of deaths. There are reported 287 surgical operations, of which we note the following: Adenectomy, 4; Alexander operation, 10; amputation of breast, 6; amputation of cervix, 3; amputation of tibia and fibula, 3; appendectomy, 57; cholecystectomy, 6; craniectomy, 3; curetting, 21; cystocele, 2; fibroid tumors, 7; Gilliam operation, 10; hemorrhoids, 10; herniotomy, 28; hysterectomy, 4; nephropexy, 12; nephrectomy, 7; ovariectomy, 2; perineorrhaphy, 11; prostatectomy, 6; trachelonhaphy, 6; for vaginal section, 3; for ventral fixation, 9. Detailed analysis of the Diseases follows.

The members of the staff are: Drs. F. M. Donohue, J. W. Rice, P. A. Shannon, C. V. Buttler, W. J. Condon, F. E. Riva, B. M. Howley, N. C. Voorhees, L. C. Runyon.

State Hospital, Trenton.

Dr. Henry A. Cotton, medical director of the State Hospital, yesterday read a paper before the advisory board of the Charities and Corrections in the State House, in which he urged the employment of better and more efficient help at such institutions.

The paper contained in part the following: "It is becoming more and more a problem as to how we are to take care of the insane entrusted to us, with the help obtainable at the wages now paid. In spite of the precautions and vigilance on the part of those in charge of the insane, accidents will happen which will bring discredit upon the management.

"I do not mean that all of our attendants are incompetent or willfully abusive, but frequently we have to take any one who applies in order to keep our number of attendants up to a safe mark. Fortunately serious accidents from abuses by attendants are rare, but the fact remains that they should not occur at all. How to entirely eliminate the abuse is a problem that is occupying the attention of many State hospitals to-day.

"The Governor has recently taken up this question and seems to be much interested in improving the service of the State hospitals. No better suggestion could be offered him than to adopt this provision, that is, increasing the attendants' salaries about 20 per cent. and providing means for pensioning them after 25 years' service."

The New Jersey Orthopaedic Hospital and Dispensary.

148 Scotland street, Orange, N. J.

Robert E. Soule, A. B., M. D., surgeon-in-chief, makes the following general report:

The sixth annual meeting of the New Jersey Orthopaedic Hospital and Dispensary was held in December, 1909. This hospital was incorporated "to furnish treatment to the poor, with special reference to the diseases and deformities of the spine and the hip joints and other of the more serious diseases of the bones and joints requiring surgical and mechanical treatment." All cases of deformity besides those mentioned, including club foot, lateral curvature of the

spine, infantile paralysis, bow legs, etc., etc., are received and treated, as well as all fracture deformities. Three hundred and eighteen cases received treatment during 1909.

Eighty-seven of these were cases with tuberculosis of the bones and larger joints, the remainder being distributed among the other smaller joints; 147 of these covered the various deformities; 68 were cases of deformities resulting from paralytic conditions; 7 were fractures of the various bones, and 9 were cases not orthopaedic, which were directed to the proper clinics.

During the year 81 braces were supplied.

In the hospital 45 patients received ward treatment, including 2,435 days of free care and 292 days where board was paid by patients or their friends.

Forty-four operations were performed as follows: 3 fasciotomies, 4 osteotomies for bow legs, 5 operations for correction of rigid flat feet, 20 corrections of congenital club feet.

All cases for admission should apply at the hospital during dispensary hours, Tuesdays and Saturdays, 3 to 5 P. M. (legal holidays excepted), or communicate with the surgeon-in-chief. Copies of the sixth annual report may be had upon request.

Princeton University Infirmary.

From the Newark Evening News.

A boycott of the university infirmary by physicians of the town has become so acute that The Daily Princetonian, in an editorial February 18th, comments on the situation and characterizes it as a most serious one. A university stipulation that Dr. J. M. Carnochan, the university physician, be the only one permitted to attend patients in the infirmary, has resulted in the refusal of the other physicians in the town to visit patients there now that Dr. Carnochan is ill.

During the past week Dr. Ridgway, of Trenton, has been secured whenever possible. The students in the infirmary, however, are concerned over their inability to have a physician in constant attendance or within immediate reach.

Communication in the State Gazette, Trenton, February 21st:

"Sir—Doctors often submit to harsh criticism and traduce from cantankerous or ill patients, taking it all in the day's work. Many of them give freely and without adequate recompense their time and talents, but the code of honor among themselves is strictly drawn and at all times as men they must demand courtesy to maintain their own self-respect.

"The infirmary at Princeton was donated for the use of the university. Every student is taxed each year for its maintenance, so it is not a private hospital supported by private subscriptions, but open to each and every student when ill, and was so incorporated. In the public hospitals a reputable physician sending a patient can, if so desired, retain the case as his own. In Princeton when a 'resident doctor' was appointed, with a large salary, by the president, it was announced 'no other physician would be permitted to retain a patient in the infirmary.' The present resident M. D. accepted with that understanding after several others had declined, and the physicians in the town acquiesced by

compulsion in their being debarred from attending their own patients in the infirmary.

"In several instances when parents of students insisted on their right to select their own physician, and that physician, for the sake of the patient and his parents, went to the infirmary, he was treated with contumely, if not ordered out.

"Is it any wonder that self-respecting men, when the resident becomes ill, should refuse, at the call of the head-nurse, to come at once?

"It is no boycott; no professional jealousy on the part of excluded practitioners, but a strong feeling among the men of the profession in Princeton they cannot submit to be ordered out and ordered in at the pleasure of a subordinate or temporary head of an institution. They stand ready at all times and at all hours to quickly and cheerfully respond to every call suffering humanity, be it rich or poor, student or townspeople, may require of them, as all true Princetonians will gladly testify.

"C. R. D.

"Princeton, February 18th, 1910."

Tuberculosis Camp at Elizabeth.

Workers of Trinity Church, Elizabeth, have secured a Miller portable cottage which will be erected at Newark avenue and Fanny street. It is twelve feet wide and twenty-four long, of two stories. The Mayor, Dr. Victor Mravlag, is one of the active workers in this effort and the Political Study Club is also assisting.

Hospital Needed for Epileptics.

An appeal for an appropriation for the erection of a hospital at the State Village for Epileptics at Skillman is one of the leading features of the annual report of the Board of Managers of the institution, just submitted to Governor Fort. The epidemic of diphtheria at the institution a few months ago, the report states, has demonstrated the absolute need of a hospital building.

Continuing, the report states that there are a large number of epileptics at the village who are more or less combative and vicious, and for this class special housing facilities are desirable that they may be under proper restraint. Another condition referred to is that the village has a number of periodically insane patients, and that many homicides and suicides have been attempted during the year, but they were detected in time to prevent loss of life. The Board of Managers says that a special building should be provided for this class of patients.

The financial statement shows that the total disbursements of the village during the year were \$139,559, of which \$101,440 was received from the State and the remainder from counties, private patients, farm products and articles made by the inmates. The population of the village at the close of the fiscal year was 207, a net increase of 31 patients. There is still a large waiting list of applicants.

Dr. David F. Weeks, the superintendent, says that it is estimated that there are 4000 epileptics in the State entitled to treatment in the institutions.

Care of Feeble-Minded and Epileptic.

Mrs. Caroline B. Alexander recently sent the

following communication to the Newark Evening News:

"There are now 390 feeble-minded and epileptic children and adult cases on the waiting lists, seeking admission to the institutions of this State. Since the State began the care of these defective classes it has spent for maintenance \$1,934,731.06 and cared for 1,644 different individuals.

"There are now in the three institutions (the State Home for Feeble-minded Women, the Training School for Children and the Epileptic Village) 822 cases. The State Home and the Training School have been in existence over twenty-one years and the Epileptic Village ten years. All three are taking care of only 822 cases, because the State, not realizing that by far the larger number of these defectives is the offspring of defectives, has allowed nearly a whole generation to pass and has provided care for an average increase of only about forty each year. Many more than this number are born each year. At this rate the State may go on building forever and yet never catch up.

"Prevention seems to cost too much, yet the only way to really check this increase is to take all of these cases into the institutions and so prevent them from bringing into the world others like themselves. The first step would be to make provision this year at this session of the Legislature for the 390 defectives now awaiting admission to the different institutions. Unless the citizens are wise enough to take measures at once to check this constantly growing number, they will continue to spend their money ineffectually.

"Let us persuade our legislators to make proper provision for the care of the feeble-minded and epileptics now. It is merely a matter of adequate appropriations."

Diphtheria at State Village of Epileptics.

An outbreak of diphtheria at the State Village of Epileptics, at Skillman, has kept the State Board of Health, division of contagious diseases, busy, as well as Superintendent Dr. David F. Weeks, who immediately gave orders for cultures from every inmate and official to be sent to the State Laboratory of Hygiene for inspection. Sunday, February 13th, there were 430 cultures poured in on the laboratory force, necessitating working all of the day and since that time 100 cultures have come each day.

At present there are six clinical cases, or cases where it is positively known the patients have diphtheria, and twelve carrier cases, suspected ones. The patients are distributed all over the village, but most of them are among the children.

Dr. A. Clark Hunt, chief of the division of infectious diseases of the State Board of Health, said:

"There is a mild epidemic of diphtheria at Skillman, but the splendid management of Dr. Weeks has minimized the work. He ordered the strictest quarantine at once, and he is the man who knows how to inaugurate quarantine and to maintain it exactly, so that we have the cases directly under our hands.

"The cause for the outbreak," he continued, "has not been officially determined. We are looking for the cause while taking care of the condition. Dr. Fitz Randolph and his corps

of scientists here have worked night and day to get data on the cases as fast as the cultures have been sent to the laboratory. I do not expect that the epidemic will go any further—at least, not much further.

“Apparently the health of the village was at the best when this outbreak occurred. The water and the milk supplies had been inspected and marked high.”

About a week ago Dr. Paul E. Kuhl, of 323 Elmer street, was secured by Dr. William A. Clark, a manager of the village, to go to Skillman and take charge of the diphtheria cases. As soon as Dr. Kuhl arrived, all the cases were isolated and since he took charge two of the patients have been discharged as cured. The outbreak is now under control and no further cases are expected.

Dr. Kuhl is making daily examinations of persons at the home who are suspected as having been exposed to dangers of the disease. He will return to Trenton after the outbreak has subsided.

Hospital Cellar Flooded.

A large water main at Ninth and Erie streets, Jersey City, which feeds St. Francis's Hospital, East Hamilton Square, and the many homes in the Hamilton Park section of the city, burst in the night of February 1st. The water, spouting forth from the broken main like a small-sized geyser, flowed into the cellar of the engine-room of St. Francis's Hospital.

As soon as the engineer and his assistant saw the water flowing into the cellar they hurried to the Sister Superior of the hospital and told her of the danger, stating that unless something was done the water flowing in on the boilers would probably cause an explosion. Then, half frantic from fear, they hurried back to the engine room.

By this time Patrolmen Latchford, Hayes and Coyle were told of the trouble and were at the hospital. They quickly got to work and, with the engineers, pulled the fires and had them extinguished before the water could do real damage.

Hospital Bed Endowed as Memorial to Bishop.

Recently announcement has been made of the endowment of a bed in the men's ward of St. Barnabas's Hospital, Newark, as a memorial to the late Bishop Thomas A. Starkey. The memorial comes as a gift from the women of the hospital guild, of which Mrs. Edward Q. Keasbey, of this city, is treasurer, and Mrs. Keasbey has this week transferred the funds, \$3,000, to Thomas M. Jackson, treasurer of St. Barnabas's Hospital.

The bed is endowed in perpetuity, and is the second one in the hospital to be endowed in memory of a bishop, one also having been placed there in the name of the late Bishop Odenheimer.

Newark City Dispensary Clinics.

Organization of the medical board of the Newark City Dispensary Clinics was effected, at a meeting of the physicians connected with the public clinics, in the rooms of the Board of Health, January 27, 1910. Dr. Henry J. F.

Wallhouser was elected president of the board; Dr. Henry A. Towle, vice-president; Dr. William Gauch, secretary, and Dr. Louis A. Koch, treasurer. The meeting was called at the instance of the Health Board, Commissioner John W. Robbins presiding.

The province of the new board will be similar, so far as its administrative powers are concerned, to the organization existing among members of the City Hospital staff. This means that it will control the free clinics under the authority of the Health Board, and that all matters pertaining to the various clinics will be adjusted by the physicians representing the staff, and that the entire work will be placed on a systematic basis. This, among other things, will insure the regular attendance of physicians at the clinics under all circumstances.

It was decided to hold bi-monthly meetings during the months between October and May. A committee, consisting of Dr. Richard H. Dieffenbach, Dr. Philip H. Federman and Dr. Gauch, was appointed to draft rules and by-laws. There were fourteen physicians, who give their services free to the city's poor in attendance at the meeting.

Hackensack Hospital Training School.

Commencement exercises of the class of 1909 of the Hackensack Hospital Training School were conducted in Oriental Hall on the night of February 23. Six young women were graduated from the institution. They are Miss Kathryn McCleod, Miss Florence Cuttingham, Miss Bernice Lousley, Miss Viola Poole, Miss Frances Murin and Mrs. Margaret McDermott.

Opposition to Sanatorium.

Now there is opposition to the establishment by Bishop McFaul of a sanatorium for the cure of incipient consumption on a farm he bought some time ago in Hopewell Township, Mercer County, N. J.

The farmers of the neighborhoods have got it into their heads that the institution would depreciate the value of their properties, just as the people of Lakewood did with relation to the children's sanatorium at that place. The bishop is very anxious to carry out his project, and is taking every means to disabuse the minds of the farmers of the suspicion that it would in any way interfere with the value of their holdings.

The Hopewell people talk of going to court in an effort to prohibit the establishment of the institution, and if they do the court should insist upon them producing some substantial reason for the prohibition and ignore imaginary evils. Cities have such institutions, but it has never been urged against them that they depreciate the value of property, or that provision for promoting health should be prohibited by reason of suspicion of any sort.—Camden Courier.

Verona Tuberculosis Sanatorium.

That the tuberculosis sanatorium at Verona, where curable cases are treated, is accomplishing good results, was shown in the report of Dr. Edward E. Worl, medical superintendent. Of the fifty-four patients, only two have failed to show improvement in their condition. In

the cases of eight patients the disease was reported completely arrested.

Obituaries.

BUCKINGHAM.—At Lakewood, N. J., January 10, 1910, Dr. Frederick S. Buckingham, aged 60 years.

Dr. Buckingham, who practiced medicine for thirty years in Lakewood, was stricken with apoplexy, January 10th, while returning from a visit to one of his patients. He was found on the south side of the lake, by a man who was passing. Dr. Buckingham evidently had felt the attack coming on, for he had removed his overcoat and folded it to form a pillow. He was near a much-frequented path, lying on his coat, and was removed to his home, where he died soon afterward. The doctor was a man of unusual education and brilliancy. He was not only an able practicing physician, but he had been admitted as a member of the bar, having graduated from the Harvard Law School. He had done considerable literary work and was at one time on the staff of one of the leading New York City newspapers.

He took his medical degree at the College of Physicians and Surgeons (Columbia), New York City, in 1871. He was born in 1849. He was a member of the Ocean County Medical Society, of the Medical Society of New Jersey, and of the American Medical Association. (Ralph R. Jones, M. D., reporter of the Ocean County Medical Society.)

DOYLE.—At Plainfield, N. J., February 9, 1910, Dr. Lawrence D. Doyle, after a lingering illness, aged 31 years.

He was born at Asbury, Hunterdon County. He was graduated from St. Mary's Parochial School in 1896 and later at Seton Hall College. He graduated from the Long Island Hospital Medical College in 1904, and practiced medicine in Woodbridge and Bound Brook.

GRAY.—In East Orange, N. J., February 5, 1910, Dr. Rollin B. Gray.

Dr. Gray was for many years one of the leading Homeopathic physicians in New York City, but has resided with his daughter in East Orange the past four years. He was long a sufferer from Bright's disease, but death was caused suddenly by cerebral hemorrhage. He is survived by his widow and two daughters.

LONG.—At Plainfield, N. J., February 20, 1910, suddenly, Dr. Monroe Budd Long, from heart disease, aged 60 years.

Dr. Long was born at Martinsville, Somerset County, December 16, 1849, and spent his boyhood days at home on a farm. When a young man he took up the study of medicine and surgery at Dr. Fred Cornell's Institute at Somerville. He then completed a course of study at the College of Physicians and Surgeons in New York. He came to Plainfield in 1875 and associated himself in the practice of medicine and surgery with Dr. John C. Sutphen, who was one of the best-known physicians in the State.

Following the death of Dr. Sutphen, Dr. Long continued his practice as well as that of his own and with great success. He was the first phy-

sician in Plainfield to perform successfully an operation for appendicitis, and during his long career he performed many notable surgical operations. He was frequently called to various parts of the State to perform operations.

Dr. Long rendered invaluable services to Muhlenberg Hospital. He not only selected the site for the institution, but was constantly giving his services, day and night, to relieve the sick, and he was frequently called in consultation by other physicians and surgeons.

Outside of his profession, Dr. Long was not a public man. He was not identified with any lodges, aside from the fact that he was one of the oldest members of the Plainfield Medical Society, the Union County Medical Society, the Medical Society of New Jersey and the American Medical Association.

He was married December 27, 1877, to Miss Clara S. Goodman, of Newark. She and five children survive as follows: Miss Clara G. Long, Walter L. Long, Miss Augusta L. Long, Miss Edna D. Long and Monroe H. Long.

STEADMAN.—At Christ Hospital, Jersey City, February 13, 1910, Dr. Walter Steadman, of septicaemia, aged 36 years.

Dr. Steadman was born in Newark, N. J., April 7, 1873, and received his preliminary education in the Newark Public and High Schools. After graduating from the New York University Medical College in 1893 he practiced in Hoboken for fifteen years, during a greater part of that time being assistant surgeon to his brother, Dr. E. T. Steadman, at St. Mary's Hospital, and also surgeon to the Lackawanna Railroad for a number of years. About a year ago he moved to Tully, N. Y., on account of ill health, but returned to West Hoboken the first of the present year and resumed practice at that place.

WALLING.—In his apartments in the Preston, Atlantic City, January 5, 1910, Dr. William Henry Walling, aged 73 years.

Dr. Walling was born in Smithville, Chautauqua County, N. Y., September 5, 1836. He received his earlier education at the Delaware Literary Institute, Franklin, N. Y., and afterward entered college, from which he received the degree of Master of Arts. For many years he was a professor in the Medico-Chirurgical College of Philadelphia, from which he received his degree of M. D. He was also associated with the Wills Eye Hospital.

He had an extensive medical and hospital experience, having served in the hospital service during the Civil War. In practice he made a specialty of chronic and nervous diseases and was the originator of many now famous electric treatments. He has written many medical treatises—probably his book on Sexology was the most widely known—and was former editor of the Medical Times and Register. He was prominent in medical associations and a member of the Atlantic County Medical Society, the Medical Society of New Jersey and the American Medical Association.

He was a charter member, and for many years secretary, of Richard Vaux Lodge No. 384, F. and A. M., Philadelphia. Since living in Atlantic City Dr. Walling was connected with the First Presbyterian Church, was its treasurer for some years, and was an elder and teacher

of the adult Bible class at the time of his death. He is survived by his widow, Margaret E. Burgess Walling, and a brother, James H. Walling, of New York City.

Action of the Atlantic County Medical Society.

Whereas, The Atlantic County Medical Society has learned with profound regret of the death of our esteemed fellow practitioner, Dr. William H. Walling; be it

Resolved, That we the members of the society extend our heartfelt sympathy to the members of his family in their bereavement, and at the same time express the loss the society has met with in his death; and be it further

Resolved, That this testimony of him as a scholarly practitioner of his profession, his quiet, genial nature as a gentleman and his active attendance on the meetings of the society when his health permitted, be spread upon the minutes, and a copy sent to his family, and to the public press.

William Edgar Darnall, M. D., E. H. Harvey, M. D., I. E. Leonard, M. D., Committee.

Personal Notes.

Dr. Thomas C. McNamara, Hoboken, is a member of the city tax board.

Dr. William James, German Valley, is medical school inspector of that town.

Dr. William H. Shipps, Bordentown, has been elected health officer of that city.

Dr. Louis Baumann, Jersey City, had his automobile wrecked by a fire recently.

Dr. John J. Baumann, Jersey City, is enjoying a six weeks' vacation in Florida.

Dr. William J. Chandler, South Orange, is enjoying a few weeks' rest in Florida.

Dr. Alva C. Van Syckle, Hackettstown, has recently recovered from a severe illness.

Dr. Stephen J. Keefe, Elizabeth, who has been very ill, is reported as convalescing.

Dr. Frank M. Donohue, New Brunswick, with his family, sailed recently for a brief sojourn in Cuba.

Dr. Leo H. Shenier, West New York, has been seriously ill at the German Hospital, New York.

Dr. Alfred L. Ellis, Metuchen, and wife, have recently returned from a trip to Old Point Comfort, Va.

Drs. John G. Wilson and John L. MacDowell, Perth Amboy, recently spent a week in the South.

Dr. D. Edgar Roberts, Keyport, has been appointed a member of the Board of Health of that town.

Dr. Theophilus H. Boysen, Egg Harbor, has been appointed medical inspector of schools of that town.

Dr. Frank V. Cantwell, Trenton, who has been ill at his home in that city, is reported as recovering.

Dr. Merrill A. Swiney, Bayonne, recently had his automobile badly damaged in a collision with a trolley car.

Dr. Oliver R. Blanchard, Jersey City, has been appointed a member of the Board of Education of that city.

Dr. Harry Vaughn, Morristown, has been laid

aside by a severe attack of rheumatism but is convalescent.

Dr. Walter A. Taylor, Trenton, will have erected on Prospect street, that city, a handsome residence soon.

Dr. Lucius F. Donohue, Bayonne, is taking a vacation. He intends to spend part of his time at Porto Rico.

Dr. George H. Baker, Long Branch, is reported as slightly improved under treatment at Summit, N. J.

Dr. John H. Carman, Plainfield, spent, with his family, his summer vacation at Cape Porpoise, Maine.

Dr. Clarence M. Slack, New Brunswick, and wife, send glowing accounts of their winter's sojourn in Florida.

Dr. C. M. Franklin, Hightstown, has completed plans for building a home in South Main street this spring.

Dr. George H. Franklin, Hightstown, recently delivered a lecture on tuberculosis for the Men's Club of that town.

Dr. Ferdinand C. Wolff, Hoboken, has been appointed by the Mayor, a member of the Playground Commission.

Dr. Edward B. Rogers, Collingswood, was recently appointed food and drug inspector by the city Board of Health.

Dr. Benjamin A. Waddington, Salem, with wife, is sojourning at Atlantic City for the benefit of the wife's health.

Dr. Henry H. Davis, Camden, was reappointed member of the Board of Health and elected president of that body.

Dr. C. T. Decker, Richmond Hill, L. I., has accepted the position of assistant to Dr. Robert R. Sinclair, Westfield.

Dr. J. Boyd Risk, Summit, has recently been visiting friends in Indiana.

Dr. Henry Allers, Harrison, recently spent a few days in Washington, D. C., where he attended a medical conference.

Dr. Karl H. Goldstone, Jersey City, has been made a collaborator and associate editor of "Pediatries," New York City.

Drs. John J. Broderick and Henry H. Brinkerhoff have been appointed medical inspectors of the Jersey City public schools.

Dr. J. Ackerman Coles, Scotch Plains, has donated a collection of 300 volumes of standard works to the local public library.

Dr. Arthur W. Bingham, East Orange, escaped serious loss from a fire in his home by the efficient service of the fire department.

Dr. James A. Sullivan, Jersey City, and wife, have returned from their wedding trip and are residing in Jersey avenue, Jersey City.

Dr. William H. Iszard, Camden, was elected food and drink inspector at the annual meeting of the Camden City Board of Health.

Dr. Ferdinand W. Sauer, Jersey City, while driving his auto recently, came in collision with a truck which damaged his auto badly.

Dr. John G. Ryerson, Boonton, celebrated his seventy-eighth birthday anniversary, February 17th. He has practiced medicine nearly fifty years.

Dr. Thomas S. Dedrick, Washington, presided at the sixteenth annual dinner of the Arctic Club of America, held in New York City recently.

Dr. Theodore Teimer, Newark, recently ad-

dressed the Association of Day Nurseries in the Free Public Library on "Scientific Feeding of Infants."

Dr. John P. Lund, Perth Amboy, reported that \$150 had been cleared by the recent reception given for the benefit of the nurses' home in that City.

Dr. Amos J. Mauder, Millville, delivered an address before the Men's League on January 26th, on "What Is in Man?" which was greatly appreciated.

Dr. Philip Marvel, Atlantic City, according to reports, is to erect a \$20,000 residence at Pacific and Brighton avenues, with a garage to cost \$1,800.

Dr. W. H. Lawrence, Jr., Summit, recently returned from a few days' rest at Old Point Comfort, Va.

Dr. Edward Guion, Atlantic City, has been enjoying a six weeks' tour in Southern Mexico. He is with a party of officials of the Pennsylvania Railroad.

Dr. Ulamor Allen, Jersey City, has been having a controversy with the county authorities over the excessive cost of the viaduct recently built by them.

Dr. Henry Spence, Jersey City, recently addressed the Hudson City branch, Young Women's Christian Association, and the Y. M. C. A. on health matters.

Dr. E. L. B. Godfrey, Camden, writes of the delightful and health-giving climate of South Pasadena, California. He expects to return with his wife to Camden in May.

Dr. Ulamor Allen, Jersey City, president of the local Lincoln Association, acted as toastmaster, at the forty-fifth annual dinner, at the Jersey City Club, February 12th.

Dr. Theodore A. Pierson, Hopewell, recently resigned as a member of the local Board of Education. He has been appointed medical inspector of the borough schools.

Dr. Gordon K. Dickinson, Jersey City, at a meeting in the interests of Pure Food laws, at the Whittier House on February 18th, gave an address on "Food, Fingers and Flies."

Dr. William M. Schmidt, Chester, Pa., former interne at the Atlantic City Hospital and also of the Chester Hospital, has opened an office in South Indiana avenue, Atlantic City.

Dr. John K. Bennett, Gloucester City, was recently re-elected medical inspector of that city.

Dr. John H. Leavitt was recently re-elected medical inspector by the Camden City Board of Health.

Dr. W. Edgar Darnall, Atlantic City, narrowly escaped serious accident in collision of his auto with a large touring car running at high speed. The doctor's auto was somewhat damaged, but he escaped injury.

Dr. Daniel Strock, Camden, is maintaining his good reputation as editor of The Journal of the Camden County Medical Society. His editorial "On the Importation of Talent," has been justly commended.

Dr. William L. Hetherington, Jersey City, has recently returned from a four months' trip around the world. He visited Italy, Egypt, India, China, Japan, the Philippines and Hawaiian Islands, returning via San Francisco.

Dr. Isaac E. Leonard, Atlantic City, was kicked while cranking his automobile in front of the Atlantic City Hospital recently, resulting

in fracture of the bones of his right forearm. Physicians who were in the hospital at the time hastened to his relief.

Dr. George N. J. Sommer, Trenton, has bought the Judge Elmer Ewing Green property on West State street, and will erect a home. He will retire from the general practice of medicine and devote his time exclusively to the treatment of diseases of women.

Book Reviews.

A TEXT BOOK OF PHYSIOLOGY: FOR MEDICAL Students and Physicians. By William H. Howell, Ph. D., M. D., LL.D., Professor of Physiology, Johns Hopkins University, Baltimore. Third Edition, thoroughly revised. Octavo of 998 pages, fully illustrated. Philadelphia and London, W. B. Saunders Company, 1909. Cloth, \$4 net.

The rapid advance in the development of physiology by the various methods of investigation, whether physical, chemical or anatomical, make necessary a frequent revision of any work on physiology. In this third edition the author has modified some of his former views to correspond with these advances. The sections on "The Physiology of the Central Nervous System," "The Blood and Lymph," "Physiology of Digestion and Secretion" and "Nutrition and Heat Production" present the latest positive knowledge on these subjects as well as some of the new theories, which may be of only transient import. The book maintains a high place among the standards in this department.

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 Clinical Medicine, Medico-Chirurgical College, Philadelphia, etc. Ninth revised edition. Octavo, 1,326 pages, fully illustrated. Philadelphia and London, W. B. Saunders Company, 1909. Cloth, \$5.50 net; half morocco, \$7 net.

A work on the practice of medicine by an author of Dr. Anders' ability would seem to need little examination an only a brief review, especially when eight editions have followed each other at brief intervals. It is evident from our examination of this volume that the doctor has made a careful and thorough revision of the preceding edition, eliminating what has become more or less obsolete and adding new matter that marks recent advances in our knowledge of diseases and their treatment. The section on Tropical Diseases is worthy of special mention as it presents recent advances in this branch of internal medicine that will be helpful to the practitioner. Among the diseases newly discussed in this edition are: Fourth disease, filaria philippinensis, chronic purpura, leukanemia, acute pneumonokoniosis, gastro-myxorrhoea, essential hamaturia, the Rose-Bradford kidney, hereditary cerobellar atoxia (Marie and Nonne), myatonia congenita, adiposis tuberosa simplex and sun-traumatism.

Diagnosis, differential diagnosis—in many instances tabulated, treatment—with formulæ in many cases, prophylaxis and causal therapy are fully and practically set forth. Under special

etiology the bacteriology has been made prominent. This volume is worthy of high commendation.

EXAMINATION OF THE URINE: A MANUAL FOR Students and Practitioners. By G. A. DeSantos Saxe, M. D., Instructor in Genito-Urinary Surgery, N. Y. Post-Grad. Sch. and Hosp., etc. 448 pages, illustrated. W. B. Saunders Co., Philadelphia and London.

The present-day practitioner must avail himself of laboratory findings and if he would do laboratory work himself he will find in this book of Dr. Saxe's full directions how to proceed in all urinalyses and what clinical deductions are to be drawn therefrom. This second edition has been largely rewritten and improved to keep up with the advances in chemistry and pathology. At the end of each chapter is a list of questions on the matter just preceding, thus making the volume of great value as a text book for students. It is well illustrated and covers the whole field of urinology.

PRINCIPLES OF PHARMACY. BY HENRY V. ARNY, Ph. G., Ph. D., Dean and Professor of Pharmacy in the Cleveland School of Pharmacy, etc., with 246 original illustrations. Pages, 1,175. W. B. Saunders Company, Philadelphia and London.

The author has succeeded very well in carrying out his intention—to explain the pharmacopoeia from its pharmaceutical standpoint and in enabling the average student to learn the use of certain chemical terms without having to search through numerous books. The volume is divided into seven parts: Pharmaceutical processes and the arithmetic of pharmacy; galenic and unofficial chemical preparations; inorganic chemicals, chemical theories and chemical arithmetic; organic chemicals; chemical testing, with a systematic grouping of all the pharmacopoeia tests—the latter part of a feature not found in other similar works; the prescription from the time it is written to the time it is dispensed; the laboratory work followed by the students of the Cleveland School of Pharmacy. This volume, while principally of value to the student and the druggist, is also helpful to the physician.

SPONDYLOTHERAPY. SPINAL CONCUSSION AND THE Application of Other Methods to the Spine in the Treatment of Disease. By Albert Abrams, A. M., M. D., Cons. Phys. Mt. Zion and French Hospitals, San Francisco, etc. 420 pages, 100 illustrations. Philopolis Press, San Francisco, Cal.

The author deals with many subjects which are not at all, or but scantily, noticed in the regular medical schools or in our various text books. Vertebral pain, tenderness and percussion; the reflexes and circulation of the spine; the relation of these conditions to respiratory, digestive and other organic disturbances, etc., are suggestively presented. It is in these neglected quarters that osteopathy has expended its energies and it would be well for all practical physicians to give more attention to these subjects. A perusal of the book will furnish many beneficial hints to the studious practitioner.

Public Health Items.

Scarlet Fever in Greenville.

There is an epidemic of scarlet fever in Greenville, Hudson County. During the past week upward of seventy cases in this section have been reported to the Health Board. This is an unprecedented number of cases for that section. The Health Board records show several cases in Bergen and half a dozen downtown.

As a result of this epidemic many Greenville children, besides those who are ill, are kept from school.

Health Inspector Hagen said that while the number of scarlet fever cases in Greenville is unusual, there was no cause for alarm. "The doctors and health officials," said Mr. Hagen, "are working hard to prevent the disease from spreading, and there is reason to believe that we will be successful."

Typhoid Fever in Trenton.

Health Officer Fell reported that there had been 86 cases of typhoid fever during the last six months of last year. There were 28 deaths from the fever during the same period, but many of them were those of patients whose illness had been reported prior to July. With his report Dr. Fell submitted a statement of his investigations of the cause of the fever, which is always present but never epidemic here. He declared ridiculous the contention of some physicians that the river water was responsible for two-thirds of the cases, and said that the real cause was as much of a mystery here as elsewhere. He yet adheres to his theory that flies carry many of the germs into food.

Camden Objects to Report.

Declaring that for the past two years there have been but eight deaths from typhoid fever, which should properly be credited to Camden, the health officials of that city have a knife out for the report submitted to Governor Fort by Chief Herbert, of the State bureau, in which it is stated that there were twenty-three fatal cases from this disease for the year ending October 31, 1908. While the Camden officials do not dispute that the figures were obtained from the annual report of the State Board of Health, they contend that the data from which the board's report is made up places the city in an unfair light.

Camden hospitals care for many non-residents suffering from typhoid and in the event of death in the hospitals the case is credited to Camden, when the vital statistics are forwarded to Trenton. Again the city gets the credit for deaths outside the city when the victim is interred in a Camden cemetery, a duplicate of the burial permit issued by the city clerk forming part of the record of the State Board of Health and from which record the disease statistics are gleaned.

(The Trenton health authorities have also objected to being charged with too many deaths from typhoid fever for the same reason—deaths of non-residents in the hospitals.—Editor.)

State Health Board in Cold Storage Probe.

In response to a request from Prosecutor Garven, of Hudson County, the State Board of

Health is taking an active part in the investigation of the contents of cold storage warehouses in that county. The entire laboratory force, headed by Dr. FitzRandolph, has been set to work gathering specimens and making analysis of food products taken from the warehouses.

Dr. FitzRandolph said to-day that under the law there was ample power given the State board to conduct such an investigation and to destroy whatever food may be found to be unfit for use.

He added, however, that the destruction of food is always a dangerous undertaking and would not be resorted to by the State board unless the members were certain that their acts were fully protected by the law.

Health Inspector Dr. Connelly reports that in Bayonne during January there were 11 cases of diphtheria, 30 of scarlet fever, 1 of typhoid, 11 of whooping cough, 3 of measles, 4 of tuberculosis and 5 of chicken pox. Eight vaccinations were made.

West Hoboken Has Two Health Boards.

The recently elected city council passed an ordinance abolishing the Board of Health, and an ordinance providing for the creation of another board was passed. The Jersey City Journal says:

The State Board of Health and the postal authorities are now tangled up in the fight between the ousted and the recently appointed Boards of Health of West Hoboken.

The old board refuses to be legislated out of office by the Board of Council and continues to act as if a new board had never been known. On the other hand, the new board, which has the backing of the Council, demands that the ousted body be restrained from performing any of the duties pertaining to the Board of Health.

A demand on the ousted board for all books and papers of last year, has been ignored. Meantime both boards are going on with the work, each as if there was no other.

The new board appointed an inspector named Weller, and the State Board of Health notified the old board that Weller cannot act as inspector, never having passed the examination required. Inspector Fredericks, of the ousted board, having qualified, will be recognized by the State Board as the only inspector legally qualified to act. Should Weller attempt to perform any of the duties of the office his arrest will follow, it is said.

The old board notified Postmaster Charles Eichhorn that he would be held responsible if he should deliver to the new board any mail matter directed to the Board of Health. The new board took like action. Postmaster Eichhorn put the matter up to his superiors in the department and on their advice for the present the members of both boards are permitted to examine the mail at the postoffice.

This arrangement will continue until the postmaster receives further instructions from Washington, or the courts shall decide which is the legal board. It is up to the courts now to decide the question and end the muddle.

Health Officer S. M. Gunn, of Orange, in his annual report gives the following:

"The number of cases of communicable

diseases reported to his office during the past year with the deaths is as follows: Scarlet fever, 182 reported, 5 deaths; diphtheria, 56 reported, 6 deaths; typhoid fever, 25 reported, 4 deaths; tuberculosis, 127 reported, 61 deaths; chickenpox, 43 reported, no deaths; measles, 49 reported, 1 death, including three deaths in the Isolation hospital.

Typhoid Fever in the District of Columbia.

Report No. 3 on the Origin and Prevalence of the Disease, for 1908. Bulletin No. 52, Hygienic Laboratory, U. S. P. H. and M. H. S., 1909; by Rosenau, Lumsden and Kastle. This is the third report of the board; the other two were for 1906 and 1907, Bulletins 35 and 44. The board made an investigation of one section of thirty-two city blocks of Washington, containing 5,300 persons; a special search was made for bacillus carriers; specimens of feces from about 1,000 healthy persons were examined for the typhoid bacillus. So far as the fly is concerned, but little connection was established between the fly and the fever. About 50 per cent. of the cases were attributable to importation, to contact with other cases or to infected milk; the actual percentage is probably larger. The water supply was of good sanitary quality. The board thinks that the work to be done is in the direction of milk infection and contact infection, and recommends pasteurization. There were 679 cases reported to the Health Office from May 1 to November 1, 1908.

The board thinks that from 10 to 20 per cent. of the cases reported as typhoid are really of other diseases. It gives in detail the method of investigation of cases. The colored population of the District amounts to 28 per cent.; the per cent. of typhoid among the colored is 32. There were 314 cases in males, 228 in females; males compose 48 per cent. of the population, females 52 per cent. The ages ranged from 19 months to 69 years; most cases occurred between 10 and 14 years of age; the next highest ratio was between 15 and 19 years. Twice as many cases occurred among those who had been in the District less than five years than in those who had been here longer. The death-rate percentage to cases was 13 for white, 13.7 for colored; somewhat higher than for 1907, and lower than for 1906.

The board suggests the possibility of contamination of the Potomac water by suction or seepage into the mains through loose joints, cracks, etc.; and continued life and perhaps multiplication in the mains of organisms capable of producing fermentation.

There is a custom among milk dealers of exchanging bottles, and of using unsterilized bottles. It is, therefore, possible that bottles which have contained infected milk from one dairy may carry infection to milk supplied by other dairies. No cases were traced to ice cream, but, in view of the bad sanitary conditions under which much of the ice cream is handled, some cases were probably caused by ice-cream infection. It is probable that shellfish caused but few cases. The disease was distributed among persons of many occupations, so that occupation did not appear as a cause.

National Vital Statistics.

The first bulletin upon the annual death rate from the death registration areas of the country, as reported to the Secretary of the Department of Commerce and Labor, shows some comparative results in the death rate from various diseases in 1907 and 1908. Among the more important were the following with the rates per 100,000 of population:

	1908.	1907.
Tuberculosis (all forms).....	173.9	183.6
Pneumonia (all forms).....	136.0	161.2
Heart disease	133.3	141.7
Diarrhea and enteritis.....	116.0	116.7
Bright's disease	87.1	94.6
Cancer	74.3	73.1
Typhoid fever	25.3	30.3
Diphtheria and croup	22.3	24.3

The total number of deaths from all forms of tuberculosis returned for 1908 was 78,289, of which 67,376 were from tuberculosis of the lungs, 698 from tuberculosis of the larynx, 4,218 from tuberculous meningitis, 2,723 from abdominal tuberculosis, and the remainder from minor tuberculous diseases. The total number of deaths from tuberculosis returned for 1908 exceeded those of any previous year of registration, but the death rate per 100,000 for 1908 is considerably less than that for 1907. The death rate from tuberculosis showed a decline in all registration States except Colorado, Rhode Island, and Vermont.

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

Monthly Statement, January, 1910.

The total number of deaths reported to the Bureau of Vital Statistics for the month ending January 10, 1910, was 3,045. The average number of deaths for the previous twelve months was 3,032. By ages there were 502 deaths among infants under one year, 302 deaths of children over one year and under five years and 915 deaths of persons aged sixty years and over. The number of deaths from tuberculosis for the month is 40 less than for the corresponding period last year. Pneumonia also shows a decrease of 18 from the previous year.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending January 10, 1910, compared with the average for the previous twelve months, the average in each given disease or class of diseases being enclosed in parentheses:

Typhoid fever, 28 (25); measles, 22 (21); scarlet fever, 29 (28); whooping cough, 13 (24); diphtheria, 81 (49); malarial fever, 5 (2); tuberculosis of lungs, 290 (299); tuberculosis of other organs, 51 (55); cancer, 128 (139); cerebro spinal meningitis, 10 (18); diseases of nervous system, 358 (358); diseases of circulatory system, 387 (341); diseases of respiratory system (pneumonia and tuberculosis excepted), 253 (194); pneumonia, 337 (255); infantile diarrhoea, 52 (199); diseases of digestive system (infantile diarrhoea excepted), 157 (189); Bright's disease, 204 (213); suicide, 39 (36); all other diseases or causes of death, 601 (587); total, 3,045 (3,032).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis: From suspected cases of diphtheria, 521; tuberculosis, 357; typhoid fever, 131; malaria, 5; miscellaneous, 21; total, 1,035.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending January 31, 1910, 428 samples of food and drugs were examined in the State Laboratory of Hygiene.

All samples were found to be above the standard except: 16 of the 178 of milk; 13 of the 50 of butter; 4 of the 24 of oleomargarine; 3 of the 14 of tincture iodine, and 3 of the 117 samples of spices, the three last named being of ground mustard.

All the samples of baking powder, cake, coffee, flour, honey, extract of lemon, molasses, sausage, maple syrup, borax, cream tartar, hydrogen peroxide, tincture opium, lime water and witch hazel were above standard.

Fourteen suits have been instituted against parties for adulteration of foods—milk, butter and oleomargarine.

During the month ending January 31, 1910, 103 inspections were made in 49 cities and towns.

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

Milk, 261; butter, 622; foods, 1,010; drugs, 213.

Other inspections were made as follows: Milk wagons, 132; milk depots, 139; grocery stores, 574; drug stores, 45; meat markets, 13; milk cans, 27.

Division of Creameries and Dairies

Dairies Inspected.

The first column of figures gives the number of dairies inspected; the second column, the number found to be above 60 per cent. of the perfect mark, and the third column, the number below 60 per cent. of the perfect mark:

	Inspected.	Above.	Below.
Bergen	4	0	4
Burlington	2	1	1
Essex	3	0	3
Hunterdon	15	4	11
Mercer	3	1	2
Middlesex	2	1	1
Monmouth	4	1	3
Passaic	1	0	1
Somerset	10	7	3
Totals	44	15	29

Water samples collected from dairy premises, 8.

During the month one conviction was secured for the continued operation of an extremely unsanitary dairy located in Bergen County. A fine of \$25 and costs was imposed and collected.

Creameries Inspected.

The following creameries were inspected during the month: Allamuchy, Changewater, Hacktettstown, Hixon, Irvington 4, Newark 14, Newton, Vails, Vailsburg 2—total, 26.

Number of licenses recommended, 4.

Letters sent to creamery operators, 18.

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OEDEMA.*

BY WILLIAM L. PYLE, M. D.,
JERSEY CITY, N. J.

On opening the subject of œdema, it is hardly necessary to state to you that œdema is not a disease but a symptom, and often a very important one in many complex and diversified conditions. The aurist recognizes that œdema over the mastoid, when accompanied with other symptoms, as positively verifying his idea that there is grave destruction of the deeper underlying bone cells.

The oculist thoroughly appreciates glaucoma and what relation œdema of the chryalline lens has to it and what it means to his patient. The obstetrician notices œdema beginning in the lower limbs of his future maternity case and it gives the early clue as to what may be grave disturbances in the kidneys or circulatory system of his patient, and thus he is prepared to act accordingly. The surgeon sees the local œdema over the inflamed and painful areas and it may signify to him pus or inflammation in the deeper structures which saves time and pain to his patient and possibly further destruction of tissue or even life. Even the pathologist sees this œdema in his prettily stained sections and his report to us ever faithful, is an inspiration to the study of these great cellular changes.

Every special line of medical study meets with œdema and its special relative importance is known; but the general practitioner, greater than all special line men, because he is the specialist on *internal medicine*, meets it in its ever varying and protean forms,

studies it in its relation to his patient, outlining it in its traumatic, constitutional, visceral or *essential* causes, noting its vascular, capillary, cellular or nervous changes which allow the serum passage into, or retention by, the tissues.

From this we may ask, what is œdema? And we may define it as a puffiness or swelling of parts arising from accumulation of serous fluid in the interstices of the areolar tissue. The liquid itself is a colorless, transparent serum of a slightly yellowish tinge, of a specific gravity nearly the same as blood serum. In its chemical composition, the most important element is NaCl, which varies in amount from six to eight grams per liter. Urea is present in from one to three grams per liter. Phosphates, carbonates and glucose are present in very small quantities. It contains little or no ferment and is not toxic except in the secondary infected œdemas, as in erysipelas, abscesses, pustule, etc. The swelling of œdema is generally soft, yields under pressure of the finger and preserves this cup-like impression for some time. This does not give the patient any particular discomfort as a rule, especially in the cardiac and cachectic varieties, or there may be more or less pain from this "pitting" as manifested in phlegmasia albadolens. The color is generally pale white, but may vary from pink, red, dark purple or blue, according to the underlying cause. It may come on slowly, without rise in temperature, or may be quite acute and attended with fever.

Functionally, the disturbance varies according to the seat of the œdema, but is usually quite trifling. However, œdema often interferes with the functions of other organs as in the heart muscle itself, lungs, liver, kidneys, etc., and it can be easily un-

*Read before the Practitioners' Club of Jersey City, November 9, 1909.

derstood why a persistent anasarca should interfere with the digestive functions, hinder metabolism and tissue nutrition, together with other consequences that escape notice. According to Loeper and Laubry in their article (*Gazette des Hospitaux*, November 12, 1904) formulate the hypothesis that the rise in temperature may be due in part to the individual reaction of the infiltrated tissues, and say that this is confirmed by the changes observed in the composition of the blood and urine. In most cases the urinary secretion is diminished and several factors contribute to this condition. The kidney may be involved directly or passively by the direct reduction in the elimination of organic or inorganic substances. Phosphates and sulphates are generally reduced but in sodii chloridi there is a very marked decrease, and generally in proportion to the degree of renal permeability. The blood itself is involved and while its proportion in urea and NaCl remain unchanged this is not so in regard to the fixed albumen and the red corpuscles.

The course and duration of œdema varies and is mostly governed by the underlying cause. When it disappears suddenly, it is often indicative of recovery and it is then that we get diarrhœic, urinary or hæmatic crises. The urinary crisis has copious polyuria along with increase of the fixed principles of urine as chlorides, urea and phosphates. The blood crisis, according to Loeper and Laubry, is characterized by a fall in specific gravity of serum, a reduction in the proportion of blood corpuscles with lowering of proportion of albumen and sodium chloride.

The sudden disappearance of œdema is not always beneficial. Sudden death may occur and we often have cerebral symptoms, with difficult breathing, mental stupor, convulsions or delirium. Some regard these symptoms as toxic as seen in eclampsia; but others believe they are purely mechanical and, to use Loeper's expression—the urinary activity ceases to correspond to the blood activity, hence the visceral and cerebral symptoms. When the œdema continues, many complications may harass the patient, as varicose lymph channels, changes in the lungs, pleura, liver, stomach, kidneys, with wasting and prostration and a lowered resistance to *all* infective diseases.

In regard to the nature and cause of œdema an article by Fisher (*Am. Med. Journal*, September 5, 1908) has appealed

to me most strongly and from which I may be permitted to quote.

The author calls attention to the fact that dead bodies kept in water become œdematous, which is due to the fact that the tissues after death become acid and absorb water from the surrounding medium. Gangrenous tissues swell if a source of water is furnished them from without or through the blood or lymph channels. Gangrene due to occlusion of vein becomes moist and swollen, but if an artery is occluded it becomes dry and shriveled. The author's conception of œdema holds for local as well as general œdema.

Reference is made to the rapidly forming œdema which follows the sting of various insects, which are capable of carrying formic or other acids into the wound. The author goes on to show that formic acid is active in increasing the affinity of all colloids for water. Dead bodies develop acid and if in contact with water, from without or within, absorb it. Also, that tissue with its vital resistance lowered, also develops acids and absorbs water and becomes œdematous for the same reason. That the circulatory disturbances are not primarily responsible, is indicated very clearly by this fact — that the œdematous tissues are initially white and only after resolution has commenced does an increased flow of blood in them, cause the change of color. Flea bites can be perfectly mimicked with a needle, formic acid and a colloid, as gelatine on a gelatine plate. If the gelatine is pricked with a needle containing a little formic acid and water added, wheals soon develop on the surface of the gelatine plate which exactly resemble the flea bite with wheal and local œdema in human beings. Another form of local œdema, which finds ready explanations on the basis of the ideas advanced, is glaucoma and its imbibition of water by the chrySTALLINE lens.

An increased affinity of the colloids for water in the system is either or both in the following ways: First, in conditions leading to œdema various substances, especially acids capable of greatly increasing the affinity of colloids for water, are not removed as they should be or are produced in abnormal amounts, and second, colloids having but little affinity for water are changed into such as have a greater affinity. If, now, the conception of œdema as a condition in which this affinity of the tissue colloids for water has been abnormally increased is correct, it must be possible to prove three things:

First—That the protoplasm is colloidal in constitution.

Second—That in the variable affinity for water we have a force of sufficient magnitude to account, without strain, for the maximum amount of water ever found absorbed by the tissues in a state of œdema.

Third—That the conditions leading to an increased affinity of these colloids for water exist in the tissues.

We find that acids including carbon dioxide, are the most powerful substances thus far known for increasing the affinity of colloids for water and it is either the retention, or abnormal amount produced, that renders possible the one condition leading to the œdema state. This can be well illustrated by placing fibrin in distilled water where it will take up twice its quantity of water, but add a little acid and it will take up and retain twenty times its weight. The production of acids in conditions leading to œdema has been shown repeatedly and an analysis of œdema fluid by Professor Muller and Hoppe-Seyler shows that it contains lactic, valerianic, succinic, butyric acids, while Ewald's studies show that it contains an excess of carbon dioxide and lacks oxygen. In spite of Fisher's theories which are, indeed, pretty and ingenuous, to properly understand the pathogenesis of œdema, we must remember the different factors that govern the formation and absorption of lymph—these are vital, organic and osmotic forces. We have to allow for blood pressure and current and the property of dialysing membranes and the activity of the higher cells to throw off their waste products. There is a form of œdema due to stasis which can be induced by ligation of the vena cava or thoracic duct; local œdema can be induced if we apply cups and dilate the lumen of the blood vessels and slow the circulation in b/v/ or lymph channels. Divisions of nerves produce it either by stimulation or by paralyzing the vaso-motor nerves; osmotic œdemas are produced by injection of sodium sulphate. Absorption proceeds slowly and does not take place until sufficient water has been attracted to dilute it and make it isotonic. Ligation at root of kidney leads to concentration of blood which soon afterward becomes diluted to establish its osmotic equilibrium, the excess of fluid is thrown into the tissues making a serous œdema; we may, therefore, regard œdema as a toxic, circulatory, nervous or osmotic in origin.

Another theory in the cause of œdema in the NaCl theory and certain authors have tried to establish the chloride origin. Evidently, in a person already œdematous, or shortly to become so, if we inject NaCl or administer it, serous infiltrations will follow, but this is only so if we have a chloride retention or oliguria. Oedema is only exceptionally of renal and chloride origin. It is far more often due to a disturbance in interstitial exchanges or irritation due to direct lesion of the kidney. NaCl is the *test* of these various conditions but not the cause. Alone it cannot bring about the œdema; it can only bring it about in the presence of vascular, cellular or nervous changes which allow of its passage into or retention by the tissues.

Ziegler, in his Pathology, eleventh edition, page 154, classifies œdema from a pathological basis as: First, due to arterial congestions; second, from stagnation of venous blood; third, from hindrance to outflow of lymph; fourth, from disturbances of capillary secretions; fifth, œdema *ex vacuo*, as in brain and spinal cord.

Loeper and Laubry, however, classify it on its clinical forms. Yet, while a clinical, causative basis is not altogether satisfactory, still it presents one of the best working classifications. We have the following four varieties:

First—Oedema that is local or traumatic in origin. This includes fractures, dislocations, contusions, abrasions, burns, compressions and such local infective processes, as boils, carbuncles, phlegmons, malignant pustules, etc., also including toxic œdemas such as snake or insect bites or stings, poisonous plants, drugs or other poisons.

Second—Oedema in constitutional diseases. Rheumatism is the great example in this class, with beri-beri a good second. Present in mumps, erysipelas and often at onset of smallpox. Scurvy, purpura, anæmia and chlorosis are accompanied by œdema, as is also gout. Many of the giant forms of urticaria and those also due to drugs such as iodine, arsenic, mercury and antipyrin are examples.

Third—Oedema in visceral diseases. This includes a large class of diseases—myocarditis, pericarditis, vascular lesions, fatty degeneration of the heart. All the arterial afflictions—such as arterio-sclerosis, pulmonary œdema, thrombotic phlebitis; œdema due to various tumor, especially of the pelvis—fibroids, ovarian cysts, pregnancy, salpingitis, enlarged glands, etc. Oedemas

due to obstruction or ligations of lymph canals. Liver diseases, especially cirrhosis causing ascites and swelling of more dependent structures. In all forms of renal disease it is one of the cardinal symptoms varying according to the causative types in its location, outline and character. Under this same heading we meet it in the various nervous diseases such as peripheral neuritis, paralysis agitans, poliomyelitis anterior, hemiplegia and locomotor ataxia; also, in myxœdema and ex-ophthalmic goiter.

Fourth—Essential œdema. Here the pathology and etiology are quite unknown. We may include under this heading angio-neurotic œdema (or Quinke's disease), ischæmic œdema, hereditary œdema (or Milroy's disease) pseudo-elephantiasis, and those rare forms of œdema due possibly to hysteria.

The prognosis of œdema depends entirely upon its underlying cause. Favorable or grave, just as the underlying condition is such.

The diagnosis of œdema seldom presents any difficulty. Certain fatty conditions, indurated tumors or elephantiasis should give no trouble to differentiate. But we often wish to determine its pathological cause. This, however, opens up a wide field and the time limit of this paper will not permit its elucidation. Suffice it to say, that if we wish to determine the cause, which after all is the real significance of œdema, we must make a systematic examination of each and every organ; noting the vascular, cellular or nervous changes which so influence the visceral conditions.

It is not the province of this paper, which is intended as a study, to enter into the treatment of œdema. A condition so varied in its etiology and complex in its pathology can only be treated with intelligence by a further study of the underlying cause in its relation to the pathology of the individual. Certain it is, that he who is rash enough to treat œdema *sui generis* would only invite despair and fall hard on the rock of disaster. In its local treatment some general rules may be laid down. The infiltrated limb must be placed in a comfortable position, mainly to protect it from injury or that gravity may favor lessening of the fluid, as in elevation. Warmth and heat may be valuable in relieving pain. Mechanical methods may be necessary to fix a limb, as in femoral thrombosis by the application of a well-fitting splint, properly padded.

To diminish intense itching local applications of menthols and camphor with alcohol will suggest themselves. Puncture by small incisions in the anasarca from cardiac diseases, when the skin tension becomes great, is a safe procedure when the ordinary precautions are taken to avoid infection. An enormous amount of serum may thus be drained away. In the milder grades it is helpful to bandage the limb firmly.

The treatment must be directed to the cause and not to the symptoms. No one would, however, supplant digitalis, often so valuable for the œdemas of cardiac insufficiency for prompt venesection so urgently needed in sudden pulmonary œdema. Neither would the salicylates—so nearly a specific in rheumatic œdema—be a proper treatment for the swellings of scurvy.

As a diuretic, pure and simple, infusion of apocynum has its advocates. Babcock, in Osler's System of Medicine, mentions diuretin in ever-recurring œdemas. It may be administered for weeks and months and will do much to prolong life. In sthenic cases we have saline laxatives, particularly the salts given by the May's method in concentrated form early in the morning. Occasional calomel purges are beneficial in the nephritic form. Patients who have been drained a long time by diuretic or cathartic drugs often become emaciated and anemic. This is deplorable, but cannot be avoided. It is either to allow patients to die by stasis, or to prolong life at the expense of inanition and hydræmia. Sweating is promoted by hot baths, the steam bath or hot air bath, which may be used boldly or cautiously as the case demands.

Since the sodium chloride action has been established it will be our duty to eliminate salt from the dietary of our œdematous patients.

No. 678 Bergen avenue.

SUMMER GRIP.*

BY JAMES DOUGLAS, M. D.,
MORRISTOWN, N. J.

The title of this paper you may think, after hearing it read, is rather far-fetched, but to my mind it is a good one; or again you may consider it an old subject under a new name, and again I may be able to give

*Read before the Tri-County Medical Society at the meeting held at Newton, N. J., November 9, 1909.

you food for thought. It has been rather a difficult matter for me to choose a subject to bring before this our Tri-county Medical Society, for there have been many learned and eloquent addresses made at our meetings, and all sorts of subjects have been discussed before us and by us. In looking over my cases I have thought the subject I bring might interest you and for want of a better one have given it the title of "Summer Grip," which title I hope by the time I have finished you will agree with me is a good one.

Summer grip, like its next door neighbor, malaria, was very prevalent not only in this section, but all over the country during the years of 1898 and 1899, but more especially during the summer of 1900. When the disease invades a community a large proportion of the population are attacked, without distinction of age, sex, social condition or occupation, aged and infirm persons and those of nervous temperament are peculiarly liable to suffer, but the strong and healthy possess no immunity. All races and dwellers in every climate are liable to the attack.

It is not self-protective. An attack confers no exemption from the disease in subsequent outbreaks; on the contrary, one attack is by many thought to predispose to another, and independently of relapses, which frequently occur. In the spring of 1889 a great epidemic broke out in Russia, by American and British writers it was known as influenza and by the French as la grippe. This epidemic spread rapidly, for it seems to have broken out in Bokhara in May, 1889. It had established itself in St. Petersburg in October of the same year, then it spread rapidly west and was recognized in Paris as early as November. Great Britain was invaded also early in November, if not in October, and it reached this country also in November. The epidemic reached its height in the various countries at almost the same date, in January and February of 1890.

Influenza is recognized as an acute microbic fever, moderately contagious; many writers claim that influenza is highly contagious and extends both by direct and indirect communication from the sick to the well. Epidemic, sporadic and pandemic, associated with catarrhal inflammation of the mucous membranes and with disturbance of the nervous centres and trunks; often running a short and favorable course, but very apt to be attended with many seri-

ous complications and sequelæ. Pneumonia, both croupous and catarrhal, is the most frequent complication of this type. This was pre-eminently so during the epidemics of 1889 and 1890. Pulmonary phthisis must be noted among the sequelæ also. I had two cases in one family, a brother and sister, both had a severe attack of influenza. The influenza left them in a very weak and prostrated condition. They were able to get up and go around, but never regained their usual health and vigor. In a very short time it was very evident they had an acute form of pulmonary phthisis and they soon passed away. Heart complications was another very serious form. There is a sense of profound weakness and debility, in fact often so marked that the least exertion causes rapid breathing and heart action with exhaustion. Cerebro-spinal meningitis undoubtedly occurs as an occasional complication. In some instances the onset is indistinguishable from cerebro-spinal fever save by the absence of petechial eruption, and it is important to bear in mind that not a few epidemics of influenza have been regarded as of that nature by experienced observers.

We all remember how hot and what very dry weather we had in the summer of 1900, the dry weather continuing all through the fall. In the early spring of that year we had much rain, but in the summer time little rain but a long continued spell of excessively hot weather, with no letup for a long time, night or day. The result was, we had much malaria all over the country, in fact in places where it was never known to exist before. At the same time we had another distinct type of disease prevailing in our midst. In studying and observing this disease, for I saw a great many cases of it in all its different forms, I could not satisfy myself that it was influenza or that it was malaria, so I was satisfied that it must be the subject of this paper, "Summer Grip."

We must remember it commenced in the hot dry weather, in high lands as well as in low lands, quite prevalent in places where the dwelling houses are high, dry and well ventilated and no stagnant water, no mosquitoes; in fact, in places where even there is no running water, no valleys, but on top of high ground, the places well supplied with the best of spring water.

The onset of this disease was generally very sudden, from a creepy chilly feeling to a severe chill lasting from a few minutes to

several hours. One patient complained of feeling cold for three days. In the majority of cases headache was usually severe, as many expressed it as splitting pain, very severe in the back, also pain in the arms and legs, and many would inform me they had pain from the crown of their head to the soles of their feet, and others a general feeling of soreness all over their body, with tenderness upon pressure. These symptoms were accompanied by mental and physical depression with malaise and restlessness. In some cases little or no fever, again others had a temperature running up to $105\frac{1}{2}$, gradually going down to the normal in the course of a few days. In the majority of cases only one chill, but in a number of cases a chill every day for several days. In a few cases there were night sweats. In the cases I have spoken of I had no catarrhal symptoms, no sequelæ relating to the respiratory tract or to the circulatory system. When the pain and fever had left the patients they complained of great weakness. As a rule patients were constipated, some of the patients complained of pain and distress in the bowels and bladder, one with a great deal of pain in urethra and bladder.

In closing I would like to recite an interesting case that came under my observation and which I have classed as a form of "Summer Grip." At two o'clock in the morning of Tuesday, August 6th, 1901, a lady patient woke up with a hard, shaking chill lasting three hours. At the time she had a sharp pain in the urethra, the chill and pain woke her up. Within twenty-four hours she was unable to micturate, the pain was very severe and extended up to her bladder. The pain was steady night and day; in fact, no let up to it. The weather at the time was hot. Her appetite was very poor; it was almost impossible to get her to take any nourishment; bowels during this time very much constipated. As a rule she is constipated. She had no fever during her illness. It was nearly a week before she could pass her water naturally. On account of her great pain and being unable to take any nourishment she became very much emaciated and weak. Her nurse made for her all the dainty nice little dishes, but all in vain. There was no discharge from the urethra at any time. For a long time she felt very weak and nervous. When the pain was so very severe I had to give her morphinæ sulphas with belladonna, enough to alleviate that severe and distressing pain, but discontin-

ued the use of it just as soon as she got a little relief. I also used hot applications and hot douches; gave internally fluid extract of triticum repens, tincture hyoscyamus and benzoate of soda. This treatment not proving satisfactory after a thorough trial, I decided to try capsules containing quinæ sulphas, phenacetin and caffein. After a number had been taken the patient said to me, "I wish you had given me the capsules sooner, as I feel they are doing me so much good." She gradually became free from her pain. As her appetite was still very poor and she was very anxious to eat, I gave her tincture cinchona compound with fairly good results. Strychninæ sulphas with Wampole's cod liver oil were given as restorers and, with proper nourishment, she gradually got back her strength and is now able to be about as usual.

THE MORE COMMON AFFECTIONS OF THE NOSE AND THROAT; THEIR DIAGNOSIS AND TREATMENT.*

BY GERHARD H. COCKS, M. D.,

Assistant Surgeon Manhattan Eye, Ear and Throat Hospital, New York City.

This subject, which your secretary suggested, is so large, that I shall make no attempt to cover everything, but shall merely take up the general run of cases as I see them in private practice and in hospital work.

Probably the most frequent question our patients ask is "Doctor, what can I do for a cold in the head? My nose is stuffed up and I feel thoroughly miserable." A good many of us send the patient away with a Dover's powder or a bottle of coryza tablets. Are there not more helpful remedies? The most important thing is to avoid the high power compressed air nasal spray, which far too frequently drives infectious material into the Eustachian tubes and middle ears, or even into the nasal accessory sinuses where an acute otitis or acute sinusitis is set up. A patient with a coryza should be given a straight medicine dropper and directed to instil into each nostril three or four times a day six or eight drops of a solution of adrenalin chloride (1-1000). This restores nasal breathing temporarily, relieves the congestion, and gives the sinuses a chance to drain out. A convenient

*Read by invitation before the Somerset County Medical Society, December 9, 1909.

form in which to order adrenalin is the following:

℞ Solution adrenalin chloride (1-1000), ʒj
Boric acid, gr. v.

Rose water q. s. ad ʒj

M. sig. use in nose with straight medicine dropper.

Occasionally we meet with cases that exhibit an idiosyncrasy to adrenalin. Instead of relief being afforded by the nasal drops, the most intense swelling of the tissues is set up. The subject sneezes, his eyes and nose run, and his discomfort increases for a few hours. Although the adrenalin idiosyncrasy is only rarely met with, we must not be surprised if we chance upon it.

When we have an accumulation of secretions in the naso-pharynx or post-nasal space, there is considerable absorption of toxins, for the lymphatic connection is very direct in this locality. This largely accounts for the feeling of prostration and lassitude present during a cold. No method of cleaning the nose and pharynx equals the post-nasal douche, when properly employed. An ordinary hard rubber post-nasal syringe is used, the nozzle of which is perforated on all sides. The patient must be cautioned to breathe quietly, and to hold his breath for a moment when so directed. With illumination from the head mirror, the tongue is depressed and the tip of the syringe passed into the mouth and up behind the soft palate, keeping well forward against the palate. Avoid unnecessary force and do not strike the nozzle against the roof of the naso-pharynx. While the patient holds his breath, the solution is quickly injected, the head being bent forward as the fluid runs out through the nose. I use (1) a weak solution of warm Dobell to cleanse the parts; (2) Dobell with four to five drops of adrenalin added to contract the swollen tissues; (3) after waiting a couple of minutes, I then inject a ½ per cent. solution of argyrol.

The relief afforded by a post-nasal douche is immediate and gratifying. It is also of great service in hay-fever when accompanied by nasal obstruction and nasopharyngitis, and I might add in passing that the nasal drops of adrenalin which I have just advised for coryza, will probably do more for your hay-fever patients than any one other remedy.

Suppose a patient comes to you complaining of a bad smelling nose, or a bad odor to his breath. What is the cause, and

what will you do for him? In the first instance, as you all know, the cause is an atrophic rhinitis or ozæna. In a marked case the wide nasal chambers, the shrunken inferior turbinate bones, the crusts and accumulated secretions make the diagnosis easy. In addition there is often a dry, glazed appearance of the posterior pharyngeal wall. In the office, the ozæna is best treated by frequent applications of Mandel's solution—I. gr. v, K. I. gr. x, glycerine ʒi, directly to the nasal mucosa. The pharynx is swabbed out with 1 or 2 per cent. silver nitrate; or, better, 25 per cent. argyrol. The patient cleanses the nose at his home night and morning by snuffing up into the nostril a little warm saline solution. In bad cases we resort to the Birmingham douche, although it is better to avoid this whenever possible. The best local treatment for the patient's home use is a medicated nasal cream devised by Dr. Chappell. Either iodine or menthol may be prescribed. Both are stimulants to the atrophic mucosa, e. g., ℞. menthol, gum camphor aa gr. iv; oleo-stearate of zinc ʒi, or, ℞. Iodine gr.ii, oleo-stearate of zinc ʒi; M. sig. use in nose with camel's hair brush or medicine dropper.

These measures, together with a cleansing alkaline gargle, usually ameliorate the patient's condition. It is well to remember that a frequent cause of foul breath is a cheesy condition of the tonsils. The treatment is surgical—either removal of the diseased tonsils, or the crypts are split open by a small Leland knife.

Chronic disease of the nasal accessory sinuses also produces a foul-smelling nose and breath, as well as post-nasal dropping. We shall consider this condition later.

One of the most frequent complaints the specialist is called upon to treat is what the patient calls "catarrh" of the nose and throat. We have already seen that one of the most common causes of "catarrh" is atrophic naso-pharyngitis. Hypertrophic rhinitis, adenoids and hypertrophied tonsils, by producing nasal obstruction, also cause post-nasal dropping of mucus and irritation within the throat. The treatment of these affections is purely surgical.

Just a word in regard to two common conditions frequently encountered in childhood, epistaxis and foreign bodies in the nasal passages. In the vast majority of instances, a nose-bleed in a child is caused by an abrasion of the septum. The bleeding point should be located by the help of

a nasal speculum and artificial illumination, and the bleeding vessel obliterated by the electric cautery point. If this is not at hand, the nostril should be packed with plain gauze.

A unilateral purulent nasal discharge in a child means, in practically every instance, that a foreign body has lodged in the nasal chamber. When the pus has been wiped away with pledgets of cotton, the foreign body is removed with a forceps or other suitable instrument.

It is not generally recognized that headache, neuralgia and other head-pains frequently originate in abnormal conditions of the nose and its accessory sinuses. There are two classes of cases which produce headache among other symptoms: (1) non-inflammatory, (2) inflammatory conditions.

1. The non-inflammatory group represents the class of cases, with hypertrophies of the middle turbinate bone, which press against the septum. The latter may or may not be deflected. Or there may be in this group adhesions between the inferior turbinate and septum, or between the inferior and middle turbinate and the septum. Or, again, the turbinate may be of practically normal size, but may be pressed upon by a markedly deflected septum. These so-called pressure cases are responsible for a large number of headaches. This group may be divided into two sub-divisions. In (a) the pain occurs in individuals not constitutionally prone to headaches, while (b) represents cases which have what we might term a neuropathic temperament plus pressure within the nose. In these people the sensibility to pain is a heritage. Usually there is a family history of migraine, neurasthenia, epilepsy, alcoholism, rheumatism or gout. These patients have a low reserve of nervous endurance and readily succumb to slight continuous peripheral irritation.

2. The inflammatory group may likewise be divided into (a) chronic sinusitis and (b) acute sinusitis.

Case I.—Bilateral supra-orbital pain of several days' duration due to middle turbinate pressing against septum.

M. M. Unmarried woman, 22 years of age, scarlet fever at age of eight, since then she has had "catarrh." Menstruation is normal and not connected with her headaches. She has been under treatment for six months for slight albuminuria and puffiness of the eyelids. As long as she can remember, she has suffered from occasional attacks of supra-orbital headaches, at first

every day or two, of late every one or two weeks. The pain is dull in character, sharply localized to the supra-orbital regions, and severe enough to make the patient go to bed. On account of the possibility of the symptoms being caused by nephritis, I had the patient kept under the observation of her physician—Dr. B. H. Whitbeck—for a period of six weeks. As the headaches continued, I finally removed the anterior end of the right middle turbinate bone, which was in a condition of chronic inflammation, and firmly adherent to the septum. The headaches were promptly relieved and have not recurred for two years.

*Case II.—Dull pain over left eyebrow. Long adhesion between inferior turbinate and septum.

Mrs. H. S., 25 years of age. Good family history. Tonsils were removed one month ago for recurrent quinsy. For five or six years she has suffered from a dull supraorbital pain, sharply localized, coming on every morning and lasting one or two hours.

Operation, November 26, 1907. A long adhesion between left inferior turbinate and septum was removed by a sub-mucous resection of septum over point of contact. No headaches since operation.

In these two cases the headaches were due to pressure. Mere septal turbinate contact is not sufficient to give rise to pain when the individual is not constitutionally prone to headache. To cause pain there must be considerable pressure. As a rule the pain is fairly well localized over the affected side or sides. It is felt in the orbit, the nasal bridge, and often in the temple. It is always aggravated by any nasal irritation, and is often temporarily relieved by the application of adrenalin or cocaine to the affected region within the nose.

1. (b). Pain caused by septal turbinate contact in a person constitutionally prone to headache.

Case III.—Headaches of a migrainous type, due to middle turbinate bones pressing tightly against the septum. Partial bilateral turbinectomy, followed by entire relief.

Mrs. K. G. M., aged 35. Her mother suffered from typical migraine. Sick headaches from the age of four to fourteen, occurring at intervals of one to two months. These headaches are accompanied by ver-

*Cases II., III. and IV. have been reported by Dr. MacKenty and the writer elsewhere.

tigo, vomiting, some aphasia, ocular disturbances (scintillating scotoma), and numbness of the extremities. The headaches are sudden in their onset and in their disappearance, lasting only a few hours. The pain is of a pounding, pulsating character, and is felt all over the front of the head. From puberty until twenty-two she did not have a single headache. At twenty-two, after severe exposure to cold during menstruation, the headaches returned in their old form, with the exception that the vertigo and vomiting were absent. From this time until the time of operation the headaches occurred from one week to one month apart, depending largely upon the patient's general condition. The use of glasses gave no relief.

Examination—Anterior ends of both middle turbinates press tightly against the septum.

Operation, October, 1905—The anterior tip of the right middle turbinate was removed, with complete relief of the headache on that side of the head. Following this operation, the headaches still occurred at the same intervals, with pain only, however, on the left side.

Fourteen months later the anterior end of the left turbinate was removed. The patient is now cured.

Second group causing headache. (a) Chronic sinus disease.

Chronic disease of the nasal accessory sinuses is characterized by headache and pain more or less constant, often by general malaise, mental depression and prostration, and is accompanied by a purulent discharge. The location of the pus within the nose is helpful in diagnosing which sinus is affected.

If the pus is found in the middle meatus, *i. e.*, between the middle turbinate and outer nasal wall, it may come from one of three sources: (1) frontal sinus, (2) anterior ethmoid cells, (3) maxillary antrum. If the pus is located well upward in the hiatus semilunaris, and its flow ceases when the hiatus is plugged, it probably comes from the frontal sinus. If the pus is in the same locality and its flow is not checked by this procedure, it probably comes from the anterior ethmoid cells.

If the upper portion of the middle meatus is plugged, and the pus still continues to flow from below, the source is probably the maxillary antrum. This can be verified by piercing the antrum with a nasal antral trochar and flushing out the cavity.

Pus coming down between the middle turbinate and septum comes from either the posterior ethmoid cells or the sphenoidal sinus. If the posterior ethmoidal cells are at fault, the post-rhinoscopic mirror will show pus in the ethmoidal sulci. If the sphenoid alone is involved, the pus is more apt to be confined to the posterior pharyngeal wall, and the ethmoidal sulci are free from purulent material (Douglas).

All obscure cases of sinus disease should be X-rayed and transilluminated, two procedures which often afford valuable information.

2. (b) *Acute Sinusitis.* The following case illustrates this and also headache from acute sinus disease.

Case IV.—Right supraorbital headache, pain over right maxillary antrum and in teeth of upper jaw, together with right-sided exophthalmos caused by acute frontal and maxillary sinusitis following influenza. Intranasal operation. Relief.

Mrs. G. H. H., 25 years old, has always been well excepting for typhoid fever four years ago. This was followed by a cold in the head and some frontal headache, lasting two weeks.

Eleven days ago had influenza with sore throat, fever, and pain in limbs. Five days later, dull pain developed over right maxillary antrum, which was present almost constantly. The teeth of the right side of the upper jaw ached. There was also tenderness of the roof of the right side of the mouth. Two days later she experienced intense pain over the right eyebrow, temple and ear. The pain over the antrum of Highmore abated somewhat after a few days, but the frontal headache was severe enough to necessitate a dose of morphine by the family physician.

When first seen on January 2, 1908, the temperature registered 105.5 degrees by mouth.

Examination—Slight swelling of the cheek over right maxillary antrum, and moderate right exophthalmos. Nose narrow. Low deflection of septum into right nostril with corresponding sulcus in left. Right middle turbinate is somewhat hypertrophied, slightly polyoid and adherent to septum anteriorly. Pus between turbinate and external wall.

Operation—The anterior portion of right middle turbinate was removed and the right maxillary antrum pierced with a trochar. Irrigation of antrum washed out considerable pus. Result: The exophthalmos and

antral pain disappeared in twenty-four hours. The temperature became normal two days later, and the supraorbital pain was completely gone five days after operation.

This case teaches one lesson: that the severe headaches of influenza are caused by acute sinus inflammation, and are not ordinary neuralgias. The treatment should, therefore, be directed toward the nasal condition. The greater number of these cases yield to adrenalin drops and nasal irrigations in from twenty-four to forty-eight hours. Hot boric acid or hot normal saline solution may be used every two hours during the attack.

Localization of pain in certain regions of the head is not typical for the affections of the different sinuses. For example, pain in the forehead may be caused by inflammation of the frontal, ethmoidal, maxillary, or even the sphenoidal sinus. On the other hand, the characteristic pain of sphenoidal disease is felt in the occiput, behind the bulb—as one writer has expressed it—or over the vertex. In maxillary sinusitis the usual point for the pain is over the anterior surface of the antrum, as well as in the teeth of the corresponding side of the upper jaw. Frontal sinusitis generally produces pain in the forehead, especially over the course of the supraorbital nerve. In many cases of frontal-sinus inflammation the pain is characterized by periodicity. At a certain time in the morning, usually ten or eleven o'clock, furious pains are felt over the affected sinus which persist for hours—perhaps until 1, 2 or even 4 o'clock in the afternoon—then suddenly disappear. For the remainder of the afternoon and during the entire night the patient remains free from pain. On the following day the pain recurs at exactly the same hour.

While headache is a frequent symptom in all cases of inflammatory disease of the nasal accessory sinuses, we should remember that it is not a constant symptom. Intervals in which the patient is entirely free from pain alternate with periods of the most intense pain. The explanation is simple. There may be an exacerbation of a chronic empyæmia, or there may be an accumulation of secretion caused by temporary closure of the excretory duct of the sinus (Hajek).

Before operating for hypertrophic nasal conditions or chronic sinus disease, I would advise those of you who have not already had experience in rhinologic practice, to

first work in one of our large nose clinics. The unskilled operator frequently leaves the patient in worse shape than before by taking away too much tissue. At the present time New York City is full of *post-operative* cases of *atrophic rhinitis*, who complain of dry nose and dry pharynx caused by *unnecessarily radical* operative procedures.

I shall conclude this paper with the consideration of but two affections of the pharynx—retropharyngeal abscess and abscess of the tonsillar and peritonsillar structures.

The symptoms of tonsillar and peritonsillar abscess are very much the same, although not so severe in the former variety. Both sides may be involved, although as a matter of fact the condition is practically always unilateral.

The symptoms referable to pus formation are generally preceded by those of an acute catarrhal or lacunar tonsillitis. The most pronounced subjective symptom is pain in the region of the tonsil, sharp and lancinating in character, often referred to the ear and increased by swallowing or moving the jaw. The patient is unable to open his mouth except to a slight extent, and his voice has a peculiar, harsh quality. There is also swelling and tenderness on pressure at the angle of the jaw. A febrile reaction is present, 100, 101, 102 degrees, often accompanied by chills and sweating. On examination, in the peritonsillar variety, there is redness, swelling and œdema of the affected region within the throat. The tonsillar structures bulge into the pharynx, and the uvula is often pushed beyond its normal position in the median line. By carefully examining the throat with artificial light one can often discover a small spot where the tissues are slightly blanched, which feels softer to the probe than the area immediately surrounding it. This is the place to make the incision.

In the tonsillar abscess the external swelling and glandular involvement are slight. There is, of course, considerable peritonsillar inflammation, while the tonsil itself may be the seat of one or several small abscesses.

Before actual suppuration has occurred, the patient should be given calomel or a saline purgative, a spray of Dobell's solution, as he usually experiences difficulty in gargling, and warm applications about his neck.

When pus has formed, the peritonsillar

abscess should be incised at the blanched spot just described, if this point can be located. If not, an incision at the intersection of a horizontal line through the base of the uvula with a vertical line through the anterior faucial pillar will usually evacuate the pus. The throat should first be anæsthetized with a ten per cent. solution of cocaine, and a narrow scalpel used, the blade of which has been wrapped with adhesive plaster to within three-quarters of an inch of the point.

The tonsillar abscess is opened at the place where it shows evidence of pointing; at the most dependent spot if possible. In case there are several small abscesses, each is incised separately. In the peritonsillar variety, the after treatment consists in keeping the throat clean, and in preventing the edges of the incision from closing too rapidly. This may be accomplished by separating the edges of the wound with a nasal dressing forceps or scissors each morning for a few days. It is best to avoid gauze packing. Patients suffering from recurring attacks of quinsy usually have diseased tonsils which should be removed radically between the attacks to prevent reinfection.

There are two varieties of retropharyngeal abscess: (1) The so-called idiopathic retropharyngeal abscess of infancy; (2) Tubercular abscess secondary to tubercular disease of the cervical vertebræ. The latter variety is comparatively uncommon, does not, as a rule, occur in infancy, and need not be considered here.

Since writing this paper, I have seen a retropharyngeal abscess in a girl of fourteen years, which apparently originated in a tuberculous lymph-node.

The patient complained of difficulty in swallowing both liquid and solid food, and of partial loss of voice of two months' duration. There was no pain in connection with deglutition. On examination a bulging of the right postero-lateral pharyngeal wall presented itself. This swelling extended from the level of the base of the tongue to a point just above the soft palate, and as far mesially as the median line of the pharynx. A colleague evacuated two or three drams of thin yellowish pus.

These retropharyngeal abscesses in adults should always be opened externally, to avoid the danger and discomfort incident to the presence of a discharging tuberculous fistula within the throat.

The first variety—simple retropharyngeal abscess—might well be termed retropharyn-

geal lymph-adenitis, as it is really a suppurative inflammation of the lymph-nodes which lie between the pharyngeal and pre-vertebral fascia. It occurs almost invariably in infancy, in most instances during the first year, seldom later than the second. The early symptoms are usually those of an ordinary rhino-pharyngeal catarrh. Perhaps the first sign that draws our attention to the pharynx is the mother's story that the child is unable to nurse. Inability to nurse, especially when accompanied by fever and restlessness, should always make the physician suspect retropharyngeal abscess. Perhaps the first local symptom will be a sudden attack of dyspnoea, due to the abscess pressing forward and encroaching upon the lumen of the glottis. The breathing is noisy, particularly during sleep, and there is a dry cough. On examination, we find a bulging of the postero-lateral wall of the pharynx, with redness and œdema of the mucous membrane. The bulging mass can often be palpated more readily than it is seen. In one of our best books on pediatrics, the following directions for operating are given: "In opening through the mouth, the patient should be seated in an upright position and the head firmly held. The introduction of a mouth-gag may cause asphyxia; but a tongue depressor may be used, and a bistoury which has been guarded at its point plunged into the abscess at its thinnest portion, and the incision made toward the median line. The head should then be bent forward, to allow the pus to escape through the mouth."

The one point I wish to make in connection with retropharyngeal abscess is that it should never under any circumstances be opened with the infant in the upright position. The child may be held in a nurse's lap with the feet up and the head down. Under these circumstances there is no danger of the pus entering the larynx and thereby causing asphyxia. If a mouth-gag is used, care is taken not to open it wide enough to interfere with respiration.

In order not to detain you too long I have omitted the larynx and have limited my remarks to practical points in diagnosis and treatment, at the risk of the paper being incomplete.

A well-known superintendent of a hospital for the insane has said that "the best physical means for recuperating the worn and wasted systems of the insane may be summed up in three words—heat, milk and rest, but the greatest of these is rest."—Trained Nurse and Hospital Review.

URETHRAL STRICTURE.*

BY CHARLES L. DE MERITT, M. D.,
WEST HOBOKEN, N. J.

To a famous surgeon, now dead, is credited the remark: "The passage of a catheter is the most important operation in surgery." I think he must have been looking back, through the many years of his great experience, and seeing a legion of unfortunates, whose lives had been converted into wretched invalidism or brought to an untimely end, by rash urethral instrumentation at the hands of men to whom the urethra was an unmarked and unknown road. We do not pay enough attention to anatomy in these days. But we must admit that the more intricate the structure of an organ is, the greater is the call for ac-

three usually given by anatomists. These divisions with their logical names are: (1) Glandular, (2) Cavernous, (3) Bulbar, (4) Pretrigonal, (5) Trigonal, (6) Prostatic. The first three divisions are contained within the corpus spongiosum and are referred to collectively as the spongy urethra. The corpus spongiosum is longer than the corpora cavernosa, projects beyond them at both their anterior and posterior ends, and is expanded to make up for their deficiency at these points. The anterior expansion, the glans, contains the glandular urethra (fossa navicularis) which is about 1.5 cm. long. The cavernous urethra occupies the long, thin, central part of the corpus spongiosum underlying the cavernous bodies. It is the most variable part of the canal in its length, which is usually from 12 to 15 cm.

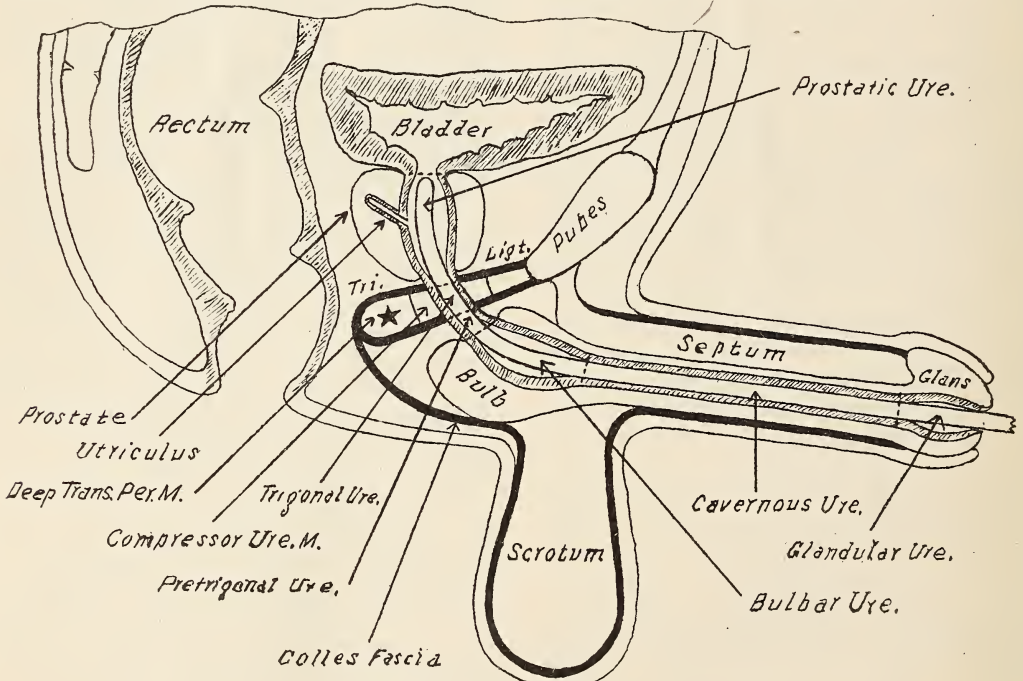


FIG. I.

curate anatomical knowledge on the part of those who treat it surgically. The urologist compares, in this respect, with the ophthalmic surgeon. He works in a region as delicate and complicated as the eye man does. His mistakes may be as destructive to function and more so to life. So much by way of apology for giving up a large part of this paper to a review of the anatomy of the male urethra.

Surgically it is more convenient to recognize six divisions of the urethra, than the

*Read before the North Hudson Academy of Medicine, January 26, 1910.

The bulb is the posterior expansion of the spongy body, and contains the bulbar urethra, the length of which is about 3 cm. The remaining divisions of the urethra must be studied in connection with the perineal fascia.

In Fig. I. the heavy black lines represent the deep layer of superficial fascia and the urogenital trigone (triangular ligament). The latter is a double layer of fascia stretched across the pubic arch. In the erect position of the body it is nearly horizontal. The urethra pierces it centrally, where its superior and inferior layers are about 1 cm.

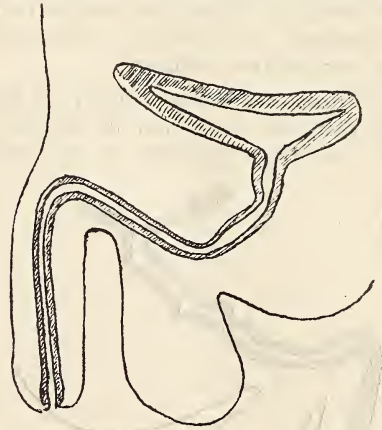
apart. The lower part of the intra-trigonal space is occupied by the deep transverse perineal muscles. These muscles, rising from the pubic rami on either side and meeting in the median line form a transverse muscular band. The section of this muscle is indicated by the star, Fig. 1. The superior and inferior layers of the trigone converge and join beneath the deep transverse perineals. Above the latter muscles is another transverse band, formed by the compressor urethræ muscles. This band is tunneled by the urethra in its passage through the trigone. Immediately around the urethra the interlacing fibers of the compressors are arranged in a ring. This ring is regarded as a separate muscle under the name of sphincter urethræ or cut-off muscle. It is the real gate of the bladder. Cowper's glands (bulbo-urethral glands) are imbedded in the muscle tissue within the trigone. Their ducts pass forward, through the inferior layer of the trigone, and empty into the bulbar urethra.

Now go back to the penis and note the deep layer of superficial fascia, under the spongy body. We can trace it back and down into the scrotum where, mixed with muscle tissue, it forms the dartos. Thence up again, into the perineum, where it is known as Colle's fascia. Colle's fascia passes up and back, and blends with the superior and inferior layers of the trigone where they come together under the deep transverse perineal muscles. Thus the lower border of these muscles marks the line of junction of the three important fascial planes of the perineum.

The posterior end of the bulb is not in contact with the inferior layer of the trigone. There is a space between them of not over .5 cm., where the urethra is only surrounded by loose cellular tissue. This short section of the urethra is the pretrigonal urethra. It is the part usually punctured by instruments when rude and forcible attempts are made to overcome spasmodic contraction of the cut-off muscles. The trigonal urethra is the part of the canal between the layers of the trigone, and is about 1 cm. long. Its walls are quite thin, hence its common name of membranous urethra. From the superior layer of the trigone to the bladder the urethra tunnels through the prostate gland, whence the name of this part of it. The prostatic urethra is about 2 cm. long.

Viewed as a whole, the male urethra is a collapsible tube about 20 cm. long. It has

three marked dilations corresponding to the glans, the bulb and the prostate, respectively. The meatus is the narrowest part of the urethra and the prostatic part the widest. The cavernous urethra is a little wider than the trigonal urethra. The curve formed by the prostatic, trigonal, pretrigonal and bulbar urethræ is fixed, except when distorted by instruments, when it can assume a straight line. This curve has been the subject of much study and a great deal of work has been done—or wasted—trying to fit the curve of metal instruments exactly to it. The Guyon sound is probably the nearest approach to the average



After Piersol

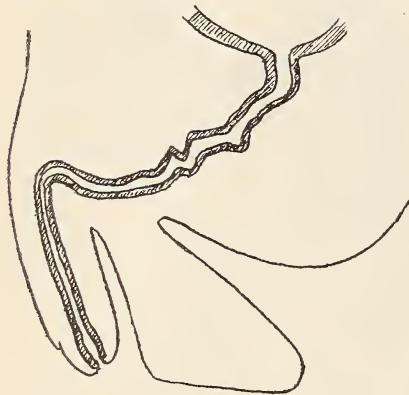
FIG. II.

curve. But averages are made up of varying units. Figs. II. and III. are based on pictures in the anatomies of Piersol and Morris of hardened sections of presumably normal bodies. A comparison of them will suggest that it is always the urethra that adapts itself to the instrument, whatever the style of the latter. The urethra is full of traps for the careless surgeon in the shape of diverticula and duct openings, all pointing forward, ready to catch the points of small sounds or bougies. Along the roof of the urethra are three rows of diverticula, the urethral lacunæ (follicles of Morgani). In the floor of the bulbar urethra are the openings of the ducts of Cowper's glands. On the posterior wall of the prostatic urethra is a longitudinal ridge, the colliculus seminalis. From its summit a diverticulum, the utriculus, passes up and back into the prostate gland. On either side of this ridge are the openings

of the seminal ducts, and of the prostatic tubules which discharge the prostatic secretions, about twenty in number.

The transitional epithelial lining of the bladder is continued into the urethra as far as the lower third of the prostate, where it changes to the columnar type, which extends, as such, to within .5 cm. of the meatus. Here it meets the squamous epithelium of the surface of the glans which is reflected into the urethra for this distance. The mucosa contains many mucous glands (glands of Littre) which open into the lacunæ as well as on the free surface of the urethral lumen. The posterior quarter of the urethra, from the vesicle orifice to the openings of Cowper's ducts, has a strong muscularis mucosæ.

To understand the pathology of stricture of the common sort, that is of gonorrhæal origin, we must go back to its precursor,



(After Morris).

FIG. III.

chronic gonorrhæal urethritis. The gonococcus, an intra-cellular organism, may infect not only the columnar epithelium of the urethra and its glands, but the sub-epithelial tissue as well, and that to a considerable depth. Following this, and sometimes persisting long after the gonococcus has died out, is a round celled infiltration. Whether these round cells are of leucocytic or connective tissue origin we can let the pathologists fight out among themselves. What concerns us, as urologists, is, how far it will persist and how far it is going to absorb. When it does persist long enough the inevitable change common to persistent infiltrations, slowly comes on. The round

cells take on the spindle shape of connective tissue, they begin to manufacture the characteristic inter-cellular substance of that tissue. As the inter-cellular product of their activity increases, the cells themselves diminish in number, and at last we have a purely connective tissue formation—a scar—a stricture. The infiltration and subsequent scar formation may extend beyond this sub-epithelium, into the erectile tissue of the spongy body, and even into the cavernous bodies. On the other hand, it may push out into the urethral lumen, forming such freak structures as bridge and valve strictures. The stricture formation may vary in length from a narrow band to a long mass. And different parts of the urethra being inflamed at once, or during different attacks of clap, gives us multiple stricture. Inflammation severe enough to cause stricture erodes the surface of the mucosa and when these erosions are repaired the new investing epithelium is no longer columnar, but squamous. The bulbar urethra is the most common site of gonorrhæal stricture, which is never found in the prostate. Traumatic strictures are commonest in the trigonal urethra.

Gradually increasing trouble in urinating or sudden retention after drinking or exposure are by no means the only symptoms that lead to detection of stricture. Gleet, an irritable urethra, or some aberration of sexual functions may bring to us men who do not even suspect that they have stricture. Several times in my experience it has been albumen in the urine, first found by an insurance examiner, and due to a gleet condition, dependent in turn on a large caliber stricture.

The delicacy and precision of correct urethral work call for a study of instruments. Rigid metal instruments are mostly made on the Thompson curve, an arc of a circle having a radius of $1\frac{5}{8}$ in. The Thompson sound has a beak (curved portion) equal in length to a quarter of such a circle and is of uniform calibre down to its blunt, rounded end. The Van Buren, the popular type in the United States, has the same curve and length of beak, but the Van Buren beak tapers from the beginning of the curve to the point, four or five numbers French. The Otis is made on the Thompson curve and is tapered like the Van Buren, but its beak is only about two-thirds as long. In the Guyon and Benique sounds the beak curves down below the level of the shaft, then rises to meet by a

reverse curve. Fig. IV. shows these different types. The short-beaked sound, although but little appreciated at the present time, gives a more perfect control by the operator.

Gum elastic bougies are preferred for routine work by some experts, and are much the safest instruments for those who lack skill or patience. Of all urethral instruments filiforms are the most dangerous, and their use is safe only in the hands of experts. Their fine points are as apt as not to catch in the lacunæ, and then very little pressure will send them through the mucosa. For measuring strictures blunt sounds are better than tapered ones, as the latter dilate the stricture *after* the break has passed it. Otis' bougie a boule is a useful instrument for detecting strictures that are not easily located with sounds. Its

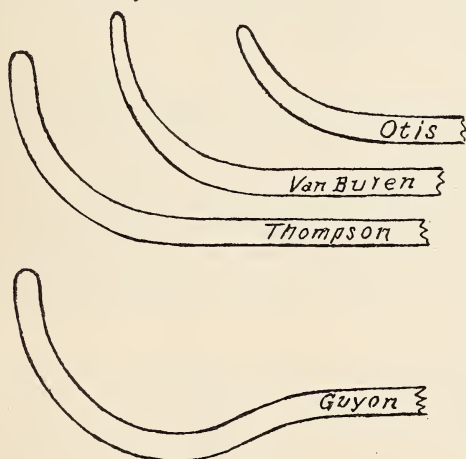


FIG. IV.

value lies in the shoulder of the bulb catching on the stricture on withdrawal, after it has been pushed through it. Fallacies may occur from spasmodic contraction, especially in the posterior part of the urethra where, as before mentioned, there is a *muscularis mucosæ*. But the careful, combined use of sounds and bulbous bougies can hardly fail, in time, to locate any stricture that really needs dilating. Whenever possible we ought to see a stricture, that is, whenever it is within reach of the endoscope. For this purpose an Otis endoscope, a head mirror, and a good gas, oil or electric light, backed by a reflector, are almost as satisfactory and more reliable than the electric lighted endoscope, with its tiny, fragile lamp. The endoscope often shows surface lesions for which local applications are needed.

In treating strictures, in contrast to

most lines of surgical work, we have grown conservative in recent years. Divulsion has had its day, and internal urethrotomy is regarded, by conscientious surgeons, as a last resource, to be used in a fraction of one per cent. of cases—cases that most obstinately resist dilating, and that are usually of traumatic or tubercular origin. Internal urethrotomy is a dangerous operation. If the urethra be infected with pyogenic germs before operation it cannot be satisfactorily disinfected. Hemorrhage is apt to be severe and is hard to control. And since dilatation must be kept up after operation anyway, to prevent re-contraction of the scar tissue which is only divided, or it may be only nicked, not removed, why cut at all when we can avoid it? Internal urethrotomy is not applicable to strictures above the inferior layer of the trigone, if they are to be cut it must be by perineal section. Gradual dilatation is then the main and should be the almost exclusive treatment, and is the only one I shall discuss in this necessarily brief paper.

Now as to the qualifications of the operator. I say operator advisedly, for this is surgical work of the highest grade. Few physicians or general surgeons are fit to dilate strictures, not of course from lack of ability, but from lack of time and patience. It is no work for the so-called "busy" doctor. If he is not prepared to put in a quarter of an hour, a half hour, or, in exceptional cases, an hour or longer, at the end of a sound, he had better let such cases alone. He may lose some office fees, but he can make it up on pin worms or cranial surgery or something else that he likes to do, and when he comes to die he will have fewer sins of commission on his conscience. Most of the mechanical work done by the majority of physicians and surgeons is in obstetrics and gynecology, and the bold, rough and ready technique essential to success in these fields becomes atrocious assault when applied to the male urethra. The female has a genital system and a urinary system, both of which can stand a lot of punishment. The male has a genito-urinary system, of much more delicate construction, which is correspondingly intolerant of rough handling.

The less anesthesia, local and general, we use in urethral work the better. Sometimes we must have it. Some irritable urethra that require anesthesia at first, grow tolerant after a few dilatations, allowing it to be dispensed with. Of course,

some men cannot, or will not, stand the least pain. Cannot is the right word, I think, for they are neurasthenics. Others, who have been man-handled by previous attendants naturally regard the sound as an instrument of torture comparable to the rack and thumbscrew of the Inquisition, until we gain their confidence by gentleness. For local anesthesia, $\frac{1}{2}$ per cent. cocain solution should be the standard; 5 to 10 c.c. are injected at the meatus with an ordinary glass-asbestos syringe, the meatus is pinched, and the urethra massaged gently to force it back as far as the cut-off muscle. After two minutes we may release the glans and massage in the reverse direction to expel the superfluous solution. If we want to cocainize within or beyond the cut-off muscle we may use a deep urethral syringe or an elastic hollow bougie. In using the latter hold it vertically with the eye introduced past the meatus, and let the fluid *run* in it from the syringe. When it is full pass it down to the cut-off muscle, and, pressing firmly against it, connect the syringe firmly and force out a few drops of solution. Maintain steady pressure and inject a few drops more from time to time as required until the obstruction is overcome, using the bougie itself as the dilator. The same plan may be used anterior to the cut-off muscle when the length and tightness of a stricture prevent solutions injected at the meatus from flowing far enough back to anesthetize the posterior part of the lesion. General anesthesia is required in some emergency dilatations for retention, especially if the patient is drunk and violent, but the majority even of these cases yield to cocainization preceded by a hypodermic of morphin, plus care and patience on the part of the operator. The subjective symptoms of the patient are too valuable a control, even with $\frac{1}{2}$ per cent. cocain, which only partly obtunds them, to destroy them by general anesthesia whenever the latter can be avoided.

As an abstract mechanical proposition, tapered sounds are better dilators than those of uniform caliber, as they dilate the stricture several numbers French after the point has engaged it. They engage easier, too. Over-enthusiastic operators are apt to dilate too much with them, and tear the scar tissue so much that inflammation results. This was one objection to the now obsolete method of divulsion. To avoid this, select a sound whose point engages the stricture easily. In my own work, in

which I use the Otis tapered sound, I often find myself ending a seance with a smaller sound than I began it with. Metal sounds satisfy most operators better than flexible bougies. We can feel our way better with them. They should ordinarily be used warm. They are more comfortable to the patient and the relaxing effect of the heat must be of some value, at least in the posterior quarter of the urethra, where the muscularis mucosæ is. If we want to lubricate the urethra itself we should inject oil or glycerine. As a rule we need a lubricant at the meatus only, and it does not matter whether it is placed on the meatus or on the sound. In either case little if any of it goes into the urethra, as the meatus, contracting around the sound, wipes it off. The value of hot, antiseptic, vesical injections after instrumentation as a precaution against shock and infection is now so widely recognized that not a few men use them as routine practice.

When the operator has the point of his sound up against the stricture and is ready to begin dilating he should grasp the handle and upper end of the shaft firmly in his fist. This way of holding is the least tiring and gives the best control. From now on his course cannot be laid out in advance. It is the application of anatomy and experience to the exigencies of the individual case.

How much should we dilate at one time? How often should dilatation be repeated? How far should we carry it in one course of treatment? And after we have gotten our patient into good shape how often should he return in order to keep well? The answer is, study every case and act accordingly. Keep records. Note the amount of contraction that occurs between dilatations. Vary the interval and note it again. Get details of his daily life. Get him into a rational healthy mode of life if he needs improvement in that respect. To secure his co-operation we must impress him with the seriousness of his case. Show him how gonorrhœa kills more than syphilis and why every man with a stricture that has once troubled him should consider himself a patient for life. Dilate, and treat surface lesions of the urethra if such exist, until his urine is clear, the flow free, and irritation is overcome. This means dilatation to 20 French in some cases, to 30 in others. Two common rules I will venture to endorse. First, dilate all cases up to at least 20 French. Second, advise patients who

remain free from symptoms after treatment that their safety can only be assured by their returning for examination semi-annually.

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Pathology—Lydston's "Genito-Urinary, Venereal and Sexual Diseases," Casper's "Genito-Urinary Diseases," Morton's "Genito-Urinary Diseases and Syphilis."

HEALTH EDUCATION OF THE JUVENILE PUBLIC.*

BY WILLIAM H. SHIPPS, M. D.,
BORDENTOWN, N. J.

The subject to which I respectfully request your attention this evening is one in which doubtless everyone present is deeply interested: "The Health Education of the Juvenile Public."

I am satisfied that you will all agree with me that never before in the world's history has there been developed a more pronounced degree of enthusiasm than has recently been demonstrated in the efforts made to prevent the development or growth of certain diseases, in which movement both the laity and representatives of our profession have evidenced a most decided interest.

Years ago, the prevailing sentiment of humanity showed that the various diseases to which mankind was subject were but the natural outgrowth of human existence, to which the physician was considered the main element of relief. Of late years, however, a radical change has taken place, and now even many of the laity realize that numerous diseases of the human system are to a large extent due to the neglect of certain precautions, which, when properly observed, control or prevent the development of said diseases.

This change in the public sentiment is undoubtedly largely due to the energy displayed by members of the medical profession and certain of the laity, in their endeavor to aid in the instruction or education of the general public, as to the proper course to pursue in averting diseases, marked illustrations of which are noticed in tuberculosis, yellow fever, smallpox, typhus and typhoid fevers, the decreased mortality rate of which in many sections, proven by sta-

*Read before the meeting of the Burlington County Medical Society, January 12, 1910.

tistical records, shows unmistakable evidence of the progress now being made in the health education of the public. That this health educational process should also include the early health instruction of the youth in every community, is now generally accepted as a most appreciative means of accomplishing results that later on in life will aid materially in upbuilding the health standard and add to the prosperity of our entire country.

That the health education of our youth is both practical and highly essential and is not limited to physical hygiene, but also includes mental and moral culture as well, there is no question whatever.

In the early education of our youth in sanitary science and personal hygiene, instruction should not only be given them as to the proper course to pursue in order to avert disease, but later they should be taught to solve such problems as heredity and its influence upon posterity, evidence of which is too frequently noted in the union or wedlock of individuals suffering with marked physical or mental defects, that too often later on in life develop most unfavorable results, both to parent and offspring, all of which may in a large degree be averted by the early health instruction of our youth.

As Dr. Thomas S. Southworth stated in his address delivered at the last annual meeting of the American Medical Association, "Prophylaxis is and ever should be the highest ideal of our profession, and its silent and unheralded victories are worthy to be ranked even higher than the more evident conquests of therapeutics and surgery; even more on the physician than on the parent lies the responsibility of safeguarding the child." Recognizing as we do the progress that has been made both in medicine and surgery during the past twenty-five years, we also realize that by the exercise of the same energy in the development of hygienic and sanitary culture we may in a large degree aid in averting pathological conditions that will insure for our profession a standard higher than it has ever yet attained.

I heartily endorse the sentiment expressed by Dr. W. J. Tyson, in his work entitled "Notes and Thoughts from Practice," in which he announces that "the practice of medicine will, in the future, not be looked upon simply as the art of curing diseases, but as a science of preventing such of them as cannot be altogether abol-

ished, and the teaching of hygiene and preventive medicine will, it is thought, increase more and more and become part of the regular curriculum of the primary school," which I hope will soon be realized. "Let us bear in mind that the most effective power for human good lies in prevention and that to conserve a healthy body is a greater achievement than to cure a malady which has resulted, however remotely, from conditions which our timely effort might have averted. Since the foundations of a sound physique are usually developed in infancy and childhood and if neglected cannot be rebuilt, it explains why special attention should be given to the health education of our youth." As the young are early instructed in the ordinary school requirements in order that they may be qualified to take up life's work later on, it should be recognized that unless in addition, careful attention is given to their physical culture, their future progress in life will be greatly deteriorated.

Recognizing the correctness of this proposition, we naturally are inclined to consider the proper course to pursue that will enable the young in every community to be well equipped relative to the precautions necessary to guard against the growth or development of preventable disease.

Unfortunately the physical education of a child oftentimes ceases soon after his birth, and too frequently his further knowledge is gained only by bitter experience. I hold it to be the duty of every parent and guardian, to instruct the child in nature's laws so far as they concern his physical welfare, at as early a date as the child is capable of grasping such information, and no false sentimentalism should seek to keep from the child that knowledge of his physical being which he has a perfect right to demand.

Were this course more universally adopted, much suffering and misery would be averted and the labors of the sanitarian appreciably lightened. In this proposed health education of our youth, to which we are now giving consideration, it is hoped that every physician in our State may be induced to develop an interest in this most beneficial work. While, of course, we are not all specially qualified to act as instructors in this particular line of work, yet every one of us can accomplish satisfactory results if we become fully interested in the subject.

A proper course for us to pursue is to aid in the organization of societies, whose aim should be to contribute largely to the creation of a sentiment in favor of this work on the part of the general public, which, if accomplished, will undoubtedly aid materially in gaining the results we are anticipating. At the present time throughout various parts of our country the branch societies or organizations connected with the American Society of Sanitary and Moral Prophylaxis are said to be actively engaged in interesting the general public as to the precautions necessary to guard against preventable disease.

In a most interesting article noted in the *Medical Record*, issue of December 25, 1909, written by Dr. Prince A. Morrow, of New York, a detailed account is given of the success attained by the New York City Society, connected with the American Society of Sanitary and Moral Prophylaxis, in which it is stated that the educational work of the society has been performed in three directions: (1) public meetings and conferences, (2) the circulation of educational literature and pamphlets, (3) by lectures. The public meetings and conferences held in New York City received favorable responses from the public. In addition, numerous addresses were delivered before State medical associations, State conferences of charities, federations of women's clubs, sociological and other associations.

The records of said meetings being widely circulated through the journals in which they were published, have contributed largely to the creation of a sentiment in favor of this work on the part of both the medical profession and the public. Other publications issued were educational pamphlets, that were highly appreciated by the public and contributed largely in establishing the high repute in which the society's work is held. It is also stated that lectures have been given in High Schools, colleges, Young Men's Christian Associations, boys' clubs, young women's clubs, employers' associations and before various social groups.

Their movements noted are just of the character that we should endeavor to adopt and I am satisfied that most favorable results will follow if such action is taken. In addition to the methods referred to, the health culture of the young can also be largely facilitated by other resources, such as local boards of health, boards of education, medical school inspectors, health offi-

cers and representatives of the medical profession, all of whom should recognize the opportunities they hold of imparting to the young such knowledge as it is unquestionably their duty to give careful attention to.

Local boards of health, organized as they are with the idea of improving the health conditions of the localities under their control, are often recognized by the public as having done most effectual work in their particular line of work. I, therefore, believe that there would be little difficulty in securing the hearty co-operation of said boards in the effort they should make to provide for the health education of the young, with whom they are also often brought in close contact. This can be largely accomplished by their careful observation of the work done by the medical inspectors of the schools, and of the caution exercised by the educational boards in the maintenance of the schools and their surroundings from a sanitary standpoint.

The educational board of every community are supposed to have in view the most available and satisfactory methods of conducting high-class educational school work for the young in their charge. These organizations when properly interested in the health culture of the pupils of the various schools under their jurisdiction, should arrange to do most effectual work of this character, by the exercise of discrimination in their selection of thoroughly qualified superintendents, teachers and medical inspectors of their schools, and provide for the systematic health instruction of the pupils in all schools, whether public or private. The pupils at various times should receive health instructions from physicians or individuals specially qualified for work of this character, said instructions being selected or endorsed by the educational boards, which effort on their part would not only be productive of most satisfactory results, but speak most favorably of the achievements of their valued organizations.

The medical inspection of schools is a work that accomplishes marked results of a beneficial quality if properly executed, and both the State and local educational boards should exercise caution in the selection of men or women specially adapted for this particular line of work.

The health officer in every community has special opportunities for aiding in this work and each official should be authorized by the State authorities to use every effort to aid in the health education of the youth

in the various sections with which he is connected. His enlightenment of the public by the distribution of properly written health educational pamphlets and by circulating through the various newspapers articles of a like character, would be most creditable and doubtless would be appreciated by the public. His advocacy of well-adapted playgrounds for the children in all localities would, if accepted and properly conducted, largely contribute to the health of the young.

The medical societies in all parts of our State could assist materially in the health education of the youth, were they to arrange to hold open meetings to which the public should be invited, in order that they may both listen to and discuss the health problems affecting both parents and children.

In every locality where we, representatives of the medical profession, are engaged in practice, it should be our endeavor whenever the opportunity offers, to instruct the young with whom we come in contact, not only as to the precautions necessary to guard against preventable disease, but in addition said instruction should also include safeguarding them against the danger of immorality and the free use of alcoholics and tobacco, all of which evils are of such a character as to detract much from the comfort and health of humanity, decided evidence of which has been given every medical practitioner, which should encourage his display of energy in the endeavor to prevent evils of this character.

I have no doubt, gentlemen, but that you are all not only fully aware of the necessity of active movements on our part in the directions to which I have called your attention, but I firmly believe you will give your sanction to the sentiments expressed by Dr. S. Adolphus Knopf, of New York City, who in his address delivered at the annual meeting of the American Public Health Association at Richmond, Va., October 21, 1909, stated:

"It is by thorough training of ourselves as physicians and sanitarians, the awakening of the statesman and philanthropist to their duties regarding issues of public health and public welfare, education of employers and employees, of the man and the woman of all classes of society, in general and personal hygiene; hygienic education of the child at school, and the practical application of the combined knowledge and experience gained in modern sociology, peda-

gogy, eugenics and medicine that we may hope to make of the child of to-day the citizen of to-morrow, the ideal man and woman, strong, healthy, vigorous, noble and even beautiful to behold."

Clinical Reports.

SARCOMA OF UTERUS IN A CHILD; OPERATION; RECOVERY.*

BY W. D. MININGHAM, M. D.,
NEWARK, N. J.

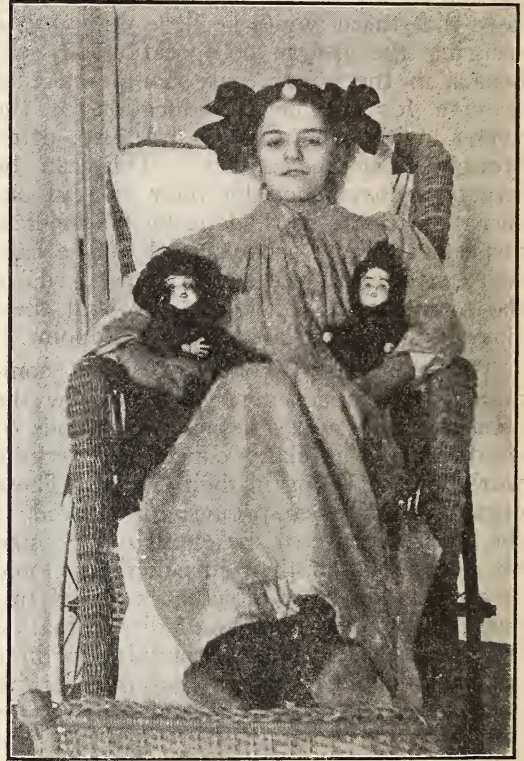
Through the kindness of Dr. Edward J. Ill, I am permitted to report a case of primary sarcoma of the uterus in a child of 12 years. It is an exceedingly rare condition, only a few such cases having been reported at that age. The tumor was of the small spindle cell variety and presented many areas of gangrene. The history is as follows:

Y. M., age 12; school girl; parents living and healthy. Two sisters and one brother are well. With the exception of an attack of scarlet fever at 5 years, she has always been well till present illness.

Menstruation had never been established. In December, 1908, a bloody flow from the uterus occurred, which continued uninterruptedly for three weeks. It was attributed to menstruation and no examination was made. Thus the cause remained obscure. She was never well afterward; a gradual loss of weight and strength set in, growing progressively worse. Slight pain and discomfort in the pelvic region were often complained of. Irregular hemorrhages occurred frequently until October 15, 1909, since which time the flow had been more or less constant. Drugs and tampons were of service now and then, but during the latter part of her illness were entirely ineffective. The curette simply aggravated the condition.

Septic absorption from the gangrenous mass added considerably to her misery. The temperature curve was of the true septic type, rising as high as 103 degrees and above. A number of doctors had been in attendance until finally Dr. Seidman was called in, to whom it was plainly evident that only something radical could prolong her young life. With this end in view, she was admitted to St. Barnabas' Hospital on November 20, 1909, having been referred to

Dr. Ill by Dr. Seidman. Her condition was, indeed, pitiful—pale, weak, emaciated and helpless, unable to sleep, no desire for food, and entirely oblivious to her surroundings. She desired to be left alone, insisting that she was dying. The diagnosis of a sarcoma was not difficult. Although a distinctly bad surgical risk, Dr. Ill urged an operation as offering the only chance.



Examination showed a large, freely movable tumor extending to the umbilicus and occupying the entire pelvis. At the cervix there presented a friable polypoid mass, which bled on the slightest manipulation. She had just been through a severe hemorrhage and had fever and a miserable pulse.

A blood examination was as follows: Hemoglobin, 40 per cent.; red cells, 2,188,000; leucocytes, 14,800. Differential count: Polymorphonuclears, 68 per cent.; small lymphocytes, 27 per cent.; large lymphocytes, 4 per cent.; eosinophiles, 1 per cent.

During the first six days in hospital she was fed on beef juice, eggs and milk. On November 26, 1909, the combined vaginal and abdominal operation was performed, removing uterus, tubes and ovaries. Under constant irrigation, the mass projecting from the cervix was first extirpated and the canal closed with mattress sutures to pre-

*Read before the Essex County Anatomical and Pathological Society, February 10, 1910.

vent the escape of septic matter. With the cautery the cervix was next separated from the vagina. Through a median abdominal incision, the whole mass was then removed. A gauze drain was inserted, extending from Douglas's cul-de-sac into the vagina. It was almost a bloodless operation, there being but very little blood lost.

Post-operative—Improvement set in immediately and continued uninterruptedly. For a few days there was an evening rise of temperature, gradually subsiding to normal. She developed a ravenous appetite,



a condition almost akin to bulimia, which necessitated supplementing the usual post-operative diet.

On the twentieth day a small crop of pustules developed over the abdomen from which pure cultures of the staphylococcus pyogenes albus were obtained. A few injections of staphylococcus vaccine caused a rapid disappearance of the furuncles. On the twenty-second day the blood showed a marked improvement: Hemoglobin, 60 per cent; red cells, 3,112,000.

A still further improvement was noted on the thirty-third day: Hemoglobin, 65 per cent.; red cells, 3,230,000. She was now up and about, playing with the other children, bright, happy and cheerful.

The transformation was almost miracu-

lous, considering the malignant nature and duration of the disease. The accompanying picture speaks for itself and is in no sense flattering.

The tumor had a polypoid gangrenous appearance. Together with the uterus it measured 12x15 cm. and weighed 285 gm. Microscopically it proved to be a very cellular, small, spindle-celled sarcoma.

The picture presented herewith was taken in the fresh state and shows the tumor very well.

At the present writing—March 15, 1910—the patient is perfectly well.

Foreign Body in the Nose for Forty-four Years

Dr. D. L. Sewell reports (the Lancet, September 4, 1909) the case of a woman aged 47 years who consulted him about a fetid discharge from the left nostril. It was of four months' duration, usually clear, but stained with blood at times. On examination a black mass was seen surrounded by sero-purulent secretion on the floor of the nose at the junction of the nose and naso-pharynx; by the probe it was found to be of stony hardness. It was broken into two pieces and removed with polypus forceps. On breaking the rhinolith up a small incomplete metal ring was found imbedded in its midst. The patient then told the author that when she was three years old a shoe-button had been lost in her nose and had not been recovered at the time, and so she was thought to have swallowed it. It is evident, however, that the button had formed the nucleus for the rhinolith and had remained in the nose for 44 years without giving rise to any symptoms.

Removal of a Tack from the Bronchus.

C. F. Bowen reported, at the meeting of the Columbus (Ohio) Academy of Medicine, February 15th, the following case, and presented the X-ray photographs:

Nine months ago a child, ten years old, told her mother that she had swallowed a brass-headed upholstering tack. She said that she had felt it scratch her throat as it went down. There was no coughing, strangling or irritation of any kind. The family physician supposed that it had entered the stomach, and to this end prescribed bread, potatoes and bananas. The stools were watched for a period of six weeks, yet the tack went undiscovered.

The first four months no symptoms developed. About this time the child developed an evening temperature, with a slight elevation in the pulse rate, and profuse night sweats. The symptoms gradually increased in severity until the end of nine months, when the evening temperature reached 104½; the pulse 140. The child became greatly emaciated.

The child had been examined by a number of prominent physicians, one being an expert on tuberculosis. They were of one accord in believing that it was impossible for the tack to have entered the lung, and did not think that the symptom complex resulted from this cause. There had been some vomiting, and for this

reason several physicians entertained the idea that the tack had become imbedded in the wall of the stomach and that the irritation had excited an abscess.

J. W. Hughey, of Washington C. H., referred the case to me for X-ray examination. Upon examining the plate, the tack was found in the right bronchus with the head of the tack pointing downward. The tack was removed in the following manner: A tracheotomy was made by J. F. Baldwin in the operating-room of Grant hospital and the child sent downstairs to the X-ray laboratory. The child was placed upon a table so arranged that the X-ray tube could be placed underneath. With the child in this position, and the X-rays shining through the child's chest, the tack could be readily seen. A pair of forceps was now passed through the tracheotomy incision down the trachea and guided by means of the X-ray and fluoroscope toward the tack, which was readily grasped and removed. The passing for the forceps and removal of tack required one-half minute.

The child left the hospital in five days; the tracheotomy wound had healed, and the pulse and temperature were normal. So far as I am able to discover, this is the first time that a foreign body has been removed from the trachea or bronchus by means of a pair of forceps guided toward the foreign body under control of the fluoroscope.

Lung Suture in Gunshot Wounds.

Borchardt, in the *Berliner Klinische Wochenschrift*, reports two cases in which he performed the operation of suture of the lung for perforating gunshot wound. The continuance of hemorrhage was the indication for the operation. The patient recovered. In both instances the suture was highly effective in checking the hemorrhage. The author believes that this operation should be performed oftener than it is and mentions as indications, continued hemorrhage, expansion, pneumothorax and extensive subcutaneous emphysema. The author advocates an extensive exposure by means of a large osteoplastic flap. He says that the operation had best be performed under positive pressure with the aid of the Brauer apparatus.

Severe Hemorrhage, Suture of the Lung for.

Dr. Lotsch reports two cases in which suture of the lung was performed for bleeding which was very dangerous. The first patient was a workman, aged 26, who was stabbed with a knife in the left side of the back. The extreme pallor of the face, etc., the soft, small, rapid pulse, and the physical signs pointed to bleeding into the left pleural cavity. The chest was opened in Brauer's plus pressure chamber, and on increasing the pressure to 17 centimeters about 1½ litres of blood escaped. The wound in the lung was found and closed with catgut sutures. Saline infusion was given after the operation, and the pulse improved. The recovery was disturbed by a purulent effusion into the pleura, which proved to be sterile, while fibrolysin injections were given to prevent contraction of the pleural adhesions during healing of the empyema. He was discharged well. The second patient attempted to commit suicide by shooting himself twice through the chest. The

clinical diagnosis was wound of the left lung, haemopneumothorax, and possibly wound in the heart. A large quantity of blood was evacuated from the pleura at the operation, and, after the field of operation was clear, the two shot wounds were found and sutured. This patient also got an empyema, but with suitable treatment complete healing took place, and the man was almost well when discharged. The shots were not found at the operation, but were seen after Roentgen examination. In discussing the cases Lotsch justifies his procedure by showing that over 40 per cent. of such cases die if treated expectantly. The difficult question to decide is when is a pulmonary hemorrhage abundant? He was guided by the degree of anemia. He discusses the technique of the operation, and also adds a few words on the treatment of secondary empyema, which appears to be common after intrathoracic operations.—*Muench. med. Woch.*

A Case of Stenosis and Atresia of the Alimentary Tract with Imperforate Anus.

Reported by Charles Goosman, M. D., Cincinnati, O., in the *A. M. A. Journal*.

History—The history of both parents was negative. Labor was normal except that the amniotic fluid was distinctly increased in amount. The infant, a male, weighed 6 pounds. The cry was feeble. Imperforate anus was found when the baby was washed. Twelve hours after birth vomiting commenced, arousing a suspicion that an occlusion might exist in upper part of alimentary tract. The vomitus was bile-stained and continued at frequent intervals until death sixty hours after birth.

Post-mortem Examination—A median perineal incision disclosed the blind end of the rectum about three-quarters of an inch from the surface. The bowel contents were greyish white and flaky, not resembling the meconium. The introduction of a probe showed this part of the bowel to be closed about 1½ or 2 inches farther up. On removing the stomach and intestines it was found that the large intestine (containing meconium) ended in a blind extremity, which lay alongside of the upper closed end of that segment of bowel which had been opened from below. In other words, there was imperforate anus plus atresia of the large intestine higher up. There was a Meckel's diverticulum three-quarters of an inch long, about six inches above the ileocecal valve. This diverticulum had no adhesions. The stomach showed an hour-glass contraction involving chiefly the greater curvature. This stenosis allowed the passage of a good-sized probe.

Two features of practical importance in this case were:

1. The early onset of vomiting, pointing to some other complication besides imperforate anus.

2. If this infant had been operated on, the rectum could readily have been found, but the absence of meconium would have led to a search for the atresia higher up. The presence of meconium, on the other hand, does not exclude the possibility of atresia of the intestine higher up, according to Kuliga, who believes that intestinal atresia is comparatively late in its development, after bile secretion had commenced.

But it seems very unusual, at least, to find meconium below a congenital atresia, even if, in the supposed cases, we admit the dark-colored substance to have been meconium, a statement not yet proved.

Case of Alcoholic Cirrhosis in a Boy of Four Years

Dr. David N. Blakely, in the *Boston Medical and Surgical Journal*, February 24, 1910, reported this case because it did not seem to fit into any of the classes of cirrhosis usually given unless it might be the "fatty cirrhotic liver" to which Osler refers as found most frequently in beer drinkers. The conditions present were at least infrequent. The child was four and one-half years old, the first child of healthy parents, and in good health until last June. The onset of his illness was indefinite but he grew slowly but steadily worse. In October when Dr. Blakely saw him he presented no abnormality excepting that his liver was symmetrically enlarged, nearly down to the level of the umbilicus in the mid-clavicular line. The spleen was not palpable. The surface of the liver was even and smooth, and there were never any irregularities felt. There was no jaundice and no history of any; none developed later. The liver continued to enlarge until the time of his death on November 25, 1909, when it extended about an inch below the umbilicus in the mid-clavicular line. There was an increasing loss of appetite but no disturbance of digestion. The urine showed concentration, excess of urates, and the slightest possible trace of albumen. During the last two weeks of the child's life there was slight edema of both upper and lower extremities. There was no palpable ascites and the spleen was at no time palpable. The cause of this enlargement was not apparent until it was learned that the father was accustomed to have beer and whiskey and it seems that from the time this child was able to drink from a glass he was given some with the others. This probably continued over a period of nearly two years but the amount taken at any one time was never large.

Finney's Operation for Perforated Gastric Ulcer

Dr. Aspinwell Judd, at a meeting of the N. Y. Academy of Medicine, presented a patient, 24 years old, whose father died of cancer of the stomach. He had had symptoms of gastric ulcer, including hemorrhage, as well as pyloric stenosis and had lost twenty-six pounds in weight in two years. He had been on a milk diet for several months. The gastric motility was found to be good, as shown by the use of apple sauce and bismuth and the X-ray. He decided to operate and made the classical incision for gastroenterostomy. He found the stomach, the gall-bladder, omentum, and liver matted together. Upon separating the adhesions he found that the omentum was closing a gastric ulcer of some size. At first he thought it advisable to do a posterior gastroenterostomy, on account of the number and extent of the adhesions, but finally decided upon doing a gastroduodenostomy, or Finney's operation. In order to prevent the formation of many adhesions, aristol was freely used. Since the operation the patient had gained twenty-eight pounds

in weight. The pylorus as shown by bismuth and X-ray was on a proper low level and the function of the stomach was perfect. As in all his posterior gastroenterostomy operations, the patient was sitting up on the fifth or sixth day, the wound thoroughly protected by means of broad bands of adhesive plaster.—*Medical Record*.

Femoral and Inguinal Hernia on Same Side in the Male.

Dr. Judd also presented this patient. He found only three similar cases in the literature. The operation for radical relief involved no special difficulty and modified Bassini incision being made and classical inguinal and femoral operations being done through the same wound.

Case of Extra-Uterine Pregnancy.

Reported by Dr. J. B. Deaver, in a paper read before the Northern Medical Society of Philadelphia.

A young woman, aged 24, married three years, with nothing of note in her past history. She had had one child nine months ago, which died in January. No miscarriages.

Menstruation had always been regular and normal up to her January period, which she missed. At the February period she bled quite profusely and for a longer time than usual. No staining since.

Suddenly at 6 A. M. on February 12th, during coitus she had an acute pain in the lower left side of the abdomen, followed in a few minutes by syncope. Soon she recovered, but fainted several times in the course of the morning and vomited several times. Gradually grew weaker and grew short of breath.

On examination she did not have a particle of color in her skin or lips. Expression was anxious; she was restless and dyspnoeic. The pulse was about 180 and barely perceptible. Her abdomen was moderately distended and tender in left side low down. Vaginal examination was negative except for tenderness in the left lateral fornix.

She was taken to the operating room and subcutaneous infusion started with the ether. Preparation having been quickly accomplished, the operation and intravenous transfusion were started together. A left-sided tubal pregnancy the size of a hickory nut was found in the isthmal portion about 2 cm. from the cornual extremity. Through the tube was a perforation only about as large as a pin head. No time was wasted in determining whether there was any active bleeding. Tube and ovary were removed. As the patient's condition was improving on the table, I washed out the blood, of which there was a large quantity, and filled the abdomen before closure with salt solution. Her pulse, which before the operation was 180, at the end of the operation was 140 and much improved in quality. She was put back in bed and continuous proctoclysis started.

Dr. Deaver said: I wish to call attention to the value or rather necessity of filling the empty blood-vessels with saline in these depleted cases. Note the amount used in this case. By hypodermoclysis at the beginning, 1,000 c. c. Intravenous transfusion during the operation 2,000 c. c. Left in the abdomen at least 1,500 c. c.

Then in the twelve hours after operation her thirty vessels absorbed by way of the large bowel 4,000 c. c. additional. Nearly nine liters of saline, over two gallons of fluid to meet the mechanical needs of the circulation. Without this saline my patient would have run grave danger of dying on the table. As the intra-abdominal pressure is released by incision the blood flows into the "splanchnic tank" and from the great depletion due to hemorrhage nothing is left in the great vessels for the heart to pump. The medullary vessels are asphyxiated and death results. This restoration of the fluid volume of the blood is a most important point and will eliminate what is, I suspect, the most potent factor in that additional shock so feared by the misguided advocates of expectancy.

Abstracts from Medical Journals

Study of Four Hundred and Forty Operations on the Appendix, with Remarks.

An abstract of a paper read by Dr. Edward J. Ill, of Newark, at the annual meeting of the American Association of Obstetricians and Gynecologists, Fort Wayne, Ind., September, 1909.
From the Medical Record.

Dr. Ill deplored the late diagnosis and the too frequent use of the hypodermic syringe; but for these the general results would be much better. Among the 440 operations 40 per cent. were males, 60 per cent. females. In 81 women the appendix was removed incidentally, while other surgical conditions prevailed, and many were shown to be normal by the pathologist. He deplored the frequency with which the appendix was removed simply because the abdomen was opened, and believed that no operation should be done except for the express purpose of removing symptoms of disease for which the patient sought our advice. Any prolongation of the operation might add to the patient's danger and certainly to his discomfort during convalescence. The youngest person operated on was five years old and the oldest one was sixty-five years old. Forty-three per cent. were suppurating cases. Among the 189 septic cases there was a localized abscess in 109; there was diffuse suppurative peritonitis in 70; what seemed to be a general peritonitis was recorded in 8 cases; and 2 cases had septicemia. The total number of deaths was 32, or 7.2 per cent. Increased experience showed a marked reduction in the death rate. Thus in the first 100 it was 18 per cent.; in the second 100 it was 6 per cent.; in the third 100 it was 5 per cent., and in the fourth 100 it was 3 per cent. The total number of deaths in the non-suppurating cases was 2, or 0.8 per cent. The percentage of deaths in the suppurating cases was 14.3 per cent. Late and hopeless cases accounted for this high death rate. An interesting fact in the death rate was the personal one in the after treatment. Thus in 198 cases that were looked after personally by the writer, the death rate was 3.6 per cent., while in 185 cases looked after by the attending physician the death rate was 10.3 per cent., or nearly three times as great. The death rate of the diffuse suppurative peritonitis was 10 per cent. The writer had collected from various hospital

reports throughout the country 7,833 operations for appendicitis. The death rate from the non-suppurating cases was 3.7 per cent., while the suppurating cases showed a death rate of 26 per cent. The author was never obliged to re-open the abdomen for late symptoms or adhesions. He advised removal of the appendix in all cases if it could be done in a reasonable time, depending on the condition of the patient. He urged the use of absorbable suture material in all septic cases. He had used most of the techniques recommended for the removal of the appendix, but had always returned to the cautery above the ligature and the purse-string suture. He insisted that much mischief had been done by not draining septic cases. In these cases he had adopted the right lateral semiprone posture in such a way that the opening in the abdomen was in the most dependent part of the peritoneal cavity. The drain could thus be brought out through the upper end of the incision, thus reducing to a minimum the danger of hernia, of which he had seen less than 1 per cent. in his cases, and this also did away with the stab incision in the loin. The position was kept up for twenty-four hours.

Report of one Hundred Cases of Herniotomy in Children, with End Results.

Dr. H. C. Seaver reported these cases in the Albany Medical Annals, June, 1909.

About 33 $\frac{1}{3}$ per cent. of all hernias occur before the age of fourteen. This relatively large frequency is explained by the congenital preformation of the sac in most hernias, coupled with the rough-and-tumble activities of childhood, and further by the fact that in early childhood the inguinal canal passes more directly and less obliquely through the abdominal wall than in the adult. The well-known preponderance of hernia in the male sex is due to the more strenuous exertions of this sex. About 25 per cent. of hernial patients quote a family history of this disease. Among the exciting causes of hernia in children may be mentioned whooping-cough, bronchitis, intestinal constipation from injudicious feeding, continual injury, falls from a height, or any factor that tends suddenly to increase the intra-abdominal pressure.

In this way the intestine or omentum is made to seek and enter the congenitally preformed peritoneal sac, and the extent to which the contents protrude determines whether the hernia be complete or incomplete. In acute hernia the extent of this protrusion corresponds to the extent of the preformed sac, but in chronic hernia the preformed sac, if not complete, may be made so by the gradual stretching of the sac by the sac contents.

In cases of strangulated hernia, too strenuous efforts at taxis may prove detrimental to the welfare of the child. If the strangulation be of short duration, the hernia may reduce itself during transportation to the hospital from the slight joltings incident thereto, or may be reduced by the Trendelenburg position, by a hot bath, or by relaxation obtained by anesthesia. If the strangulation be not thus relieved, herniotomy is indicated. The source of strangulation will usually be found to be a tight external ring, and this may be relieved by several nicks in an upward direction, using a blunt pointed bistoury. If an epiplocele be found, the con-

stricted or gangrenous omentum must be removed. If the intestine be constricted, resection is unnecessary if the circulation of the gut is restored after the application of cloths wrung out of hot sterile water. In the case of gangrene, resection of the bowel and lateral anastomosis is indicated provided there is no perforation with extensive cellulitis. In this instance drainage of the intestine and wound is all that is required. After the infection has drained away, the fistula may be closed and a radical cure of the hernia performed.—*Amer. Jour. of Surgery.*

Results of Operation for Malignant Tumors of the Stomach.

Goldschwend, in *Archiv für klinische Chirurgie*, Bd. 88, Heft 1, observes that when diagnosis is made by means of the classical symptoms the case is usually inoperable; even when made by chemical examination and tests of the motility of the stomach before cachexia and tumor have developed some cases are inoperable. The author, therefore, advocates the practice of exploratory laparotomy much more frequently than is at present done.

Of the palliative operations for carcinoma of the stomach the author greatly favors gastroenterostomy. Gastrostomy and jejunostomy are undertaken only to prevent the patient from starving.

The summary given by the author is as follows:

The mortality of the operations for cancer of the stomach is 35 per cent.

The mortality of resection of the stomach approaches very closely that for gastroenterostomy, the former being 36 per cent. and the latter 25 per cent.; however, the cases on which gastroenterostomy was done were farther advanced than the resection cases.

The average length of life after resection was 15 months and 20 days; after gastroenterostomy 6 months and 10 days.

After resection 23 per cent. of those discharged cured remained cured, in one case as long as eight years.

In resection the best results were obtained by the second method of Billroth, the mortality being 15 per cent. This method consists in closure of the duodenum and stomach after resection and the performance of anterior gastroenterostomy.

In order to get better results from operation it is necessary that cases should be subjected to a more careful clinical examination with consequent earlier diagnosis and operation. Any case which is suggestive of carcinoma should submit to an exploratory laparotomy.

Typhoid Fever, Rupture of Spleen.

Enlargement of the spleen to some degree is constantly associated with typhoid fever, and splenic rupture occurs more frequently than is clinically recognized. Many cases of lineal rupture have gone to death undiagnosed. Many such cases have been diagnosed perforation, and, because of medical prejudice, have been denied surgical help. It occurs most frequently in the beginning of the third week, and then during the actual stage of convalescence. This latter is probably explained by muscular effort. Any reference to pain on the part of the patient,

under the left costal arch, should put the attendant on his guard. The normal spleen cannot be palpated satisfactorily, and does not have to assume great dimensions for spontaneous rupture. The enlarged typhoid spleen should never be handled, but should be touched daily. The marks upon the skin, with the date at the end of the line, would indicate the increase in size.

In all cases of typhoid, an ice-bag should be constantly applied to the spleen. In cases of enlargement the patient should be bathed most gently and carefully. A sudden increase in the pulse-rate, 20 or 30 beats, at any time during the course of this disease, should be investigated thoroughly. If this increased pulse-rate is attended by evidence of shock (hemorrhage), the attendant should be notified instantly. If the liver dulness is not obscured and a rapidly rising temperature soon sets in, rupture of the spleen is the tentative diagnosis. Pain is an insignificant diagnostic sign of rupture. On diagnosis, infusion and Fowler's position should be instituted, immediately before operating. The use of adrenalin, ergot, and iron preparations would seem to be of little value. The only hope for recovery is in operation. In the course of operation for intestinal perforation, the spleen should be gently palpated through the abdominal incision and, if like a bag of molasses, should be removed.

All the grave complications of typhoid fever are essentially surgical. A typhoid state is no contraindication for operation. Aspiration of the pus tumor can be carried out. Continuous peritoneal lavage with normal salt solution by means of two glass tubes, the giving one in the upper end of the incision (subdiaphragmatic) and the receiving tube a suprapubic stab, should be employed after removal of the organ. Roentgenography may be employed in suspected cases.—R. C. Bryan in *Annals of Surgery*, November, 1909.

Report of Two Cases of Osteoplastic Carcinoma of the Prostate, with a Review of the Literature.

By George Blumer, New Haven, in the *Johns Hopkins Medical Bulletin*, July, 1909.

The author summarizes as follows: (1) Carcinoma of the prostate gives rise to metastases in the bones in a much larger proportion of cases than any other form of carcinoma; probably in at least two-thirds of the patients in whom the disease is allowed to run an unobstructed course. (2) The clinically apparent bone metastases may be single. If occurring in the long or flat bones it may be taken for a primary bone tumor and removed as such. If occurring in the vertebrae it frequently gives rise to spastic paraplegia. (3) There is a diffuse form of bony involvement without evident deformity of the bones in which intense pain in the bones, often associated with spinal stiffness and accompanied by the general signs of a malignant growth, is the prominent symptom. (4) Symptoms pointing to the urinary tract as the original site of the disease are lacking in perhaps one-third of the patients. (5) In all instances where a male patient, especially one over sixty, presents himself with an apparently primary tumor of a bone or with signs of para-

plegia, or with bone pains of obscure origin, a complete examination of the urinary system is indicated, even though no symptoms of urinary disorder be present. Needless to say, the mammary gland, the thyroid and the region of the adrenals should also be explored. (6) The high percentage of cases of bone metastasis in this form of tumor and the relative rapidity with which it may take place makes it imperative that carcinoma of the prostate should be recognized and removed as early as possible.—*Am. Jour. of Surgery.*

Ophthalmia Neonatorum.

Dr. J. J. Carroll, of Baltimore, does not agree with those writers who claim that blindness from ophthalmia neonatorum has been very much reduced since the Crede method of prophylaxis. He says that while a slight decrease has been observed in some quarters, an actual increase has been noted in others. On July 31, 1901, Professor Cohn, of Breslau, stated before the Tenth Congress of Teachers of the Blind that in twenty-five years there has been a reduction of only 8 per cent. in the ophthalmia blind in Germany. It should be noted here that twenty-one of these twenty-five years had the advantage of the Crede prophylactic. In the United States the much-desired decrease has not yet materialized. For four years, ending in 1905, the annual proportion of children blind from ophthalmia entering the New York State School for the Blind was 25 per cent.; in 1906 the new class had 26 per cent.; in 1907, 30.7 per cent. In the Pennsylvania Institute for the Blind the percentage of ophthalmia blind admitted in 1900 was 44; in 1901, 35; in 1902, 23; in 1903, 50; in 1904, 25; in 1905, 50; in 1906, 31; in 1907, 33.3, the average for the eight years being 36.4. Comparing the average number during the first period of four years with the average of the second period of four years, we have a decrease of only 3.2 per cent.

In regard to the Maryland School for the Blind, statistics seem to indicate that blindness from ophthalmia neonatorum is decidedly on the increase. In 1890, of 94 pupils then in the school, 17.9 per cent. were blind from ophthalmia. During Carroll's connection with this institution during the past four years, he has examined 128 pupils and found 25.8 per cent. blind from this same disease. The histories of the ophthalmia pupils of the Maryland School for the Blind go to show that 29 per cent. of them are from the private practice of general practitioners, while Carroll has been unable to trace a single case to a regular lying-in hospital. In view of this fact it must be said that there are still some physicians who do not give as much attention to the proper treatment of ophthalmia neonatorum as they should. The best means of prevention is the use of silver nitrate. The essential part of the Crede method is the instillation of one drop of silver nitrate solution into the eyes of the new-born infant, the original strength of the solution being 2 per cent., the accepted strength to-day being 1 per cent. Whether this is done as soon as the head is born, as advocated by some obstetricians, or immediately after the first bath, as advocated by others, is immaterial. Care should be taken, of course, not to let the water of the baby's first bath come in contact with the eyes, and it is

well to use a small glass rod, as suggested by Crede, in the instillation of the drops. It goes without saying that the eyelids should be carefully washed with clean water and cotton before the drops are used.

Deafness Following Febrile Diseases, and its Prevention.

In the New York Medical Journal of May 15, 1909, Pratt closes a paper bearing this title with these words:

1. The majority of ear diseases are caused by adenoids and enlarged tonsils.
2. These conditions are in the greater proportion caused by mechanical obstruction of the Eustachian tube.
3. The germs found in the secretions are present in the normal middle ear as they are in the nasopharynx and sinuses.
4. While varying in different parts of the country, from 25 to 30 per cent. of the children have adenoids or enlarged tonsils.
5. All hypertrophied lymphatic tissues of the nasopharynx should be early and completely removed so that mechanical obstruction of the Eustachian tube will not occur during congestion of the nasopharynx, thus interfering with the drainage and ventilation of the middle ear.

Difficulties in the Diagnosis of Scarlet Fever.

Dr. J. F. Schamberg, in the Pennsylvania Med. Jour., June, 1909, says that the rash of scarlet fever is its most conspicuous symptom, but it must be remembered that an absolutely indistinguishable eruption may be encountered in conditions in no way related to scarlet fever. In very mild cases of scarlet fever in which the rash and general symptoms leave doubt as to the nature of the disease, the tongue often fails to present its characteristic appearance. Furthermore in rare instances the strawberry tongue may be seen in affections other than scarlet fever. These exceptions, however, do not invalidate the force of the statement that a tongue coated with whitish fur which rapidly peels off and leaves a red papillated surface is strongly confirmatory evidence of scarlet fever. Too much importance has been attached to the mere occurrence of desquamation in scarlet fever; the time of the onset of scaling, mode of progression, and its persistence are of more diagnostic importance. Desquamation in scarlet fever is usually observed first on the face, often from the fourth to the fifth day. About the sixth day it is noted on the neck and upper portions of the chest. The hands ordinarily begin to desquamate from the twelfth to the fourteenth day. On the feet scaling may not commence until the third week. Scarlatinoid eruptions begin to scale more quickly, particularly on the hands and feet, and scarlet fever scaling persists longer than that after scarlatinoid rashes. It must not be forgotten that a scarlatinoid rash can be produced by the administration of certain drugs and by varied toxic states, which is followed by most profuse desquamation, exceeding, if anything, that of scarlet fever. This form of desquamative scarlatiniform erythema and the milder forms of scarlatiniform erythema may occur during the course of various infectious processes, such as small-pox, measles, varicella, malaria, typhoid fever,

rheumatism, septicemia and pyemia, etc. Diphtheria antitoxin and other sera may likewise evoke an eruption quite indistinguishable from that of scarlet fever. In scarlatiniform erythema, particularly when the rash is well pronounced, the intensity of the eruption is out of all proportion to the amount of constitutional disturbance. The tendency to recurrence is a well-recognized feature of scarlatiniform erythema.

The Effects of Alcohol as Observed in Dermatology.

Dr. L. Duncan Bulkley, of New York, read this paper at the annual meeting of the Medical Society of the State of New York.

Alcohol, he said, was a poison and when taken pure in sufficient quantities pretty promptly destroyed life. Experimentation had shown that alcohol was prejudicial to cell life, vegetable and animal, with degenerative changes in almost all of the tissues of the body, and it was reasonable to expect that the skin was also affected. Experimentation had also shown that when animals were intoxicated with alcohol, they were more or less susceptible to bacterial infection, and resistant to experimental immunization. Chronic alcoholism produced a fatty metamorphosis in the cells of many organs, and degeneration in the nervous system; disturbances in the capillary circulation was a constant effect of alcohol. Alcohol was given off unoxidized by the kidneys, lungs and skin. Alcohol circulated in the blood as such and profoundly affected metabolism. All these elements had a distinct bearing upon many affections of the skin not so much perhaps in their production as in their aggravation and continuance. Syphilis was always badly affected by alcohol and the latter was responsible for many of the evil results often seen in this disease, both in the skin and in the nervous system. The syphilitic should be an abstainer from alcohol from the moment of his infection. Acne constantly showed the effect of drinks containing alcohol, the condition varying more or less according to the character of the beverage. The acne rosacea of tipplers was well known, and this was often followed by a permanent dilatation of the capillaries of the face and hypertrophy of the nose, resulting even in rhinophyma. In beer and ale drinkers the eruption was of a more pustular character, often with large lesions. Eczema was often profoundly affected by alcoholic beverages, which might render the disease incurable while they were persisted in, even in moderation. Psoriasis was greatly aggravated by indulgence in alcoholics and was caused to itch by such indulgences; the use of alcohol might also induce a fresh attack after a long period of freedom from the eruption. In cases of even moderate drinkers the disease yielded much more quickly under total abstinence. Dr. Bulkley also quoted illustrations from the literature of the injurious effects of alcohol in connection with diseased conditions of the skin and confirmed the references he gave by personal observation, although particular cases were not cited for want of time. He treated of the value of alcohol externally in many diseased conditions of the skin, starting from its well-known importance in connection with aseptic and antiseptic surgery. He quoted

many observers in regard to the beneficial effects of the alcohol preparations in the various inflammatory conditions, such as herpes, etc.—Medical Record.

Treatment of Pellagra.

From the New York State Medical Journal.

Much interest has been aroused during the last two years in the subject of pellagra. A study of the disease in the United States has thus far shown that it is widely distributed throughout the South, and present in some localities in the North. The question of prognosis and treatment is naturally, therefore, one of much interest. Dr. C. H. Lavinder, of the Public Health and Marine Hospital Service, who for more than a year has been devoting his time to a study of the disease, has, in an article in Public Health Reports, Sept. 10, 1909, given a brief review of the subject.

He states that the prognosis must invariably be considered as grave, and that complete recovery can seldom be assured. Reliable statistics on the subject in the United States are practically limited to asylum cases, and give a mortality of 67 per cent. It must be borne in mind, however, that asylum cases are undoubtedly the more advanced and hopeless ones, and for that reason will give a mortality much above the average. Lombroso gives statistics of hospital cases in Italy in 1883 and 1884, showing a mortality of 13 per cent., whereas Wollenberg gives Italian statistics for 1905 showing a mortality of a little over 4 per cent. The disease resembles tuberculosis, both in that it is an insidious and chronic condition, and that much depends upon early diagnosis and treatment, prognosis of early cases being far better than advanced ones. The importance of this is apparent when it is considered that the disease is an intoxication, and that it is probably associated with diseased corn or corn products used as food.

Predisposition is believed to be an important factor in this disease. Lowered physical resistance, mental worry, insufficient food, bad housing and alcoholism are supposed to render one more susceptible.

In Italy laws have been passed regulating the use and storing of corn and its derivatives, institutions have been established for the care and treatment of pellagrins, improved agricultural methods are encouraged, and assistance is given to the sick in many ways by the government.

In the treatment of patients Lombroso recommends a liberal diet; in some cases he uses baths and cold douches, believing them to be of benefit in certain cases with nerve and skin manifestations; he has found arsenic a valuable remedy, and sodium chloride of service.

Some authors have reported good results from the use of the newer arsenical preparations atoxyl and soamin.

Transfusion of blood from cured cases to the sick has been tried, and may prove of value.—From the office of the Surgeon-General, P. H. and M. H. S.

A foreign body in a bronchus diminishes the respiratory murmur over the affected side. If the body occludes the bronchus, the respiratory murmur will be absent.—Amer. Jour. of Surg.

Reports from County Societies.

ATLANTIC COUNTY.

Theodore Senseman, M. D., Reporter.

A joint meeting of the Atlantic County Medical Society and the Atlantic City Homeopathic Club was held at the Hotel Windsor, Atlantic City, on Friday evening, March 11, 1910, at 8:30 o'clock.

The program had been arranged to present "The Business Side of the Profession," and included the following papers:

"Why Doctors Fail as Business Men," by Dr. M. D. Youngman; "Legal Status of Doctor and Patient," by William F. Sooy, Esq.; "Business Methods of Practice," by Dr. A. E. Ewens; "How Can the Physician Collect His Bills?" by Mr. F. B. Biggs. Two or three of these will be sent to the Journal for publication.

The society unanimously voted to propose Dr. Edward A. Reiley as its candidate for third vice-president of the State Society at the annual meeting in June. A bountiful collation was subsequently served.

BERGEN COUNTY.

F. S. Hallett, M. D., Secretary.

The regular monthly meeting of the Bergen County Medical Society was held in Hackensack, March 8th, at 8 P. M. There were eighteen members present with the president, Dr. P. E. Brundage in the chair.

In the absence of a special program, interesting cases were reported by Drs. M. Wyler, F. C. Bradner and S. T. Hubbard, which were discussed by the members.

The following gentlemen were elected to membership: Drs. F. Ward Langstroth, Ridgefield Park; Richard E. Knapp, Hackensack; Ralph S. Cone, Westwood; John Nelson Teeter, Englewood. After the business session the society adjourned to the banquet hall and there enjoyed a social session.

CUMBERLAND COUNTY.

John H. Moore, M. D., Reporter.

The mid-winter meeting of the Cumberland County Medical Society was held at the Commercial Hotel, Bridgeton, on January 11th, 1910, Dr. C. W. Wilson, of Vineland, in the chair. There was a full attendance of members and the papers and discussions were of an unusually interesting character.

Dr. P. B. Bland, of the Jefferson Medical College, presented a paper on Dysmenorrhoea, paying particular attention to the therapy of the affection which, though a symptom rather than a distinct disease often taxes, for its relief, the utmost resources of the physician. Special stress was laid upon the necessity of constitutional and hygienic measures in addition to the mechanical methods heretofore so much in vogue and which have perhaps been used to the neglect of the former.

A communication was received from Dr. C. A. L. Reed, of Ohio, urging the society to take some action condemning the use of sodium benzoate as a preservative of foods and on motion of Dr. Corson, your reporter was requested to present a paper on this subject at the April meeting.

Among the interesting clinical cases was one reported by Dr. Leslie W. Cornwall of dislocation of the humerus from muscular action, the absence of any history of traumatism and the presence of pain and fever leading at first to a diagnosis of rheumatism, operative treatment was finally necessary before reduction was effected.

Dr. G. E. Reading, of Woodbury and Dr. C. F. Fisler, of Clayton, were present as delegates from the Gloucester County Medical Society.

The next meeting will be held in Bridgeton, April 13th, 1910.

ESSEX COUNTY MEDICAL SOCIETY.

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

The annual meeting of the Society will be held Tuesday, April 5, 1910, at the New Auditorium, 81 Orange street, Newark, at 7 P. M. Members will register as they enter the hall, as there will be no roll call. The call for the meeting is signed by Dr. Charles D. Bennett, president, and Dr. Ralph H. Hunt, secretary.

GLOUCESTER COUNTY.

H. A. Wilson, M. D., Reporter.

The regular meeting of the Gloucester County Medical Society was held at Paul's Hotel, Woodbury, March 17, 1910, with the president, Dr. C. B. Phillips, in the chair.

The secretary, Dr. G. E. Reading, being detained by illness, Dr. H. A. Wilson was elected secretary pro tem.

Drs. Ralph E. Hollingshead, of Westville; H. L. Sinexon, of Paulsboro and H. L. Harley, of Williamstown, were elected to membership in the society.

Dr. George B. Wood read a very instructive paper on "The Treatment of Acute Inflammations of the Middle Ear and Mastoid Process," in which he urged greater care in the differential diagnosis of all cases of disease of the ear, as well as the greatest care in treatment along the lines of drainage and asepsis.

The paper was freely discussed by the members and should prove very helpful.

Dr. C. P. Franklin, of Philadelphia, read an essay on "Trachoma." Dr. Franklin strongly urged the necessity of State intervention and the establishing of hospitals for treating the disease, as well as homes for the segregation of cases. Something has been done along these lines in Pennsylvania; much more in New York, and he urges the medical men in New Jersey to get busy and help to stamp out this disease, which, while preventable, is yearly becoming more prevalent.

On motion, a vote of thanks was extended to Drs. Wood and Franklin for their papers, and copies were requested for publication in the Journal.

Under interesting cases, Dr. C. F. Fisler, of Clayton, reported the case of an aged woman, who, refusing operation, died of strangulated hernia, in which post-mortem examination disclosed a chicken bone, about one inch by one and one-half inches entangled in the strangulated gut.

Dr. L. M. Halsey addressed the Society on Medical Legislation. He stated that Assembly bill No. 156 had passed the Assembly and would soon be reported in the Senate. He also urged all members to continue active in interviewing

legislators, and urging their support on all pending medical legislation.

On motion, a vote of sympathy was extended to Dr. G. E. Reading, with hope of his speedy recovery.

On motion the secretary was directed to extend to Dr. D. W. Blake, of Seaville, the sympathy of the society in the death of his wife, and the serious illness of his son, Dr. D. W. Blake, Jr., of Gloucester.

After adjournment the society entertained, as guests at dinner, Drs. Wood and Franklin, of Philadelphia, Richardson, Strock and Iszard, of Camden, and Miller, of Millville.

MERCER COUNTY.

From the Trenton True American.

The regular monthly meeting of the Mercer County Component Medical Society was held March 9th, in the Council Chamber, Dr. Charles H. Mitchell, the president, in the chair. The subject of discussion was: "Is it wise for a physician to enter politics?" Drs. C. H. Mitchell, W. A. Clark, G. N. J. Sommer, W. L. Wilbur, C. H. Read and H. G. Norton gave short talks on the subject.

Some of the speakers were of the opinion that politics aided a physician in obtaining practice by widening his acquaintance and making him a more useful and progressive citizen, while others held that politics is detrimental to the success of a physician, taking up too much of his time and having a tendency to cause him to neglect his practice.

Dr. A. B. McGill was elected to membership in the society. A committee, comprising Drs. William A. Clark, Charles H. Mitchell and G. N. J. Sommer, was named to arrange for talks at future meetings.

Local Medical Societies.

Essex County Anatomical and Pathological Society.

Reported by F. W. Pinneo, M. D.

A monthly meeting of this society was held in Newark Thursday evening, March 24th. Dr. Joseph Collins, of New York, professor at the Post-Graduate Hospital, read a paper on "Syphilis of the Nervous System." The emphasis of the speaker was laid upon three points: First, that the existing treatment of syphilis is utterly inadequate, as practiced, for the cure of this lamentable disease and its destructive results; second, that claims of any one to the contrary are based upon failure to recognize that dependence is too largely placed on potassium iodide; third, potassium iodide is not the specific for syphilis.

An interested audience listened, applauded and discussed the subject.

North Hudson Academy of Medicine.

Reported by Dr. T. J. Jacquemin, West Hoboken.

The regular monthly meeting of the North Hudson Academy of Medicine was held in Dr. William Menger's office, Union Boulevard, February 23, 1910, at 9 P. M. The president, Dr.

Louis A. Denis, occupied the chair, with twelve members present.

The regular order of business was disposed of and two very interesting papers were read, the first by Dr. Albee, professor in the X-ray department of the Post-Graduate Medical School of New York; the second by Dr. Louis A. Denis.

Dr. Albee's paper presented some original and new operations for certain deformities and osteo-arthritis of the hip joint. The author explained his own operation which consists in chiseling away of the acetabulum and of the head of the femur as much as is needed to insure a complete osseous union, ankylosis analogous to the results aimed at in resection of the knee joint.

The subject was very ably discussed by Drs. Gordon K. Dickinson, George E. McLoughlin and Dr. Olpp.

The second paper by Dr. Denis was on Placenta Praevia and the discussion which followed its reading was of more than usual interest, because the question was considered whether it was justifiable to sacrifice a child's life in order to save the mother of several living children, or whether we must bow to the old, absurd and worn-out creed which some priests would try to pound into our brains, that it is the will of God to let both die, rather than make an attempt to save the mother at the expense of the child about to be brought forth into the world.

The consensus of opinion was, of course, to the side of common sense and common decency, viz: by all means save the mother, even if the child has to succumb. Finally it was concluded that the caesarean section should be the method of choice in the near future to save all that can be saved.

Orange Mountain Medical Society.

Reported by D. E. English, M. D., Summit.

The regular monthly meeting of the Orange Mountain Medical Society was held in the rooms of the William Pierson Medical Library Association, in Orange, on Friday evening, March 18, with President R. P. Francis, of Montclair, in the chair. The genial host of the occasion was Dr. Martin J. Synnott, of Montclair.

A paper entitled "Notes on Constipation" was read by Dr. D. E. English, of Summit. In this paper he spoke of the different forms of simple constipation occurring from birth to old age, and their treatment, principally advising proper diet, hygienic habits, suitable clothing, hard exercise in the open air, massage, and correct living in every particular. He spoke against eating between meals, eating sugar, too much animal foods, and the use of laxative medicines.

The discussion was opened by Dr. E. C. Seibert, of Orange, who thought regular habits of life should be begun in early infancy. Careful training in habits of eating and defecation must be started early. He spoke of posture during defecation, advocating a low seat. Much adult constipation was due to purgation in infancy.

A certain amount of sweets was good for constipated children, and he especially recommended ginger-bread and molasses. He thought children were often given too much meat, and sometimes too much food altogether, causing over distention and atony of the bowels. On

the other hand too concentrated food that did not leave enough refuse would also cause atony of the intestinal muscles and constipation. In neurasthenia there was sometimes an oversensitive intestinal wall. These patients would eat too simple food, and not enough of it. In these cases he recommended belladonna. Commuters often suffered from atony of the colon, with sometimes as many as six or eight trifling movements a day, but real constipation. In these cases massage did good. The patient could do this himself with a billiard ball, or an iron ball, by rolling it on the abdomen. But in all cases diet, both as to quality and quantity, was the most important thing. Dr. T. W. Harvey, of Orange, spoke of the abuse of the enema, and especially of the high enema. When patients left the hospital, under the advice of the nurse, they often got into the habit of taking an enema regularly, or frequently, with bad permanent effect. He considered the high enema an operation, never to be performed except by, or under the direction of the attending physician.

Dr. W. H. White, of Bloomfield, often found it a good expedient to add malted milk to the food of bottle-fed babies to relieve constipation. In the adult with an atonic rectum he had good results from the injection into the rectum at a regular hour every day of half a pint of very cold water.

Dr. A. W. Bingham, of East Orange, thought that many infants were treated in too luxurious a manner. Their every desire was immediately ministered to, and they were not allowed to make any effort, nor to take any exercise. They did not know how to use their muscles, and did not know how to strain during defecation. They should be taught to strain. A good way to make them strain was to insert the tip of the little finger, or the end of the nozzle of the syringe into the anus, keeping it there until the infant forced it out; a soap suppository would answer, but was apt to be too irritating. The diet was very important, and he especially recommended a bran muffin, made with molasses.

Dr. G. H. Cobb, of South Orange, recommended the diet and sweet oil treatment. Milk, sugar, honey, bran bread and vegetables should form most of the diet. Meat should not be given for a time. An injection of three ounces of sweet oil at night, to be retained, would produce a good movement the next morning. If not, it should be aided with a small enema of water in the morning.

Dr. W. H. Van Gieson, of Bloomfield, spoke of Still's treatment of constipation by giving full doses of gray powder for a long time. He said he would hesitate to use this treatment.

Dr. M. J. Synnott, of Montclair, said the most important thing in the treatment of constipation was to first find the cause, and remedy that. Diet and general hygiene were very important. Super-fatted food was a frequent cause in infancy. The infant should be taught to chew as soon as cereal feeding is begun. For this reason it was better to give the cereals, not made into a thin mixture with milk, but in a thicker condition, with the milk or cream poured over it, and to feed it with a spoon. Little children should be made to walk more for the sake of the exercise. Green vegetables should be given early, and plenty of water should be given be-

tween meals. Regular habits should be inculcated, and the infant should be taught to strain. Irritating the anus sometimes did good. In obstinate cases it was sometimes wise to wait as long as four days for a movement, rather than give laxative medicine. Soapsuds enemata were less harmful than drugs.

Dr. H. A. Pulsford, of South Orange and Orange, said one difficulty was to find out if the patient was really constipated. One person might have a movement only every second or third day and not suffer from harmful retention of feces, while others might have two or three movements a day and still be really constipated. It was not safe to accept the patient's diagnosis. Diet and regular habits were very important, but we should not over-estimate the value of daily movements.

Dr. W. J. Chandler, of South Orange, said no entirely satisfactory definition of constipation had been given. Some have two to four movements a day naturally; others have a large, loose movement once in three or four days. Prevention was better than cure. He recommended ginger-bread and peanuts as part of the diet.

Dr. J. H. Bradshaw, of Orange, thought the treatment of constipation, or rather, the treatment of the patient, should be begun in the nursery, at a very early age. The infant should be taught to use the chair early. Irritation of the anus was beneficial. Drugs should not be given. The enema was pernicious, and the "Geyser" enema was especially harmful. In neurasthenia it sometimes did good to stretch the sphincter ani at intervals. Old people were frequently constipated when they had a movement every day. In these cases the rectum and colon should be cleaned out at intervals.

Dr. W. J. Lamson, of Summit, thought children when defecating should have a low seat, so that the feet rested on the floor. This put them in a more natural position and facilitated straining. In atonic and neurasthenic cases an abdominal supporter was of benefit.

Dr. W. H. Lawrence, Jr., of Summit and Newark, said drugs should never be used. Diet and regular habits, with exercise, should be sufficient. He thought all water-closet seats were too high.

Dr. J. S. Brown, of Montclair, did not think sugar especially harmful. Some constipated children do not eat enough food, and especially not enough rough food. Too much sugar will supply so much heat and force as to take away the appetite for more wholesome food. In adults many cases were due to mechanical causes. Enteroptosis was common, causing sharp flexures and angles in the gut that formed a mechanical obstacle to the onward passage of feces. This condition could be demonstrated by the X-ray. A supporting belt gave some relief in these cases. Sometimes the rectal valves demand dilatation under anaesthesia, or by the use of bougies. Diet also is important. Some must be treated surgically, and he thought the surgical treatment of these cases would become more and more common.

Dr. R. D. Freeman, of South Orange, thought proper attention to diet, exercise and general hygiene would cure all cases of simple constipation.

Dr. R. P. Francis, of Montclair, advocated the low water closet seat, gymnastics and the use of bougies.

Dr. English, in closing, said he felt grateful for the extensive discussion brought out, and was sure he had learned much more than he taught. In those obstinate cases where a child is allowed to go as long as four days without a movement, he said, the child during this time should have plenty of water and almost no food.

Dr. W. H. White, of Bloomfield, reported a case of fatal meningitis, coming on ten days after the Pasteur treatment for hydrophobia. The examination of the blood and spinal fluid threw no light on the case. Dr. W. H. Lawrence, Jr., spoke of a similar case, but thought the patient died of true hydrophobia.

Dr. J. S. Brown reported a case of colloid cancer of the caput coli occurring in a man of twenty-two, on which he operated successfully.

Dr. Mefford Runyon, of South Orange, exhibited some interesting Roentgenographs of gall-stones.

William Pierson Medical Library Association.

Reported by D. E. English, M. D., Summit.

At the regular meeting of the William Pierson Medical Library Association, held in its rooms in Orange, on March 15th, Professor Walter B. James, of New York, delivered an address on Carcinoma of Stomach. After a review of the pathology and supposed causes of cancer, he went into careful detail of the means of diagnosis, dwelling especially on the clinical signs and symptoms, and on those tests practicable for the general practitioner. He made an earnest plea for early diagnosis, and in all suspicious cases advised exploratory laparotomy.

At the next meeting, on April 19th, Professor Joseph C. Bloodgood, of Baltimore, will lecture on Surgery of the Stomach.

Other Medical Organizations.

The New Jersey State Pediatric Society.

CALL FOR MEETING.

The first general meeting of the New Jersey State Pediatric Society will be held in the lecture hall of the Free Public Library, Newark, Thursday, April 14th, at 8:30 P. M.

This meeting is one of those regularly planned for the general profession and to fulfill one of the objects of the society—to spread the knowledge of pediatrics among practitioners. Dr. L. Emmett Holt, of New York, professor at Columbia University, will be the speaker of the evening. All members of the profession at large are cordially invited to attend.

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

[The report of the New Jersey Pediatric Society sent us for publication last month stated that the organization of the society was effected in Newark on February 3d. Dr. M. J. Synnott, the secretary, informs us that that was the meeting when "permanent officers were elected and a constitution adopted, but the society was organized in Hackensack on the evening of January 11th in connection with a symposium on Infant Feeding by the Bergen County Medical Society, when thirteen physicians of the State interested in this movement met at an earlier hour on the invitation of Dr. J. Finley

Bell, of Englewood, and, after a statement by Dr. Henry L. Coit, of Newark, the organization was effected."—Editor.]

Conference of the A. M. A. Council on Medical Education and of the Committee on Medical Legislation.

This joint conference met at the Congress Hotel, Chicago, Ill., February 28, 1910, the sessions closing March 10. The chairman, Dr. Arthur D. Bevan, of Chicago, presided. The following is Dr. Bevan's address:

We are called together for the purpose of improving the medical educational standards and we feel that we can discuss this whole subject freely and fully even though some of the facts brought out criticize some States and some medical institutions. Many of us here know the difference between the modern intelligent medical care and the ignorant charlatan care of the sick. 1. We have seen the woman dying of child-bed fever which might have been prevented by the intelligent aseptic conduct of her confinement. 2. We have seen the child dead from unrecognized and untreated diphtheria, when the death might have been prevented by early laboratory or intelligent clinical diagnosis and the proper use of antitoxins. 3. We have seen the pinched and dusky face of the man dying of peritonitis, which could have been prevented by early diagnosis and proper operative treatment.

We who are medical men know the great difference between intelligent and ignorant, between trained and untrained medical care. But the public does not know; it does not understand. The public does not as yet realize the importance of public health measures and of measures aimed at securing properly trained medical practitioners.

From a study of the subject of medical education during the last eight years, I desire to present to you briefly some conclusions:

1. Medical education and medical educational standards are not in a satisfactory condition in this country. Great improvements have been made in the last ten years and, although the situation is encouraging, conditions as a whole are not only unsatisfactory, but not even acceptable.

2. When we met six years ago at the first conference on education there were over 160 medical schools in this country. There are now about 140 medical schools. The number should be further reduced to 60 or 70.

3. It costs more to conduct a modern medical school than the amount which can be obtained from students' fees. The 60 or 70 schools which should survive must receive either State aid or private endowment.

4. The medical school of the future must be developed as the medical department of a university.

5. The study of modern medicine demands: (1) a certain preliminary education; as a minimum this should be eight years in the primary school; (2) four years in the high school; (3) at least one year in special preparation in the pre-medical sciences of chemistry, physics and biology; (4) four years in the medical school, two years in the laboratories of anatomy and physiology, pathology and pharmacology; two

years in clinical work in medicine, surgery, obstetrics and the specialties; and finally (5) at least one year of practical work as an intern in a hospital. And the time has about arrived when provision should be made for including this hospital year in the medical course.

6. The state licensing boards of the various States should have the legal power to insist on a proper preliminary education and a proper medical course, and they should have the right to refuse recognition to work done in colleges not offering proper medical instruction, and the examination for medical licensure should be of such a practical character and so thorough as to determine the ability of the applicant to practice medicine. This power is necessary in order to protect the people of the State against ignorance and quackery. No public health measure is of greater importance than that aimed at securing properly qualified medical practitioners.

7. In order to secure proper medical standards throughout the country we must have the united support of the State boards, the medical profession, the medical schools, the universities and, what is most important of all, public opinion.

8. In order to obtain this support we must carry on a campaign of education showing what the existing conditions are and what changes are needed in order to secure conditions which will best safeguard public health, secure proper medical attention for the sick and aid in the advancement of medical knowledge.

With the knowledge which is now available of the conditions of the medical schools in this country, i. e., that only about half of them are teaching medicine in an acceptable way, and with the power possessed by the majority of the State boards to determine what constitutes a medical school in good standing, it would seem easily possible for the State boards acting either independently or conjointly to compel these unsatisfactory schools to come up to an acceptable standard or else to go out of existence. The teaching of modern medicine is too serious a function. The turning out of ignorant and poorly qualified physicians is too great a menace to the community to permit this sort of thing to go on. This review of the medical schools shows that of the 140 medical schools in this country only about half are acceptable. Turning from this very depressing picture to an analysis of the better schools we find much reason for encouragement.

The council believes that the coming American standard will be: a four-year high school education; a year or two in the university laboratories in chemistry, physics and biology; four years in the medical school and a clinical year as an intern in a hospital.

Report of the Committee on the Definition of the Practice of Medicine.

Dr. L. M. Halsey, New Jersey, a member of this committee, stated that, owing to the absence of the chairman, and failure to send his report, the committee was not able to present to the conference a very full report.

He presented the following:

1. Should a specific definition of the practice of medicine be included in the model act? Yes, in the judgment of the members of the committee present, a specific definition should be incorporated.

2. If so, what is the ideal form of such a definition? A person practices medicine and surgery within the meaning of this act, who holds himself or herself out as being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity, physical or abnormal mental conditions, and who shall either offer or undertake by any means or methods to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity, abnormal, mental or physical conditions.

3. Should limited practice, as midwifery, massage, optometry, osteopathy, mental healing, Christian science, mechanotherapy, neurotherapy, etc., be defined and provided for in the model practice act? No.

The committee suggested the elimination of midwifery, which should be under a special act requiring midwives to present a diploma from a reputable college of midwifery, and to pass a satisfactory examination before the board of medical examiners. The other practices should be regulated by a special act which shall specifically define their necessary qualifications and requiring applicants for license to pass a satisfactory examination before the State Board of Medical Examiners.

Medical Expert Testimony.

Dr. L. M. Halsey, New Jersey, presented the report of this committee. The report is considered preliminary with a view to throwing some light on a topic, which, for a long time, has engaged the attention of some of the brightest minds in the legal and medical professions.

As the result of a recent canvass made by the Committee on Medical Legislation of the American Medical Association it was found that of thirty-five States heard from only two, Michigan and Rhode Island, had statutes regulating the admission of medical expert testimony to the courts. In summarizing its work the committee offered the following suggestions:

1. Give the courts the common-law power to charge the jury on the expert evidence.

2. Also give them the authority to call experts of their own motion under certain conditions, said experts to be paid by the county in which the case falls.

3. Resort most frequently to medical commissions and to the custom which obtains in ordinary consultations.

4. Let the courts allow to serve as experts only those who are properly qualified and let them be treated as gentlemen in court, abolishing the custom, too prevalent in some places, of badgering and insult during cross-examination.

Could these suggestions be adopted, there would be little cause for complaint as to the character of medical expert evidence in our courts. Expert medical testimony would occupy a higher standard of excellence than it has ever done before, one commensurate with its importance and its universal demand.

The reports submitted by various committees were adopted.

As Secretary Green called the roll of States, each delegate stated briefly the condition of medical legislation in his State.

When operating on a direct inguinal hernia undue enthusiasm to find a sac may lead one into the bladder.—Amer. Jour. of Surg.

Pharmacopoeial Convention.

The United States Pharmacopoeial Convention will meet in Washington, D. C., on May 10th, 1910, to open its sessions for the ninth decennial revision of the United States Pharmacopoeia.

The undersigned, having been elected delegates to this convention from the Medical Society of New Jersey, desire to impress upon the medical profession of the State of New Jersey that the relation of the physician to the next revision of the pharmacopoeia will be very important, since no previous revision involved so much that is of importance to physicians and because the pharmacopoeia represents the physician's medical armamentarium, the rapid progress in the departments of therapeutics and pharmacology calls for the physician's judgment in the selection, preparation, standardization and purity of the official drugs and medicines.

The members of the delegation desire to obtain from the profession information and suggestions which will enable them to properly represent the oldest medical society in the United States. It has outlined the following plan of procedure in preparation for its work before the convention:

First—Representation from our State on the revision committee.

Second—Historical data concerning the part taken by New Jersey in the early work of the pharmacopoeia through Dr. Lewis Condict, twice president of our society and twice president of the Pharmacopoeial Convention (the second and third, held in 1830 and 1840).

Third—To receive suggestions from the medical men of New Jersey on desirable changes in the pharmacopoeia or improvements in the same or on any matter which, in their judgment, the delegation should bring before the convention or revision committee.

Fourth—To consider any question of an ethical nature effecting the relations between the medical and pharmaceutical professions which may be considered or legislated upon by the pharmacopoeial convention.

All communications intended for the delegation should be addressed to the chairman before May 1st, 1910.

Henry L. Coit, M. D., Chairman, 277 Mt. Prospect avenue, Newark, N. J.; Alexander Marcy, Jr., M. D., Riverton, N. J.; Philip Marvel, M. D., Atlantic City, N. J.

Fourth International Congress for the Care of the Insane.

There will convene in Berlin from October 3 to October 7, 1910, in the house of delegates (Haus der Abgeordneten), the fourth international congress for the care of the insane; the meeting has been arranged by the German society of psychiatry. The congress is not exclusively concerned with the questions and problems of the temporary treatment and provision for insane patients, but will take up all investigations, regulations, and arrangements which serve for the protection of mental health in all respects. For this reason the social defects and hygienic errors which are injurious to intellectual life, the origin of mental disease from the earliest childhood and its greatest possible prevention will form subjects of discussion. The remedies for abnormal psychic conditions, the

treatment both in and out of asylums, the systematic care in families, employment and relief of patients and their families, the determination of their legal relations, and their assistance and care after asylum treatment will be investigated. The education and protection of youthful psychopaths and imperfectly developed individuals will be established on the basis of scientific experience. There will be combined with the congress an exhibition of methods for the care of insane and nervous patients which will give a complete exhibition of the progress made in this field in Germany in the last three decades, and a view of the arrangements which are in use in other civilized countries. Most of the German authorities and societies have already signified their co-operation so that the exhibition promises to be very instructive.

International Congress on Hygiene and Demography.

On the invitation of the Department of State of the United States Government, the XV International Congress on Hygiene and Demography will convene for the first time on the American continent in Washington, D. C., from September 26th to October 1st, 1910. Section III of this Congress deals with the subjects of the Hygiene of Infancy and Childhood: School Hygiene. It is believed that this will be a meeting of the utmost importance.

Our readers are requested to inform the president of the Section, Dr. A. Jacobi, or the secretary, Dr. Luther H. Gulick, of any pieces of original work which are being done, bearing upon this topic.

Farewell Banquet to Dr. Parsons.

From The Observer of Hudson County, March 23, 1910.

Few men ever received so agreeable a testimonial as that accorded last evening to Dr. John C. Parsons, the Jersey City physician and surgeon, who has decided to retire from active practice and is soon to depart from the city and go to an estate he recently purchased in his native town of Marcellus, New York.

The occasion for this was the complimentary banquet tendered last evening to Dr. Parsons by his comrades of the medical and surgical profession throughout Hudson County, and his numerous other friends among the men of other professions and business in every city and town in the county. The dinner was served in the banquet hall of the Jersey City Club's headquarters, at Clinton and Crescent avenues, Jersey City Heights.

Almost every prominent medical man of Jersey City, doctors from West Hudson, well-known clergymen and lawyers, and other leading citizens were among the eight or nine score gentlemen who participated in the festal function. The only monotonous feature of the affair was the almost continuous greeting of "Good evening, doctor," or hail of "Hello, Doc." It was really safe to salute almost everybody as "doctor."

The presence of such a galaxy of physicians and surgeons in one place for more than half a dozen hours, and their consequent absence from their practice, indicated that the communities of Hudson County are unusually healthy for this period of the year, or that the doctors had

instructed their patients that sickness would not be tolerated while they were paying their respects to their worthy fellow. Only one of the diners was summoned away from the banquet hall.

While the dinner was in progress an orchestra of expert instrumentalists discoursed an excellent program of classical music and popular melodies, and Harry Morgan sang a number of the latest topical songs, in the choruses of which the assemblage jovially joined. Several flashlight photographs of the gathering were taken. The dinner consisted of eight or nine courses, the menu of which comprised apropos quotations.

Besides the twenty small tables, each of which was surrounded by an octet of feasters, there was one long head table, at which were seated the banquet committee, comprising Drs. Gordon K. Dickinson, Oliver R. Blanchard and George E. McLaughlin, Dr. Shelby, of Manhattan Borough; Dr. Fred M. Corwin, of Bayonne; Rev. John L. Scudder, Dr. John C. Parsons, Professor Parsons, his brother; Professor Charles C. Stimets and Drs. Hamilton Vreeland, Henry Spence, John D. McGill and George W. C. Phillips, all of Jersey City.

The invocation preceding the dinner was pronounced by Rev. John L. Scudder, D. D., pastor of the First Congregational Church of Jersey City Heights, at which Dr. Parsons has long been an attendant. Several times before the feasting terminated the enthusiasm expressed for the future success of the principal guest of the occasion became so spontaneous that toasts were quaffed to Dr. Parsons by the entire assemblage. The quotation on the menu which caused the most comment and amusement among the feasters, was the following anonymous squib: "Better a hot bird on your plate than two in cold storage."

Dr. Blanchard officiated as toastmaster throughout the supplemental social session. Among the letters read by him was one from the Sisters of St. Francis, who wrote in glowing terms of Dr. Parsons and the good results he had accomplished at that institution, saying that he will be missed by all his patients and those who met him in the course of his daily work. Similar letters of appreciation from County Judge Robert Carey and the Alumni Association of Christ Hospital were also read by Dr. Blanchard. The latter organization presented to Dr. Parsons a handsome electric lamp with the hope that it will light the path of the recipient in his new home.

Toastmaster Blanchard, Dr. John D. McGill, Dr. Henry Spence, Dr. Gordon K. Dickinson, Professor Charles C. Stimets, of Hasbrouck Institute, and others highly eulogized Dr. Parsons in the impromptu speeches and prepared addresses they made. All prophesied that he will be greatly missed in the community and all expressed the best wishes for his future.

The chief address of the evening was delivered by Rev. Dr. Scudder and was highly commendatory of Dr. Parsons and his personal attributes.

We have received the following letter from Dr. G. K. Dickinson:

Dear Doctor:

You will get your information concerning the Parsons dinner from the evening Jersey City journals. They gave so much space to Dr. Scudder's address that nothing is said of the

principal exercise of the evening, that is, the presentation to Dr. Parsons of a beautiful tea service, consisting of an urn-shaped silver teapot, half a dozen silver holders with Limoges cups, with the accompaniment of cream and sugar bowls and a cut-glass cigar holder and ash-receiver, all placed on a polished Circassian salver. I was selected as the one to present the testimonial. Dr. Blanchard presided as toastmaster, introducing the speakers in his usual facetious manner. Additional speeches were made by Dr. John D. McGill; Dr. Hamilton Vreeland, who gave a very humorous eulogy and parody on Dr. Parsons, ending up by a presentation of a Billiken doll in the name of the women of the town; Dr. Henry Spence, representing the Alumni Association of Christ Hospital, presented the doctor with a handsome electrolier. Others made short talks, and, all in all, the dinner was a magnificent success. One other thing is also to be noted: that in this community we have no cliques. The profession is very much in accord. There are, of course, certain personal disagreements, but none that become general. It is this harmony that Dr. Parsons is to be congratulated upon, as it is in a large measure due to him. Our County Medical Society for a good many years neglected its meetings, until Dr. Parsons, representing the younger men of the profession, rejuvenated it, since which time we have had regular meetings, large attendances, good papers, general discussions, with an ever-increasing spread of fellowship.

Yours very truly,

G. K. Dickinson.

Delegates From Our State Society to the U. S. Pharmacopoeia Convention.

In the March issue of our Journal a mistake was made in announcing the names of the delegates appointed at the last annual meeting of the Medical Society of New Jersey, to attend the U. S. Pharmacopoeial Convention, which will meet in Washington, D. C., May 10th, 1910. They were not announced in the Official Transactions of our Society, and we gave them from the list published in the A. M. A. Journal. The following is the correct list of our delegates:

Drs. Henry L. Coit, Newark; Alex. Marcy, Jr., Riverton; Philip Marvel, Atlantic City.

Alternate delegates:

Drs. Isaac E. Leonard, Atlantic City; Henry H. Davis, Camden; Joseph Tomlinson, Bridge-ton.

New Members of the American Medical Association From New Jersey.

Fyfe, George D., Jersey City.
 Gruessner, Anthony, New Brunswick.
 Hart, Edward P., Jersey City.
 Keller, Sidney C., Newark.
 Spence, Henry, Jersey City.

Surgeon-General of the Navy.

The President, on February 4th, sent to the Senate the nomination of Charles T. Stokes to be surgeon-general of the navy. Stokes is now Assistant Surgeon-General. The President has signed the order retiring Surgeon-General Rixey.

THE JOURNAL

OF THE

Medical Society of New Jersey

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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 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 THOUGHT FOR THE MONTH.

It is just as easy to go through life looking for the good and the beautiful, instead of the ugly; for the noble instead of the ignoble; for the bright and cheerful instead of the dark and gloomy; the hopeful instead of the despairing; to see the bright side instead of the dark side. To set your face always toward the sunlight is just as easy as to see always the shadows, and it makes all the difference in your character between content and discontent, between happiness and misery, and in your life, between prosperity and adversity, between success and failure.—*Orison Swett Marden.*

Alas, that we, as physicians, are often compelled to see the dark, gloomy and despairing, and sometimes the ugly sides of life! Let us strive to put as much as possible of the bright, cheerful and hopeful spirit in our own and our patients' lives.

Do not forget the date of the 144TH ANNUAL MEETING OF THE MEDICAL SOCIETY OF NEW JERSEY at Atlantic City,

JUNE 28-30, 1910

Make YOUR plans to attend.

Every County Society should have a full delegation present.

Elect those who will attend.

COUNTY SOCIETIES.

In the May issue of the Journal we shall give more than the ordinary amount of space to the work of our County Societies. We shall esteem it a favor if full reports shall be sent—direct to the editor, New Brunswick—of recent meetings which have not already appeared in the Journal, also notice of place, date and hour of the next meeting and a list of all new members elected since the publication of the Official List compiled November 1, 1909, with full names and residences accurately given. Several societies will hold their annual meetings in April and we wish full reports of them as soon as possible—not later than April 25th.

We would suggest, yes, *urge*, that a special effort be made to get the non-affiliating members in the various counties into the county societies at the April meeting so that they can be reported at the annual meeting of the State Society in June. We ought to have enrolled at that time *not less* than 1,500 members, and we believe, with earnest, persistent effort, it might be two thousand. Every physician ought to see that it is not only for the best interests of the profession, but for his own personal benefit, that the profession should be thoroughly organized. We have suffered greatly from the lack of it in the lowering of the people's respect for us and the consequent loss of our influence and the increase in and encouragement of quacks and nostrum venders.

We call attention to the call for the first general meeting of the New Jersey State Pediatric Society, in Newark, April 14th, as given in another column. The profession and the public are to be congratulated on the organization of this new State society, as we believe it means incalculable good to the public in safeguarding the lives and health of the children of our State. We shall refer to the subject again in our next issue, while we bespeak for this meeting a large attendance as it is the first general meeting.

HOSPITALS.

There is no doubt that a great change has taken place in the opinions of the people generally regarding hospitals during the last decade or two. They have ceased to be regarded as the last resort—and a dreaded one—for the care and treatment of the helpless and unfortunate poor classes of our communities. The well-conducted hospital is now held to be the best place for the care and treatment of the poor and rich alike and as offering better results in many cases than home treatment would give. There is very little doubt that the improved management, the far better equipment, the advanced scientific knowledge and skill of their medical staffs, and the advent of the modern trained nurses with their tender and watchful care are largely the causes of this great change which means so much, not only for the saving of human life and the lessening of the sufferings from accident and disease, but also for the advancement of the science and practice of our profession and the development and broadening of the spirit of sympathy and charity which is leading to liberal appropriations by the authorities and princely gifts by some discerning, humanity-loving philanthropists for the establishing and thorough equipment of these institutions.

The many private sanatoria of various kinds which have been organized during the past few years have also doubtless contributed to the improvement of our hospitals. These, however, have been available only, or mainly, to those who were able to pay for their care and treatment. The results, however, have tended to demonstrate the fact that institutional care and treatment give better results than are usually obtained in the private home. This again has largely led to the change in the popular estimate of the advantages of the general hospital for the care and treatment of those who are able to pay for private rooms with special trained nurses.

But there are questions concerning these institutions which need the careful consid-

eration of the medical profession whose members connected therewith, on the staff, are largely responsible for the success of their work and the good of the unfortunate patients therein, who seek relief from disease and accident. One of the most important questions concerning them is in reference to their governing bodies. If the hospital's success depends largely upon the scientific knowledge and skill of the staff, certainly the staff should not be selected through favoritism at the expense of competency, or be dismissed for reasons other than lack of competency, and its members should not be hampered by rules and regulations which handicap them and make possible lack of harmony and efficiency in service. Another matter that needs, in some cases, correction and in all cases constant guarding, is that these institutions shall not impose on the over-generous members of the staff who give an immense amount of free service to the poor, by allowing those able to pay to defraud the staff, or members of the profession not on the staff, of fees that should be paid. There has been far too much false charity that tends toward pauperizing the profession that has given freely more real charity than any other profession or class of men, and the hospital management should not encourage or permit that great injustice.

Then there is the question of the adequate support of these institutions, which deeply concerns the staff, as inadequate equipment and illiberal policy condition their success. Our State institutions need far more liberal appropriations, especially in providing for sufficient number of employees and above all competent employees who have care of the patients treated by the staff. The State has wisely undertaken the care of the insane and other dependents and should properly and liberally care for them, especially when it is partly responsible for the causation of their diseased or defective conditions. The same suggestions apply to our county and city institutions for the care of the sick and suffering and to the hospitals that are sustained largely by private charity, some of which

receive small appropriation from the authorities. A well-conducted hospital in any community ought to exert such an educational influence on the people of the community that they will soon become intelligent and philanthropic enough to liberally sustain it. These general hospitals are doing a splendid work which we believe is more appreciated every year. In most of them the pay patients are to a limited extent aiding in their support.

It is a question open for discussion whether for the latter class of patients—those able to pay for their care and treatment—the small private hospital owned and controlled by one or more physicians, when they are able and skillful men and the hospital is thoroughly equipped with instrument of precision, appliances used in the care of the sick and apparatus for mechanical therapeutics, etc., and an efficient corps of trained nurses, is not the ideal hospital. The medical man who is able to make the heavy financial outlay for the erection and maintenance of such an institution and who has the professional skill and the executive ability to insure success, will surely find them a most promising field for his activities and ambitions. The patients will also find that the private hospital—under the same conditions—offers the most promising results. There is no divided responsibility nor red tape; there are fewer patients and they are under the constant professional care of those whose ambition very naturally is to obtain the best results not only for the sake of the patients, but also for the reputation of the institution.

The Medical Practice Bill—House Bill No. 156—passed the Assembly by the large majority of 40 to 10. We had supposed the greatest difficulty in passing it would be encountered in the Assembly, but, notwithstanding the most persistent misrepresentation and some disreputable methods, it passed. Some days later the opposition made a desperate effort to have it reconsidered, evidently with the intention of delaying action until it would be too late to secure its passage in the Senate, because the same tactics would doubtless there be

used as were used in the Assembly. They, however, met with worse defeat than before, as two members who had voted against the bill before voted against its reconsideration.

When this bill went to the Senate we are informed that there was a determined effort to have it held up in committee, and the most pitiable exhibition of lack of honor and of truth has been made in the excuses for non-action that have been offered by some so-called honorable (?) men.

As we observed last month, the joint committee of our State Society went to the utmost limit of compromising with the osteopaths that was consistent with the performance of duty in protecting the public against incompetence and deception which jeopardized their lives. The editor's only question is whether, in yielding on certain points in the acceptance of amendments, we did not go beyond proper limits.

We defer till our next issue reference to the splendid services rendered to the State by Assemblyman Ramsay and Senator Price, members of our society, and a few others, in their advocacy of this bill and other legislation for the protection of the lives and health of the citizens of New Jersey.

Our attention has been called to an article in the February issue of *Clinical Medicine* which sounds a warning to the profession against the passage of a bill which has been introduced in Congress by Senator Cullom, of Illinois. It is entitled "A Bill to Regulate the Manufacture and Sale of Habit-Forming Drugs," but it is said to contain a "joker" in Section IV., which is believed to be intended to prevent doctors from dispensing these medicines. Section IV. is as follows:

"That it shall be unlawful for any person to sell, or give away, in interstate commerce, any of the aforesaid drugs, or any of their salts, derivatives or preparations, to any person other than a person who has registered and paid the special tax as required by this act; but that nothing contained in this section shall apply to public hospitals or to scientific or public institutions."

It is suggested that this section be modified by changing the last sentence given above so as to read: "but that nothing contained in this section shall apply to licensed practitioners actively engaged in medical practice, to veterinarians actually engaged

in the practice of their profession, to public hospitals, or to scientific or public institutions."

We have referred this to the Society's Committee on Legislation for investigation and action.

We again call attention to the two prizes offered by the State Society this year for essays on "The Ophthalmia of the New Born; Its Causes, Prevention and Treatment," as announced on page 465 of our February Journal. The essays must be in the hands of the chairman of the committee, Dr. C. J. Kipp, 560 Broad street, Newark, on or before May 15, 1910.

We call attention to an account of the farewell banquet at Jersey City to Dr. J. C. Parsons, which appears in another column of this issue of the Journal.

The members of our profession throughout the State who know Dr. Parsons, we are sure, unite with our Hudson County brethren in the high estimate they put on the doctor's worth and in regret at parting with him. Few men coming among us have so early won such recognition as was accorded him at our last annual meeting in his election as a member of the Committee on Scientific Work. Our best wishes will follow him as he returns to his native home.

Miscellaneous Items.

Window Unveiled in Memory of Dr. Thomas S. P. Fitch.

A memorial window to Dr. Thomas S. P. Fitch, who died in Portland, Me., on August 23, and who for eighteen years was a vestryman in Grace Church, Orange, was unveiled in that church Sunday morning, March 6th, by J. C. Young, treasurer of the church, who started the movement to place a window in the church as a memorial to the late physician. Mr. Young spoke of the high regard in which Dr. Fitch was held, and referred to the ready response which was made when funds for the window were asked for. Only patients of Dr. Fitch were asked to subscribe, and about 150 of these were present at the unveiling.

The window, the subject of which is "Christ the Healer," is of English Cathedral-stained glass and set in a frame of stone, instead of wood, as is ordinarily used. It was made in Munich.

Rev. Charles T. Walklev, rector of Grace Church, received the window in the name of the church, and gave a brief address of appreciation for those who had honored Dr. Fitch, who served Grace Church so long.

The True Physician.

Dr. C. W. Edmunds in his admirable address, Jour. A. M. A., February 13, 1900, says that medicine never offered a more inviting field for work than it does to-day; and, on the other

hand, the demand for the highest type of manhood was never greater. For other types medicine has no place.

If you would know the kind of men that medicine demands, then listen to this quotation from the Vedas, which describes what the ancient Hindu required of the prospective student of medicine. "He should be of a mild disposition—noble by nature—not mean in acts—possessed of intelligence—free from pride—endowed with a large understanding—with a power of memory and judgment—having a liberal mind—devoted to truth—disposed to solitude, free from haughtiness—of a thoughtful disposition—not prone to wrath—endowed with purity of behavior and compassion for all—devotedly attached to the study of medicine—free from cupidity—without sloth—seeking the good of all creatures."

Such is, indeed, a high standard, but surely medicine of 1908 cannot accept lower ideals than did the Hindu thousands of years ago. No standard can be too high, for, as Cicero said: "There is nothing in which men so approach the gods as in giving health to other men."

Doctors of To-day Too Cold.

Dr. Samuel G. Dixon, Commissioner of Health of Pennsylvania, says:

The present day hurried, unfeeling methods of a great many doctors have lost for them the respect which in the past most people held for them.

In order that the physician may wield the influence that he did of old and regain his place of authority in the community, I would suggest a happy medium between the worthy of bygone centuries who practiced the art of medicine and the modern man who practices the science as well as the art. During office hours he would give each patient his sole and individual attention. Of course he would have lost no time in answering the call to the sick mother. Knowing the father intimately, he would have had a friendly word with him, a promise to see him again and let him know the character of his wife's indisposition. He would make a mental note of the children as he passed them with a friendly smile.

A Correct Medical Discernment.

From the address of Dr. J. L. Stewart, President of the British Columbia Medical Association, as published in Northwest Medicine, August, 1909.

I think it was Sir William Gull, who said, "In medicine we make more mistakes by not looking than by not knowing." Knowledge of disease is, of course, essential, but with knowledge alone a medical man is not equipped for actual work. All of us have found that in the management of our patients it is not only the disease that has to be considered. Observation, deduction, action in peculiarities, idiosyncrasies and surrounding conditions lead to successful issues, when, by neglecting the aspect of the patient, we deprive ourselves of the power to render such assistance as science is expected to afford.

How many times have we seen highly educated physicians and surgeons, who are wanting in the power of observation fail, so far as the patient is concerned, when an accurate observer,

of inferior abilities and attainments, achieves a brilliant success. Wisdom may be distinct from specific knowledge, but can never be opposed to it. Though wisdom is not knowledge it implies a certain amount of it, especially a knowledge of men and conditions gained by experience. The quality of being wise, signifies the power of seeing into the real inwardness of things and for forming a correct judgment.

Our united prayer, then, should be for "a right judgment in all things," and thus we will save intelligent and honest citizens who in good faith become captives of what are known as "systems" of medicine.

Common Sense Applied to the Liquor Problem.

Dr. C. A. Rosenwasser, Newark, in *Medical Record*, September 11, 1909, makes the following suggestions in answer to the question, How can the liquor traffic be conducted with the least possible amount of injury to the individual and to society?

1. Teach the people, especially children, the wisdom and importance of leaving alcohol in every form severely alone.

2. Recognizing that, in spite of all teaching, the vast majority of people will drink alcoholic beverages, regulate the traffic by just and sensible laws, and enforce the laws.

3. Insure the purity of alcoholic beverages by strengthening and enforcing the pure food laws.

4. Discourage the bar system by encouraging the establishment of restaurants having no bars.

5. Discourage the use of the stronger alcoholic beverages by encouraging the use of the milder ones, such as beer and light wine, in their place.

6. Try to put a stop to the treating custom.

7. Treat, in properly equipped hospitals, or farm colonies, the victims of the drink habit.

The A. M. A.'s investigation of illegitimate nostrums has been so immensely productive that it seems strange no attention has been paid the legitimized drugs of pharmacopoeial recognition. That the therapeutic claims of a majority of the official drugs are false will not be questioned by any experienced, averagely competent internist.

Editorials from Medical Journals

The Specialist and the Public.

Editorial (C. W. S.) in *Northwest Medicine*.

Much has been said for and against specializing. One factor—the public—has been little discussed in commenting on specialists. In no profession does the opinion of the public deserve so much consideration as in ours. It is only necessary to study the economic statistics, as applied to health, sickness and death, to realize the important relation of our profession to the public at large. The specialist works in his office, perhaps, a few hours a day, making few calls, and ostensibly having the rest of the time to himself. Many of us general practitioners envy him his easy lot. Not one of them knows all he should. Not long ago the writer had occasion to call a specialist in consultation

in a case, apart from his particular branches. In instilling confidence in his opinions of the case, before hand, he said to the parents that in order to practice his profession intelligently, he found it necessary to study the system in general and trace its pathologic conditions and that, by so doing, he could more fittingly meet the conditions that confronted him.

The specialist, then, has time to read and study, not only what he needs locally, but also generally. It is in this time for study, if so used, that the public comes in, for a specialist, who has been a common doctor for a few years and learned something of diseases and people and then taken up his specialty, can, if he be conscientious, keep pace with the medical world in his reading and studying, and come nearer being of real value to the public, whom he wishes to serve, than any other class of practitioners. For that class of specialists who graduate from college, take a few weeks' or months' work in some particular branch, and then pose as specialists, the writer has not a good word and desires to express the belief that by them the public is constantly and continually defrauded, for they are too lazy and superficial to ever become more than "automatic" specialists, considering only their side of the profession, giving no heed to the public.

Physicians and Railroad Courtesies.

Editorial in the A. M. A. Journal.

It probably happens practically every day in the year that some physician somewhere in the United States is on a railroad train when an accident happens, and naturally offers to do whatever he can for the injured. Often it is imperative that such immediate service should be rendered to save a life in imminent danger, or to protect the sufferer from the hazards of bungling, inexperienced interference. It is reasonably sure that a certain number of lives are saved by such unsolicited medical aid every year; and it is beyond all doubt that many persons injured in railway accidents are spared long convalescence, because through prompt medical aid they escaped the danger of meddling interference with their wounds at the beginning. In a certain number of these cases the injured persons are able and willing to pay for the physician's services; but such cases are extremely few. The services are rendered in any case; and the presence of the physician, especially if the injured persons are taken aboard the train to be carried to a more or less distant hospital, is a great saving of worry for patients, their friends and fellow-passengers and the employees of the railroad. But should this work be gratuitous? When the injured person himself is unable to pay, it would seem to be proper for the railroad company to make some compensation to the physician, even though his services may have been spontaneously offered. The railroad company is not a subject of charity. It is, as a rule, responsible for the accident; by prompt medical services it is frequently saved no inconsiderable sum in damages, because the patient recovers sooner and the consequences of his injury are not so serious. The present custom, however, is to allow no compensation to the physician and to consider that he has simply performed one of the acts of charity which are so common in his profes-

sional work. This policy is a relic of the old days when it was the custom for railroads to get as much out of the community as they could and to return just as little as possible. The modern railroad, however, is run on a much more liberal basis. There is a definite realization that duties are owed to all those with whom the railroad is brought in intimate relations. Apparently the physician is the only one who has not yet come within the purview of this new policy. Possibly it is the physician's own fault; possibly, if the profession would call the attention of railroad officials to the injustice of the present conditions, they would be remedied. Certain it is that every physician who gives of his time to the care of an injured passenger traveling with him should receive due compensation for what he does; and the railroad should not shirk its obligations in this matter.

The Burden of the Sick Poor Should be Assumed by the Community.

Editorial from American Medicine.

It is not fair to make an exception and require physicians to bear any greater proportion of the burden of a community than other citizens. Custom alone is responsible for singling out one class and expecting its members to give special service of the most skillful and responsible character without reasonable recompense. The old idea that the hospital physician or surgeon derived adequate compensation from the experience acquired in experimenting or operating on poor patients—as a result of which greater success, more prestige and larger fees could be obtained in private practice—has been exploded. Hospital and dispensary training is immensely valuable, but the greater skill and knowledge obtained is as essential for raising hospital efficiency as private efficiency. The main consideration in the whole proposition is the patient. Through misfortune and the force of circumstances he becomes sick, has no funds, and has no relatives or friends who can minister to his needs. He may be sorely afflicted, but under skillful treatment, good nursing, proper watching and feeding, nine times out of ten he can be restored more or less promptly to an earning status. In other words the majority of the sick poor can be changed from a state of dependence to a state of independence—made into working constructive members of society by hospital treatment. The gainer in the transaction is society and society therefore should assume the entire responsibility. On no equitable basis can any man, just because he happens to be a physician, be expected to bear any extra share of the economic burden of the social dependent, and yet to require a doctor to administer treatment and give his time, knowledge and skill without a reasonable remuneration, means just this and nothing else. From every angle it is unfair. The economic problems of physicians are no different from those of other men, with the exception that they are often larger and more complex. Doctors' families must be fed, clothed and properly educated as well as those of men of other pursuits. The wherewithal is derived solely from the practice of medicine—the treatment of the sick. To reduce the doctor's income by requiring him to

treat the dependents of his community without pay, is no more just than it would be to require the clothier, grocer, butcher, baker or any other purveyor of necessities to supply any and every poor person with what he needs to keep him warm or from starving. The necessity for medical treatment is rarely more urgent or essential than that for food and protection from the elements. No, there exist no sentimental, ethical, economic or other reasons why a medical man should give his services—except in emergency—without a fair and reasonable remuneration. Any contention to the contrary is a mistake, or sophistry, pure and simple.

In order, therefore, to save the most unselfish and self-sacrificing class of men on earth from still further sacrifices, every thoughtful man should unite to bring about correction of the hospital-dispensary-clinic abuse. Organization on the basis previously outlined means first and foremost increasing the efficiency of our medical institutions, and second, conserving the best sources of the medical profession. More than anything else, however, it means an equitable utilization of the talents and skill of the whole medical profession and ultimately when every competent physician is officially part of a public health system, it is reasonable to expect an era of freedom from disease such as the world has never seen.

Editorials from the Lay Press.

Sending Tuberculous Patients South.

From the New York Tribune.

A physician living at Summerville, S. C., complains in a letter to The New York Medical Record of what looks to him like carelessness or ignorance on the part of some doctors who send tuberculous patients South to profit by the climate. A man whose temperature ranged from 100 to 103 degrees, and in one of whose lungs there was a cavity, was kept racing about the streets of Summerville by his wife, under the impression that this would do him good. Another man who was in nearly as bad a condition seemed to think that in order to get fresh air he must take a great deal of exercise, and accordingly walked four or five miles a day, until the local physician stopped him. From these and other instances The Medical Record's correspondent argues that the quantity of fresh air and food to be taken should be accurately prescribed for such persons, and that patients should be cautioned regarding things which are likely to prove hurtful. Of course, the individuals referred to may have received ample advice, but have neglected it.

Recording Heart Beats by Means of Flame.

From the Newark Evening News, February 18.

Modifying the pressure-measuring flames of Koenig, Professor K. Marbe, of the Academy of Frankfort-on-the-Main, registers in a simple way various kinds of intermittent vibrations; such as speech, alternating currents, and especially the beats of the heart.

A naked flame produces rings of smoke on a moving paper ribbon just over it, the rings vary-

ing with the vibrations of the flame, and the rate of vibrations may be registered by using two flames.

For recording heart beats a rubber membrane stretched on a ring is placed over the heart and the pulse vibrations are transmitted through a tub of gas to the flame. Turning a crank feeds a paper ribbon through the flame. The vibrations are indicated on the ribbon and at one side a second flame, oscillated by an electric tuning fork of 100 vibrations per second, makes a second row of tracings.

Comparing the two strips of blackened images thus made side by side the lengths and intervals of heart sounds may be determined to fractions of about one-hundredth of a second.

Sentiment Versus Science.

Editorial in Collier's Weekly, March 12, 1910.

Credulity is shown in no subject more thoroughly than in the violent and uninformed crusade now being made against scientific experimentation on animals. From a recent Philadelphia newspaper we take a paragraph which refers to Mr. Coleridge, of England, the gentleman who had to pay thousands of dollars under the strict British libel law for one of his many misstatements on the subject:

"With great earnestness of manner, Mr. Coleridge, amid responsive applause, declared that the evidence was cumulative and complete that the mortality had increased since the use of the serum treatment. In support of this declaration he quoted from British statistics and said the death rate had gone up for diabetes, diphtheria, tetanus and other diseases in which serum was used, and that the mortality had decreased in bronchitis, convulsions, dropsy, measles, whooping-cough and scarlet fever, for which no serum was employed in their treatment."

Think of a man being received in this country and feted, who is capable of stating that the mortality from diphtheria has increased! Any one who wishes the statistics can find them in the "Bacteriology of Diphtheria," edited by Nuttall and Graham-Smith, printed in Cambridge, England, 1908. On pages 601-608 are given the records for these cities: New York, Philadelphia, Baltimore, Berlin, Boston, Breslau, Brooklyn, Cologne, Dresden, Frankfurt, Glasgow, Hamburg, Königsberg, Liverpool, London, Munich, Paris, Pittsburg and Vienna; and on page 611 is a condensed table giving their compound statistics. These tables are from the official records. Mr. Coleridge has also taken his figures from the records, and we, therefore, feel it necessary to say that he has probably shown something more than ignorance, namely, a studied effort to deceive. He must know that what was formerly called croup, and especially membranous croup, was really diphtheria, and that, therefore, a large part of what in the early records was called croup is now classed under diphtheria. He must also know that, regarding this modern death rate, his figures make no distinction between cases where antitoxin was given and cases where it was not. In New York City the death rate, where antitoxin is given in the first twenty-four hours, has been brought down to 1.6 per cent., or practically nothing. The immense decrease in diphtheria is one of the greatest triumphs of modern medicine, but it has been paralleled

within the last two years by the decrease in the mortality rate of spinal meningitis, brought about by Dr. Flexner by a very few experiments on animals in the Rockefeller Institute, which is now the central target for the agitators. The incredible falseness of Coleridge can be measured by his statement that antitoxin is used because private manufacturing firms have sought to increase their business. In this country antitoxin was first introduced by the Health Department of New York City, and now many of the cities and States provide it free. Coleridge, and the anti-experiment crowd in general, promise to take from Ananias any distinction which may still serve to keep his memory green.

Wealth Versus Health.

Editorial from The Observer, New York.

Life and the language of life are full of the terms of contradiction. Many of these familiar antitheses are more rhetorical than logical, representing oppositions more accidental than elemental, but they have currency and receive credence in many quarters. Such an antithesis is that between wealth and health—which is but the sententious statement of the fact, real or assumed, that capital is the foe of those conditions which must be developed if life is to be made enjoyable or even endurable by the masses. And it is certainly a serious question whether the accumulation of wealth in America in a comparatively few hands is favorable to the health of the nation, whether that term be taken with reference to the physical, mental or moral development and well-being of the people.

In the consideration of this question there is much to be said on both sides. If capital is to be blamed for manifold oppressions of the people it should also be freely admitted that capital has built asylums, hospitals, dispensaries, sanatoriums, retreats, to say nothing here of schools and colleges too numerous to mention. Every man who spends less than he earns is a capitalist, and no hard and fast line can (as many suppose) be drawn between capital and labor. But using the term capital in a by-and-large sense we say that it is out of the saved capital of the world, in other words from its wealth, that the best sanitary and educational services of humanity are being carried on. The rich men are still building synagogues, equipping schools, fitting up hospitals, starting "fresh air funds," and giving money for biological research in the interest both of curative and preventive medicine.

But while all this may gladly be admitted, there remains a certain indictment to be brought against corporate wealth because of its hostility and disservice to the cause of the public health and morals. If rich men have been the greatest benefactors so have they been among the worst oppressors of humanity. History has largely been the record of the workings of the social and sanitary antithesis of wealth versus health. On the altar of the Moloch of commercialism many precious values have been sacrificed, and still the cry goes up for more industrial victims. The child labor agitation is but one phase of the war of wealth against health—and the very worst form of predatory wealth is that which preys upon the young, who should be the hope of the nation. Danger-

ous trades are numerous in the commercial sphere, where greed of profits exposes multitudes of workmen to the continual menace of disease or accident. Unsanitary conditions, breeding tuberculosis, prevail in many factories, the sweat-shops are still open and from filthy tenements the cruel Shylocks still exact the exorbitant rentals. All this means war against the best interests of society, and all this is opposed to the teachings of Jesus. It is not brotherly, and it is not Christian. Wealth must be taught to respect health, of body, mind and soul, and while rich men have proved to be philanthropists in many cases, they have still to learn and master and express the true and total conception of Christ's law of Christian compassion based on the principle "all ye are brethren." Only so can the accumulation of wealth coexist and agree with the social betterment of the world.

Concerning Eye-Strain.

Editorial from the Christian Herald, March 9, 1910.

Dr. George Gould, widely known as an oculist and as a voluminous writer on his peculiar specialty, has put forth a strong opinion on the subject of eye-strain. Dr. Gould claims that a majority of the maladies from which men, women and children suffer are traceable in their origin to some visual defect. Few of us will be ready to accept this statement without demur; yet it is undoubtedly true that many instances of headache, of nervous dyspepsia and of unaccountable irritability are caused by astigmatism, or by some disease of the eyes.

Think of it calmly for a moment. Our eyes are the windows of the brain. A delicate network of nerves from the brain reaches to the farthest outposts of the body, and an injury anywhere is instantly telegraphed by them to the central station whence they start. If in our houses we try to peep through opaque glass, if the windows are blurred or broken, we cannot see distinctly, and at once we set about remedying the situation. The eyes are our windows, complicated in their machinery, yet extremely simple, and abused by most of us from first to last, so that it is remarkable that they serve us so long and so well. Middle age comes early to the eyes.

A young woman not long ago went to a specialist for treatment. She was under thirty, but after examination the doctor told her that she had the eyes of a woman of eighty. Whether Dr. Gould be right or wrong, it is certainly the part of wisdom, as one pair of eyes must last us for a lifetime, and as eyes cannot be patched up and repaired as teeth, to take better care of them than we do. We should guard our children carefully in this defect. Many times mischief is done to an almost irreparable extent during the first seven years of a child's life. The use of the right glasses at the right time may save both children and adults an infinite amount of pain and inconvenience.

Nothing is, on the whole, a greater risk than to select lenses for the eyes in a haphazard fashion over the counter. In a matter of so much importance it is well to have the best procurable advice, and act upon it without delay. The claim has been made that car-sickness and

sea-sickness are due to the constant changing of focus when people are traveling, but we are not quite prepared to admit this is true. At all events, it is still open to discussion.

BILL FOR THE STERILIZATION OF CONFIRMED CRIMINALS INTRODUCED IN OUR LEGISLATURE.

Assembly No. 445.

An act to authorize and provide for the sterilization of confirmed criminals, idiots, imbeciles, epileptics, rapists and other defectives.

Whereas, Heredity plays a most important part in the transmission of crime, idiocy, imbecility, epilepsy and other defects;

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

1. On and after the passing of this act and every five (5) years thereafter, the Governor shall appoint by, and with the advice of the Senate, a surgeon and a neurologist, each of recognized ability, who in conjunction with the Commissioner of Charities shall be known as and is hereby created the "Board of Examiners of Criminals, Idiots, Imbeciles, Epileptics, Rapists and other Defectives," whose duty it shall be to examine into the mental and physical condition of the criminal, idiotic, imbecile, epileptic, rapist and other defective inmates confined in the several reformatories, charitable and penal institutions of the counties and State.

Any vacancy occurring in said board of examiners shall be filled by appointment of the Governor for the unexpired term.

2. Upon application of the Superintendent or other administrative officer of any institution in which such inmates are or may be confined, or upon its own motion, the said board may call a meeting to take evidence and examine into the mental and physical condition of such inmates confined as aforesaid, and if said board of examiners in conjunction with the chief physician of the institution unanimously find that procreation is inadvisable and that there is no probability that the condition of such inmate so examined will improve to such an extent as to render procreation by such inmate advisable, it shall be lawful to perform such operation for the prevention of procreation as shall be decided by said board of examiners most effective.

3. The record taken upon the examination of every inmate shall be preserved in the institution where such inmate is confined, and one year after the performing of the operation, the superintendent or other administrative officer of the institution wherein such inmate is confined shall report to the board of examiners the condition of the inmate and the effect of such operation upon such inmate. A copy of the report shall be filed with the record of the examination.

4. There shall be paid out of the funds appropriated for maintenance of such institution, to each physician of said board of examiners a compensation of not more than five dollars (\$5) per diem for each day actually given to such work or examination, and his actual and necessary expenses in going to, holding and returning from such examination.

5. This act shall take effect immediately.

Hospitals and Sanatoria.

Changes at State Hospital.

From the True American, Trenton.

Dr. William E. Ramsay, of Perth Amboy, assemblyman from Middlesex County, has introduced three bills in the House which will, if passed, greatly facilitate the work of the State Hospital for the Insane in Trenton as well as the one at Morris Plains.

Dr. Ramsay is thoroughly familiar with the needs of these institutions and as he has been quite successful in securing the passage of other measures, for various purposes, it is confidently expected that he will succeed in his present undertaking.

Attempts were made at the session of Legislature a year ago to secure progressive legislation for these institutions, but most of the bills prepared for that purpose were introduced "by request," which was, at the outset, something of a damper on any enthusiasm that might have been aroused in their behalf. Dr. Ramsay comes out in the open, assumes all responsibility for his measures and earnestly sets their merits forth, while personally advocating the measures in conference with his colleagues. He is devoting so much attention to them that when they come up for passage all the legislators, in both houses, will be acquainted with their provisions and purposes, and the bills will probably gain an easy passage.

One of Dr. Ramsay's bills, providing for deportation of foreign patients, will result in a vast saving in the expenses of the hospitals, if it passes; while the other two will not necessitate any additional outlay of money. The bill to admit inebriates without declaring them insane will mean a reduction in the statistics of the insane in this State and will not increase the number of victims of alcoholism treated at the institutions, as such persons are now classified as insane. The bill to provide for voluntary commitment will probably not increase the number of patients, but will avert the necessity of having any one declared insane who realizes his or her need for treatment and goes voluntarily to the institution. Such persons, in the absence of such a law, often defer treatment until they grow worse, and find their way to the institution sooner or later.

These measures are all progressive, and in line with the practice in those States which have made the most encouraging advancement in the treatment of the insane.

In regard to foreign patients, who constitute a considerable proportion of the population in all such institutions, the only relief that this State now has is a United States statute, providing that steamship companies may be held liable for all immigrants who become insane within three years after landing in the United States, and may be compelled to transport them back to their own countries. This is based on the theory that the transportation companies had an opportunity to learn of the tendencies toward insanity before accepting these persons as passengers in the first place. In many instances patients are so demented that they cannot give accurate information as to where they came from, or on what vessel they took pas-

sage. There are now 150 foreign patients at the institution in Trenton.

The average cost of these patients to the State has been \$2,658 and some of them, who have been here thirty-five years, have cost \$7,280 each. It is evident that the deportation of these patients would mean a great saving. The expense of sending them home would not be more than \$200 each. In many cases it would be considerably less. It is estimated that the bill, if passed, will mean a saving of 92 per cent. in handling foreign-born patients who have no legal residence in this State. The total of the time spent by the 150 patients at this institution amounts to 1,869 years, and the amount expended for them has reached \$398,752. This does not include married women who were born in foreign countries and came to this State with their husbands, nor does it include foreign patients who lived in the State for ten years previous to becoming insane, which time would establish for them a legal residence.

Dr. Ramsay's bill applies not only to patients who belong in foreign countries but also to those who belong in other States. At present the State pays \$4 per week for all patients who have legal residence in the counties from which they were committed. In order for a county to be responsible for the support of a patient, it is necessary that the patient should have lived there for ten years. The bill, however, does not propose to interfere with any patients who have relatives living in this State, whether such patients have lived for ten years in any one country or not.

Fortunately there is established ground for Dr. Ramsay's method of dealing with foreign patients, as relatives in all cases have already a leading interest in patients, with the privilege of taking them home for visits when the patients are not violently insane. When a patient recovers, his or her relatives are informed in order that suitable plans for the future may be made.

With regard to patients having relatives in other States, many such relatives do not wish, or are financially unable, to take them home, and there is now no law to provide for sending the patients to their relatives at the expense of the State. The bill is an economic measure.

Dr. Ramsay's bill to provide for admitting inebriates as patients without declaring them insane is also a progressive one. There has been much agitation of late in regard to the proper care and treatment of inebriates, or habitual drunkards. Many people favor the establishment of separate institutions for this class of patients. From experience in other States it seems that this is a difficult matter, as inebriates are hard to deal with as patients, and hospitals established for them separately, unless the organization is perfect and the location entirely suitable, usually result in failure. There can be no objection to treating such cases in a public institution, as they can be classified and required to work while there, and it is well known that good results are obtained from their treatment at such institutions.

The objection that the State does not care to support habitual drunkards has been fully met by making this act apply only to private patients. At present, many habitual drunkards are sent to the institutions as insane patients, and such action falsifies the statistics of the insane.

The existing law for treatment of habitual drunkards is so cumbersome and expensive that it is seldom applied. The provisions of Dr. Ramsay's bill make it as easy to commit a drunkard to an institution as any other patient, with the same restrictions and safeguards as are provided for insane patients. If the bill is passed, habitual drunkards will be classified as such, and the amount paid to the State will be additional revenue for the hospitals, and will not in any way interfere with the care and treatment of other patients. Habitual drunkards may be required to work.

The bill prepared by the same Assemblyman for the admission of voluntary patients merely provides for a class on the border line of insanity, who would be much benefited by being allowed to go to the hospital early while they are in a condition to consent. There are two good reasons, at least, for this measure. In such cases, where treatment is delayed, the danger of the disease becoming chronic is increased with the length of time they are allowed to go without treatment. Many cases, if allowed to undergo treatment voluntarily, at the early stage of the trouble, would be prevented from serious mental trouble, from which they might or might not recover. In the second place, such patients do not care to suffer the stigma and odium of being declared insane. In some communities such stigma proves to be a serious disadvantage to patients long after they are cured and discharged. If, however, it were known by their friends as well as themselves that they went to the hospital voluntarily for treatment, and were not legally declared insane, it would remove, to a great extent, the odium now attaching to the present process.

Such a law would, of course, reach only a few persons, as the majority of patients will still have to undergo the process of being declared insane, and be admitted in the regular manner. The community cannot be educated in a short time to see the immense advantages of such a measure. With successful operation its benefits would become apparent and an increasing number of afflicted persons would be enabled to profit by it, many of whom are otherwise allowed to grow gradually worse, and sometimes to become incurable. By the provisions of this measure only private patients will be permitted to enter the institutions voluntarily. Thus it will place no extra burden upon the State.

Such a law is in operation in many of the progressive States. Dr. Henry A. Cotton, medical director of the State hospital in Trenton, states that he has failed to find a single disadvantage in its workings in Massachusetts, from which State he came here, or in New York, where he has investigated it.

The enactment of Assemblyman Ramsay's bills into law would be a step in advance for the insane hospitals of this State. Dr. Ramsay is using every possible effort to see that the legislators are fully informed as to the great advantages of his measures. Last year, when a bill for inebriates was introduced, many legislators erroneously supposed it to be a plan for increasing the expenses of the State. As a matter of fact, the inebriates are already treated in the institutions, and without compensation in the majority of cases. Dr. Ramsay's bill would confine such treatment to paid cases. His bill for the deportation of foreign patients would

result in a saving that would pay for improvements at the institutions for years to come, and the bill for voluntary commitment would be a blessing to coming generations and would raise the institution in the estimation of the people, without increasing their cost.

Hudson County Asylum Bill.

Assemblyman Sullivan's bill, allowing the Hudson County Board of Freeholders to expend \$1,250,000 for the construction of a new asylum for the insane, was passed by the House March 22d, the only amendment to the bill from the Commission of Public Health, which had it in charge, being that the institution shall be erected within the bounds of the county.

A Psychotherapeutic Hospital.

Editorial by Dr. J. M. Taylor in *Monthly Cylopedia and Medical Bulletin*, Jan., 1910.

The subject of psychotherapy, now so widely being discussed, is in a fair way to receive the same conscientious, critical research which is accorded to all other branches of scientific therapeutics.

Information is just received that a lady of Boston, Massachusetts, Mrs. Martha S. Jones, has given her beautiful estate and magnificent parks near Portsmouth, N. H., to Dr. Boris Sidis, of Brookline, Mass., for the purpose of establishing a private hospital. This is a long step forward in the direction of earnest effort to put to the test not only the practical utility of mental influence upon disease, but here there will be pursued those studies of practical psychology for which Dr. Sidis has so well earned the confidence of the professions both of medicine and of psychology.

The subject of psychopathology is clearly as important as that of the morbid changes in body-growth. Indeed, by reason of the supremacy of the mind, its paramount complexity and delicacy, doubtless this will soon be regarded as of even greater importance. While a brilliant group of men have labored successfully to reduce all cognate subjects to a practical working basis, the profession at large has held aloof from these new lines of thought, and much doubt and some condemnation has been expressed. This is largely due to lack of psychological and psychopathological training of the students in our medical schools; these being all given up to the study of the body, to physical diagnosis, to the treatment of all ailments by mechanical and chemical means. We do not encourage the growth of men like Kraepelin, Krafft-Ebing, Zichen, etc., and we have deliberately discouraged the work of psychotherapy and psychotherapeutics. We look for a change in the attitude of the medical profession. Instead of mental and religious cults they will now study in earnest the experimental and clinical work of our psychopathologists.

Above all will the more judicious, not only in the two professions of medicine and psychology, but among mankind at large, welcome exactitude and definiteness in the scope and limitations which will thus be exhibited.

The cloud of spiritual and mental healing cults which has overswept the land (and some to most annoying lengths) will rapidly die out and an exact science of abnormal mental life will take its place.

America is behind Europe as to research in psychopathology and psychotherapy. There is Janet in Paris, Bernheim in Nancy, Freud in Vienna, Jung in Zurich; all of them working in connection with established institutions. In this country there is no systematic scientific work being now done in psychopathology and psychotherapeutics in connection with any of our medical schools. Even the medical journals, such as the Journal of the American Medical Association, give more attention to the religious epidemics of occultism, Christian Science, and the like irregular outbreaks of optimistic medicoreligious pseudotherapeutics, than to any attempt at presenting the subject of psychopathology in a dignified, scientific fashion, as has been done by Morton Prince, and Boris Sidis. They have been working for years, meeting with criticism, doubt and opposition of those who are unable to fairly judge of the strength of this movement.

At last Dr. Sidis is in a position to find safe outlet for the expenditure of his most valuable energies. He expects to establish in this new hospital a laboratory in which work will be done systematically and thoroughly. This will be of the same character, on the same lines as set forth in his previous monographs and books. None of the universities here have established chairs of psychopathology and psychotherapeutics. He can and should found a school of theoretical and practical teaching in connection with this hospital in which he can give to physicians instruction in these important branches of medicine.

The Responsibility of Hospitals.

From the London Letter in the A. M. A. Jour.

A curious case has been decided in the Glasgow sheriff court. In the winter of 1907, a man, suffering from scarlet fever, was removed to a fever hospital belonging to the Glasgow corporation and died there. His widow sued the corporation for \$5,000 for failure to take proper care of her husband in removing him to the hospital and while there in allowing him, when delirious from fever, to escape into the grounds and get a chill, which led to his death. The sheriff gave judgment against the widow on the following grounds: As regards the removal, her point was that the nurse in charge of the ambulance allowed the patient to walk to it instead of having him carried. The sheriff found that the patient elected to walk and that there was no proof that he suffered from doing so. The main issue, however, was that the defendants were negligent in allowing the patient, while delirious, to escape. On the night in question the ward was admittedly abnormally full, containing 32 patients, of whom only 4 were adults, the others being boys. More than half of the patients were convalescent and needed no attention during the night. Under ordinary circumstances, the one staff nurse was considered sufficient, but on this night there were, in addition, a night sister within call, a male attendant watching this particular man, and another available in case of emergency. The resident physician was under the same roof and also within call. The patient was delirious, imagined he was ill-treated, and got out of bed more than once. At 11:30 he got up and evaded the male attendant and nurse. He ran about the ward a

little and then suddenly broke a window and escaped into the grounds. He was captured, brought back and put into a restraining sheet. He died four hours later. The sheriff found that the attendance provided was sufficient and that there the responsibility of the defendants ended. The attendants had not failed in their duty, and there was no evidence that the use of the restraining sheet was improper. He did not consider that either the physician or the male attendant committed any error of judgment, and even if it were proved that the physician committed an error of judgment that was no liability of the defendants.

Hospital Internes—Liability of.

A decision has recently been handed down by the United States Circuit Court of Appeals which is of considerable interest to the medical profession. Dr. A, a surgeon, operated on Mr. B and performed a nephrectomy in a Chicago hospital, Mr. B being a private patient. The wound was packed with gauze which was removed and changed by two internes, Drs. C and D, and later by the family physician, Dr. E. Some months after returning to his home, the wound continuing to discharge, a second operation was performed by a local surgeon, and a large piece of packing gauze was found in the wound. Mr. B sued Dr. A for malpractice and won a verdict of \$4,000. This was appealed to the present court and the verdict reversed on the ground that the leaving of the gauze in the wound was due to negligence not upon the part of Dr. A but on the part of one of the two internes, Dr. C or D, or the family physician, Dr. E, who had done most of the dressing, and that it would be mere guesswork to attempt to decide which of these men was legally responsible. In his opinion upon the question of responsibility of the surgeon for the mistakes of his hospital internes, Justice Seaman said, as reported in the Chicago Legal News: "In Baker vs. Wentworth, 155 Mass. 338, this custom in respect of nurses is recognized, and the operating surgeon is held exempt from liability for negligence of the nurses * * *, and in Perionowski vs. Freeman, 4 Foster & F. 977, 980, Cockburn, C. J., remarked upon the practice (there proven) of surgeons to leave the care of their patients in various details to the hospital nurses, that such practice was 'indispensable,' and the operating surgeon was not liable for their negligence. So, these hospital attendants, known as internes (usually young physicians), are furnished at the general hospitals to attend to the ordinary work of dressing and treating the wound (left by an operation) on the way to recovery; and the mere undertaking of the surgeon to operate, under call or engagement therefor, cannot, as we believe, imply his further personal undertaking for the ordinary details of after-treatment, to make the doctrine of respondeat superior applicable, to charge him for fault or negligence on the part of such hospital attendants, neither known nor discoverable by the surgeon in the exercise of care and skill throughout his engagement."

Newark City Hospital.

At a meeting of the Newark Board of Health, March 15th, a resolution was adopted declaring the urgent necessity of providing increased fa-

ilities for the reception and treatment of patients at the City Hospital. It called for the removal of the main building of the nurses' home and the housing of the nurses in a separate building. The resolution declared for the erection of a nurses' home.

The board will go before the Committee on Finance of the Common Council and urge an appropriation to construct the proposed building. By removing the nurses from the hospital proper, Dr. James T. Wrightson explained, accommodation for 120 additional patients can be provided.

Orange Memorial Hospital.

Another selection has been made for the staff of Memorial Hospital. The man who has been chosen is Dr. Henry S. Fruinight, a graduate of the Bellevue Medical College, New York City. He is said to be unusually well fitted for the work for which he is chosen, which will be that of house physician.

The new appointment is the second one which the hospital trustees have made within the last few weeks.—Orange Chronicle.

John Wells Memorial Hospital, New Brunswick.

The annual meeting of the John Wells Memorial Hospital Corporation was held on Tuesday, March 22d, at 2:30 o'clock, at the hospital building. Mr. J. N. Carpender was appointed chairman, and R. W. Prentiss, secretary.

After hearing and acting upon the treasurer's report and the re-election of five directors whose terms expired this year, the corporation adjourned. Immediately after the adjournment of the corporation the annual meeting of the board of directors was held.

The following officers were elected: John N. Carpender, president; Miss Emma W. Cook, vice-president; William H. Benedict, treasurer; Robert W. Prentiss, secretary.

The executive committee of six directors and a finance committee of three were appointed.

The following members of the medical staff were re-appointed: C. V. Buttler, M. D., H. G. Cooke, M. D., F. M. Donohue, M. D., D. C. English, M. D., consulting physician; Benjamin Gutmann, M. D., F. E. Riva, M. D., Lawrence Runyon, M. D., J. P. Schureman, M. D., A. L. Smith, M. D., H. C. Voorhees, M. D.

The following items are taken from the secretary's report, which covers the year March 20, 1909, to March 20, 1910:

The whole number of patients admitted and cared for during the year was 308, 13 per cent. more than last year, and the largest number of any year in the hospital's history.

Of these, 302, or 98 per cent., were from Middlesex County, and only 6 were from elsewhere.

Treated free, 166; paid wholly or in part, 142. Males, 134; females, 174. Medical cases, 121; surgical, 187. Discharged, cured, 203; improved, 51; unimproved, 9; died, 37. In hospital, March 20, 1910, 8.

Free patients from the county, 163, with 3,258 total days' stay; pay patients from the county, 139, with 2,048 total days' stay. Free patients from elsewhere, 3, and 13 days' stay; pay patients from elsewhere, 3, with 14 days' stay. Totals, 308 patients, 5,333 total days' stay. The average number of days in a patient's stay was,

therefore, 17.3 days, and the average number of patients in the hospital per day was 14.6

In addition to these cases 45 visits to the hospital were made by out-door patients, who have had wounds dressed, etc.

The actual and total expenditures (as shown by the treasurer's report after deducting "bills payable" and "balance") amounted to \$10,081.22. This amount includes all moneys expended in the maintenance of the hospital and the treatment of the patients, repairs, improvements, nurses in general wards, private nurses, house expenses, medical supplies, insurance, etc., etc.

The average cost per patient per day, including all patients, those in the private wards and those in the general wards, was, therefore, \$1.89.

If we deduct from \$10,081.22, the amount received from the pay patients, \$3,551.04, the result is \$6,530.18, which was the net cost to the hospital of the year's work.

The work of the year has shown the urgent need of greater accommodations, especially the need of private wards. The directors have, therefore, decided to build an addition to the present building and plans for it are being prepared.

In the annual report for 1909-10 to be published shortly full details will be given of the patients treated, cost of maintenance, and of all receipts and expenditures.

The great work of the hospital has been done by the medical staff, whose services have been generously given without compensation. The directors desire to place on record their appreciation of this most essential and important service faithfully rendered year after year.

At a meeting of the medical staff, held March 21st, Dr. F. M. Donohue was elected president and Dr. L. Runyon, secretary.

The Verona Sanatorium.

Conservatism was shown in the report submitted to the Board of Health held March 15th, by Dr. Edward E. Worl, medical director of the Tuberculosis Sanatorium at Verona, showing the work of that institution for last year. He stated that of the 204 cases treated during 1909, fully fifty per cent. responded to the treatment, although the percentage of cures was comparatively small. The greatest improvement shown was in the number of arrested cases.

In summing up his statistical presentments, Dr. Worl wrote as follows:

"It will be observed that I have adopted a very conservative attitude in stating any 'cures,' although these cures are easiest made in the case of true incipients. It is also easy to give the outward appearance of health by improving the general condition, but the pulmonary condition requires months before we can assure ourselves against the possibility of relapse. The tendency, then, to take too short a time for the process of cure, and to return to old habits and old conditions, is simply to invite a relapse. One hundred and twenty-four patients out of 132 gained in weight; mere gain in weight, then, is no criterion.

"The cost of maintenance is \$1.59 per day per patient. That we, too, have shared in the increased cost of living, due to the high prices of essential articles, is shown by the fact that the actual food consumed by patients costs 57 7-10

per cent. of the entire expense of the sanatorium during 1909."

The report showed that there were fifty-seven patients in the institution at the beginning of 1909; 147 were admitted and 154 discharged, leaving an even fifty under treatment at the beginning of this year.

Of the total number, there were apparent cures in ten cases; in fifty-five others the disease was arrested, and improvements were shown in forty-five others. There were twenty-two unimproved cases and no deaths.

Objections to Tuberculosis Sanatorium.

The location of a sanatorium near Hopewell, as proposed by Bishop McFaul, of Trenton, met with a protest at the hands of the boards of health of Hopewell and Pennington boroughs and Hopewell Township at a massmeeting in Odd Fellows' Hall recently. It was agreed that the sanatorium would injure the water supply, would pollute Stony Brook, and would also work irreparable injury to the Methodist Church Seminary at Pennington, inasmuch as parents would not send their children there if a sanatorium was established near by.

Dr. Robert Miller, of Hopewell; Joseph H. Moore, of Glenmore, and George W. Scarborough, of Pennington, were appointed a committee to procure speakers for a massmeeting to be held next Friday evening in Odd Fellows' Hall. A legislative committee was also named. This is composed of the members of the speakers' committee as named above, Isaac B. Scudder, of Hopewell Township; Welling Titus, of Marshalls Corner, and Rev. Dr. J. B. Haines, of Pennington Seminary. They will ask the Legislature to amend Assembly bill 94, whereby the citizens of a particular community shall say whether or not a sanatorium shall be located in their midst.

Members of the Mercer Grange No. 77, in session at Hopewell a few days later, passed resolutions against the erection of a tuberculosis sanatorium which Bishop McFaul proposes to have built in that vicinity. This is following the example of other residents of that section who went on record as being against the proposition. The members of the Grange unanimously favored the measure which was passed Saturday and which requests the Senator and representatives of Mercer County to oppose any legislation that may be offered in favor of establishing such an institution in the locality. The committee which framed the measure passed by the grangers was composed of N. Stout Voorhees, G. V. Vannest and W. I. Phillips.

The contention of the members of the Grange is that the erection of a sanatorium for consumptives would prove detrimental to property.

Despite this and opposition advanced by Rev. Dr. J. Morgan Read, president of Pennington Seminary, and Rev. Dr. John B. Haines, vice-president of the institution, the projectors of the enterprise plan to go ahead with it. In fact, the articles of incorporation will be filed this week with the Secretary of State. The corporate title is to be "The Tuberculosis Sanatorium and Preventorium of Trenton."

Rt. Rev. Bishop McFaul, who conceived the idea of establishing this non-sectarian sana-

torium on Burd's mountain, referred the reporter to Counsellor Peter Backes, who looks after his legal interests. The latter declared that work would be immediately commenced on the proposed site regardless of the criticism directed at the movement.

Mr. Backes said that Bishop McFaul was perfectly willing to abide by the provisions of the Crosby act, if it passes, and thus put the question of the sanatorium's need and location up to the State board.

(Bishop McFaul is one of the ablest workers in the campaign that is being waged against tuberculosis. He has contributed valuable articles to the public press as well as forceful addresses at large popular meetings on this subject. His effort for the establishment of this sanatorium and his generosity connected therewith are most commendable. We hope that the differences of opinion and opposition that hinder the early completion of the bishop's plans may soon be overcome, as groundless fear yields and a broad-minded, philanthropic spirit and wise, scientific, sanitary judgment shall prevail.—Editor).

Newark Day Tuberculosis Camp.

The executive committee of the Newark Anti-Tuberculosis Association, which met in the offices of Dr. Leslie D. Ward recently, decided to continue the day consumptive camp which, under the care of Mrs. Elinor Aschenbach Fornachon, has proven so efficacious. It is hoped to extend the scope of the camp, and with this end in view contributions will be asked after the first of next month. Last year the expenses of the camp were about \$2,200. It is expected that about the same amount of funds will be necessary this year, although it is expected to accommodate an increased number of patients this season.

Rev. Louis Shreve Osborne moved that the local Board of Health be requested to engage additional nurses to attend bed-ridden patients in their homes. At present this work is being taken care of by the Visiting Nurses' Association, but recently they have found this work too much for them and they seek relief.

Resolutions were passed supporting the bill, pending in the Legislature, declaring tuberculosis to be an infectious and communicable disease and requiring all physicians to report such cases to the local Board of Health within forty-eight hours.

In another resolution the executive committee placed itself on record as favoring the speedy erection of the county hospital at Soho for advanced cases of consumption.

It was decided to hold regular monthly meetings of the executive committee the second Tuesday in each month. An appropriation of \$25 will be made to provide sets of photographs for tubercular exhibits to be circulated among the public schools. The annual meeting of the association will be held in the Free Public Library at 4 o'clock the afternoon of April 22. Several out-of-town speakers will be provided.

Following the meeting Charles G. Hurd, of the firm of Hurd & Sutton, architects for the new Soho hospital, appeared before the members of the committee and submitted the proposed plans for the new structures. In the near future, Mr. Hurd said, bids for the erection of

the hospital would be asked. He explained that the group of structures would cost about \$60,000.

Married.

SPICKERS—HUTCHINS.—At New York City, January 29, 1910, Dr. William Spickers, of Paterson, N. J., to Miss Sophia Reed Hutchins, of San Francisco, California.

Obituaries.

BLAKE.—At Gloucester City, N. J., Mrs. Sarah Emma Blake (nee Dobson), wife of Dr. Duncan W. Blake, Sr., of Seaville. Mrs. Blake was taken ill with pneumonia while visiting her son, Dr. D. W. Blake, Jr., who also was ill with pneumonia, and she died on the seventh day of her illness, aged 67 years.

CANTWELL.—In Trenton, N. J., March 11, 1910, Dr. Frank V. Cantwell, after a long illness, aged 48 years.

The following sketch of Dr. Cantwell is taken from the Daily State Gazette, Trenton, of March 11th:

Dr. Cantwell, one of the foremost surgeons in the State, and for many years at the head of the surgical staff in St. Francis Hospital, was born at No. 9 Centre street, this city, February 27, 1862. The property at that time was in part used as a book and toy store and steamship agency, conducted by his father, Peter P. Cantwell. Mr. Cantwell was early in life a national school teacher in Ireland, and coming to America taught school first at Bordentown and later in this city, having been the first Catholic male teacher in Trenton. His health failing, he abandoned teaching, and opened the store at 9 Centre street, where he attained considerable success and at his death in 1871 left a snug little estate.

Dr. Cantwell, who was the youngest of eight children, lost his mother three years after his father's death, and being thus doubly an orphan, encountered not a few trials and difficulties at a tender age. He first attended St. John's parochial school and in the fall of 1875 was sent to St. Vincent's College, Latrobe, Pa. He remained there till 1877, when he was transferred to St. Charles College, Ellicott City, Maryland, where he spent nearly two years. On returning home, he took up the study of medicine with Dr. Thomas H. Mackenzie, but for various reasons was unable to pursue this work regularly. For a year he worked in one of the East Trenton potteries, learning the trade of sanitary presser, but in 1881 was enabled to enter the University of Pennsylvania. He was graduated in the medical class of 1884, and immediately thereafter finished first in a class of thirty in a competitive examination for resident physician in St. Mary's Hospital, Philadelphia. He remained there for one year, and in May, 1885, diffidently hung out his sign as an M. D. at No. 9 Perry street, this city.

It took a year or two for the young physician to acquire confidence in his own ability, but once he found himself he forged rapidly to the front. From 1887, when he became surgeon to St. Francis Hospital, his reputation advanced with amazing rapidity, and his surgical work

began to attract attention over the entire State. He was called into consultation in all the nearby towns, and few serious operations were undertaken in Trenton for some years without his opinion being first sought. His success in treating diphtheria by tracheotomy was specially marked at a time when the use of anti-toxin had not yet become general. He performed at St. Francis Hospital in January, 1889, the first abdominal section operation ever done in this city by a Trenton doctor. Encouraged by his repeated successes, he went on developing greater skill all the while, and the accuracy of his diagnosis proved as wonderful as the dexterity with which he handled actual operations. Having been elected county physician, his surgical work grew in volume and variety, and he was constantly in demand. Several years ago, during the trial of Mrs. Shann for the murder of her son, Dr. Cantwell was called as expert and occupied the witness stand for over six hours. He proved conclusively that the boy died of poisoning, but the State was unable to find the guilty person. This case was widely commented upon at the time, and Dr. Cantwell was highly complimented for his work.

Besides his active professional work, Dr. Cantwell wrote much for the medical journals, chiefly reports of interesting cases which had come under his observation. Among the subjects of these papers were the following: Tracheotomy, with report of ten cases; nephrotomy; epispadia, with operation by transplantation; sarcoma of the stomach; stone in abdominal ureter; appendicitis and various others. As an evidence of his professional standing, it is interesting to note that his surgical work in various cases is referred to in several standard medical text books in this country, and in at least one abroad.

Dr. Cantwell was not only a practitioner of reputation, but a great student of medicine. He kept constantly abreast of the latest developments in this country and abroad and was at all times able to discuss professional topics from the standpoint of the most approved modern discoveries. He made a special study of diseases of the lungs and he was always proud of having been a pioneer in agitating for wider public interest in the fight against tuberculosis. He made the suggestion in a letter to the Sunday Advertiser, this city, which resulted in the appointment by the Mercer County Medical Society of a committee, consisting of himself and Drs. Clark and Barwis, to lay this matter before the Legislature. The committee met with Senator E. C. Hutchinson, then representing this county in the State Senate, and as the result of that conference the bill was drawn which appropriated the money for the erection of the State sanatorium at Glen Gardner.

The doctor's own health failed in 1898 and on the advice of friends he took up his residence in November of that year in the drier climate of New Mexico. His family followed him and he resided there and at El Paso, Texas, till June, 1900. Improved, but not thoroughly well, he then returned to Trenton. Before leaving town he had resided where Dr. Sommer is at present located on Perry street, but on his return he removed to Hamilton avenue, having his offices in the Broad Street Bank building. A few years ago he purchased the old

Frank A. Magowan home on North Clinton avenue, a very beautiful house, and it is there that he spent his last days. About two years ago he had to give up surgical work, owing to his debilitated condition, but he continued to receive patients at his home office up to a few weeks since. The state of his health naturally interfered with the splendid success which had made the first fifteen years of his professional career so brilliant in practical results.

Dr. Cantwell was one of the city's most ardent book lovers. He owned a large library and spent many of his happiest hours in study. He wrote several articles for the newspapers and magazines, which possessed literary merit.

Besides the office of county physician above mentioned, he served on the city board of health and represented the old Fifth Ward in Common Council. Under President Cleveland he was one of the pension examiners for this district and he was consulting physician at the State Prison during the years 1894, '95 and '96. He also served as president of the Mercer County Medical Society, of the Trenton Medical Association and of the local Medical Library Association. He was a member of the Medical Society of New Jersey and of the American Medical Association.

Dr. Cantwell married Miss Alice Burns at St. Charles Catholic Church, Philadelphia, December 27, 1887. Mrs. Cantwell and two grown children, Frank and Alice, survive.

STONE.—In Montclair, N. J., November 14, 1909, Dr. William Gleason Stone, from tuberculosis, aged 52 years.

Dr. Stone graduated from the Bellevue Hospital Medical College in 1878. From 1883 to 1893 he was assistant superintendent of the Illinois Northern Hospital for the Insane, Elgin. For the last few years of his life he made his home at Montclair.

Personal Notes

Dr. Henry H. Brinkerhoff, Jersey City, has been appointed director of medical inspection of schools and is perfecting plans for a thorough inspection under the corps of physicians appointed by the Board of Education of Jersey City. Six district nurses will also be appointed by the board.

Dr. John J. Broderick, Jersey City, has been appointed city physician in place of Dr. H. H. Brinkerhoff, resigned.

Dr. J. Franklin Chatten, Trenton, has recently returned from Europe, where he spent several months. Much of his time was given in attendance at the eye hospitals of London, Paris, Berlin and Vienna.

Dr. E. L. B. Godfrey, Camden, has offered his Camden residence for sale.

Dr. Louis W. Dodson, Jersey City, has recently received black-hand letters demanding \$650.

Dr. Frank D. Gray, Jersey City, spoke before the Woman's Club of Arlington on "Dirt and Its Relation to Sanitary Science."

Dr. J. Eugenia Jacques, Jersey City, has arranged a series of lectures on public health, seeking to teach the public on health matters through the doctors and the women's clubs. Dr. Henry Spence delivered one lecture March 28;

Dr. T. R. Chambers will later talk on "The Care of the Eyes," and Dr. C. H. Purdy on "Prevention of Some of the Common Skin Diseases."

Dr. Thomas J. Smith, Bridgeton, recently sustained a fracture of his nose in a runaway accident.

Dr. Martin J. Synnott, Montclair, entertained the Orange Mountain Medical Society at dinner March 18th.

Dr. James S. Brown, Montclair, recently enjoyed a brief trip to Florida.

Dr. W. S. MacLaren, Princeton, has been appointed medical inspector of the Princeton borough schools.

Dr. Clifford Mills, Morristown, has been chosen secretary of the local board of health and a member of the hospital committee.

Dr. Frederick M. Arthur, Hamilton Square, has been appointed medical school inspector for that town.

Dr. Duncan W. Blake, Gloucester, who has been seriously ill with pneumonia, is reported as convalescing.

Dr. Alfred C. Benedict, South Orange, as health inspector, reported recently two cases of scarlet fever and one of diphtheria in the town.

Dr. Henry H. Brinkerhoff, Jersey City, has been appointed medical inspector of the Jersey City schools.

Dr. William J. Chandler, South Orange, has returned from his season of rest at Miami, Florida, in good condition for the arduous work of preparation for the coming annual meeting of our State Society in June.

Dr. Henry B. Diverty, Woodbury, has been elected secretary of the Board of Health of that city.

Dr. Walter Dodge, Orange, addressed the guests at the tenth annual banquet of the Practitioners' Society of the Oranges last month on "The New Thought," and Dr. Thomas W. Harvey, Orange, on the same occasion, spoke on "Reminiscences."

Dr. Frank M. Donohue, New Brunswick, recently returned with his family from a ten-days' trip to Cuba.

Dr. David E. English, Summit, has purchased the handsome home owned by Mr. G. V. Muchmore, on Springfield avenue, Summit.

Dr. C. M. Franklin, Hightstown, has been appointed medical inspector of schools of East Windsor Township.

Dr. Joseph B. Harrison, Westfield, entertained the members of the Westfield Medical Society at his residence one evening last month.

Dr. Alfred A. Lewis, Morristown, has declined the position of medical inspector of schools to which he was recently appointed by the local Board of Education.

Dr. John L. Lund, Perth Amboy, has been reappointed health officer of that city.

Dr. William H. Murray, Plainfield, has been elected vice-president, and Dr. B. Van Doren Hedges, secretary, of the local Anti-Tuberculosis Society.

Dr. Theodore A. Pierson, Hopewell, has been appointed medical inspector of the Hopewell schools.

Dr. George W. Tyrrell, Perth Amboy, and wife recently returned from their trip around the world.

Dr. Henry Wallace, Glen Ridge, and wife,

spent a few days last month at Old Point Comfort, Va.

Dr. Henry F. Wallhauser, Newark, has been elected president, Dr. William Gauch secretary, and Dr. Louis A. Koch treasurer of the medical board of the Newark City Dispensary clinics.

Dr. William L. Wilbur, Trenton, and wife have been visiting relatives in Asbury Park.

Dr. Charles M. Williams, Washington, recently enjoyed a brief season of rest.

Dr. Alva C. Van Syckle, Hackettstown, who has been ill with heart trouble at his home for a month, has gone to St. Luke's Hospital, New York City, for special treatment.

Dr. R. D. Freeman, South Orange, and family have removed to their new home on Vose avenue.

Book Reviews.

DISEASES OF THE GENITO-URINARY ORGANS Considered from a Medical and Surgical Standpoint, including a Description of Gonorrhoea in the Female and Conditions Peculiar to the Female Urinary Organs. By Edward L. Keyes, Jr., M. D., Ph. D. Clinical Professor of Genito-Urinary Surgery, N. Y. Polyclinic Medical School, etc. D. Appleton & Co., New York and London. 1910.

The first edition of this work, issued in 1874 by Van Buren and Keyes, has long been a standard and this new contribution to urology—a revision by Dr. E. L. Keyes, Jr.—confirms its position and will be welcomed especially by students and general practitioners. The work covers the whole field of genito-urinary diseases, but special emphasis is put on the diagnostic features of each malady and its most approved treatment. The uses and limitations of the X-ray in diagnosis are fully discussed, and laboratory methods are clearly and thoroughly presented. One hundred and ninety-five illustrations, with seven fine plates, add much to the beauty and usefulness of the work.

A TEXT BOOK OF SURGICAL DIAGNOSIS. FOR Students and Practitioners. By Edward Martin, M. D., Professor of Clinical Surgery, University of Pennsylvania, Philadelphia. 764 pages, 445 engravings and 18 full-page plates. Cloth, \$5.50 net. Lea & Febiger, Philadelphia and New York.

It is with great pleasure we welcome to our books of reference this new contribution, by an eminent American surgeon and professor. The crowning feature of the book, namely, the emphasis put on the importance of the early diagnosis of certain surgical affections, makes it of the greatest value to the general practitioner. The uses and limitations of the X-ray as an aid in surgical diagnosis are excellently set forth in a separate chapter with over two hundred engravings. The chapter on laboratory methods is exceedingly thorough and easily understood. There are also chapters on surgical diagnosis in gynecology, neurology and ophthalmology which will be found to be most useful.

Each disease is taken up in a short and concise manner and only the most important and early diagnostic symptoms are mentioned. Thus

much unnecessary detail is omitted and only the characteristic and noteworthy points are presented. The illustrations, 445 in number, are mostly original and fulfill the purpose for which they were inserted—aids to diagnosis and not simply embellishments.

NUTRITION AND DIETETICS. A MANUAL FOR Students of Medicine, for Trained Nurses and for Dietitians in Hospitals and Other Institutions. By Winfield S. Hall, Ph. D., M. D., Professor of Physiology, Northwestern University Medical School; lecturer on physiology and dietetics, etc., Chicago. 315 pages. 1910. Price, \$2 net. D. Appleton & Co., New York and London.

This book is divided into four parts: (1) Foods. The needs of the body; natural foods; foods defined and classified; the preparation of foods. (2) The use of foods. Their digestion, absorption, assimilation, elimination of waste material. (3) Diet in health. Fuel value of foods; the menu; food for healthy people, food for normal infants. (4) Diet in disease. Infant feeding in abnormal conditions; principles of sick-room dietetics; dietetics in fevers and infectious diseases, in diseases of the digestive system, in disorders of nutrition, diseases of the organs of excretion, circulations, respiration and of the skin. The book closes with appendices giving classification of diets, recipes, experimental chemistry of foodstuffs, foods and of digestion, and a very full index.

This volume is a concise text book which gives the substance of a decade of teaching by the author to the undergraduates of medicine and the nurses of two large city hospitals. While it is intended mainly for students of medicine, the general practitioner will find it very helpful, especially in the selection of proper diet for his patients.

PREPARATORY AND AFTER TREATMENT IN OPERATIVE Cases, by Herman A. Haubold, Clinical Professor in Surgery and Demonstrator of Operative Surgery, New York University and Bellevue Hospital Medical College. Four hundred and twenty-nine illustrations. D. Appleton & Co., New York and London, 1910.

Dr. Haubold has set for himself a difficult task—the transformation of the ordinary practitioner into a combination of the house surgeon and trained nurse. How well this desirable result can be brought about must be left to the test of experience. It will certainly not be the fault of the writer if the studious reader is not able to meet the demands of the occasion. Quite full and up-to-date instruction is given as to the preparation of the patient, care during and after operation, proper preparation of the room, dressings, instruments, etc. The technique of many emergency operations is clearly and accurately described. A careful study of this book will greatly aid the general physician and enable him to share with the specialist in the honor and credit accruing from operative cases.

Books and Pamphlets Received.

New and Non-official Remedies. Preparations accepted by the A. M. A. Council on Phar-

macy and Chemistry, to January 1, 1910. Pages 256.

Some Scientific Conclusions Concerning the Alcoholic Problem and Its Practical Relations to Life. Papers read at the meeting of the American Society for the Study of Alcohol and Other Drug Narcotics, at Washington, D. C., March, 1909. Senate Document No. 48.

The Mosquito: Its Relation to Diseases and its Extermination. Also The Means by which Infectious Diseases Are Transmitted. By Alvah H. Doty, M. D., Health Officer of the Port of New York.

Chorio-Retinitis Tumida. Also Recurrent Hemorrhages in the Retina and Vitreous followed by Retinitis Proliferans in Both Eyes in a Young Man with Surgical Tuberculosis. By Dr. Charles J. Kipp, Newark.

Retro-deviations of the Uterus and Their Medical and Surgical Treatment, by G. K. Dickenson, M. D., Jersey City.

Eighth Annual Report of the N. J. Sanatorium for Tuberculous Diseases, Glen Gardner.

Second Annual Report, St. Peter's General Hospital, New Brunswick.

The Oxidases and Other Oxygen-Catalysts Concerned in Biological Oxidations. By J. H. Kastle, Ph. D., Hygienic Laboratory, Washington, D. C. Bulletin No. 59.

The Inebriate—Drink and Drug Habitude—What to Do for Him and with Him; Society's Duty. By William H. Hicks, M. D., Newark.

The Operative Treatment of Cancer of the Larynx. By George E. Brewer, M. D., New York City.

The Relationship of Ophthalmology to General Medicine and Surgery. By J. H. Woodward, M. D., New York City.

The Treatment of Scarlet Fever. Also Empyema and Gangrene of the Lung, Complicating Typhoid Fever in a Child of Six Years. By D. J. Milton Miller, M. D., Atlantic City.

Alcoholism as a Cause of Insanity. By Charles L. Dana, M. D., LL.D., New York City.

Reports of State Medical Examining Boards.

States.	Examined.	Passed.	Failed.
Kentucky, December..	18	12	6
Minnesota, January....	20	16	4
Missouri, December...	30	13	17
N. Dakota, January...	11	10	1
Ohio, December.....	25	22	3
Oklahoma, October....	32	19	13
Pennsylvania, December	70	63	7
Rhode Island, January.	9	4	5
Vermont, January.....	5	5	0
Washington, July.....	296	262*	34

*Including 186 osteopaths.

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

Accepted for N. N. R.:

- Merck & Co.: Filmaron; Filmaron Oil.
- Riedel & Co.: Thiol Liquid; Thiol Powder.

Accepted for N. N. R. Appendix:

- Maltine Co.; Maltine with Cod Liver Oil;
- Maltine with Cascara Sagrada; Maltine with

- Hypophosphites; Maltine with Wine of Pepsin; Malto-Yerbine; Maltine with Olive Oil and Hypophosphites; Maltine with Phosphate of Iron, Quinine and Strychnia.

Public Health Items.

Bill to Establish a Department of Public Health.

The following bill "Establishing a Department of Public Health, and for other purposes" (S. 6049), introduced into the United States Senate by Senator Owen, of Oklahoma, has been read twice and referred to the Committee on Public Health and National Quarantine.

This bill creates a separate department and provides for a Secretary of Public Health. While this is ideal and it is hoped that such a condition may be ultimately realized, the opposition to the enlargement of the cabinet and to the creation of any new cabinet officers makes it exceedingly doubtful whether such a bill can be passed. It is, however, most gratifying as an evidence of the increasing public interest on this subject.

"Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:

"Section 1. That there is hereby established a Department of Public Health under the supervision of the Secretary of Public Health, who shall be appointed by the President a Cabinet officer, by and with the consent of the Senate, at a salary of \$12,000 a year, with like tenure of office of other Cabinet officers.

"Sec. 2. That all departments and bureaus belonging to any department, excepting the Department of War and the Department of the Navy, affecting the medical, surgical, biologic or sanitary service, or any question relative thereto, shall be combined in one department, to be known as the Department of Public Health, particularly including therein the Bureau of Public Health and Marine Hospital Service, the medical officers of the revenue-cutter service, the medical referee, the assistant medical referee, the surgeons and examiners of the Pension Office; all physicians and medical officers in the service of the Indian Bureau, or the Department of the Interior, at old soldiers' homes, at the Government Hospital for the Insane, and the Freedman's Hospital and other hospitals of the United States; the Bureau of Entomology, the Bureau of Chemistry and of Animal Industry of the Department of Agriculture; the hospitals of the Immigration Bureau of the Department of Commerce and Labor; the emergency relief in the Government Printing Office, and every other agency of the United States for the protection of the health of the people of the United States, or of animal life, be, and are hereby, transferred to the Department of Public Health, which shall hereafter exercise exclusive jurisdiction and supervision thereof.

"Sec. 3. That the official records, papers, furniture, fixtures, and all matters, all property of any kind or description pertaining to the business of any such bureau, office, department, or branch of the public service is hereby transferred to the Department of Public Health.

"Sec. 4. That the Secretary of Public Health shall have supervision over the Department of Public Health, and shall be assisted by an As-

sistant Secretary of Public Health, to be appointed by the President, by and with the advice and consent of the Senate, at a salary of six thousand dollars a year, with such duties as shall be prescribed by the Secretary not inconsistent with law.

"Sec. 5. That the Secretary of Public Health shall be authorized to appoint such subordinates as may be found necessary. There shall be a chief clerk appointed at a salary not to exceed \$3,000 a year, and such other clerks as may from time to time be authorized by Congress.

"Sec. 6. That the officers and employees of the public service transferred to the Department of Public Health shall, subject to further action by Congress, receive the salaries and allowances now provided by law.

"Sec. 7. That it shall be the duty and province of such Department of Public Health to supervise all matters within the control of the Federal Government relating to the public health and to diseases of animal life.

"Sec. 8. That it shall gather data concerning such matters, impose and enforce quarantine regulations; establish chemical, biologic and other standards necessary to the efficient administration of said department, and give due publicity to the same.

"Sec. 9. That the Secretary of Public Health shall establish a Bureau of Biology, a Bureau of Chemistry, a Bureau of Veterinary Service, a Bureau of Sanitary Engineering, reporting such proposed organizations to Congress for suitable legislation relative thereto.

"Sec. 10. That all unexpended appropriations and appropriations made for the ensuing year shall be available on and after July 1, 1910, for the Department of Public Health, where such appropriations have been made to be used by any branch of the public service transferred by this act to the Department of Public Health. It shall be the duty of the Secretary of Public Health to provide, on proper requisition, any medical, sanitary, or other service needed of his department required in another department of the Government.

"Sec. 11. That any other department requiring medical, surgical, sanitary, or other similar service shall apply to the Secretary of Public Health therefor whenever it is practicable.

"Sec. 12. That all officers or employees of the Government transferred by this act to the Department of Public Health will continue to discharge their present duties under the present organization until July 1, 1910, and after that time until otherwise directed by the Secretary of Public Health or under the operation of law.

"Sec. 13. That all laws or parts of laws in conflict with this act are hereby repealed."

Paper Drinking Cups in Passenger Cars.

The Pennsylvania Railroad, in accordance with the request of the State Board of Health last August, will be the second line running through New Jersey to begin the use of the individual drinking cups in its stations and trains. It is understood that paper drinking cups of some description will be furnished before summer begins in all passenger cars and waiting-rooms where water is provided.

The Board of Health sent this resolution to all railroads last August:

"Whereas, It is admitted by sanitarians generally that the public drinking cup, as it is commonly used on railroad trains and in railroad stations, is a menace to public health in transmitting infectious and contagious diseases; and

"Whereas, Individual sanitary drinking cups, made of paraffin paper and of other suitable materials, are now being manufactured at a trifling expense, and are easily procured; therefore, be it

"Resolved, That the Board of Health of the State of New Jersey hereby condemns the common use of the public drinking cup on railroad trains and in railroad stations as unsanitary and dangerous to the public health, and said board hereby recommends that all railroad companies, whose cars run into or across the State of New Jersey, discontinue the use of said cups, and that they furnish individual sanitary drinking cups to their patrons instead."

The Lackawanna was the first road to comply with the board's request.

Physicians' Lectures to the Public on Health Subjects.

From the New York Daily Tribune, March 25, 1910.

COMMON COLDS.

Common colds would become one of the most uncommon things in the world if people would wash out their nasal passages properly night and morning. So, at least, Dr. Abraham Jacobi and several other physicians assured a large audience at the Academy of Medicine yesterday afternoon. Dr. William Kelly Simpson brought along a pretty schoolgirl in a sailor suit, on whom he made a practical demonstration to show how easy it is to give one's self the right sort of nose douche and ear douche.

One cause of colds in children, Dr. Jacobi said, was the practice of putting them in short socks and leaving the calves of their legs bare. "This is done," he said, "not by women, but by 'ladies,' who ought not to have any children—and frequently the undertaker gets the children they have."

Dr. Jacobi said he took a cold plunge 365 times a year, and was sure he should have died twenty times of pneumonia or some other "providential" disease without it. Still, he doesn't recommend cold baths for every one. "A cold plunge is too severe for the anaemic, the very young or the old," said Dr. Jacobi, who is close on fourscore himself.

"The direct cause of a cold is bacteria," said Dr. Emily Lewi. "The indirect causes are all the many things that may upset the equilibrium. It may be a lobster supper, it may be a great mental strain or sorrow—anything that congests the blood vessels in any part of the body and stops the throwing off of the poisonous secretions. We eat too much, we eat too fast, we eat under a nervous strain, we do too many things directly after eating. The mucous membrane congests and the bacteria get in their work."

Dr. Mary MacMillan said that her hobby was wet feet. "If it were practicable," she added, "for every child to keep a pair of shoes at school and change whenever he reached school with damp shoes the number of colds would be fewer. It is well to wear light woollen under-

wear, but many people cannot bear it next the skin, and with our overheated houses it is becoming more and more the practice to wear thin underwear and depend on warm wraps when going out of doors.

"Muffling the neck in furs is a common cause of colds among women, and so is the custom of wearing a high collar all day and putting on a décolleté gown at night."

Dr. Simpson's talk, illustrated by the nasal douche, dealt with the treatment of the passages of the head. Dr. Jacobi showed the nose douche he used, which was much simpler than Dr. Simpson's. In closing, Dr. Jacobi said that underfed, depleted and overworked people were much more liable to colds than the well cared for. "The neglected poor," he said, "are thus a menace, not only to themselves but to their richer neighbors—a source of dissemination of disease."

The lecture was one of the course arranged by the public health education committee of the County Medical Society and the hygiene committee of the City Federation of Women's Clubs.

Killing Tuberculous Cows.

Acting under instructions of the State dairy commissioner, Dr. S. Lockwood, a veterinarian, of Woodbridge, has been inspecting cattle throughout Middlesex County. Numerous cases of bovine tuberculosis are reported.

The State authorities recently ordered the killing of twenty-five cows owned by Peter Smith, a wholesale milk dealer, occupying the Smith farm in Port Reading.

The campaign being conducted by the State includes a thorough inspection of cows and examination of stable conditions and the handling of the milk.

Dr. Frederick W. Sell, health director of Rahway, reported that during February there were eleven cases of typhoid fever, one of which proved fatal, and three cases of scarlet fever. The cause of typhoid cases, he thought, could be traced to the water supply, caused by the surface water and swollen streams. The water at the present time has been found by both the local and State boards, to be in excellent condition.

Health Conditions in Elizabeth.

The report of Health Officer Richards for February shows that there were fifty-six cases of scarlet fever and only one death and that with the exception of scarlet fever which increased, contagious diseases remained about the same during February as they did during the preceding month. During last month there were eighteen cases of scarlet fever and four cases of diphtheria at the isolation hospital.

Dr. Green declared he considered it remarkable that in view of the prevalency of typhoid fever in other cities at this time there should be but two cases in Elizabeth during the month of February, as was shown by the report of Health Officer Richards.—Elizabeth Daily Journal.

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

Monthly Statement—February, 1910.

The total number of certificates of deaths received for the month ending February 10, 1910, was 3,795. By ages there were 687 deaths among infants under one year, 323 deaths of children over one year and under five years, and 1,328 deaths of persons aged sixty years and over. A marked increase is shown in deaths from pneumonia, the number for the month being 513, while the deaths for the previous month was 337.

The infectious organism which most frequently causes pneumonia is usually present in the mouths of persons in normal health, and the prevailing opinion concerning the mode of infection in this disease is that irritation of the throat and bronchial tubes, due to the cold and changeable weather of winter and spring, afford an inviting culture surface for the pneumococcus, and therefore permit of the transplantation of the infective organisms from the mouth, where they appear to be at all times awaiting an opportunity to enter the tissues and develop. Slight congestion of the throat and lungs are, therefore, liable to be attended with an invasion of the micrococcus and other infectious bacteria.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending February 10, 1910, compared with the average for the previous twelve months, the average in each class of diseases being enclosed in parentheses:

Typhoid fever, 17 (25); measles, 32 (20); scarlet fever, 23 (28); whooping cough, 29 (23); diphtheria, 65 (50); malarial fever, 1 (2); tuberculosis of lungs, 362 (295); tuberculosis of other organs, 71 (55); cancer, 158 (137); cerebro spinal meningitis, 11 (18); diseases of nervous system, 377 (356); diseases of circulatory system, 457 (341); diseases of respiratory system (pneumonia and tuberculosis excepted), 453 (196); pneumonia, 513 (253); infantile diarrhoea, 56 (197); diseases of digestive system (infantile diarrhoea excepted), 171 (187); Bright's disease, 280 (213); suicide, 24 (36); all other diseases or causes of death, 695 (588); total, 3,795 (3,020).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis. Specimens examined from suspected cases of diphtheria, 2,068; tuberculosis, 395; typhoid fever, 148; malaria, 11; miscellaneous, 32; total, 2,654.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending February 28, 1910, 509 samples of food and drugs were examined in the State Laboratory of Hygiene.

The following were found below the standard: 24 of the 154 samples of milk; 16 of the 32 of butter; 1 of the 28 of oleomargarine; 3 of the 154 of spices; 2 of the 3 of sausage; 6 of the 51 of vinegar; all 13 of yeast; 16 of the 30 of

essence peppermint; all of 2 iodine and 9 of tincture of opium. All samples of cider, coffee and molasses were found above standard. The following 41 suits have been entered for adulteration of: Milk, 23; butter, 13; sausage, 2; ground mustard, black pepper and white pepper, each one.

Division of Creameries and Dairies.

Dairies Inspected.

The first column of figures below gives the number of dairies inspected and the second and third columns the number above and below 60 per cent. of the perfect mark, respectively:

	Inspected.	Above.	Below.
Bergen	1	0	1
Essex	3	2	1
Hunterdon	1	0	1
Mercer	1	0	1
Middlesex	35	15	20
Morris	23	11	12
Somerset	23	13	10
Union	7	3	4
Warren	4	3	1
Totals	98	47	51

Water samples collected from dairy premises, 28; number of letters sent to dairymen, 31.

Since November 1st, 1909, the following local boards of health have made requests for inspection of dairies supplying their localities with milk: Bernards Township, Bordentown, Burlington, Hightstown, Millburn Township, New Brunswick, Orange, Perth Amboy, Princeton, Roselle, Washington, Woodbridge Township.

An investigation of the milk supply of public hospitals within the State was begun during the month, the object being to secure information regarding the quality of the product used in these institutions. The statement below will show the source of supply of each institution:

Paterson General Hospital, Paterson—Mixed milk of a creamery in Westtown, Orange County, N. Y.; St. Joseph's Hospital, Paterson—Mixed milk of a creamery at Monroe, Orange County, N. Y.; Passaic General Hospital, Passaic—Mixed milk of a creamery at Deposit, N. Y.; St. Mary's Hospital, Passaic—Mixed milk of a creamery at Whitney's Point, N. Y.; Englewood Hospital, Englewood—Mixed milk of a creamery at Unionville, N. Y., and also from Oradell Farm, Englewood, N. J.

Creameries Inspected.

The following creameries were inspected during the month: Bernardsville, Highland Park, Hopewell, Irvington 2, Neshanic 2, Newark 10, New Brunswick, Sussex 3, Three Mile Run, Trenton. Total number of creamery inspections, 23; number of licenses recommended, 1.

During the month ending February 28, 1910, 93 inspections were made in 49 cities and towns.

The following articles were inspected during the month, but no samples were taken: Milk, 408; butter, 589; foods, 1,181; drugs, 259. Other inspections were made as follows: Milk wagons, 197; milk depots, 60; grocery stores, 520; drug stores, 60; meat markets, 23; milk cans, 112; cold storage plants, 10.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the laboratory 143, as follows:

Public water supplies, 84; State institution supplies, 2; private wells, 18; dairy wells, 29; sewage samples, 10.

Inspections.

Public water supplies inspected at Gloucester, Millington, Clementon, Haddon Heights, Columbus, Longport, Ventnor, Stirling, Rahway. Sewerage plants inspected at Millville, Princeton, Jamesburg, Red Bank, Essex Fells, Burlington.

Special inspections at Wilburtha, Bivalve, Birmingham, Williamstown, Bernardsville, Groveville.

State institution water supplies inspected at Bordentown, State School for Deaf, Trenton. Stream pollutions reported, 89.

Plans for sewage disposal plants approved, 11. Plans for public water supplies approved, 2. Spring waters approved, 3.

Persons given advice on plans, 12. Persons summoned before the board, 36.

In connection with the Federal ruling relating to "floated oysters" this division has been carrying on special investigations. Samples of water from the seed, planting and floating grounds, and 22 specimens of salt and floated oysters have been examined. Representatives from this division will attend the conference at Washington on March 2d between the Federal authorities and the oystermen.

Special work has been done in relation to the operation of one water filtration plant in this State. This plant has not been operating up to standard, and a careful investigation has been made to determine the cause.

In the monthly statement—January, 1910—page 536 March Journal, the following concluding paragraphs were omitted:

Division of Creameries and Dairies.

Twelve wholesale milk establishments, located in Essex County, were inspected during the month and placed on the creamery list, it having been ascertained that the business carried on in these places classifies them as creameries under the provisions of Chapter 139 of the Laws of 1906.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the laboratory, 96; public water supplies, 66; dairy wells, 3; private wells, 25; miscellaneous, 2.

Inspections.

Public water supplies inspected at Stockton, Millville, High Bridge, Gloucester.

Sewerage systems inspected at Riverside; I. O. O. F. Home, Trenton.

Special inspections at Highland Park, New Brunswick, Irvington, Englewood, Woodbridge, Paterson, Hawthorne, Milltown, Phillipsburg, Elizabeth.

Stream inspection on Delaware, Rahway, Elizabeth, Maurice and Whippany Rivers, Rancocas Creek, Absecon Inlet.

Number of persons summoned before the board, 230.

Number of plans for sewerage systems approved, 5.

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DYSMENORRHEA; ITS SIGNIFICANCE AND TREATMENT.*

BY P. BROOKE BLAND, M. D.

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One of the natural processes in the female organism that has attracted the attention of scientific investigators for centuries is that of menstruation. However, the great amount of exploration that has been done in this field of medical research, combined with the work being done to-day, has revealed little of the secrets of the process and its function. Menstruation, however, plays a very important role in the function of the pelvic organs, but the relation it bears to the vital systems of the body is not given the importance it deserves. All pelvic lesions and many disturbances in the general systemic systems are associated with disorders in the menstrual process, and these may be manifested by amenorrhea, physiologic or pathologic, by dysmenorrhea or painful menstruation and by menorrhagia or profuse and prolonged menstruation. Metrorrhagia has also been considered as a disorder of menstruation, but this term really signifies bleeding between the normal menstrual periods and, therefore, it is not proper to consider this condition as a disorder of menstruation. The little knowledge we have concerning the monthly period makes the study of the disorder known as dysmenorrhea extremely vague, and the intelligent treatment of the condition difficult.

Frequency of pain—It is said that a

woman in normal health should not experience any difference between the menstrual and intermenstrual periods; however, all women usually suffer more or less at this time. It has been pointed out that about 16 per cent. of women are free from both general and local disturbances during the menstrual flow, but we occasionally see women practically invalids between the menstrual periods who feel better during the flow than at any other time, and this class constitutes about 3 per cent.

The old classification of dysmenorrhea into obstructive, mechanical, inflammatory and ovarian should be discarded. It would be better to consider the subject under the heading of first, neurotic or functional; and second, organic dysmenorrhea. The first division is not associated with any pathologic change in the pelvic organs, and in my judgment, is the most common type. The second division is that brought about by some pathologic alteration in the genital structures. Holden says that 47 per cent. of all gynecological hospital patients suffer with dysmenorrhea. He found that 23 per cent. of cases were caused by abnormal conditions in the pelvic organs. In one thousand patients whom he examined, 222 were suffering from dysmenorrhea who did not have any pelvic lesion. The most common organic pelvic causes in the thousand patients examined he found were retrodisplacements, 41 per cent.; pelvic inflammatory disease, 37 per cent., and myomata, 11 per cent. These figures, of course, refer to hospital patients only and therefore are not a standard by which the general practitioner should be guided. A great majority of women suffering from dysmenorrhea are not sent to hospitals, but are treated outside by the family physician. The majority

*Read before the Cumberland County Medical Society, January 11, 1910.

of patients going to the hospital, of course, suffer with organic pelvic disease.

Dysmenorrhea should never be regarded as a morbid process, but should always be looked upon as a manifestation of some systemic or local pelvic condition. It is unfortunate that many women are operated upon for dysmenorrhea without the cause first being determined. It is not uncommon to see uteri dilated and curetted repeatedly for so-called inflammatory dysmenorrhea, and at the time of the curettment no material is scraped away or only a small amount of shreds of apparently healthy mucous membrane. Holden made a microscopic examination of material curetted from sixty-one women suffering with dysmenorrhea and in forty-five the membrane was normal. In nine the glands were hypertrophied and only six cases showed inflammatory change. In sixty-four cases treated by curettage, Kelly found the endometrium altered in only four. We should keep in mind that dysmenorrhea means more than simply local pelvic pain. It includes the disturbances that take place in the various systems of the body during menstruation. Indeed, the systemic symptoms are frequently more marked than the local manifestations. All the vital systems of the body are disordered during menstruation, particularly the nervous system. This may be manifest by headache, insomnia and all the symptoms of hysteria and neurasthenia. Disturbances in the gastro-intestinal system are often quite marked and are frequently manifested by persistent nausea and vomiting or diarrhoea. Alterations in the vasomotor system are also common, as seen in the hot flashes, palpitation of the heart, sweats and patches of hyperemia in the skin, due to local dilatation of the capillaries. The local pelvic pain is variable. It may be dull and aching, located just over the pubic joint, or more frequently in the region of the sacrum or sacro-iliac joints. On the other hand, the pain may be sharp and lancinating and located in the region of the uterus. The pain may be so intense as to confine the patient to bed. This severe type of pain is frequently found in young neurotic women. The pain may be present from a few days to a few hours before the establishment of the flow and gradually subside with the free escape of the discharge. This premenstrual pain is quite common and is regarded by some authors as ovarian in origin. In other cases, the pain is most intense during the flow and is then re-

garded as uterine in origin, and is said to indicate either endometrial inflammation or inflammation of the wall of the uterus. In other cases, the pain may be most marked after the cessation of the flow. This is the uncommon type of dysmenorrhea and is regarded as tubal in origin. However, our knowledge concerning the pain in relation to the flow is entirely theoretical, and we are hardly justified in speaking of ovarian, uterine or tubal dysmenorrhea.

Causes—The causes of dysmenorrhea may be classified into both general and local, and in my judgment, menstrual pain is more frequently associated with the first division than it is with the latter, for we frequently see women operated upon for organic pelvic affections, such as displacements of the uterus, neoplasms and inflammatory disease, who did not complain of pain during their menstrual period. Indeed, it is not unusual to have women tell you that it is the only time they actually feel well.

Among the general causes, environment and hygiene play an important role. Women who live in cramped, unsanitary surroundings, with a scanty supply of poor food and poor nutrition are likely to suffer from menstrual disorders. Young girls housed in factories and shops with poor ventilation, subjected to poisonous odors and in cramped positions, or who are compelled to stand twelve hours out of the twenty-four are very prone to suffer with these disturbances. Faulty wearing apparel with tight constrictions—corsets and bands around the waist—favors disturbance in the menstrual process. Women who suffer with chronic systemic disease may also be troubled with annoying symptoms during menstruation. Chlorotic anemia is a very prolific cause of dysmenorrhea. Perhaps the most common systemic cause and, no doubt an exciting cause in the great majority of cases, is neurasthenia or hysteria, causing a hyperesthesia of the uterine sympathetic nerve filaments. It is important that systemic causes of dysmenorrhea should be early recognized because injudicious medical or surgical treatment of this type of the trouble may result in irreparable damage, and we should remember that menstrual pain should not always be regarded as indicative of disease of the genital organs.

Organic causes—The most common organic causes of dysmenorrhea are, according to Holden's investigations, retrodisplacements, inflammatory disease of the

uterus and its appendages, fibroid tumors, ante-displacements and mal-development. Retrodisplacement is more commonly associated, according to Kelly, with dysmenorrhea than any other abnormal condition of the pelvic organs, and it has been pointed out that 90 per cent. of women with this affection suffer with painful menstruation. Inflammatory disease constitutes about one-third of the cases of dysmenorrhea. The type of the inflammation, either acute or chronic, does not seem to have any special bearing on the severity of the pain, and Kelly says the intensity of the suffering bears no relation to the extent of the pathological process. It has been demonstrated that 25 per cent. of women suffering with fibroid tumors have painful menstruation. Painful flow associated with fibroid tumors is usually seen in the interstitial and submucous types; it is rare in the subperitoneal form, and it is asserted that the smallest tumors are usually associated with most severe pain.

Treatment—The treatment of dysmenorrhea may be divided into medical and surgical; and the medical treatment into both local and general. Of course the first consideration in the treatment of this condition is to determine its cause, and from the great variety of conditions that are associated with painful menstruation and the difficulty in determining the cause of the pain, it is obvious that positive indications as to treatment cannot be given.

General Medical Treatment—After a consideration of the great variety of conditions responsible for painful menstruation, it is evident that the affection is not entirely overcome by the employment of drugs. It has been asserted that it is best to exhaust all general therapeutic measures before submitting a young unmarried woman to a pelvic examination to determine the cause of her menstrual pain. This statement I do not regard as justifiable, and unfortunately it is followed by a great majority of physicians who, therefore, administer numerous remedies with the hope of affording the patient relief, and all the while work in total ignorance of its cause. I believe that all cases of marked dysmenorrhea call for an internal examination, and the physician who hesitates to make this exploration fails to perform his full duty to his patient. In virgin women, vaginal exploration can be successfully executed under short chloroform anesthesia without harm. In all cases of dysmenorrhea every effort should be made to improve the in-

dividual's general health. She should receive plenty of fresh air both by day and night and be instructed to practice deep breathing. Her diet should be plentiful and nutritious, and besides eating three good meals daily, she should receive in addition food between meals, such as fresh red beef juice, milk and eggs. Graduated exercise in the fresh air should be advised, but the danger of over-exertion should be emphasized. She should have several hours of sleep, and it is well to secure two hours sleep each afternoon. While exercise is important, rest is also of the utmost value, particularly during the menstrual flow, and the patient should be instructed to remain in bed two or three days before the advent of the flow and the first two days during the flow. Over-exertion, fatigue and excitement should be absolutely avoided during the flow. It is said that more benefit is derived from rest in the treatment of dysmenorrhea than any other remedy. Constipation is commonly associated with dysmenorrhea and it is therefore important to induce daily evacuations, and a mild cathartic daily for three or four days preceding the flow is very effectual in giving relief. Inquiry should be made concerning the patient's wearing apparel, and any faulty method of dress, such as tight corsets and constricting waist bands, should be prohibited.

Concerning the use of drugs for the relief of menstrual pain, no greater error can be made on the part of the attending physician than to prescribe or administer opium or the various forms of alcohol. Patent medicines are frequently resorted to by women for the relief of pain. These nearly all contain some form of opium and their use should be urgently discouraged.

In the inter-menstrual periods, particularly if the patient is anemic, Bland's pill combined with arsenic and cascara sagrada is one of the best agents at our command. It is also of decided advantage to administer bone marrow to women of this type. In neurotic dysmenorrhea, the nervous symptoms should be combated by the administration of the compound salts of phosphorus, the bromides, valerian, asafoetida or other nerve sedatives. I have had excellent results from a combination of extract of nux vomica gr., $\frac{1}{4}$, ext. sumbul, gr. j; ext. valerian, gr. j; asafoetidæ, gr. iij, given in a capsule four times daily. The pain is frequently overcome by salol and phenacetin, or aspirin combined with some of the other coal tar products. Kelly has

obtained splendid results by administering forty grains of sodium bromide in one pint of hot salt solution by the rectum. Montgomery has had like success by giving stypticin gr. 1, four times daily for a few days before and during the first two days of the flow. One of the most satisfying agents has been the employment of the fluid extract of gelsemium, giving five drops three times daily, starting a week before the period and continuing the first few days of the flow. The hot water bag applied over the abdomen frequently affords comfort to the patient, but I have frequently seen the pain almost instantly disappear by the simple application of an ice bag over the sacrum, and I prefer this to any other local application.

Local Medical Treatment—Several measures were recommended for the local medical treatment of dysmenorrhea. Hot vaginal irrigation, counter irritation of the cervix and vault of the vagina by Churchill's tincture of iodine and medicated tampons are undoubtedly of value and frequently afford relief. I have seen the introduction of the hard rubber pessary in dysmenorrhea due to retrodisplacements prove highly effectual. Electricity is another measure that has proved successful, and it is unfortunate that this method is so little employed. Many men have found the application of the mild galvanic or faradic current to the uterus of decided value, and report cases of complete cure. Bier's hyperemic treatment is also being used with uncertain results.

Surgical Treatment—The surgical treatment of dysmenorrhea should only be applied in cases where definite pathologic conditions are recognized in the pelvic structures. It is obvious if the menstrual pain is caused by the presence of a fibroid tumor, pathologic displacement, or inflammatory disease of the tubes and ovaries, these conditions should be corrected by appropriate surgical measures. Dysmenorrhea due to inflammatory conditions of the endometrium and uterine wall is best relieved surgically by dilating and curetting the uterus, and dilatation does occasionally relieve those cases of dysmenorrhea not associated with organic lesions. It accomplishes this perhaps by the impression it makes upon the nervous system. About one-third of this type of patients obtain partial and sometimes complete relief, so even with this treatment the percentage of cures is small. Dilatation and curetment then, even in the functional types of menstruation, should

not be performed without informing the patient of its shortcomings and only after medical measures fail. Too many patients are subjected to dilatation and curetment for dysmenorrhea without the cause of the condition first being determined. It is not infrequent to see patients operated upon repeatedly for this condition without obtaining permanent relief, and occasionally the condition is aggravated and in some instances serious injury inflicted. A high degree of dilatation has been recommended in cases of dysmenorrhea in young women and this is best accomplished by the introduction of laminaria tents or by special forms of dilators. The Wylie drain has been given special prominence by some authors as a curative agent for dysmenorrhea, and the best results from the use of this instrument are obtained by dilatation and curetment as a preliminary to its use. Dysmenorrhea said to be due to chronic oophoritis or perioophoritis is frequently referred to in the literature and the treatment advised for this malady is the excision of an elliptical shaped section from the surface of the ovary. I do not believe that resection of a cirrhotic ovary affords the patient comfort, and moreover, I cannot conceive how it can do more than aggravate the chronic lesion in the ovary itself; it is adding insult to injury.

Conclusions—1. Dysmenorrhea must always be regarded as a symptom and not as a morbid process.

2. Painful menstruation does not always indicate the existence of pathologic conditions in the pelvis.

3. Dysmenorrhea is perhaps most frequently caused by disturbances in the vital systems of the body.

4. Dysmenorrhea should never be treated until a thorough investigation as to the cause is made.

5. In the medical treatment of dysmenorrhea, opium and the various forms of alcohol should never be used, or only by the physician, and then in exceptional cases.

6. Dilatation and curetment is of value in but a very small percentage of the functional cases of dysmenorrhea.

7. Organic cases of dysmenorrhea are as a rule overcome by the removal of the cause.

1729 Pine Street.

A tender swelling in the submental angle may confuse the physician who does not recall that such a condition may arise from exposure to cold weather.—*Amer. Jour. of Surg.*

THE TREATMENT OF ACUTE INFLAMMATION OF THE MIDDLE EAR AND MASTOID PROCESS.*

BY GEORGE BACON WOOD, M. D.,
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In the practice of medicine it is usually the uniqueness of phenomena that creates interest. To the physician a rare and unusual case often marks one of his stepping stones to success and renown, and it is to be regretted that often the common places of our everyday experiences fail at times to arouse our interest. It seems almost foolish to worry much over colds, earache, gastric pain and like ills of apparent insignificance, but when suddenly the volcano of a pneumonia or appendicitis breaks forth, we wonder and admire.

Acute earache in children is frequently overlooked by those in charge of the patient, or not considered of sufficient importance to need medical attention, and it is no wonder that a mastoid abscess goes unrecognized until the post-mortem table reveals its presence, or it has perforated externally until it is as manifest to parent and physician alike as a red flag is to a bull. Acute otitis media is a very common disease, treated, as a rule, by the general practitioner, coming into the specialist's hands when complications have arisen which demand operative interference. The common interest of these cases to both general practitioner and specialist is my reason for bringing this subject to your notice at this time. If in my discussion of the treatment of acute otitis I should say anything which would help to keep the patient in the hands of the general practitioner, my effort, feeble I admit, will at this time have fulfilled its purpose.

Ordinarily an acute inflammation of the middle ear runs its course without serious consequences, but it must also be borne in mind that permanent deafness, facial paralysis and death from cerebral complications are all not only theoretical but very practical possibilities. Whether or not an individual case is going to be mild or severe depends chiefly upon two factors: first, and probably most important, on the kind of micro-organism causing the infection, and, second, on the anatomical formation of the mastoid process. The reason that the ma-

majority of earaches occurring in children, amount to little more than a temporary discomfort, is probably due to the lack of virulence of the infecting bacteria, the organism probably being the same that is found in the accompanying rhinitis. On the other hand, during the course of the exanthemata, a middle ear infection is very apt to be followed by serious complications, and this because the infecting organism possesses a high pathogenic potency.

It is, of course, necessary before beginning treatment to make a correct diagnosis of the condition, and it is well at this point to consider briefly the differential diagnosis. Pain is the most constant and reliable symptom, but in infants and very young children it may be hard to localize the complaint. The putting of the hand frequently to the ear should in cases of young children, when we are endeavoring to determine the cause for a febrile and general disturbance, lead us immediately to an investigation of the ear. The pain will vary markedly in degree, but usually the severity of the pain is a good index to the severity of the infection. In furunculosis of the external auditory canal pain is a prominent symptom, but generally it is much less than that of acute middle ear inflammation. On the other hand, tenderness to touch or to traction on the auricle is much greater in furunculosis than in otitis media. In acute tonsillitis and quinsy we frequently have pain referred to the ear, but it is usually described as radiating upward from the throat. Impacted wisdom teeth will at times cause an otalgia, and here the cause may be very difficult to diagnose.

Deafness coincident with the onset of pain is a very strong indication of middle ear trouble, but this may be produced by closure of the canal in furunculosis or by the swelling of impacted cerumen due to the installation of oil or other substances, and also to acute closure of the Eustachian tube. Impacted cerumen, however, and generally the closure of the Eustachian tube are not accompanied by pain. The diagnosis of furunculosis in middle ear disease is, in the majority of cases, simple, but occasionally an infection of the follicles of the external canal from the middle ear discharge complicates matters considerably. The furunculosis is easily diagnosed, but to determine whether there is an underlying infection of the middle ear may, under certain circumstances, be well nigh impossible. If we are able to inspect the drum membrane the diagnosis becomes easy. Con-

*Read before the Gloucester County Medical Society, March 17, 1910.

gestion beginning in the manubrial plexus, later involving the whole drum, accompanied at first by retraction, later by bulging, are positive data and make the diagnosis certain. The only condition which may be confusing is a simple myringitis, or inflammation of the drum membrane.

Generally the most urgent condition which we have to meet in ordinary cases of otitis media, is the very severe pain. The large majority of these cases will, after a varying length of time, recover of themselves, but in the meantime the suffering may be very severe. Often before the physician is consulted different methods of household repute have been tried, many harmless and sometimes effective, but others which make secondary infection almost impossible to avoid. The source of good in all these measures is the heat, whether oil, onions, poultices or what not, and unless they are applied hot no relief follows. It is somewhat difficult to explain the great efficacy of heat in the relief of pain in middle ear disease, but that it is of great value in the early stages there is no doubt. In mild cases dry heat as obtained by a hot water bag, or hot salt bag applied to the side of the head may be all that is required. The advantage of dry heat is that it is easily applied and it may be kept up constantly without doing harm, but frequently, however, it fails to relieve the pain probably because sufficient intensity of heat is not brought directly in contact with the middle ear. Hot air blown directly into the canal will accomplish more than the application of a hot water bag. This may be done with any of the various electrical and other instruments on the market which are generally so made that a current of air is passed over a heated surface and thence out of a small opening which can be inserted into the auditory canal. The old-fashioned method of relieving earache by blowing the warm smoke from the stem of a clay pipe did good in the same manner as does the hot air blast. In some few cases heated air will relieve the pain when all other methods fail, but as a rule, the best method of getting heat directly against the drum membrane is the hot water douche. The hot water douche is best given by means of a fountain syringe, the nozzle of which is sufficiently small to permit a ready return flow from the meatus. The temperature of the water to start with should be about a hundred degrees and gradually raised to a hundred and six or a hundred and ten, according to the tolerance of the patient. After

the douching in which a pint to a quart of water should be used, the canal should be thoroughly dried by means of absorbent cotton to prevent maceration of the epithelium. If necessary the douche can be repeated every two hours, and, of course, must be entrusted to the nurse or whoever is in charge of the patient.

In some few cases cold will be found to be more useful than heat, and it certainly has a distinct curative effect especially when there are symptoms of involvement of the mastoid process. Probably the best method of applying cold to the mastoid process is by means of the specially made ice bag. Leiter's tubes are generally too cumbersome and hard to obtain to make their use very practical and douching the canal with cold water is not feasible, chiefly on account of the accompanying dizziness.

The instillation of various medicated drops into the ear before the drum has ruptured is, according to my mind, almost useless, and apt to make a very unhygienic canal.

Except in very rare instances the giving of drugs which tend to reduce the general sensibility is extremely unwise; especially should morphine be avoided. In cases where local measures fail to relieve the pain it is probable that the condition is of sufficient severity to need the closest attention of the physician, and pain is the one symptom above all others which enables us to gauge the severity of the disease and the oncoming of dangerous complications.

As has been mentioned before the large majority of cases of simple acute otitis media will get well, and many do get well without any interference, and "hands off" is a good maxim for the attending physician to at least bear in mind. Certainly, at times, too energetic and unwise treatment is productive of great harm. The chief object of our treatment should be the establishment of good drainage from the tympanic cavity. Normally, the middle ear drains through the Eustachian tube and many cases recover without rupture of the drum, even after fluid has appeared in the tympanum by drainage through its natural opening; but in the majority of cases of acute middle ear inflammation, we have a concomitant inflammation of the tube which is occasionally sufficient to absolutely close its lumen. There is a difference of opinion among aurists as to the advisability of forcible inflation of the tube during acute middle ear disease. My own feeling

is that in a large number of cases Politzerization in the early stage is of great value, and that the benefit outweighs the theoretical possibility of harm such as perhaps forcing of the secretion from the middle ear into the mastoid cells. It should, however, be done with the utmost care. The turbinals of the nose on the side affected should be contracted with cocain, not with adrenalin, the nasopharynx carefully cleansed out by careful douching with warm normal salt or boracic acid solution, and then only sufficient force used with a Politzer bag to enable the slightest amount of air to enter the tympanum. Much less dangerous, and frequently of marked efficiency is the simple cocainization of the inferior turbinate and the mouth of the Eustachian tube. The contraction of an enlarged posterior end of the inferior turbinal by the vaso-constrictor action of the cocain helps sometimes considerably in establishing drainage from the tube. Concerning adrenalin, I am opposed to its use except in very weak solutions, never stronger than one to ten thousand, because the reaction which follows the use of this drug is in about five to ten per cent. of cases so terrific as to cause complete stoppage of the nose, from relaxation of the turbinals. I have found the combination of antipyrin seven grains, cocain two grains, water one ounce, dropped into the nostril as the patient has the head inclined backwards, very useful in keeping open the nasal passages. This can be advantageously followed by some bland oil such as albolene with menthol and camphor, two grains to the ounce. The menthol has a tendency to check the excessive secretion, while the oil helps to prevent stagnation of the secretion in the nose, and permits it to be more easily swallowed; which, I might add, is the natural way of cleansing the nose. If in spite of this rather conservative treatment the patient keeps on getting worse, the pain not disappearing and the temperature rising, paracentesis of the drum affords a very direct and efficient way of draining the tympanum. The method of performing a paracentesis is simple, but should not be done by one who is not familiar with the appearance of a normal and abnormal drum, also the person must be able to use the head mirror so as to enable him to see what he is doing during the operation.

Paracentesis of an inflamed drum is an exceedingly painful procedure and my preference is to do it under a general narcotic. If this is impossible, or for some reason inadvisable, the drum may be partially anes-

thetized by applying the following mixture directly to the membrane:

Cocain. hydrochlor	2 parts.
Acid. carbol. liq.	1 part.
Menthol	2 parts.
Rectified spirit	20 parts.

As for the technic of paracentesis, cleanse the auditory canal thoroughly and make the opening through the drum a free incision and not a puncture. Probably the best means of sterilizing the canal is the insertion of a carbolized cotton wick for several hours previous to the operation, and thorough douching immediately before with a 2 per cent. lysol solution. As a rule, the incision should be made over the most prominent part of the tympanum. When there is no particular bulging point, the incision beginning below close to the posterior rim of the drum, is carried fairly close to the posterior margin, and sufficiently upward and forward to create a slightly U-shaped flap which will gape easily and make a free exit for the secretion. The bulging and congestion of the drum frequently obscures the outline so that the exact placing of the incision is difficult. Little harm can be done with a paracentesis knife if the ordinary amount of care is exercised. It is, however, possible if one goes blindly into the tympanic cavity to dislodge the ossicles with permanent deafness resulting. The results following paracentesis are usually very marked, and when the infection is confined to the middle ear the pain ceases and the temperature drops. The after treatment, however, following paracentesis is of the utmost importance. We have now to fear a secondary infection, which is not at all an uncommon happening even under the best of circumstances, and is usual in dispensary work among the ignorant classes. This, to my mind, is a good reason for not opening the drum until we practically have to. The discharge following paracentesis may at first be simply serous, but in the course of a few days is very apt to become purulent, and in many of these cases the purulent inflammation is due to some pyogenic organism finding its way in through the external auditory canal. We must remember, however, that in the early stages of all acute inflammatory conditions of the middle ear, there is a serous exudate and that the formation of pus naturally comes later, also, that in the majority of cases a purulent exudate is already present when paracentesis has become necessary. After the drum has been incised and the bleeding stopped, any clots in the canal

should be removed with a lysol douche and a wick of cotton saturated with 10% carbolyzed glycerine should be placed in the canal, a pad of sterile absorbent cotton placed over the ear and held in place with a roller bandage. This is left in position for twelve to twenty-four hours, but should at the end of that time be removed, the canal cleansed with a 1 per cent. lysol solution and a fresh carbolyzed drain placed in the canal. The drain should be removed and replaced as soon as it becomes soiled with the discharge. If the patient cannot comprehend the necessity and technic of cleanliness, better results would probably be secured by the physician placing a thin gauze wick in the canal himself and having the patient simply renew an external pledget of cotton. This pledget of cotton takes up the discharge carried to it from the tympanum by the gauze wick.

The treatment of acute otitis media after the drum has ruptured spontaneously is practically the same as that of cases where the drum has been artificially opened. Remember, first, cleanliness in order to minimize the chances of a secondary infection, and second, the establishment of good drainage with cotton or gauze wicks.

Almost all cases of acute otitis media of any severity are accompanied by more or less inflammation of the mastoid cells. This is especially true of the purulent type of acute otitis media, hence, our efforts to cure the disease must be directed toward the mastoid process as well as the middle ear, and because mastoid involvement is more serious than that of the middle ear, our treatment should be more energetic. The symptoms of acute mastoiditis are first and chiefly tenderness of the mastoid bone. In eliciting this tenderness we should be careful about not making traction on the auricle, especially if there is any inflammation of the external auditory canal. The most frequent and constant point is directly over the mastoid antrum. The thumb should be placed gently against the skin close up to the ear, and pressure made with gradual increasing force over the slight depression which can be felt in this position, and which corresponds to the roughened area covering the mastoid antrum. At this position a certain amount of tenderness can be elicited in almost all cases of severe acute otitis media. From this point the tenderness may extend over the whole of the mastoid process and even to the bone above the ear. The most frequent secondary part of tenderness being the tip of the mastoid. Red-

ness of the skin with or without edema behind the auricle, if occurring in a mastoiditis, are generally signs of inflammation in the bone itself, but we must be careful to exclude the edema and swelling in connection with severe cases of furunculosis. The projection of the auricle from the side of the head, and the obliteration of the post auricular fold are also found both in furunculosis and mastoid inflammation. The pain in mastoiditis is, as a rule, more severe than when the middle ear alone is involved, and does not disappear when drainage of the middle ear is established, and this persistence of the pain is the symptom on which we can place the most reliance in gauging the extent of mastoid involvement.

If we suspect that the mastoid process is involved, the patient if not already in bed should be immediately put there and a thorough paracentesis done. The utmost measures at hand should now be taken to relieve the local congestion and to further drainage. Cold preferably in the form of the ice bag should be kept continually over the mastoid process. Wicks, gauze or cotton and moistened with carbolyzed glycerine should be removed and replaced in the canal as frequently as soiled, and if the secretion has any tendency to accumulate in the canal douching with a 1 per cent. lysol solution should be done two or three times a day. The use of Seigel's speculum to suck the secretion through the incised drum is an extremely useful procedure, but should only be done by the physician and its use once a day is sufficient. Bier's ear pump for the purpose of producing passive hyperemia is, I believe, rather dangerous because it relieves the symptoms and does not prevent extension of the disease. It is probable that more cases will get well under Bier's treatment than would without it if we exclude operative interference, but because it relieves the pain it tends to deceive us as to the real amount of bony destruction that has taken place. The application of leeches back of the ear or in front of the tragus may be of a certain amount of benefit, but as with painting with iodine and other irritants, the skin is left in an undesirable condition through which to operate should operation be necessary.

One of the most difficult questions which we have to decide in many cases is, when is it necessary to open the mastoid process? The practice of medicine is not an abstract science and sometimes there is apparently an instinct which the experi-

enced physician feels, and which guides him through important crises, and this same sense may also help when one is dealing with mastoid inflammation. There are certain cases which, from the beginning, the surgeon feels that sooner or later operative interference will be necessary. However, this so-called instinct is, according to my way of looking at it, simply a subconscious application of knowledge, and certainly in mastoiditis there are dangerous symptoms which can be definitely found. The severity of the infection is a most important factor in our prognosis. If mastoid inflammation arises during one of the exanthemata, especially scarlet fever, operative interference is necessary at an early stage, because we realize that bone destruction is going to be extremely rapid in these cases. As a rule, when the mastoid involvement occurs during an ordinary coryza, we can probably wait with more equanimity of spirit until further events discover our duty.

For the sake of simplicity I will consider the individual symptoms and the order of their importance.

First is pain—The persistence of pain after free opening of the drum membrane, say for three to five days, and if it is extremely severe, for a lesser time, should almost of itself lead us to operative interference, especially so if associated with this pain there is marked tenderness over the mastoid process. Tenderness to deep pressure over the mastoid process, which persists without diminution in its intensity or area, is likewise a strong indication for operation.

Second is discharge—Generally after a paracentesis, and always after a spontaneous rupture of the drum, there is a discharge of a greater or lesser amount from the ear either serous or purulent in character. When this discharge becomes purulent and very copious, without a tendency to lessen in amount during the course of a week or so, it is probable that a mastoid inflammation is present which cannot be cured except by operative treatment. If on examining the ear we see the purulent secretion escaping from the opening in the drum, appearing as rapidly as it is wiped away, we can conclude that the discharge is coming from the mastoid cells. In some of these cases it will be necessary to operate without waiting for further symptoms. The absence of pain in these cases is explained by the free drainage through the tympanum, hence, lack of retention. There

is generally, however, associated with copious discharge some tenderness over the mastoid process.

Third is edematous infiltration—Edema of the soft tissues covering the mastoid process itself is generally a fairly urgent symptom, and if persistent indicates almost immediate operative interference. It is, however, rarely seen without other symptoms of mastoiditis, such as pain and tenderness. A small amount of edema may be recognized early by examining the position of the auricle. If the post auricular fold is obliterated and the auricle projects distinctly forward as compared with the one on the normal side, we have good reason to believe that an external periostitis is present, provided a furunculosis of the external canal has been excluded. The marked swelling which is seen in cases of rupture of the mastoid process through the cortex is, of course, easily recognizable, but we must be sure that the swelling is not due to suppurative adenitis of the lymph nodes lying either on the mastoid process, or on the upper part of the sterno-mastoid muscle. As these glands are frequently infected from an eczema of the canal, or a simple otorrhœa, the condition may at times be very confusing, especially will it be hard to differentiate between the adenitis and a Bezold's abscess which, as you know, is a suppurative cellulitis of the neck following perforation of a mastoiditis through the digastric fossa.

Fourth is fever—If there is with a given case of mastoiditis a continuous fever in which the evening temperature reaches about 102, and if in this case we can exclude other sources of temperature elevation, it is probable that operative interference will be necessary. Again operation will be indicated if associated with even a slight rise in temperature, we have other evidence of mastoiditis such as copious discharge or tenderness over the mastoid.

Inspection of the canal affords reliable data in many cases as to the condition of the mastoid. A bulging of the posterior and upper wall of the canal close to the tympanum is a typical appearance in mastoiditis, and is generally due to periosteal inflammation.

Among the indications for operation I have purposely not considered those symptoms which would lead us to suspect the more serious brain and sinus complications, and have endeavored to concentrate attention on the much more common condition, that of acute otitis media and the so fre-

quently associated simple mastoid involvement. It must be remembered, however, that all cases of otorrhoea are not simple acute inflammations of the middle ear. If acute symptoms arise during the course of a chronic discharge from the ear, the case is much more serious than one in which the whole process is acute. Fatal cerebral complications are much more frequent when there has been a long existing middle ear disease, as the chronic process opens the ways for the acute invasion.

I will close these rather desultory remarks urging the necessity of the early recognition of acute otitis media; not too active interference, when the disease is running a short and normal course, and the diagnosis of the more serious complications as soon as the symptoms are manifest. I do urge utmost cleanliness and asepsis in dealing with every case of otorrhoea, and the establishment and perpetuation of good drainage when the discharge is present.

THE RATIONAL TREATMENT OF SO-CALLED INOPERABLE UTERINE CANCER.

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The treatment of uterine cancer when it has reached the so-called inoperable stage, seems in the vast majority of cases, to be limited to the vaginal douche and the internal administration of opiates. These two expedients appear to most practitioners as affording all the relief they are able to bestow on its unfortunate possessor. When it is remembered that reliable statistics of registration areas show that one woman in eleven dies of cancer, and that after the age of thirty-five the mortality reaches one in nine, the magnitude of its destructive influence, and the distress and suffering it occasions stands forth in all its hideous proportions, not taking into account the deaths from this cause which are not correctly reported. It is safe to affirm that no other disease makes its unfortunate possessor so unbearable to herself and her friends, and inflicts such terrible suffering on its unfortunate victim. It seems incomprehensible, when the sympathy and resources of the public are laid under contribution to

most other diseases, that these cases go on to irremediable death without systematic humane effort to administer to their necessity, either in hospitals or homes, save when the possession of ample resources makes such care possible. What can be done for these unfortunates? First, the humane sentiment of every community, if wisely guided, should provide hospitals and care for these neglected cases, as certainly will be done when enlightened public opinion is directed in proper channels. What then, in the light of present knowledge, may be done, medically or surgically, for these cases?

First, the use of the thermo-cautery; second, the use of radium; third, the application of the Roentgen ray; and fourth, the daily local aseptic dressing.

The writer believes that the suffering of cancer is due principally to the pressure of the malignant growth on incarcerated nerve structures, and to the want of cleanliness of ulcerating surfaces; and that relief comes from the removal of all diseased tissue as far as possible, and persistent cleaning of ulcerating surfaces.

The objection to strong escharotics in the treatment of cervical or corporeal cancer, is first the impossibility of limiting its corrosive action, and second, the atrocious and persistent suffering occasioned. It is in this connection that the use of a thermo-cautery is of the highest value.

First—If done as it should be under anesthesia, there is commonly little or no pain following its use.

Second—Through heat on the parts invaded by the disease, short of actual disinfection there is evident inhibition if not destruction of pathogenic germs.

Third—The absorbent vessels are effectively closed.

Fourth—The systemic infection is usually diminished—sometimes disappearing for a longer or shorter period of time.

Fifth—In occasional cases (more often of cervical cancer) unexpected recovery has followed its use.

The statistics of the late Dr. John Byrne, of Brooklyn, show that in 367 cases of uterine cancer (not selected cases) operated on by the thermo-cautery, at the end of five years over 19 per cent. of cases were yet alive; unequalled, it is believed, by the statistics of any other operator by any other method, even of selected cases. The writer's results are equally satisfactory. An added value of this form of treatment lies largely in the fact it can be reapplied from

time to time as is deemed expedient. Cases of this class followed by daily dressing with oxid-zinc gauze, and gentle irrigation with permanganate of potassium, or the creasol compounds may be carried to the end with greatly diminished, and in some instances, with but little pain. Besides the exhausting influence of repeated hemorrhage is much diminished, and the general comfort of the patient promoted.

In hospitals the electro-cautery can usually be installed and used with proper platinum knives with great satisfaction; though the Pacquelin-cautery with similar platinum accessories can be used with effectiveness, and outside of hospital practice one is usually restricted to the Pacquelin-cautery. Tact and skill in the use of a proper speculum so as not to impinge on diseased surfaces (often the Sims with the patient in the Sims position) and the parts protected from burning by asbestos paper will make possible the safe removal of diseased structures without troublesome hemorrhage, and include the destruction of tissues not removable with a knife or by the use of caustic.

Boldt has devised a tubular speculum for the use of the thermo-cautery, so constructed that a stream of cold water traverses the hollow spaces in the speculum preventing risk of burning of the vaginal wall.

In a general way it may be stated, that nearly every case of cervical or uterine cancer, save in the final stage, may be treated by the thermo-cautery, with advantage and resulting comfort. The more diseased structure removed the greater the benefit. The first results are diminution of pain, lessened discharge, and a healthier appearance of granulating surfaces. As a rule, if there is no burning of the muco-cutaneous surfaces, there is little or no pain as a result of the operation. The critical question is the extent to which the diseased tissue can be removed without injury to the bladder, ureters, and the intestinal tract. It has not been my misfortune to injure any of these structures by the use of the cautery, though the possibility of it should be kept in mind, and explained to the friends in advance of the operation, for such an accident might be no evidence of lack of skill on the part of the operator. The accident, to my knowledge, has happened to one of the most distinguished operators of our country. Dr. Byrne states he had no *primary mortality from the operation.*

I believe, with due care, the risk is so little as to be practically negligible. Some

prerequisites are necessary, perfect anesthesia, capable assistants, proper apparatus, adequate protection of the vagina from burning, great patience in the progressive steps in the application of the knife at a dull red heat, so as not to burn the tissues so rapidly as to provoke hemorrhage, and to cook it sufficiently to destroy as far as possible malignant structures, and the exercise of judgment and skill in the area of structures to be removed. With care and experience it is frequently possible to remove all of the cervix, and most of the body of the uterus (when involved) save a little more than a shell of the peritoneum.

The nature of the attack will be determined by the extent of the disease. If the cervix is intact (or nearly so) it may be seized by a strong double velsella for purposes of downward traction, or if insufficient for this purpose a strong double tenaculum, opening outward, can be introduced within the cervical canal for a similar purpose. In applying the cautery knife, the incision encircling the cervix should, if possible, be above the growth, and if need be reaching to the utero-vaginal junction. The traction should be even and constant while the cautery knife slowly eats its way through the tissue near the circumference of the uterine body, but inside the peritoneal covering. To make the cautery knife effective, it should be kept in slow motion up and down or laterally, otherwise it is likely to provoke hemorrhage and delay progress, at the same time keeping it free for the eschar. If hemorrhage happens, which is always a troublesome possibility, a small gauze sponge saturated with diluted acetic acid, or of a solution of adrenalin carefully applied with pressure, usually controls the bleeding until the slow reapplication of the cautery closes the blood vessels. If after all that has been accomplished by this step has been done, and it is found that infected portions of intro-uterine structure remain, a round, dome-shaped instrument can be cautiously introduced into the uterine canal and further cauterizing be facilitated. So also can infected areas of disease on the vaginal wall be removed by the curved platinum knife. When the disease is far advanced and much vaginal involvement is present, the cancerous structure should as far as possible be removed by the same method, but by slow, progressive steps, or the application of a strong curet may be applied, following with the cautery knife. Even in these later stages enough of the involved structure can

be removed to quiet or obtund pain, check or control hemorrhage, and lessen in greater or less measure the discharge from diseased surfaces, thereby diminishing the suffering and the rapid tendency to exhaustion. Daily irrigation and dressing of the parts must be carefully persisted in.

As yet the exact status of the value of radium is not known. While my personal experience is insufficient to enable me to speak *ex cathedra*, of its safety and value, in certain cases I am thoroughly convinced its power to diminish the proliferating cell growth is undoubted, and that malignant structures under its use, with radium of a relatively high radio-activity gives hope that much that has been claimed for it will prove true. Unfortunately, its high cost almost precludes its use.

Regarding the efficacy of the X-ray treatment in carcinomatous disease there seems to be a wide diversity of opinion. In my personal use of this agent in uterine cancer, I am not wholly decided, though in cases for a time benefit seems to follow its use. While it is true that proper application of the agents mentioned should not be carried beyond conservative limits, the fact remains that their wise use guided by discrimination and judgment are, at present, the best agents we have to combat this disease, and who will dare to affirm that the end to be gained does not justify the means, or that for humanity's sake this method of treatment should not become general?

Following or coincident with the use of these several remedies the mixed serum of erysipelas and prodigiousus may be employed. Coley says it acts to inhibit the recurrence of carcinoma.

While study and investigation give hope that serum therapy will bring a radical cure, there is, *ad interim*, every reason why the diffusion of knowledge among women should be inculcated by every legitimate method, until physicians and women are alike awake to the strategic importance of early investigation and accurate diagnosis of conditions which demand careful scrutiny and perhaps the assistance of some one especially fitted by observation, study and experience in the treatment of these cases, in the hope that early radical measures may anticipate the inevitable approach of the period when all but palliative treatment is impossible. So long as procrastination supplants the imperative need of prompt and exact diagnosis, so long will the roll of mortality tell its tale of hopeless woe. Added to this the time is ripe, when

in every community, some plan of concerted action should be adopted in which the medical profession, public spirited citizens, and intelligent women should in some appropriate and effective way, commence a system of education among women whereby they should be informed of those symptoms which make absolutely imperative such examination as would reveal or exclude the early symptoms of malignancy. If the lethargy of indifference on the part of some of the medical profession, and the false security of women which such symptoms as have been enumerated, could make way for concerted action, on the part of both, to know the truth and that early, a new hope would spring in hearts which are now utterly sad. This is the crux of the whole subject. Every investigation, intelligently and thoroughly pursued, to the end that radical treatment might be undertaken in suitable cases or when such a period has passed the use of palliative treatment as will afford the greatest possible relief from suffering. If space permitted I would give more in detail the results of my own experience in treating these cases, but will refer to three cases, which I copy from a paper I read on this subject, before the Section of Obstetrics and Gynecology of the American Medical Association, at Atlantic City, June, 1909, and published on December 4, 1909, in the *Journal* of the American Medical Association. In the discussion following the paper participated in by Kelly, Boldt, Frederick, Stone, Polak, Wetherill and others, the fact became apparent that the use of the thermo-cautery as recommended and so successfully practiced by Dr. Byrne is becoming recognized as the most effective method of treating uterine cancer when the period for radical measures has passed. Further, there was evidence of a sentiment favoring the diffusion of specific knowledge among women of the early symptoms attending the presence of uterine cancer. The first two cases herewith reported were of the same type of carcinoma and instructive in showing the modifying influence of palliative treatment by the thermo-cautery. In none of the cases was any hope held out to the patient of ultimate cure.

Case I.—The patient, a married woman, aged 43, entered the Skene Sanatorium, in March, 1901, with a cauliflower excrescence of the cervix as large as a man's fist. She had had numerous conceptions all of which terminated in miscarriages; but as these were intentionally procured there was a well grounded suspicion that her disease was related to the incident traumatism. This growth was reflected on the vaginal wall autero-posteriorly and laterally,

which forbade a primary effort at hysterectomy. On March 14th I removed the growth by the galvano-cautery and amputated the cervix at the vaginal junction. The surfaces healed kindly, save a small area at the uterine stump about the size of a silver half-dollar. On May 21st, following, the patient re-entered the sanatorium and I performed an abdominal hysterectomy. Prior to this operation she was weak, anemic and in poor physical condition. Her convalescence was satisfactory. She was kept under monthly observation by her physician, and in May, 1902, a year later, there appeared at the seat of the vaginal cicatrix a nodular mass rather larger than a twenty-five cent piece. At this time she entered the Memorial Hospital and I removed a button of tissue opening from the vagina into the peritoneal cavity, the size of a silver half-dollar. I examined her during the past year and she is in perfect health, with no sign of the return of the growth.

Case II.—The patient, a married woman, aged 46, German, multipara, dated her trouble to a miscarriage, seventeen years previously. She had a large, bleeding, ulcerating cauliflower excrescence of the cervix, extending to the vaginal walls, which nearly filled the vagina. The discharge was offensive and the patient's health was seriously impaired from the frequent hemorrhages, associated with marked cachexia. She entered the Memorial Hospital September 23, 1902, and on the 25th I removed the entire growth by the thermo-cautery. In two months' time it had healed under daily dressings, save for a cup-shaped cavity three-quarters of an inch in diameter and one-half inch deep. The patient's general health was greatly improved. Owing to non-healing, she had two more thermo-cautery operations in November, 1902, and June, 1903. In November, 1903, the disease having made some progress without materially affecting the patient's general health, Roentgen ray apparatus was installed in the home and on every second or third day for nearly three months treatment was given. This was followed by the use of radium and the ulcerative process was greatly retarded, and the patient's general health fairly maintained with but slight pain, up to the time of her death, May 7, 1904. For several weeks previous to her death the normal anatomic relations between the vagina, bladder and rectum were altogether lost and the amount of gauze daily used to fill this cavity amounted to many yards. During the twenty-one months of attendance the patient was visited by myself or my assistant about 750 times. It is at once apparent that such attention is most exacting in its demands on the attendant, but it demonstrated the fact that almost entire freedom from pain was the result, and that it was worth all it cost.

Case III.—During March, 1896, a married woman, multipara, aged 42, came under my observation with typical cancer of the cervix, accompanied by extensive involvement. Hemorrhage was violent and the patient was cachectic. She was greatly ex-sanguinated and very weak. She entered St. John's Hospital in March, and I did a high galvano-cautery amputation as soon as her health permitted. She made a slow but satisfactory recovery, as far as the healing and local symptoms were concerned, and after two or three months she was able to resume her family duties. In November

of the same year she entered the Bushwick Hospital for extirpation of a large gland of Bartholin. At this time there was no sign of return of the cancerous growth. On June 16, 1897, she re-entered the Bushwick Hospital, being seven months pregnant. The disease had returned, springing up around the old stump. After watching its behavior, I feared from the hardening and infiltration of the uterine and contiguous structures, labor might induce rupture of the uterus, and on July 18th, at the eighth month of pregnancy, I removed the diseased growth, which encircled the uterine outlet, by the thermo-cautery. No shock followed and the patient was delivered of a healthy living child on August 6th. Her convalescence from the confinement was satisfactory as was the healing after the cautery. She enjoyed good health for nearly a year. Then the growth re-appeared and she entered the Central Hospital, June 21, 1898, and I removed as far as possible the cancerous mass which had returned. She returned home August 25th. The healing was not satisfactory and she died a few weeks later from cerebral embolism, which only anticipated the inevitable results of her condition.

It is my hope in the not far distant future to lay before the medical profession a more comprehensive discussion on the subject of so-called inoperative uterine cancer, in the hope it will facilitate such a dissemination of knowledge as will lead to an earlier and more effective management of these most unfortunate cases.

Apropos to this I append a brief abstract of my paper read before the Medical Society of the State of New York, January 26, 1910, entitled "The Duty the Medical Profession Owes the Woman with Cancer."

Whereas the appalling fact that statistics of registration areas show that one out of eleven of all women die of cancer, and that after reaching the age of thirty-five years, the mortality increases to one in nine; and that as most of these are cases of uterine cancer, the question arises, whether the medical profession does not owe an unfulfilled obligation to this most unfortunate class of sufferers.

While large benefactions and well organized efforts are ministering to the comfort of those suffering from tuberculosis, there is in this State no systematic humane plan to reach those more terrible cases, condemned to helpless suffering and torturing death.

There is substantial basis for the belief, that earlier recognition of the presence of malignancy, in the cases, would add something to the measure of relief to be obtained by radical or palliative treatment. Among these unfortunate women, are large numbers, whose resources make it impossible for them to secure proper medical advice or

capable nursing. It is also painfully apparent that home and hospital facilities for these incurables are entirely inadequate to meet the needs of society. It is further a well demonstrated fact that appropriate palliative treatment, carefully and systematically persisted in, will relieve in larger or smaller measure the suffering of those doomed to certain death.

In view of these facts it is resolved, first, that the Medical Society of the State of New York, by its president, shall appoint a committee of five whose duty shall be to urge on all practitioners of medicine, in this State, greater care in making early diagnosis in cases of suspected uterine cancer. Second, resolved, that this committee be directed to devise some method, by which along ethical lines, women may be properly informed as to the reason why they should seek early professional advice in menstrual and hemorrhage disorders, and that they are further instructed to consider some more comprehensive plan, whereby a general diffusion of appropriate and vital knowledge may be promulgated on this very important subject. Third, resolved, that this committee be directed to report its recommendations at the next meeting of the society. Fourth, resolved, that the treasurer of this society be directed to honor payment of bills incurred for printing and needful correspondence (if not otherwise provided for), and that this committee be empowered to fill vacancies in its membership and appoint sub-committees if deemed expedient.

1050 Park Place.

AUTO-INTOXICATION RESULTING FROM RESTRICTED DIET.*

BY WILLIAM W. BEVERIDGE, M. D.,
ASBURY PARK, N. J.

A short time ago I read a paper at a meeting of the Practitioners' Society, on a subject pertaining to glycosuria.

My studies at that time were so interesting to me that I could not resist the temptation to write another paper along the same line of thought, dealing with the chemical reactions of the body as they are influenced by diet in health and disease. This subject was chosen, however, with some temerity on my part, knowing that any subject matter that savors of chemistry is not usually hailed with delight by medical men.

Fortunately or unfortunately in this day, chemistry plays a great part in medicine. Fortunately, however, we do not all have to understand chemistry, but some one has to know it, and we as physicians have only to learn the results so far as they have a direct application in practice.

The idea has become firmly established in the minds of physicians that a variety of marked changes are due to poisonous products arising within the individual. This is generally designated as acid auto-intoxication. This is by no means a new thing, but it is only in the last generation that this theory attained anything like the dignity of a scientific doctrine.

Teachers abroad, who are perhaps more conservative, were not inclined to be friendly to this view, until some of these poisonous products were isolated by chemical laboratories and assigned a definite place in organic chemistry.

One of the most important reactions of the body is the alkalinity of the blood. This is always slightly, but always definitely, alkaline. Throughout the whole vertebrate kingdom the organism has a tendency to maintain this alkalinity, and any reduction in the alkaline reaction of the blood is fraught with serious consequences. This fact has been established chiefly from experiments on animals.

This standard of alkalinity, however, if there is a definite degree, seems not as yet to have been established. However, the products of faulty metabolism that modify this degree of alkalinity doubtless constitute one of the chief factors in auto-intoxication.

It is interesting to note with what zeal the body guards this chemical reaction of the blood, as in the case of glycogen, which is always being manufactured for fuel to keep up bodily temperature, yet there is always a quantity stored up in the liver and other tissues, as though nature herself dare not trust the producing functions without an emergency fund on hand. In like manner the organism possesses a reserve of alkali that is stored up in the cells of the tissues. It is an integral part of protoplasm.

In general the loss of alkali is supplied to the body by the ingestion of food. As some foods are particularly rich in these products, while others are almost devoid of them, it is very essential to have these chemical reactions in mind in these days when the various kinds of diet are suggested for even trifling ills. This, it would seem to me, is one of the chief evils of a rigid diet.

*Read before the Monmouth County Medical Society at Freehold, N. J., December 14, 1909.

Alkali is reduced in the body in two ways: First, the ingestion of alkali can be greatly reduced or almost stopped, or, in the second place, it can be neutralized and carried off from the body by the taking in of larger quantities of acids. In the first place no particular derangement of the general health will be noticed if not persisted in too long, however, functional disturbances result; bi-products—of incomplete oxidation—are formed which are thrown off from the body by the kidneys and serve as a ready index to the true condition.

While the ingestion of too much acid is not likely to occur, yet when it has taken place experimentally, the same consequences are exhibited. For example, even a slight loss of alkalinity in the dog is followed by grave derangement of the nervous system, and disturbances of food assimilation. If persisted in, death results with spasms.

Of the substances that form within the body that interfere with the normal reaction of the blood, those of chief interest are the so-called "acetone bodies."

The discovery of acetone in the urine of patients suffering with diabetes, and especially diabetic coma, ushered in a new line of thought that led to a large amount of experimental work. A careful study of this substance, however, showed that it was not the cause of this severe intoxication, but other substances closely allied to it, and resulting in advanced stages of incomplete oxidation. Of these substances acetone is only an elementary product. Clinically this is fortunate for acetone is easily detected, and when found, its presence in considerable quantity should always be interpreted as a danger signal that we can in no wise afford to disregard.

The substances that compose the "acetone bodies" and as already mentioned as representing three stages of sub-oxidation are, acetone, diacetic acid, and oxybutyric acid. If oxidation or respiration in the tissues is incomplete or perverted in any way, the carbon products for combustion to keep up body temperature are not completely oxidized, acting in much the same manner as cinders in a stove, when oxygen or air is admitted to the stove sparingly.

This bi-product of perverted oxidation is acetone largely. Should the faulty oxidation be kept up for some time the second bi-product or diacetic acid will result. Whether this second product is the result of a bad combustion of the first product, as it would seem, or simply formed independ-

ently, I do not know, but it is certain that when the second body (diacetic acid) is further oxidized, carbon dioxide is given off, and acetone or the first product is left. This is simply a more complete result of respiration. If one more retrograde step is taken in the same manner as described above the third acetone body, or oxybutyric acid is formed.

Just as it is impossible that, however good a furnace may be, or however good the quality of coal employed, combustion cannot be absolutely complete so that no cinders will form. So in the economy, oxidation process cannot be so perfectly carried on that some acetone will not be found, consequently the mere presence of traces of the first bi-product of oxidation has no significance with reference to health or disease.

As this is purely a question of combustion or oxidation, and as the carbo-hydrates are the chief elements of fuel, it is easy to understand why in diabetic subjects, who are on a diet of which this particular element of food is excluded, or by virtue of the diseased condition, these materials never reach the tissues for oxidation, but are carried off as sugar in the urine.

It is easy, therefore, to understand how acetone became so intimately associated with diabetic patients. This, however, is not the only condition in which these incompletely oxidized substances occur.

The acetone bodies are found in many diseases, for instance, scurvy, certain infectious diseases, carcinoma, typhoid fever, dysentery, and in fact in almost all wasting diseases.

Another interesting feature of this group of bodies is the fact that they are not in themselves poisonous. Their action in the body is due simply to their general characteristics as acid, and chiefly to their power to withdraw alkali. It is not due to any specific toxic properties they contain.

As this process has to do chiefly with oxidation, the important function of respiration is clearly involved. Physiologists tell us that the lungs are the organs of respiration. That in them the blood receives its oxygen and throws off carbon dioxide. This is true, but undoubtedly the taking in of oxygen with the lungs acting as a general depot, has about as much to do with the complex phenomena associated with respiration as swallowing a bolus of food with the mouth and throat, has to do with digestion and nutrition. The real respiration takes place in the tissues themselves where

the oxidation of carbon actually takes place.

In this respect the cold-blooded animals have a decided advantage over the warm-blooded race. A snake, for instance, can lie at the bottom of a pool all day. It is true, it cannot live without oxygen, but it requires so little that, if it does not suit its convenience to obtain it to-day, perhaps tomorrow will do. It is likewise true with reference to food. A meal once a week or once a month is quite sufficient to supply the needs of tissue waste. Simply because he does not demand a constant supply of oxygen and fuel to keep the eternal fires burning in order to maintain a constant degree of heat. Among these animals probably bi-products from sub-oxidation are never found.

The practical part of this subject for us as physicians, it seems to me, is to always keep in mind the importance of a constant alkaline reaction of the blood. That the most common substances that interfere with this alkaline reaction are acid bodies formed in the economy as a result of perverted oxidation in the individual tissue cell.

The supply of oxygen is nearly a constant factor in atmospheric air. This is a substance over which we can exercise no control. We do, however, have a definite control of the products that are being constantly oxidized. That is, the food materials that we allow our patients. Remembering that the chief elements of food that furnishes material for oxidation are the carbo-hydrates, it is easy to see how this subject may become a very important one in a good many cases at least. It frequently happens that in the feeding of a patient, the carbo-hydrates are entirely cut off for a considerable length of time. Thus the main source of fuel for oxidation is withdrawn, as for instance in a typhoid patient. They are often fed entirely on a milk diet; patients suffering with the various types of nephritis, fed on general liquid diets, unless some forethought is given, are likely to be very poor in carbo-hydrates.

I have seen patients of this kind crave candy and other sweets, quite contrary to their ordinary habits of eating.

The examination to determine the presence of acetone in the urine is as simple as that of Fehling's test for sugar, and all patients that are kept on a rigid diet, especially when the sugars and starches are greatly reduced, should have the urine examined occasionally for this substance. When this occurs in any considerable quan-

tity, more carbo-hydrates should be added to the food.

Clinical Reports.

A CASE OF PELLAGRA IN NEW JERSEY.*

BY E. D. NEWMAN, M. D.,
NEWARK, N. J.

Dermatologist to the St. James and German Hospitals, Newark, N. J.

I desire to add one more to the reported cases of pellagra. When this case was first under my observation, I was unable to make a diagnosis, but when I learned from the mother, of the death of the boy, and of his symptoms subsequent to the time he passed from my observation, I came to the conclusion that his was an undoubted case of pellagra.

I forwarded the history of the patient, with photographs, to Dr. C. H. Lavinder, of the Public Health and Marine Hospital Service, to whom we are indebted for much information regarding pellagra, and by his permission I quote his letter in full:

"Dear Doctor Newman: Your very interesting case-history and photographs received this morning.

"Of course, a diagnosis made in this way leaves much to be desired from the point of accuracy, but after carefully going over the matter it seems to me that your suspicion of pellagra in this case is very probably correct.

"The skin lesions seem in some respects to have followed an unusual course, but the rest of the clinical picture agrees with pellagra in all of its essential features. On the whole, from the evidence submitted, I am very much inclined to think the boy was a pellagrin.

"I should be pleased to hear of anything of further interest.

"The disease has not as yet, I think, been reported from New Jersey.

"Very truly yours, C. H. Lavinder."

History—The boy, who was ten years of age, was brought to my office on August 11, 1908. On his way thereto, he was compelled to rest a number of times, complaining of weakness; when photographing him it was necessary to have some one hold his head and hands, the weakness and shakiness being pronounced.

*Reported at the Physicians' Club, Newark, November 12, 1909, and published in The Journal of Cutaneous Diseases, March, 1910.

The patient was born in New Mexico, and lived there for seven years. There was no history of eating in excess of Indian

lesions had entirely disappeared by April 11, 1908.

On April 25, 1908, the eruption began practically in the same manner, followed the same distribution and order, and lasted until June 15, 1908.

The third attack appeared on July 15, 1908, following the mode of previous ones.

Examination — The patient was a boy of ordinary size and appearance for his age. Over the entire face and forehead, with labial borders free, were sharply margined lesions with red borders, greasy-gray in color, with numerous striations; on the backs of the hands and the wrists were lesions of the same character with exaggerated furrows, and inky-black in color; the palms were entirely free. Small patches were situated on each elbow and on each knee; three were found along the spinal column, one in the gluteal cleft, and one on each foot back of the big toe.

He complained of weak spells, and tired easily. He

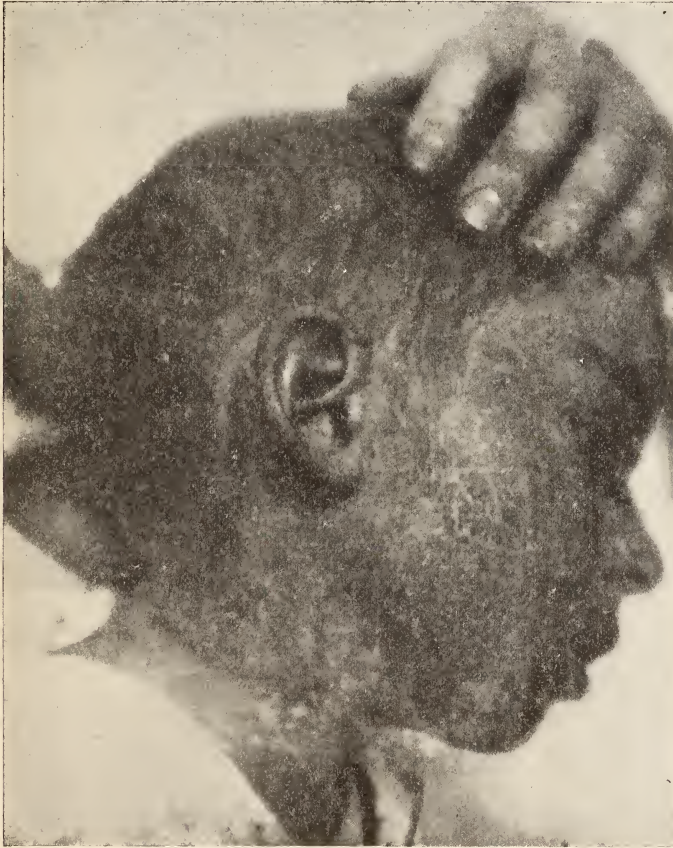


Figure 1.

corn or maize, although his mother informed me that the natives are large users of Indian corn.

The boy's father died of pneumonia, one sister of diphtheria. His mother and brother are at present in good health.

In February, 1908, the boy fell from a rocking-chair, striking the back of his head against a stove.

In March, 1908, black rings were first noticed around the eyes, then a patch across the nose, gradually extending over the rest of the face. His hands were first reddened, then peeled, then became thickened and fissured. The



Figure 2.

had a slouching gait, cried easily and was very nervous. Diarrhœa was a more or less constant symptom with as many as fourteen stools in twenty-four hours.

Examination of Urine—Sp. gr. 1022; reaction, acid; there was no albumin nor sugar. Indican was present in excess.

He was seen only once by Dr. Beling, Neurologist to the City and St. Michael's Hospitals, whose examination revealed nothing except exaggerated knee reflexes and a disposition to "tantrums." The boy was sent to the hospital for observation, where he remained twenty-six days, his temperature running from normal to 100 degrees Fahrenheit, pulse 80 to 120. He had two attacks of vomiting. Constipation and diarrhœa alternated with involuntary fecal discharges on two occasions. He fainted once. The black color of the lesions seemed to have lightened.

From the mother I learned that the boy had died on August 9, 1909, and that one month after leaving the hospital his skin lesions had cleared up. At this time, however, he began to lose the power of his legs, so that he was unable to walk; and he had muscular spasms of the upper extremities, which were worse in the morning. Twitching in the legs and itching in the soles of the feet were also complained of. There were no headaches or insomnia. Diarrhœa was present when the skin showed changes. Toward the last there was loss of power in the hands, and the fingers were flexed on the palms. He lost much in weight.

The last attack began in May or June, 1909, following exposure to the sun's rays.

Proencephalic Fetus.

Reported by C. George Bull, M. D., Alameda, Cal., in the A. M. A. Journal.

Recently I delivered a woman, seven months pregnant, of a five months' male fetus in which the brain protruded from the mouth. The brain was normal and connected with the spinal cord through a small slit between the palate bones. The cranium was empty, except for the dura mater and tentorium cerebelli. There was a large amount of liquor amnii. The falx cerebri was attached strongly to the gums of the upper jaw. The fetus was somewhat macerated, the cranial bones being loose. In all other respects the fetus was normal.

The mother stated that she felt the child's movements first about four and one-half months and for two weeks after; then they suddenly ceased.

The woman had had two children, one of whom died at birth after instrumental delivery; it was normally formed. The other child is alive and well.

There is no specific history; both parents are

well and healthy; the father is 35 and the mother 29.

Two Rare Cases of Retention of Urine.

Dr. L. Casper reports in the *Beliner Klin. Woch.*, two peculiar cases. The first, a man of 68, free from nervous or other diseases, and with a normal prostate, had had complete retention of urine for eight years, necessitating a catheter life. This is probably a case of "age bladder," due to fibrous degeneration of the muscles of the bladder wall. The second case was of a man of 34 years of age, who had had complete retention for six years. This patient also showed signs of atrophic condition in the skin. Casper believes that in this man also there is atrophy of the bladder muscle. In both cases Casper inserted permanent catheters.

Report of a Case of Pneumonia.

Presented by J. B. Hughey, M. D., Greenwood, S. C., at the Third District Medical Society, Abbeville, S. C., and reported in the *Journal of the South Carolina Medical Association*.

On December 31st, 1909, at 4 o'clock, p. m., I was called to see Mr. E. C., a young man of sixteen or seventeen years. His face was flushed, eyes red and bloated, expression anxious, respiration 40 to the minute, pulse full and very rapid, 140 as near as I could make it, temperature 104 degrees.

He was very hoarse and complained of pain over the whole chest. In a pan by the bedside were two large lumps or hard, tough mucus with the history of many before, with the appearance of being thoroughly mixed with coal dust. He had been sick all day not having been up since the night before, but did not give the history of a chill. His mother had the whole chest covered with flannel saturated with turpentine. This I ordered continued to the point of extreme redness of the skin.

I immediately gave calomel and podophyllin of each 1-3 gr., bilein 1-4 gr., to be repeated at five and six o'clock; followed one hour later by one-half ounce of oleum ricini. I also began at once the 1-134 gr. of aconitine every half hour.

About 8 o'clock a. m., January 1st, 1910, I was requested to see the patient as soon as possible. I saw him at 8.30 with practically no change in his condition; the bowels had moved freely, the stools being dark and of very offensive odor. He had been very restless during the night. I repeated the same dose of calomel, podophyllin, bilein and oil as on the previous day. I added to the aconitine, digitalin, 1-67 gr., and veratrine 1-134 gr., to be given every half hour as before. At 1 o'clock the temperature was 103 degrees, respirations 35 and pulse about 130 per minute. Rales were to be heard over right lung and expectoration was more frequent, consisting of bloody mucus. There was present some delirium and had been during the night and forenoon. He complained very much of headache. The bowels had not moved since early morning. I gave 20 grs. bromide sodium to be repeated in one hour if needed for the headache. The aconitine, digitalin and veratrine were continued.

At 4 p. m., the bowels had moved several

times, but the temperature was 103 2-5 degrees, respiration and pulse about the same. No rales were to be heard over the lower right lobe and percussion gave the dull sound. The cough and expectoration was a little more frequent, the sputa bloody. A cantharidal plaster 3 x 4 inches was put over the lower right lobe. The aconitine, digitalin and veratrine was continued every twenty minutes with instruction to lengthen the time between doses should perspiration set in. At 9 p. m., the temperature was 101 degrees, skin moist, pulse soft and breathing for the first time easy. The cough was but little painful and expectoration easy and more copious. The sputa was bloody still. The aconitine, digitalin and veratrine was continued at one to two hours as needed to keep the skin moist and pulse soft. Sulphate strychnia 1-60 gr., was given every four hours. Bromide ordered to be given if needed for restlessness and twenty or thirty drops of camph. tr. opii to quiet cough. At 9.30 a. m., January 2d, the patient was quiet and for the first time desiring nourishment. The temperature was 101 2-5 degrees, pulse and respiration satisfactory. The sputa was cream-color, there having been no blood since early morning. A few coarse rales were to be heard, but the whole chest was resonant on percussion. The previous night had been restless, cough irritating and expectoration copious, evidenced by a paper box shown me. The bromide and paregoric had been overlooked entirely by the nurse.

Thinking the amount of temperature was caused by the bowels not having moved since the afternoon before I ordered a tablespoonful of sulphate magnesia given. The strychnine was continued every four hours and the deffervescent two or three hours if needed. At 4 p. m., the bowels had moved copiously, the temperature was 100 degrees, the pulse 73, respiration 18, and the whole lung clear. Appetite was now forging to the front. Strychnine and nourishment only were continued.

At 10 a. m., January 3d, I learned that the patient had slept soundly all night except when aroused. But at this time was complaining of nausea and pain over the stomach. He had begun to feel the nausea soon after taking nourishment at breakfast time and had vomited twice a dark green fluid, very bitter to the taste. The temperature was 101 degrees. This indicated to me fermentation and renewed toxæmia. Four 1-2 gr. powders of calomel were given hourly, dropped under the tongue and all nourishment stopped. At 4.30 the patient was free of fever and propped up in bed, wanting to eat. The bowels had moved well and all nausea had left him some hours before. The strychnine was continued and caution given as to diet.

Having occasion on my rounds the next day, January 4th, to pass the house I stopped to see him. He was doing well in every way and desired to sit up. I advised him to wait until the next day. Again passing the house the next day, January 5th, I found him dressed and sitting by the fire.

Dr. Osler says: "Pneumonia is a self-limited disease, which can neither be aborted nor cut short by any means known at our command."

With due apology to Dr. Osler my experience teaches me that pneumonia is not a self-limited disease, but can be aborted (rather

prevented) and cut short by well known means at our command.

A Case of Diabetes Remaining Cured for Ten Years.

Teschmacher, Deutsche medizinische Wochenschrift, refers to the scant literature on cured and latent cases of diabetes mellitus and then reports a case of his own, a man of 57 years of age, who first came to him in the summer of 1899. The patient was an exceptionally large, powerful man, who, in recent years, had not done any work, owing to the shock of an injury in which his testes were crushed. Some years after this accident the patient became ill with weakness and emaciation and a mild grade of diabetes mellitus. He came under the author's care a few months later. Physical examination showed nothing abnormal. The urine contained 2.7 per cent. of sugar, but no albumin or acetone. After four weeks on a strict diet the urine was sugar-free. At the end of five weeks the patient was discharged, taking daily 150 grams of bread and some potato and fruit without glycosuria. The author did not see the patient again for ten years. During that time he had returned to a full mixed diet, and systematic urine examinations made every few weeks had failed to demonstrate any sign of the previous diabetic condition. At the second visit the patient was suffering from chronic nephritis. The author then refers to a series of cases seen by him in 1902, in which two children, one four years old and the other fourteen months old, suffered from what appeared to be acute diabetes, but recovered. At the same time their parents both had glycosuria, the mother's transient, the father's continued. The author states that all these cases took his "cure," but fails to mention of what that consists.

A Case of Typhoid Fever of Unusual Duration.

Dr. Ransford E. Van Gieson, of Brooklyn, at a meeting of the Medical Association of the Greater City of New York reported in the Medical Record, said he had just discharged a case of typhoid fever that had been under his care since September 13, 1909, a period of over five months. When he first saw the case, the initial temperature was 104 degrees and the patient gave a history of having been sick about ten days. After five weeks' illness the temperature dropped to normal, and remained so for ten days. Then it arose to 104 degrees and remained elevated for about a fortnight. After remaining normal for about a week, it again became elevated to 104.5 degrees, and altogether there were three relapses of this kind, making this the longest case of typhoid fever he had ever seen. In reply to a question, Dr. Van Gieson said he strongly suspected that these relapses were due to a focus of reinfection in the gall-bladder. Previous to each relapse, the patient had had violent attacks of vomiting with very slight jaundice.

Lues of the Brain and Spinal Cord.

At the same meeting of the above named society Dr. J. Hollinger reported the case of a man who became ill three months ago, with symptoms of vomiting, dizziness and staggering

gait. The patient's condition had been apparently improved about 5 per cent. by the inflation of the middle ear with air. Mercury and potassium iodid are also being administered, although there are no manifestations of lues and the patient denies infection. The general diagnosis is lues of the brain and spinal cord. He has analgesia of the legs and face. The tuning fork tests show simple nerve deafness. He hears whispered voice in both ears about five meters. The Rinne test is normal. The Weber-Schwabach for small a is positive and for capital A is negative. The upper tone limits are lower than normal. He hears sixteen vibrations quite well in both ears. Injecting a cold solution in the ear produces a normal reaction. The nystagmus is especially bad when looking toward the side not injected. The reflexes are diminished.

Foreign Body in the Maxillary Sinus.

At a meeting of the Chicago Laryngological and Otological Society Dr. Harry Kahn presented a case of foreign body in the maxillary sinus. A man, over fifty years of age, luetic for thirty years, nine years ago developed pains in the legs and other tabetic symptoms. Seven years ago vision began to fail and a diagnosis of tabes was made. Vision rapidly became worse, and the man is now totally blind. About four years ago he placed himself under the Cooper treatment and was injected many times. He became salivated, and lost most of his teeth, except the first and second upper molars on the left side. Then he had a plate made, but as his gums shrank considerably the plate would not remain in place. He then devised the expedient of sticking a toothpick beside the first molar to act as a wedge. This tooth loosened so much that extraction was resorted to. The socket did not heal, and on examination pus was found exuding. Dr. Kahn punctured the maxillary sinus, and found it to contain a considerable amount of pus. At the second puncture he discovered an anesthetic area on the gums. Finally, the sinus was curetted and a piece of toothpick about three-fourths of an inch in length, was removed. Evidently this had been the cause of the trouble, because recovery followed immediately.

Case of Fragilitas Ossium.

From a paper read by Dr. John B. Thomas at the El Paso-Big Springs District Medical Society Meeting, Texas, reported in the Texas State Journal of Medicine.

W. E. R., age 68; born in America.

Family History.—Father in good health was killed at 63; mother in previous good health died following childbirth; wife living; nine children, all healthy; no hereditary disease in family.

Previous History.—Occupation, mercantile business and farming; when about 23 years of age sustained gun-shot wound of left leg between knee and hip, injuring slightly the bone, but from which recovery was apparently complete; never had any specific disease or any severe illness. All of life has had slightly torpid liver, but was active and in vigorous health till six years prior to the beginning of the pres-

ent trouble, at which time was developed what attending physicians pronounced sciatic rheumatism; this condition involved both sides, but was more marked upon the left, the pain frequently being felt below the knee; these symptoms gradually became more aggravated till walking was difficult at the time of the first fracture.

Present Trouble.—At the age of 67 years, in December, 1908, on arising from his chair at the dinner table was seized with sudden pain in the leg between the knee and hip; he was assisted to his bed and the family physician summoned, who diagnosed fracture at about the junction of the middle and upper third of the left femur. After consultation and careful investigation it was decided that the fracture occurred probably as a result of the gun-shot injury sustained about forty-five years before; the usual treatment for such cases was instituted, including extension, etc., but without obtaining any apparent bony consolidation; two months later while lying quietly on his back in bed he was again seized with violent pain accompanying fracture of the opposite limb at about the same location; in this instance, however, it was clearly evident that the fracture was due to muscular contraction exerting its influence upon bone unduly brittle; this fracture, also, was treated in splints with extension, but without the slightest union whatever.

It was not until the second fracture had occurred that it was possible to diagnose the condition definitely as fragilitas ossium. The deformity was very well shown in an accompanying cut of photograph taken nine months after the second fracture.

Since the occurrence of the first fracture the patient has been supine in bed, yet his general health has remained fairly good. The slight exercise possible is obtained by using a cord suspended from the ceiling.

The question of amputation has been considered, but deemed inadvisable on account of the age and lessened vitality.

Pernicious Anemia; Marked Improvement Following Large Doses of Hydrochloric Acid.

Dr. Julius Rudisch reported this case at a meeting of the N. Y. Academy of Medicine, January 18, 1910. The past history of the case presented a few points of special significance. The patient was a woman, 46 years old, a Roumanian. Since her menopause three years ago she had gradually lost weight; there was also a marked anorexia. Five days before her admission to the hospital, October 30, 1909, she fell upon the pavement and sustained a fracture of the left leg. Besides the fracture it was noticed during the physical examination that she was markedly anemic, emaciated, with a waxy pallor of the skin. A short systolic murmur was present over all the cardiac orifices, which was regarded as functional. An examination of the other thoracic organs, as well as the abdominal, gave negative results. The blood examination at the time of her admission showed 1,880,000 red blood cells, 11,400 leucocytes, hemaglobin 30 per cent. The differential count showed 44 per cent. polymorphonuclears, 41 per cent. small lymphocytes, 6 per cent. large lymphocytes and 9 per cent. large mononuclears. There were also noted a marked poikilo- and anisocytosis, many macrocytes, and a few normo- and

megaloblasts. The picture was, therefore, one of typical pernicious anemia. A test meal revealed a total acidity of six, with no free hydrochloric acid. The subsequent test meals, the last only the day before this report, gave practically the same results. The urine had from time to time contained a faint trace of albumin and a few hyaline casts. An examination of the feces showed no parasites or ova. Ten days after admission the hemoglobin fell to 20 per cent. following a severe epistaxis with bleeding from the gums. The blood findings remained otherwise unchanged. One week later a marked granular denegeration of the red cells was noted, and from this time on the hemoglobin gradually rose during a period of three weeks to 45 per cent., although the macrocytes and nucleated red cells did not disappear. A subsequent examination of the blood, however, showed a gradual disappearance of these abnormal cell varieties, with a progressive increase in the number of erythrocytes, and in the amount of hemoglobin. Dr. Rudisch said he would omit all the examinations made of the blood count except the one made two days ago. At this time the red cells numbered about 3,250,000 and the leucocytes 5,000. The percentage of hemoglobin had risen to 61. The differential count had not been notably altered. Poikilocytosis was still present, but in other respects the blood cells were normal. The increase in the weight had been about nine pounds. The great majority of the cases of pernicious anemia suffered from an absence of hydrochloric acid and pepsin in the gastric secretion, but it was further harmful in that the essential element for pancreatic secretion, the secretin, was produced only under the stimulus of the acid chyme passing over the duodenal mucosa. To cause an artificial digestion, pancreatic as well as gastric, Dr. Rudisch therefore administered hydrochloric acid and pepsin in much larger doses than were usually considered permissible. The patient had received 30 grains of pepsin and 105 minims of dilute hydrochloric acid three times a day, the latter being given in 15 minim doses every ten minutes in albumin water to disguise the taste. The fact that the acid was given combined instead of free did not affect its action. The further treatment consisted in daily irrigations of the colon and a liberal mixed diet. It would be seen that, from the blood examination, the treatment had been followed by most satisfactory results.

Iodoform Gauze in Bladder.

Reported in the Amer. Journal of Urology. A man, 67 years old, had for eight years more or less difficulty in emptying his bladder. In December, 1908, he submitted to prostatectomy. The operation was performed successfully, but while the patient did not die, his real pains and suffering began from that time. The urine became fetid, escaping through a suprapubic fistula, the bladder became absolutely intolerant and had to be emptied every hour day and night, and the pain at the end of micturition was "terrible." This history spoke for a stone in the bladder. The cystoscope showed a foreign body in the bladder that looked like the head of a brain coral. The beak of the cystoscope, when entering, gave the characteristic stone-sound, but when touching the surface of the coral-head-like formation, gave no sound and no feel-

ing of resistance. Suprapubic cystotomy was performed. It was at once clear that the foreign body, soft at its upper surface, and stone-hard at its lower one, was a piece of gauze left over from the former operation. This was extracted. The patient made an uneventful recovery. The tampon had been in the bladder for ten months.

Case of Cancer of the Liver With Misleading X-Ray Plate.

Dr. Waitzfelder reported this case at a meeting of the Medical Association of the Greater City of New York, and showed an X-ray picture which had led to the mistaken diagnosis of cancer of the stomach. The patient was a woman of 60, who, when she came under observation two weeks ago was markedly cachectic and gave a history of long-standing gastric trouble, including occasional attacks of vomiting and pain after eating. Upon examination, there was a well marked mass in the epigastrium, just to the right of the median line. This Dr. Waitzfelder was inclined to attribute to a tense condition of the fibres of the rectus muscle, although several other physicians who examined her looked upon it as a malignant growth connected with the stomach. The patient was given a test meal, and the stomach contents were subjected to the usual laboratory tests, with negative results. An X-ray picture was taken by Dr. William H. Stewart, which showed a distinct narrowing of the diameter of the stomach, particularly in the region of the lesser curvature. This strengthened the belief that the case was one of cancer of the stomach, and an exploratory operation was done, which revealed a cancer infiltrating the left lobe of the liver, with involvement of the mesenteric and retroperitoneal glands. The stomach, with the exception of a small nodule in the wall of the lesser curvature, was practically normal. The case was interesting, the speaker said, in that the interpretation of the X-ray findings were absolutely negated by the results of the operation.—Medical Record.

Case of Osteo-Sarcoma.

Reported by Dr. C. W. Watts, Fayette, Mo., in the Journal of the Missouri State Medical Association, December, 1909.

Mr. J. T. G., a merchant of Fayette, Mo., aged 66 years, a man of fine constitution and without any history of specific trouble of any kind, first noticed a small tumor on his right leg in middle third of femur, size of a bird's egg, not painful or tender and with no discoloration or swelling. In 1907 he called the attention of Dr. N. E. Smith to it, but it gave him no inconvenience until it began to grow to the size of a hen's egg and caused him pain and discoloration and interference of muscular movements of leg.

In August, 1908, it commenced to give him pain and to swell rapidly and had a lilac color.

On September 26th he consulted us and we found a very large tumor, size of a goose egg, occupying a place midway of the right femur, lilac in color, painful and movable, and did not seem to involve the periosteum; it contained spindle shaped cells and looked very much like an osteo-sarcoma. We proposed an immediate operation.

On September 27, 1908, at the office of Dr. N. E. Smith, who assisted, we gave chloroform after a local anaesthesia had failed. We did not think it could be carcinoma as there was no hereditary history, cachexia, or glandular involvement in groin or axilla, and his general health was excellent.

We removed the entire tumor and the hemorrhage was severe. After removal the wound looked healthy and was kept open, dressed every day for two weeks. In the fourth week the wound commenced filling up with a larger tumor leaving no doubt as to its character. He went to St. John's Hospital and put himself under the care of Dr. John Young Brown, who had microscopists to confirm his diagnosis. After an exploratory incision in front 4 inches long, advised amputation of the leg. This Mr. G. refused. Dr. Brown then removed, very successfully, the tumor, and we are told used serum therapy for several days.

Mr. G. returned home in December and the wound healed nicely in its entirety. He has taken no constitutional treatment since his return, and used only local baths of alcohol.

Since there has been no indications of a return up to date, April 20, 1909, and while three-fourths return, he may prove an exception. He is apparently well and we hope will remain so. November 17, 1909, the patient is doing well. He is up and around, working; the wound is entirely healed.

Rupture of the Urinary Bladder Operated on Seventy-Seven Hours After Injury.

Reported by James R. Judd, M. D., Honolulu, H. I., in the A. M. A. Journal, April 9, 1910.

With the literature at my disposal, I was under the impression that this was a very unusual case in respect to the interval of time between the injury and the laparotomy. In von Bergmann's Surgery, vol. v., a case of Roses is recorded in which the patient was operated on forty-eight hours after the injury, and this is considered as probably the longest interval of time on record followed by a successful outcome. Quick, in Annals of Surgery, January, 1907, however, reported an extraordinary case of 254 hours' interval. In this case the patient was able to void some urine, and the rupture "admitted the thumb rather tightly." The same article mentions Blumer's patient, operated on on the sixth day, and Alexander's case with ninety hours' interval. While the above reported cases render mine not unique, there is enough of interest to make it worth reporting.

History.—The patient, a native of Hawaii, aged fifty-five, after a debauch fell off a veranda, a height of about six feet, and struck his abdomen. He immediately felt a sensation of something giving away inside of him and was unable to void any urine. He suffered considerable pain in the bladder region, and noticed that the abdomen began to swell. From Thursday, August 12, at 7 a. m., until Sunday, August 15, at 1 p. m., when he was brought to the hospital, he had passed no urine, the distention of the abdomen had increased, and respiration was becoming embarrassed.

Examination.—This showed a thin, sickly-

looking adult, who lay on his back with his legs flexed. The pulse was 120 and feeble; respiration was 40 and labored, and temperature was 98. The abdomen was very much distended and the skin tense. There were no visible signs of injury. There was tenderness over the entire abdomen and the percussion note was dull. A catheter drew off a few drops of clear urine.

Operation.—Operation was performed at once. On opening the peritoneum, a jet of urine shot up to a height of about four feet. The amount of urine free in the abdominal cavity was estimated at six quarts. The posterior wall of the bladder showed a transverse rent with ragged edges, easily admitting four fingers. The peritoneum was everywhere injected but there was no evidence of peritonitis. The edges of the bladder rent were freshened and the wound sutured by a plain catgut through-and-through continuous suture including all the coats, followed by a Dupuytren silk suture for the peritoneal coat. The abdominal cavity was flushed out with salt solution and the parietal peritoneum sutured without damage. The bladder was drained as in a suprapubic cystostomy. The abdominal wall was then closed, allowing exit for the tube.

Result.—The patient was placed in the Fowler position and did well for four days, when he began to show symptoms of delirium tremens and, when he was not being watched, he disconnected the tube and made his exit from the hospital. He was found after having walked about 200 yards and was put back to bed. The next day, in his delirium, he pulled the tube out of the wound, causing severe hemorrhage. A catheter was then placed in the urethra and the urine drained partly through the catheter and partly through the suprapubic wound. From that time on recovery was uneventful. The catheter was removed in five days and the patient began to pass urine successfully. There was at no time any evidence of cystitis. The man was out of bed in two weeks with a granulating wound which in two weeks more had entirely closed.

Primary Invagination of the Appendix, Causing a Cecocolic Intussusception.

Dr. Hermann Fischer, at the meeting of the New York Academy of Medicine, November 5, 1909, presented a patient, thirty-seven years of age. About two weeks before admission to the hospital she began to have pain in the epigastrium. In the course of a few days this pain became very intense and cramp like, and she vomited several times, food and bile. She often writhed in agony on the floor. At no time did the pain radiate to the shoulder, thigh or bladder. It was at times relieved by pressure on the abdomen. Upon examination a swelling was discovered on either side of the inguinal region. It appeared to be a sausage shaped mass at the level of the umbilicus and it impressed one as being the transverse colon filled with feces. After thoroughly cleansing the bowel with cathartics and enemata this mass persisted. The diagnosis made was either intussusception of the colon or carcinoma. The patient suffered from partial obstruction of the intestine. The configuration of the mass was highly suggestive of intussusception, but there

was no blood or mucus in the stools. At operation there was found an intussusception which reached almost to the splenic flexure. The appendix, which was very much distended and distinctly fluctuated, was partially invaginated into the cecum and held there by firm adhesions. On the assumption that he probably had to deal with a malignant growth, he resected the whole mass. The anastomosis was effected by a lateral isoperistaltic iliocecostomy. The retrocolic space was drained. The patient made an uneventful recovery. An examination of the specimen showed that it consisted of a very much dilated invaginated portion of the appendix, which was considerably distended by a thick glairy mucus. This case represented an extremely rare condition, a cecocolic intussusception as the result of a mucocele of the appendix.

County Medical Societies.

The Physician and the Medical Society.

From an Old Presidential Address by Dr. A. J. Lawbaugh, before the Michigan State Medical Society.

Books and journals, while having their place, do not give that subtle something which comes from the friction of mind with mind and the interchange of practical experience. To my mind a most potent means for the physician once out of college to "keep up," to be refreshed and to acquire progress in medicine, is by membership and participation, mind I say participation, in a good, live, medical society. As Dr. Osler very aptly puts it: "Fie upon the man who knows it all and gets nothing from the society, and hence does not become a member! He reminds one of that little dried-up miniature of humanity, the premature senile infant, whose tabetic marasmus has added old age to infancy, and hence from beginning to end amounts to nothing in this world. Why should he go to the society, and hear Dr. Blank on the gastric relations of neurasthenia, when he can get it all and so much better in the works of Einhorn and Ewald? It is a waste of time, he says, and he feels better at home; and perhaps that is the best place for that type of man, who has reached this stage of intellectual stagnation." * * *

Dr. S. T. Gillespie at the Douglas County, Kansas, Medical Society.

I am directly benefited by the association with the members who attend the meetings more or less regularly. This association with others in my profession teaches me to think, talk, and study, more intelligently. The contact with others broadens me, and, perhaps, keeps me from getting into the net of my own conceit. It also gives me an insight into the character and work of the others. I find that the doctors who, from no selfish motives, enter into the work of the society are men to be trusted. Consequently when I need a consultant in medicine, when I need a surgeon to do my major surgery, when I need the assistance of a man better equipped for ear, eye, nose and throat work, I do not have to send to Kansas City or Topeka, but will call in one with whom

I have been associated in our society meetings. And I am sure my confidence will not be misplaced. I can say this: during my few months of practice here the only "knocks" I have received or have heard of—have come from doctors who pay very little attention to, hardly ever or never attend the society meetings, or are not members of the society at all.

Value of Organization.

Brief extracts from a paper by Dr. Rosa H. Gault, at a meeting of the South Carolina secretaries.

The National Association is but the aggregate of the State Associations. The State Associations but reflect the activity of the county societies.

As county secretaries we are the link between the individual physician and the State secretary. The center of community life of the physician in the county society, if the county society is built up and sustained we need have no fear of the prosperity of the State or National associations; after all it is the county society that furnishes "the man behind the gun," it is the heart from whence comes the life blood that nourishes the whole system.

Upon the judgment, experience and activity of the officers depends in the greatest measure, the life and prosperity of the county society, the State society, the National organization, the army of physicians.

Organization will mean better meetings of the county societies, better service and aid to the State society and the State Board of Health—better doctors.

The fight against tuberculosis, typhoid, malaria, pellagra, and a hundred enemies to health is with us as leaders of medical thought, and knowers of medical truth. Will the doctors of South Carolina sit still and let the preachers, the teachers, the civic organizations of the State rob them of their birthright and take the lead in handling these problems in the light of the new knowledge that has come to mankind?

The fight for our professional integrity should appeal to every self-respecting physician, that we may protect the profession from "quackery," and the various "isms" that would use the profession for gain, or would lower us from a profession to a trade. The term "Doctor" should mean more than a vendor of medicine, or a charlatan playing upon the ignorance, the misfortune or superstitions of mankind.

The patent medicine and nostrum evil is to be met squarely and fought to the bitter end. The fight for a National Board of Health, for proper medical legislation in the Nation, State and city, protection of our streams and water courses, many matters of medical legislation are for you with the right of suffrage. Medical supervision of the young, medical education, education on sanitation and hygiene, the spread of medical knowledge of truth. Above all, the education of the public to the truth that even in this age of commercialism the mission of the physician is not gain, but to secure a self-respecting support in the healing and bettering of mankind.

Is there any question but that we can best meet the problems before us by organization—organized work—the raising of the profession of medicine rests with the physician—individu-

ally organized. There is work—individual work—organized work for all.

Purposes of the County Medical Society.

Editorial from Northwest Medicine, September, 1909.

At this time of the year, when plans are being made for the winter work of the county medical societies, it is profitable to consider what is the real function and what is the best kind of work the society can perform. In some of the larger cities there are to be found numerous small societies, composed of congenial spirits who meet periodically, and before which are read many papers of value, combined with interesting social features. But the leading society, and the one most representative of the profession, is the county society. It is right and proper that this should stand as an index of all that is best and most useful among the doctors of any locality, including, as it should, all the leading and best physicians of its own section. The character and quality of work accomplished by any society depends primarily upon the personality of the secretary and chairman of the program committee. However large or comprehensive the latter may be, upon these two officials rests the chief responsibility of a wideawake, up-to-date society. They will be the chief factors in arranging a season's program that will prove to be of sufficient value and attractiveness to bring out the members and cause them to exhibit an active interest in the season's work.

Doubtless the best results for a winter's work are obtained through the agency of a program committee that carefully prepares in advance a program consisting of at least two short, interesting papers on live topics, by members who are willing to exert themselves to present something more than a mere compilation of text book facts. If in addition to this, one or two members will agree to prepare themselves to discuss each paper, conditions will be presented that will guarantee something worth listening to at every meeting. These, of course, should be supplemented by an attractive collection of clinical cases and pathologic specimens, as these may come under the observation of the members. This program should be printed and distributed to every member, who will thus be assured that he will not attend a meeting with the prospect of being wearied by the presentation of illy-prepared and haphazard papers.

Another feature of these meetings which ought to be emphasized in every city is the prompt opening and closing of the meetings. The most successful and best attended meetings we have ever seen were in an Eastern city, which opened exactly on the hour of eight and closed promptly at ten o'clock. This is a long enough period for the meeting of any medical society to consider all the questions worth listening to and discussing, and any time over and above that is usually a bore and burden to all present. If it were known and guaranteed that the meeting would be opened on the stroke of eight, sufficient members would be present at that time; but when it is probable that it will not be opened until a half or three-quarters past the hour, the busy man will defer his attendance until he has the assurance that

there will be something doing. There is no doubt that the county society can be made a powerful influence in every community for the advancement and benefit of the local physicians as well as the means for improving the health and welfare of the general public in many ways, if it is made to fulfill its best possibilities. Our plea is for all members to take an active interest in their county society, to lend a helping hand themselves and to encourage all good work that is presented by others. Then we will cease to hear of the dead county society.

County Societies.

The Booster Club, of the State Medical Society of Wisconsin.

Dr. L. Rock Sleyster, of Appleton, Wis., has had several articles in The Wisconsin Medical Journal during the past few months from which we extract the following:

What can the county officers do to increase membership?

First of all, to use a twentieth century expression, "get together!" Accept this not only at its literal but at its slang value as well. The president, vice-president and secretary can accomplish much if they will meet, lay out the work to be done, apportion it, and then pull together. The time to do this work for 1910 is now! Get Together! Talk over each man in your county not a member. Each has his individual characteristics and must be studied and be approached with a different argument and in a different way. Jones is selfish—he must be shown the value for his money. Brown is indifferent—appeal to his pride and show him the advantages of membership. Smith has a grievance which calls for soothing treatment. Then again the president may have the greater influence with Smith, and the vice-president with Jones. So then—study your county; make definite, business-like, well laid plans; and then—carry them out!

If you would do good work and gain results, see each man desired and make a strong personal appeal. Letters help, but you know we never were much at absent treatment. As a rule we talk more convincingly than we write; and 'tis a lot harder to say "no" to you than it is to forget to answer your letter. And when you call on him have that application blank and your fountain pen right where you can place your hand on them at the psychological moment.

Now, Brother Booster, let's be a bit diplomatic. Why not make that December meeting a "Booster Meeting," and show Doctor Nonmember such a good time that he will be anxious to join? Make a special effort to draw his attendance by making this a special meeting, with a special program and special social features. Secure an outside speaker on an interesting subject, and after the program a banquet and smoker. Make Doctor Nonmember welcome and at home; and just as he is enjoying the aroma of that after-dinner cigar and thinking of the good time he has had, happen around with your application blank. You will be surprised at how easy it is!

How to get him there? Personal invitation if possible, and it nearly always is. I append a letter, however, patterned after one sent out last year by the Lewanee County (Michigan)

Medical Society, which it would be well to send out even to those personally invited. It may be altered to suit local conditions, but is, I believe, an exceptionally good letter for the purpose. It should be signed by each of the officers rather than one.

"Dear Doctor.—This is an age of organization. Great achievements to-day are made only through united effort and organized push. For centuries the profession of medicine has remained passive; content with its scientific researches, and its quiet and kindly ministering to human ills. It is only within the last few years that our profession has sought by a union of its forces to become a power that shall be felt in the betterment, the uplifting, and the breeding of the human race. Already we are being recognized as a factor in National progress, and the day is not far distant when we shall see the establishment of a bureau of public health at the head of which shall be a physician who is a cabinet officer, who will sit in the counsels of our nation. This recognition will be gained through the influence of our National, State and county societies. We desire to strengthen our position all along the line. We want you, doctor, to join us. We need your help and you need the good cheer and benefits we can bring you. By becoming a member of the _____ County Medical Society, you also become a member of the State Society, and will receive the Journal of that society monthly, which in itself is worth the amount of dues. In addition to this, in the event of a malpractice suit, you will be defended by the best attorneys, the expense being paid from the State Medical Defense Fund. This feature alone costs fifteen dollars in the insurance companies.

"We hold our meetings _____ (quarterly or monthly) and we enclose a year's program, which as you see embraces many good papers and discussions by local physicians. Clinical cases and reports are presented and we have the promise of papers and talks from very able men from outside the county. Last, but not least, you will become acquainted with your professional brothers. Learn to know and value the friendship of many a man loyal and true who is fighting life's battle and enduring the hardships of the long night rides with a courage and fortitude equal to your own, who is with you shoulder to shoulder, keeping step to the music of duty's daily call. Come with us. Help us to make our organization strong and complete, and let us help you in the many good things we have in store intellectually and physically and socially.

"Trusting that we may see you at our next meeting (here give particulars and program) prepared to join with us in the work of the coming year, we are

Fraternally and cordially yours,
..... Vice-President.
..... President.
..... Secretary."

When you meet a fellow who is not a member tell him what he is missing; and next meeting happen around for him on your way and take him with you.

No. 2. Some Reasons Why He Should Join the Society.

Go right to your man and tell him what you can do for him. The reasons why he should

join are the same for Black as for White, but if you are a good judge of human nature, you will emphasize the argument that suits the case.

Nothing should appeal more strongly to the physician of to-day than Article 2 of our Constitution, and I am going to ask that it be reprinted in this paper, for I fear not many of us are familiar with it. It should convert any heathen doctor, but our profession is alas but common clay and the inevitable question will arise "But how am I to benefit?" How is he to benefit? Tell him!

Nine times out of six he is wondering where he is going to get four dollars' worth of good out of being a member of his County Medical Society, and I doubt if half the members realize what a bargain they have. Looking at it purely in a business light, that sum pays for the membership in both his County and State Medical Societies. In addition to this he receives the year's subscription to The Journal (subscription price Two Dollars) and Malpractice insurance. This latter feature alone costs fifteen dollars in any of the insurance companies. Add it up for him! A seventeen dollar value for four, and his membership in the two societies gratis. Bargain? Why he can't afford to be without it.

Now you have aroused his interest. You have him in line because he is looking for some benefit to himself. Remind him of what has been done in the State in the line of legislation and of what remains to be done. What benefits the profession as a whole benefits him as an individual, and it is only by a united action that these things can be accomplished. There no doubt is work in his own county to be done. Quacks and traveling charlatans have drawn from his own practice, and the only way to take care of these people and get some action on them is by going to an organization.

Speak to him of financial benefits. The society has perhaps adopted a fee bill, and rates are uniform and better proportioned to the increased cost of living and medical education. He is recognized and given a better standing—which is an asset in itself. Then again of financial benefit is the acquaintance and good fellowship of his colleagues; for assistance, anesthesics and consultations are more cheerfully given and received. These unfortunately are, as a rule, the more telling arguments. I apologize for placing them first, but I believe they are more effective and more generally overlooked. You need not hesitate in telling him that as a business investment it is a value with a full return, and he will receive a compound interest in the betterment of his standing. The laity as well as the profession take notice of these things as never before. With many it is necessary to appeal to their pride. "B—," I wrote to one man, "it would never do to allow a man of your standing and an old P. & S. graduate to remain outside the fold with the heathen!" Back came his application and these lines: "You bet I've been a heathen, and maybe I had cause; but we will come back and let bygones be bygones, and I want to thank you for writing to me as you did." That letter alone repaid me for the work I have done for the Booster Club and I want to meet that man some time and shake hands with him, for he was big enough and broad enough to let his pride in himself and in his profession and Alma Mater triumph over some local unpleasantness.

Few are familiar with the fact that the majority of the State Board of Medical Examiners require in reciprocating with another State that the candidate "shall have been a member of his local medical society for a period of at least a year" to register through reciprocity. This will be an inducement to many; as will the fact that the better insurance companies, railroads and other corporations often require and always give preference to a society member, for he as such has the stamp of approval of his fellow practitioners.

Tell your man of the work you are doing in the society. He will benefit from the papers, the discussions and the review. The social advantages he will enjoy; and he will learn to know Dr. A. and to know that he is a mighty fine fellow in spite of what Mrs. B. told Mrs. C. Last but not least, read to him:

"Article 2—Purposes of the Association—The purpose of this society shall be to federate and bring into one compact organization the entire profession of the State of Wisconsin, and to unite with similar societies of other States to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; and to enlighten and direct public opinion in regard to the great problems of State medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life."

The Man Who Would be Secretary (or Should Be.)

Brief extracts from a paper by Dr. John B. Donaldson, Canonsburg, Pa., published in the Illinois Medical Journal.

"I would rather be secretary of a county society than be president of the A. M. A. There is more intimate relationship and chance to help your fellow practitioners as secretary than as president, with his one year's tenure of office that carries with it nothing but the great honor.

"It is not often you can get a man with long experience to accept the office of secretary. He is, or rather thinks he is, too busy to do such trivial work. My opinion of the too busy man is that he is either a member of the Ananias Club or he don't know how to systematize his work, which is about as bad.

"Some men could never be secretary because they cannot write. It is a surprising thing to see the number of doctors that cannot write. At least they will not answer a letter. Now it is plain that a doctor who cannot write could never be a secretary. Then there is the doctor who has no taste for such work. This same fellow can go down to the drug store and loaf by the hour or play dominoes at the club half the night; he has no taste for any work that will not only help him but would be of infinite assistance to his fellow practitioners. In fact, this is one of the pleasant things about being a secretary. To feel that you are of real use, and then keep at it until you are just about

indispensable to the society is certainly worth while. It is you that must think society every day in the month. You must keep ever in mind that it is your province to keep the rest awake to their best interests.

"The average member does not think of his society, except when he gets his notice, and then he frequently forgets it as he does not go. It is frequently surprising, though, how some of these very members will want to run things when they do happen to go to the society. They are the kind that will want to shape the policy of the society and will have following enough to make it worth while to study him.

"The man who should be secretary must study human nature, and I know of no place where he can have a better chance. Every kind of disposition on earth will be on his list. * * * Organization has been the cry for years in the profession; it has done wonders; it has been found that a long list of names did not make a good society. We have that in most counties now; you must use these men, keep them interested, or they will not stay organized. Give them something tangible and they are interested. It is your province, Mr. Secretary, to do these things. * * * Whenever you feel that you cannot live up to the requirements of the office, resign, but be sure you are right before you do. Your own selfish interests must not be consulted. You that are secretaries now have your opportunity that should not be allowed to be trailed. Be a mixer and be a mixer with doctors. Go to, and belong to, all the medical societies you can find time to, and thus study doctors from every standpoint. It is the only way you can know them. If you live to be as old as Methuselah you will come across a new brand of doctor even then. * * * I feel that you have more influence than any fifty ordinary doctors.

"Now, to sum up. The man who would be secretary must be the most alive and active man in the society. To quote from a recent writer in *The Journal*, 'he need not be your brainy man, your most successful man, or your best speaker.' These are qualities of lesser importance. He must like the work. He must be punctuality itself. He must be fair. What is best for the society as a whole must be his rule. If he has these requirements that society will not be a laggard in the march."

Extracts from a paper by State Secretary E. W. Weiss, M. D., Ottawa, Ill.

"The first thing I wish to say to you to-day, is to declare with emphasis what I have repeatedly suggested in my communications to the House of Delegates in the past several years, that the secretary of a medical society is the chief executive officer; that the good one should be indefinitely continued.

"I recall one secretary who, when he was elected to the office, declared that he was not fit for it, that he had not a liking for the work, that he did not believe that he was the man for the position; but in spite of his protests his friends knew that he had the ability and wished that he be elected. At the time of his election a little over a year ago, there were about forty men in his county who were not members, and in his report of just a few days ago there were only ten, and most of them were ineligible, who had not been gathered into the fold.

"The secretary should give to his office the same amount of diligent labor that he would to any other successful enterprise, in fact, a little more so, for he is placed upon his honor to do for the entire medical profession of his county that which will not only elevate its standing but bring into harmony his professional brethren. * * * You can put it down as a fact that in whatsoever county you find a united profession, the best harmony existing, a high order of professional standing, good fellowship and a good live medical society, that the secretary is the best man procurable for the place in that county. * * *

"I believe that the first virtue that a secretary ought to possess is that of promptness. He should be prompt in all of his society work. Prompt at meetings, and in his preparation of the meetings. Prompt in his replies to all correspondence, and particularly so with the State secretary's office. This is such an easy matter to do and will save a great amount of useless regret. I have known secretaries to postpone the writing up of the minutes of an annual meeting of their county society until a week or two before the next meeting. Every letter should be answered before going to bed. * * *

"I believe it would be a good thing for each secretary to keep a biographical record of his members. Don't think because you happen to live in the country or small town that your history is not worth anything, for some time somebody will want to know all about your medical record. The minutes of record of the meetings should be exhaustive and should be immediately written up, while all of the incidents relating thereto are fresh in your mind.

"Preserve your correspondence. It can be compactly kept in a letter file so as to make it a matter of easy reference. I have in my office, filed and indexed, every letter written by me and to me during the past twelve years.

"Now, in regard to the various changes in membership being immediately reported, I wish to show you the importance of the same. Each month the changes are reported, first to the editor, so that they will be corrected on the mailing list, then it is also reported every month to the A. M. A. This not often pertains to new members but to loss of members, suspensions, deaths and change of officers. A certificate of membership in the State society is absolutely requisite to membership in the A. M. A."

The County Society, Its Secretary and the Journal.

"Upon the secretary, more than upon any other member of the county society, rests the burden of keeping the work of the society up to the highest pitch of usefulness, and the members instinctively expect the secretary to exhibit an active, keen and lively interest in everything they themselves attempt to do. If the secretary fails to do this the interest in the work of the society immediately drops, just as the engine slows down when the steam is shut off; for the secretary is usually the motive power of the society machinery, and if he fails to perform his functions faithfully, cheerfully, and conscientiously the other members fall into a state of indifference that spells ruin to the society.

"The great value of the Journal as a means of giving permanence to the labors of the secretary and to the influence of the society has not been fully appreciated by all county secretaries, for many of them do not give prominence to the work of their societies through the pages of the Journal."—E. J. Goodwin in August Journal, Missouri State Medical Association.

In regard to the publishing of our society proceedings in the Journal let us make every endeavor to have at least one such paper prepared for each meeting with that particular object in view. It will be an additional stimulus to good work and will materially aid in developing our own men. Many societies have a general understanding that all papers are expected to be handed into the secretary as soon as read. This furnishes the secretary an opportunity to give his society some publicity which will usually result in increased interest and pride in the scientific work of the organization.

One of the branches of the Chicago Medical Society is arranging for a series of ten minute talks on the History of Medicine to precede the regular program. If the speakers are sufficiently familiar with the essential facts of each epoch to be discussed, so as to be able to talk freely and to the point, we predict that this will prove a very interesting feature of the meeting.—Illinois Medical Journal.

Reports from County Societies.

BERGEN COUNTY.

F. S. Hallett, M. D., Secretary.

The annual meeting of the Bergen County Medical Society was held in Hackensack, March 12th, at 8:15 P. M. Dr. P. S. Brundage, president, was in the chair, with 26 members present. After the usual order of business had been disposed of the following officers were elected and committees appointed for the ensuing year: President, Dr. James S. Proctor, Englewood; vice-president, Dr. Charles W. Harreys, Ridgewood; secretary, Dr. Frederick S. Hallett, Hackensack; treasurer, Dr. Frank Freeland, Maywood; reporter, Dr. Frederick S. Hallett, Annual Delegates—Dr. Alfred W. Ward, Closter; Dr. Charles W. Harreys, Ridgewood.

Permanent Delegates—Dr. Henry C. Neer, Park Ridge; Dr. Samuel E. Armstrong, Rutherford; Dr. James W. Proctor, Englewood; Dr. G. Howard McFadden, Hackensack; Dr. John E. Pratt, Dumont.

Committee on Admission—Dr. C. W. Harreys, 2 years; Dr. Max Wyler, 1 year; Dr. P. E. Brundage, 3 years.

Committee on Public Health—Dr. P. E. Brundage, 2 years; Dr. F. S. Hallett, 1 year; Dr. E. N. Huff, 3 years.

Committee on Scientific Work—Dr. A. W. Ward, 1 year; Dr. Charles Calhoun, 2 years; Dr. James Payne, 3 years.

Committee on Entertainment—Dr. G. H. McFadden, 2 years; Dr. E. K. Conrad, 1 year; Dr. A. A. Swayze, 3 years.

Delegates to Other Associations—Dr. J. Finley Bell, Englewood; Dr. G. H. Ward, Englewood.

New members elected since November 1, 1909: Drs. F. Ward Langstroth, Ridgely Park;

Richard E. Knapp, Hackensack; John Nelson Teeter, Englewood; Ralph Spencer Cone, Westwood.

There have been no deaths during the year.

Our next monthly meeting will be held at the Lederle Farms, Nanuet, N. Y., May 10, at 4 P. M.

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 the 19th ult. The following members were present: Dr. Anna M. Hand, Dr. Margaret Mace, Drs. Marshall, Dix, J. Way, Douglass, Black, Marcy, Mecray and E. Way.

Dr. James Hunter, of Westville, councillor for the Fifth District of New Jersey, was present and delivered an interesting address on county organization.

Dr. M. P. Warmuth, of Philadelphia, delivered an able address on "The Surgical Treatment of Gastric Ulcer."

The following officers were elected:

President, Dr. Anna M. Hand, of Cape May; vice-president, Dr. Margaret Mace, North Wildwood; secretary and reporter, Dr. Eugene Way, Dennisville; treasurer, Dr. Randolph Marshall, Tuckahoe; censor, Dr. Duncan Blake, Seaville.

Delegate to State Medical Society, Dr. John S. Douglass, Cape May Court House; alternate, Dr. Julius Way, Cape May Court House.

A resolution was adopted inviting all legally qualified physicians practicing in Cape May County to unite with the society.

A protective association was organized and will, it is thought, receive the hearty support of all physicians in the county.

The society enjoys the unique distinction of being the only one in the State having a woman president and vice-president.

CUMBERLAND COUNTY.

H. Garrett Miller, M. D., Secretary

The annual meeting was held at Bridgeton, N. J., in the Commercial Hotel. The following officers were elected for the year:

President, Dr. Alfred Cornwell, Bridgeton; vice-president, Dr. F. F. Corson, Bridgeton; treasurer, Dr. Joseph Tomlinson, Bridgeton; secretary, Dr. H. Garrett Miller, Millville; reporter, Dr. John H. Moore, Bridgeton; annual delegates to the State Society, Dr. E. S. Corson, Bridgeton, and Dr. J. C. Loper, Bridgeton.

Dr. Charles W. Wilson, of Vineland, was nominated for permanent delegate to the State Society to fill the vacancy caused by Dr. E. Stites's removal from the State.

Delegates elected to neighboring societies are as follows:

Gloucester County—Drs. J. H. Moore, C. W. Wilson, A. J. Mander.

Salem County—Drs. E. S. Corson, D. H. Oliver and Alfred Cornwell.

Camden County—Drs. W. P. Glendon, L. W. Cornwell and H. G. Miller.

The following were elected as the Committee on Public Health and Legislation: Drs. Joseph Tomlinson, H. G. Miller and E. S. Corson.

Dr. Holmes, of Philadelphia, read an interesting paper on the "Value of Smear Cultures in the Diagnosis of Diphtheria."

Dr. J. H. Moore, of Bridgeton, read a valuable paper on "The Adulteration of Food with Benzoate of Soda."

The society adjourned to meet at the Baker House, Vineland, the first Tuesday in July.

ESSEX COUNTY.

Frank W. Pinneo, M. D., Reporter

The ninety-fourth annual meeting of the Essex County Medical Society was held in Newark, at the New Auditorium, Tuesday evening, April 5th, 1910, the president, Dr. Charles D. Bennett, in the chair. The minutes of the last annual meeting and of the Council meetings during the year were read and approved. The Scientific Committee reported the following speakers at four society meetings: October 5th, Dr. H. S. Martland; November 9th, Dr. J. E. Winters; January 13th, Dr. Hobart A. Hare; February 8th, Dr. Simon Flexner.

The Necrology Committee reported the following deaths: June 27th, Dr. Ruel S. Gage; July 18th, Dr. Edgar Holden; July 19th, Dr. Aaron C. Ward; August 20th, Dr. David L. Sweeney; August 23d, Dr. Thomas S. P. Fitch. (Concerning the above see obituary notices in this Journal for August and October, 1909.)

The following resolution was passed: "That hereafter the physician in attendance during the last illness of any of our members should, and is hereby requested to, inform the secretary promptly after the death, and that the latter notify the chairman of the Necrology Committee."

Business was then suspended to hear the president's address, and Dr. Bennett was heard on "Infrequent Pulse," his subject being, the cases which have no evident lesion of heart or arteries nor discoverable cause for the infrequency of the pulse. It was a thorough presentation of a subject interesting, and, especially in life insurance, important. A copy is sent herewith for publication in the next issue of the Journal.

A resolution was unanimously passed urging Governor Fort to sign bill No. 156, now passed by both the Senate and House and held by him for action, regulating the practice of medicine and osteopathy, and the secretary was instructed to send at once a telegram in the name of our 327 members, conveying this action.

It was resolved to have five scientific meetings during the ensuing year.

Dr. Katharine Porter, State Secretary of the Public Health Education Committee of the A. M. A., presented this cause and appealed for the co-operation of all members in the propaganda.

A resolution was passed approving the bill before Congress creating a public health department with its secretary a member of the President's Cabinet.

A preamble and resolution concerning the 1910 revision of the U. S. Pharmacopeia was passed calling for suggestions from all physicians and urging that any one having ideas for changes of any kind communicate them before May 1st to the committee of the State Society. This committee has the following definite aims: (1) To enlarge the influence and the work of medical men in this forth-coming revision; (2) To secure a representative of New Jersey on the Revision Committee of the national con-

vention, because (3) a New Jersey physician, Dr. Lewis Condict, twice the president of our State Society (1810 and 1819), was twice the president of the national convention on the pharmacopeia (1830 and 1840); (4) To develop ethical relations between physicians and pharmacists.

The following were appointed annual delegates to the State Society: H. W. Long, T. W. Lowerre, J. H. Lowrey, Otto Lowy, J. M. Maghee, H. E. Matthews, D. L. McCormick, H. D. McCormick, Floy McEwen, W. H. McKenzie, Sarah R. Mead, C. F. Merrill, Elizabeth Merceles. F. W. Pinneo was appointed reporter. The following were elected permanent delegates: J. D. Lippincott, William Buerman, Linn Emerson. The following officers were elected: President, S. W. Robertson; vice-president, H. J. F. Wallhauser; secretary, Ralph Hunt; treasurer, F. C. Webner; on the council, T. W. Harvey, J. T. Wrightson. The following thirteen new members were elected: William R. Broughton, Henry C. Barkhorn, Charles E. A. Ball, Michael Joseph Coffey, George Blackburne, Hesser G. McBride, John A. Derivau, Saul M. Rubinow, James S. Hewson, Walter B. Mount, J. A. Freese, C. E. Dowling, Leon Harris.

Besides the annual meeting of the county society reported above, a number of excellent scientific meetings have taken place and some unusually important society activities. The Newark Medical League, April 11th, heard Dr. James Ewing, of New York, on "Toxæmia of Pregnancy." The William Pierson Medical Library Association, April 19th, Professor Bloodgood, of Johns Hopkins University, on "Surgery of the Stomach." The Essex County Anatomical and Pathological Society had a meeting April 14th, with the presentation of many valuable and some very unusual specimens, and the New Jersey State Pediatric Society had April 14th, the first of four annual general meetings for the whole profession, having Dr. L. Emmett Holt as guest, who read a rarely important paper on "Infections of the Respiratory Tract, with Especial Reference to the Part Played by Influenza." It was his clinical research work of the past two years and revealed many facts of exceeding importance to every practitioner. Full accounts of the above four events are promised.

MERCER COUNTY.

Reported by Edgar L. West, M. D., Secretary.

The Mercer County Component Medical Society has held its meetings regularly each month since October. At each of these meetings interesting and instructive papers have been presented. The annual banquet held in November evidenced the feeling of good fellowship and fraternity among the medical men of this county. Dr. John G. Clark, of Philadelphia, was present and read a paper on "Visceroptosis" Other especially meritorious papers read before the society during the year were as follows: "Some Important Problems Confronting the Mercer County Medical Society," by Dr. H. G. Norton; "Meningitis and the Report of an Interesting Case," by Dr. G. H. Parker, and "Modern Ophthalmology," by Dr. J. Highland Dewey, of Philadelphia. During the year we have sustained a great loss in the death of

Dr. Frank V. Cantwell, whose life among us, though short, was most brilliant. He died March 11, 1910. Dr. J. F. Chattin resigned, owing to his having located in the West. Dr. Aubrey L. Magill, graduate of Queen's University, Canada, 1908, was elected a member of the society.

At our April meeting the subject of contract practice, which is prohibited by a by-law of the society, was discussed. It was reported that the by-law was not being strictly lived up to by some of the members.

Violation of the law carries with it the removal from good standing in the society of the offending member. It was decided to enforce this rule.

Our annual meeting will be held May 1, at 8:15 P. M., in the City Hall, Trenton.

SOMERSET COUNTY.

F. E. DuBois, M. D., Secretary, Plainfield.

The regular annual meeting of the Somerset County Medical Society was held at the Hotel Ten Eyck in Somerville on Thursday afternoon, April 14, 1910. A large majority of the members were present.

It was decided that the society should hold an "open meeting" in Somerville on the evening of the second Thursday in October, and the president, Dr. Zeglio, announced that the speaker of the evening would be Dr. Frank S. Meara, professor of therapeutics at Cornell Medical School, New York City. Subject for discussion will be, "Fresh Air."

The election of officers for the ensuing year resulted as follows:

President, Dr. C. R. P. Fisher, Bound Brook; vice-president, Dr. Josiah Meigh, Bernardsville; treasurer, Dr. Thomas H. Flynn, Somerville; secretary, Dr. F. E. DuBois, North Plainfield; censor for three years, Dr. H. L. Kaucher, Bound Brook; annual delegate, Dr. A. H. Dundon, North Plainfield.

Following the business meeting Dr. A. L. Fisk, of New York City, read, by invitation, a most interesting and instructive paper on "The Surgical Significance of Indigestion." The paper was discussed by Drs. Fisher, Buchanan, Ely, Zeglio and Fisk.

Dr. Fisher reported two cases of so-called chronic indigestion due to appendicitis and relieved by operative interference, and Dr. Buchanan reported a case of perforated duodenal ulcer and another of appendicitis with abscess.

After reading of the above paper and discussion the annual dinner was served, at which the following members were present:

Drs. Thomas H. Flynn, A. H. Dundon, William H. Long, Jr., Charles F. Halsted, Howard L. Kaucher, Josiah Meigh, Frederick J. Hughes, John P. Hecht, Lancelot Ely, C. R. P. Fisher, Henry V. Davis, J. H. Buchanan, Aaron L. Stillwell, A. A. Lawton, P. J. Zeglio, M. C. Smalley, John F. McWilliams, S. O. B. Taylor and F. E. DuBois.

WARREN COUNTY.

John H. Griffith, M. D., Reporter.

The Warren County Medical Society held a special meeting over the Delaware River in Easton, Pa., March 15, 1910. Sounds rather peculiar, but we seem to have no acceptable (?) meeting place in Phillipsburg, N. J. Still, we

have any amount of other good times here in the metropolis of northwestern New Jersey. Comment is unnecessary. About half the membership of the regulars of the county society were present. Dr. W. C. Albertson, of Belvidere, N. J., presented an excellent paper on "Acute Indigestion," which was well received and elicited much favorable discussion.

Our next regular (annual) meeting will be held in Belvidere, N. J., the second Tuesday in May, 1910, in the American House, as usual, at 11 A. M. No deaths have occurred in our society during the past year. Our membership has not increased during the time, having at present about one-half the regulars. Empiricism and quackery seem on the increase among the hills of old Warren, and the push, pull and stretch of the osteopath are great fads with the easily duped.

Phillipsburg has at last had the New Jersey State tuberculosis exhibit, through the exertions of the Anti-Tuberculosis Society of the town. It was located here for a week, beginning April 14, 1910, under the skillful management of Sergeant George C. Butler, a young man formerly in the Spanish-American War and the Coast Artillery for eight years. While not a medical man, his knowledge and manner of presenting and demonstrating the exhibit were worthy of a professor. Thousands visited the exhibit, among whom were hundreds of school children, who took advantage through their teachers of the rare treat so nicely displayed and presented. The State of New Jersey has made no mistake in securing such able instructors as Smallwood and Sergeant Butler.

An epidemic of scarlet fever has just broken out in the schools of Phillipsburg, and some of the rooms have been closed and fumigated.

Phillipsburg, N. J., April 22, 1910.

Reports from Other Societies.

Essex Co. Anatomical and Pathological Society.

Reported by H. S. Martland, M. D.

The regular monthly meeting of the society was held on April 14th, at Achtel-Stetter's.

Dr. A. A. Strasser presented a short paper on Vincent's angina, covering the history and bacteriology of the disease very fully and demonstrating the spirillum and the characteristic fusiform bacillus from a case observed by him. The presence in the smear or culture of the spirillum was not necessary to make a positive diagnosis; the bacillus, however, was characteristic and upon its presence a positive diagnosis could be made.

Dr. H. S. Martland, after demonstrating an india ink method devised by Professor Burri for the rapid finding of the spirochata pallida in chancres and secondary lesions, reviewed briefly the work of the laboratory in the study and diagnosis of syphilis. He regarded the following three discoveries as the most important made in the last ten years in medicine, namely, the transmission of syphilis from man to the higher apes, the finding of the spirochaeta pallida as the direct cause of the disease, and the Wasserman serum reaction in the diagnosis of syphilitic and para-syphilitic diseases. The spirochaeta stood out very plainly in the ink method, as if in a dark ground illuminator, and

could easily be distinguished by its morphology from other forms of spirilla. The technique required was so simple that it put a very important test within the reach of any practicing physician.

Dr. W. D. Miningham presented for Dr. Edward J. Ill the following specimens: a dermoid cyst of the ovary, a retained foetus, a papillary carcinoma of the ovary. The dermoid cyst was of unusual interest on account of its size and the presence of a large bone, reproducing to a marked degree the superior maxilla, having a central suture line and quite a row of teeth with well-marked alveolar borders.

Dr. F. R. Haussling presented a rather large free body from the kneejoint of a patient of his at the City Hospital. It was composed of isolated cartilage with calcified centres. The body gave a very distinct shadow on the X-ray plate presented.

Dr. J. T. Wrightson presented the clinical history and the autopsy findings of a very interesting case of acute hemorrhagic pancreatitis observed by him. The patient, a man of 60 years, in perfect health, was suddenly seized with a violent pain in stomach region, at the time he was slightly jaundiced. He rapidly went into shock, and vomited considerable blood. A tentative diagnosis of perforated gastric ulcer was made and operation was suggested. The patient, however, died before he reached hospital. The autopsy showed an enormous oedematous condition of the pancreas, with large hemorrhagic extravasations and fat necrosis. The omentum and peritoneum showed numerous areas of fat necrosis.

After the meeting several interesting specimens were shown from the museum of the City Hospital.

Summit Medical Society.

Reported by D. E. English, M. D., Summit.

At the regular monthly meeting of the Summit Medical Society, held at the Highland Club, Summit, on Friday evening, March 25th, a resolution was passed instructing the secretary to write to Senator Kean stating that the society was unanimously in favor of the passage of the law creating a National Department of Health. A communication on the subject from Senator Kean was read and filed. Dr. Thomas N. Gray, of East Orange, was present as a guest.

The paper of the evening was read by Dr. Theodore W. Bebout, of Stirling, on Preventable Infantile Diarrhoea. Dr. Bebout said that while we formerly thought infantile diarrhoea was caused by heat, humidity and bad food, we now believed most cases were due to bacteria. These bacteria had been isolated and studied by Flexner and others. All cases not due to mechanical causes could be, and should be, prevented. The infection was spread by the discharges, making imperative the most scrupulous cleanliness and disinfection. The gastric juice would kill these bacteria unless they were ingested in too large numbers. The most common sources of infection were unclean food and toys. The food was sometimes contaminated by flies, and sometimes the flies themselves were swallowed by the patient. The doctor then described the anatomical changes taking place in the gut. The characteristic symptoms were fever, diarrhoea, prostration. Simple cases would promptly recover on cleanliness and

proper food. Toys, nipples and everything the baby touched should be carefully looked after. Milk should be heated to 140° F., for from thirty to forty minutes. The serum treatment promised much, but it had not yet been thoroughly worked out. All food, but water, should be stopped for from twelve to twenty-four hours. Then feeding should be begun with beef juice, etc. The most useful drugs were castor oil, followed later by calomel. Then bismuth in large doses. Sometimes several doses of calomel would be needed. Brandy for exhaustion. Baths, cool or warm according to the condition of the patient, were useful. Often the internal temperature would be very high when the surface was cool. In such condition a mustard bath was useful. The diet should be carefully watched for several weeks.

Dr. William H. Lawrence, Jr., of Summit and Newark, spoke of the necessity of having clean milk, and milk with a low bacterial count.

Dr. William J. Lamson, of Summit, said that in cases where there was much tenesmus, injections of starch-water and laudanum did much good.

Dr. Thomas P. Prout, of Summit and New York, spoke of the importance and danger of infection by flies. He said to have flies was a sanitary sin. Patients should be carefully screened and the excreta destroyed. Heating milk to 140° F., does not destroy the enzymes.

Dr. Wellington Campbell said we should insist on mothers using sanitary precautions, and must not allow them to neglect these things after the babies have recovered from the attack.

Dr. Thomas N. Gray, of East Orange, spoke on clean milk, and on the desirability of bringing the baby to the milk, rather than bringing the milk to the baby. He emphasized the importance of the inspection of dairies. He thought 80 per cent. of babies with diarrhoea suffered from indigestion for twenty-four or forty-eight hours before the diarrhoea commenced.

Dr. James T. Harrington, of Summit, discussed the sterilization of milk, and thought a temperature of 155° F., would not destroy the enzymes. He said babies were apt to have too much clothing in summer, which they often threw off and so became chilled.

Dr. D. E. English, of Summit, thought the baby must be unwell in some way before the bacteria could pass the stomach and infect the intestines. The most common cause of this weakened condition of resistive powers was heat. In this sense heat killed babies. Babies resist cold well and should be kept as cool as possible in summer and not fed too often. He thought a temperature of 104° F., for forty minutes sufficient for the preparation of the milk. In treatment he advised starvation with the frequent administration of small quantities of water. He commenced the treatment with calomel and used castor oil later in the case. When the diarrhoea was nearly over and the patient was suffering from the effect of absorbed toxins on the nervous centres, he gave opium. Throughout the course of the disease he used bismuth freely in large doses.

Dr. William J. Wolfe, of Chatham, had seen good effects from the arsenite of copper, and later in the course of the disease thought a combination of mercury, bi-chloride and morphine did good.

Dr. Robert H. Hamill, of Summit, did not use opium in any stage of this disease, and preferred frequent small doses of magnesium sulphate. Rectal irrigations did good, but should not be used oftener than every eight hours.

Dr. Bebout in closing thanked the society for its kind reception and full discussion of the paper.

Dr. Lawrence reported several cases of fracture of the shaft of the humerus and femur. These cases do better in children than adults. In adults bits of muscle or fascia sometimes get between the broken ends and prevent union. In many cases where good crepitus cannot be obtained it is better to do an open operation at once.

Dr. Prout reported cases of Erb's paralysis or brachial birth palsy that had been operated on with excellent results. It is better to wait for five or six months and if there is no improvement, to operate. Some cases of years standing may be much improved if not entirely cured by this operation.

North Hudson Academy of Medicine.

Reported by T. J. Jacquemin, M. D., West Hoboken.

The regular monthly meeting of the North-Hudson Academy of Medicine was held in Doctor Richard Kuehne's office, 1118 Summit avenue, Jersey City, March 30, 1910, at 9 p. m.

The vice-president, Dr. R. Kuehne, occupied the chair with ten members present.

The regular order of business being disposed of, two papers were read, The first by Dr. Jacquemin, on accidental injuries to the eye, their diagnosis, prognosis and first treatment. This paper, being somewhat lengthy, did not elicit much interest on the part of the attendants, and no discussion followed.

The second paper by Dr. Charles De Merritt, was of more than usual interest. It was a very scholarly symposium on the origin and mode of spreading of syphilis in Europe and in North and South America. The author had made a very exhaustive study of French, Spanish, German and English investigators and the conclusion at which he arrived was that the cradle of syphilis must be sought in Haiti (Hispanola).

This paper was so masterly and so complete that the profuse thanks of the society for such fruitful and laborious researches were not wanting. Discussion did not follow, since only historical truths were revealed and discussion would not have been in order except in a circle of students of medical history.

Hudson's First Medical Milk Commission.

Medical Milk Commissioners are springing up all over the country and we soon shall be assured of having a cleaner and purer product. The Hudson County Medical Society on February 1, selected the following gentlemen to form a Medical Milk Commission in accordance with the "Act providing for the incorporation of Medical Milk Commissions and the certification of milk produced under their supervision," approved April 21, 1909: Dr. James A. Exton, Arlington, chairman; Dr. F. F. Bowyer, Dr. H. S. Forman, Dr. Joseph Kopple, Jersey City; Dr. S. R. Woodruff, Bayonne; Dr. E. T. Stead-

man, Hoboken; Dr. C. L. De Merritt, West Hoboken; Dr. Henry Spence, Dr. Burdette P. Craig, Dr. S. A. Cosgrove, Dr. J. J. Mooney, Dr. George Culver, Jersey City. These gentlemen met at Dr. Forman's house March 16, and organized by electing Dr. J. A. Exton, of Arlington, president, and Dr. S. A. Cosgrove, secretary and treasurer. The president appointed a committee to formulate (1), a standard of requirements, (2) frame a suitable contract, (3) conduct certain preliminary investigations of dairies. This committee consisted of Dr. Forman, chairman, Dr. Steadman and Dr. Bowyer. A second meeting will soon be called by the chairman and the work will go forward.

New Jersey State Pediatric Society.

Reported by M. J. Synnott, M. D., Secretary.

The first general meeting of the New Jersey State Pediatric Society was held in the large lecture hall of the Newark Free Public Library, on Thursday evening, April 14th, at 8:30 o'clock.

Two hundred physicians were present in response to the invitation of the society, which was sent to the physicians of Northern New Jersey.

The object of these public meetings, of which there are to be four during the year, is to foster a greater interest in pediatrics by the profession at large, and to spread a knowledge of pediatrics among general practitioners.

A paper was read by Professor L. Emmett Holt, M. D., of Columbia University of New York. The subject of his paper was: "Infections of the Respiratory Tract, with Special Reference to the Part Played by Influenza." The paper was enthusiastically received by a very appreciative audience.

The gathering was a representative one, and in every way a success. All the officers, the council and most of the members of the New Jersey State Pediatric Society were present, and some fifteen physicians participated in the discussion which followed Professor Holt's paper.

American Proctologic Society.

The twelfth annual meeting of the American Proctologic Society will be held in the Planters' Hotel, St. Louis, Mo., June 6 and 7, 1910. The Executive Council will meet at 11 A. M. and the first regular session of the society at 2 P. M., June 6th.

The program is as follows:

Annual address of the president, Dwight H. Murray, Syracuse, New York, on Undergraduate Proctology.

The following papers will be presented:

(1) A Review of Proctologic Literature for 1909, Sam'l T. Earle, Baltimore, Md.; (2) Tuberculous Fistulae, and Fistulae in the Tuberculous, Chas. L. Gilman, Boston, Mass.; (3) The Treatment of Rectal Fistula, J. Rawson Pennington, Chicago, Ill.; (4) Malformations of the Anus and Rectum; report of four cases, Alois B. Graham, Indianapolis, Ind.; (5) The Use of Quinine and Urea Hydrochloride as a Local Anesthetic in Ano-rectal Surgery, Louis J. Hirschman, Detroit, Mich.; (6) A Description of a New Entero-colonic Irrigator, with the Indications for its Employment, Samuel G. Gant, New York City, N. Y.; (7) Benign Growths, with Special Reference to Their

Pathology and Treatment, James P. Tuttle, New York City, N. Y.; (8) The Atonic Rectum, William M. Beach, Pittsburg, Pa.; (9) Notes on a Case of Polyoid Fibrosis of the Rectum, with Exhibition of Pathological Specimens, James A. MacMillan, Detroit, Mich.; (10) Villous Tumor of the Rectum, T. Chittenden Hill, Boston, Mass.; (11) Significance of Rectal Hemorrhage, Louis J. Krouse, Cincinnati, Ohio; (12) The Present Domain of Proctology Contrasted with the Conditions Existing Twenty-five Years Ago, Joseph M. Mathews, Louisville, Ky.; (13) Ano-rectal Affections of Infancy and Childhood, Alfred J. Zobel, San Francisco, Cal.; (14) The Tuberculin Reaction in Cases of Perirectal Infection, Collier F. Martin, Philadelphia, Pa.; (15) a—Lane's Conception of Chronic Constipation and its Management; b—A Unique Case of Laceration of the Sphincter Ani, A. Bennett Cooke, Nashville, Tenn.; (16) A Resume of Cases of Carcinoma of the Rectum for the Past Fifteen Years, Samuel T. Earle, Baltimore, Md.; (17) Some Indications for Lavage, with Especial Reference to Adenomata and Cancer, George W. Combs, Indianapolis, Ind.; (18) Hemorrhoidal Clamp, Edw. A. Hamilton, Columbus, Ohio; (19) Venereal Diseases of the Anus and Rectum, Thomas L. Hazzard, Pittsburg, Pa.; (20) Skin Manifestations of Amebiasis, John L. Jelks, Memphis, Tenn.; (21) Incontinence Following Rectal Operations, George B. Evans, Dayton, Ohio; (22) Criticism and Controversy, Thos. Chas. Martin, Washington, D. C.; (23) Appendicostomy: A Consideration of the Preservation of the Blood Supply of the Appendix, in the Technic of the Operation, Frank C. Yeomans, New York City; (24) A Further Consideration of the Test Diet, Nitrogen and Sulphate Partitions, as an Aid to Diagnosis, in Intestinal Disturbances, Jerome M. Lynch, New York City; (25) Hemorrhoidal Operations, Leon Straus, St. Louis, Mo.; (26) Pain and Its Significance in Rectal Conditions, J. Coles Brick, Philadelphia, Pa.; (27) Reminiscences of Proctologic Interest, George J. Cook, Indianapolis, Ind.; (28) Some of the Complications Associated with Rectal Diseases, William L. Dickinson, Saginaw, Mich.; (29) A Brief Review of the American Proctologic Society from its Organization to Date, Lewis H. Adler, Jr., Philadelphia, Pa.

Dr. Dwight H. Murray, of Syracuse, N. Y., is president of the society, and Dr. Lewis H. Adler, Jr., of Philadelphia, Pa., treasurer. There are 34 active members. The profession is cordially invited to attend all meetings.

Clinical Course in Pulmonary Tuberculosis.

A clinical course in pulmonary tuberculosis for graduates in medicine will be given at Bellevue Hospital, on Monday, Wednesday and Friday afternoons from 2 until 4 o'clock, beginning Monday, May 9, 1910. The course will be given by Dr. James Alexander Miller, of the College of Physicians and Surgeons, attending physician and director of the tuberculosis clinic, Bellevue Hospital, and consists of twelve clinical lectures upon the modern problems of tuberculosis, combined with opportunity for the individual examination and study of a large number of patients. Information concerning the course may be obtained from the registrar of the college, 437 West Fifty-ninth street.

THE JOURNAL

OF THE

Medical Society of New Jersey

MAY, 1910

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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CHARLES J. KIPP, M. D., Newark.

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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 ANNUAL MEETING.

Do not forget the date of the 144th ANNUAL MEETING of the MEDICAL SOCIETY OF NEW JERSEY at Atlantic City,

JUNE 28-30, 1910.

Make your plans to attend.

Every County Society should have a full delegation present.

Elect those who will attend.

We expect to give a preliminary program in the June 1st issue of the Journal.

This will be an exceedingly important meeting and it is hoped that every officer, permanent delegate and annual delegate will be present and as many other members of the County Societies as possible.

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

Any physician changing his post office address should promptly notify the secretary, Dr. W. J. Chandler, South Orange, so that the change may be made in the mail list, otherwise he may fail to receive the subsequent numbers of the Journal. Second-class mail matter is not forwarded without the payment of additional postage.

The secretary often receives notices from postmasters that the Journal is unclaimed and "lies dead in the office," with the additional request, "Please discontinue." In the absence of any information as to the new address of the physician his name is stricken from the mail list and the Journal discontinued.

CLOSING ANOTHER YEAR.

With this issue of the Journal we close another year of its history and another year of our service as its editor. It has given us more pleasure and satisfaction than we can express to have received from time to time the estimate our members are placing upon the worth of the Journal and the increasing value of it to them. A single quotation will suffice from an able contributor to the Journal residing in one of our growing cities:

"The Journal is popular with the men here; they find it practical and helpful, and only the other night, at a private society meeting, it received some very high compliments. One man—an eye and ear specialist, too—said he read it from cover to cover and found all in it of value. Wishing you continued success in its management, I am," etc.

Such expressions are encouraging and we sincerely thank our friends. We express our wish that we were more deserving of them, and, in addition, our desire for our members' kindly, helpful criticism of its shortcomings and suggestions as to still greater improvement of the Journal. We are deeply conscious of the fact that there is room for improvement, as it fails yet to reach our ideal of a State Society Journal.

We suggest that a long step in advance will be made when the individual members of the State Society, and especially the county society secretaries and reporters, more fully recognize their relations to the Journal and their responsibility for its greatly enlarged work—in more fully presenting for publication in the Journal the outcome of the scientific study and investi-

gations and the practical results achieved in the various departments and specialties of practice by the medical men of New Jersey. One more suggestion we venture to offer—that our members use their influence to secure unobjectionable, ethical advertisements for our Journal. Increased revenue would enable us to supply the plates needed by contributors to illustrate their papers, which is most desirable.

The editor returns his sincere thanks to the officers and members of the State, county and local societies for all the cooperation they have given and only asks for the future that each member will bear in mind that the Journal is *his* Journal, that it is his privilege to use it for the advancement of his chosen profession—which includes his own advancement—and that it will be the editor's great pleasure to welcome any contribution which will tend toward that greatly-to-be-desired end.

We may be pardoned for adding a few personal words and in doing so we wish it clearly understood that *we desire no credit whatever for trying to do our duty*. We undertook this editorial work with much reluctance because of our inexperience, our conception of the demands it would make upon our time, and our inability to make it worthy of the oldest medical society in the country, with a record unexcelled in advancing the profession and the highest interests of the State. We are compelled to say that the work has been very exacting and difficult, and our former conception fell far short of what experience has taught us, and yet we have no regrets to express that we undertook the work. Our love for the profession and the Medical Society of New Jersey has ever sustained us and will ever be the motive power inciting us to do, bear or suffer, if needs be, in order that our profession may be benefited and that humanity may be blessed through it.

Such is our conception of the true medical man's position, though we personally are conscious of having come far short of the ideal. Such have been the records of the men of the past who have reflected

honor upon the profession and made the history of the Medical Society of New Jersey so grand and honorable that every medical man in the State should be proud of it and should seek to maintain its high standing by manifesting the same self-sacrificing devotion that will ever produce like noble achievements. May some of that devotion be manifested in contributing original articles and information to the Journal that is its official organ which ought to publish to the world the splendid work the members of our profession in New Jersey are doing, but cannot report some of the best of that work when the officers and members of county and local societies fail to report it to the editor.

THE GOVERNOR'S AND ATTORNEY-GENERAL'S VETO MESSAGE.

The Medical Practice Bill, known as House Bill No. 156, has been vetoed. It was one of the best bills ever introduced in the Legislature of New Jersey for the protection of the lives of the citizens of the State and should have become the law of the State regulating the practice of medicine within its borders. Whether the veto has killed it depends upon whether Governor Fort is a better interpreter of the Constitution to-day than he was two or three years ago. It may be that there are two interpretations and that he is privileged to adopt either one that suits the exigencies of the case in hand, no matter if it is diametrically opposite to the exigencies of another case that to his changeable mind demanded an opposite decision yesterday. But as to that veto we must confess that it is one of the most remarkable ones that a Governor of New Jersey has ever put his name to and it gives one of the most pitiable exhibitions of shifting responsibility and of questionable statements—to put it mildly—that we have ever read. It is a partnership document, about one-sixth Governor and five-sixths Attorney-General.

We cannot now consider it fully, so we dismiss for the present the five-sixths with two remarks: First, that we have always

been taught that the three departments of government are separate and distinct—the legislative, the executive and the judicial—each having its well-defined functions, and it is difficult to understand how the Attorney-General in this case was led to assume all three in his part of the veto message, but as he was one of the Governor's ablest campaign orators and was appointed afterward by the Governor as Attorney-General, we will give him credit for obliging the Governor. Second, that in discussing the merits of the bill he does gross injustice to the attitude of the medical profession and his language implies—again we will put it mildly—that he was not in possession of all the facts. There was no unfairness on our part toward the osteopaths, but every compromise, by amendment, was accepted that we could yield and yet save ourselves from being recreant to our solemn duty of safeguarding the lives of the citizens of New Jersey.

As to the Governor's one-sixth of the message, we confess it is difficult, in discussing it, to draw the line as to how far respect for those in authority should keep us from using plainness of speech in criticizing their actions. His statement is: "He (the Attorney-General) was not advised as to my views upon the matter. We had no conference upon it." Why should he have said that? Does it awaken suspicion? Is it true? It is amazing when we consider the scenes at that "hearing," when he insulted the medical profession of the State in calling Dr. Halsey, our representative, a liar. The Attorney-General sat by his side and not only witnessed his gracious manner toward the osteopaths, his scant courtesy to the members of the regular, homeopathic and eclectic practitioners and his insults to Drs. Halsey and Schaufliker, his manner giving emphasis to his language. Dr. Ramsay says that he engaged in animated discussion with the Attorney-General during that hearing and that some of his remarks were heard by others.

We are entitled to a hearing at the annual meeting of our State Society next month

and also before the people to defend our profession and its representative, Dr. Halsey. There is no doubt whatever that his statements concerning Governor Fort's ante-election assurances and promises are true. As made to-day in his communication in another column of this Journal, they agree exactly with the statements he made to us just before the Governor's election. Those promises, moreover, were right and proper. Any intelligent and honorable man would have made similar promises before election and would have kept them after election, for it is an important part of the sacred trust committed to a Governor's hands to safeguard the lives of the citizens of the State. The Medical Bill was drawn with that great object in view; it was of no greater advantage to its advocates—who gave time and money freely to perfect it—or to medical men generally, than it was to all other citizens of our State.

The Governor's attitude toward the bill was hostile from the start, notwithstanding his veto words—"It was my purpose to be guided largely, if not wholly, by the result he (the Attorney-General) should reach"—and his attitude toward the members of our State Society, we believe, has been one of decided unfriendliness if not enmity. Some reasons for our belief are: his treatment of Dr. Mitchell; his failure to appoint a single member of the Society on the State Board of Health when it was reorganized, when our society was compelled to fight several years for the establishment of the original Board of Health and for all the years following had from three to five of its members appointed by the different Governors members of the Health Board; his cruel statement concerning the director of the State Hospital and four other able practitioners for which he was by them called to account and which he retracted and apologized for, as reported in a Trenton paper, and his statements concerning, and general treatment of, them during this entire osteopathic controversy. His sympathy has seemed to be entirely with the osteopaths, notwithstanding some of their discreditable

tactics, among which Dr. Ramsay charges fraud in the sending of false telegrams to legislators. His son was for some years their paid attorney and Dr. Ramsay says one of their most active lobbyists at Trenton, but that *ought not* to have influenced his father, the Governor, in his treatment of the medical profession and in the discharge of his high and sacred duties to the State.

A PITIABLE EXHIBITION.

We received recently what we regard as a literary editorial curiosity from a newspaper which, we regret to say, is published in New Jersey and in the home town of the late Drs. Pugh and Gaunt. We give it entire in our editorial columns that the author may receive both "publicity" and the "advertising" which he evidently covets, for its circulation will be far greater and it will reach a class of readers who will put a just estimate upon its value. It is from the Burlington *Daily Enterprise* and is as follows:

WASTE BASKET MATTER.

At a hearing on a medical bill before Governor John Franklin Fort in which the new school of medico-science, Osteopathy, was arrayed on one side and the combined schools of Allopathy and Homeopathy on the other, Governor Fort took exception to the conduct and statement of one Dr. Halsey and accused him of prevaricating. He further took the side of the Osteopaths and vetoed the bill, which was entirely within his rights.

Strange to relate, the press of the State are in receipt of a typewritten sheet from a medical society which flays the Governor and places Dr. Halsey upon a pedestal, with the request that they publish it. Had this come from Governor Fort it would not seem strange, as he is a layman and believes in "publicity," but the medical profession does not; therefore, the question arises—is this set of resolutions, signed by the president of the society and attested by the secretary, spurious?

A careful analysis indicates that it is genuine, as the resolution states copies are to be given to Dr. Halsey (no doubt to restore his good opinion of himself), to Governor Fort (to show him how bad he is), and to the press (to be consigned, it is hoped, to the waste basket, as there is no advertising there).

Being genuine, it raises the question, why should the press print these resolutions, which simply undertake to kalsomine an involved character, and prove nothing; and, further, isn't it a little inconsistent for educated men to ask for publicity that they do not believe in?

We realized, however, that inserting this article would be giving "publicity" and "advertising" only to this newspaper, so

we sought for the editor's name and found it in conspicuous place. The name is very significant and very appropriate—George C. Gunn—a Gun that evidently *belongs* to the Fort, evidently from its report it is a gun of small calibre and probably a breech-loader and, therefore, one upon which we will not "waste" much powder. But, seriously, we say this:

We will not criticise severely this editorial or its author for misrepresenting our acts and unjustly questioning our motives. We pity the editor who is ignorant of, or incapable of appreciating the disinterested services given to the State by our profession during nearly a century and a half of our State Society's existence—services which have not been for their enrichment, but, on the contrary, have meant the pecuniary loss of hundreds of thousands of dollars annually to the medical men of New Jersey. We only say for them that the medical profession never shirks publicity: rather courts it, so far as it concerns the interests of the public, though it always condemns bombastic and self-laudatory notices of any of its members. This man evidently does not discriminate between publicity and advertising.

We have profound respect for the public press when those who control it and its editors are able, honorable, decent men, who endeavor to wield its tremendous power in behalf of noble, pure, right and just ends, but we have nothing but supreme contempt for those who, regardless of the great responsibility connected with such great influence, use that power for base or unworthy purposes.

The serious illness, from a severe attack of pneumonia, of Dr. A. Clark Hunt, of Metuchen, chief of the Division of Medical and Sanitary Inspection of the State Board of Health, was a cause of deep regret to us and to all who are interested in the efficiency of the exceedingly important work committed to his hands. He is the only member of our State Society holding important official position in the board and his presence seems indispensable for the high-

est efficiency of the board's work. We are pleased to hear of his convalescence and that he is steadily regaining strength during his sojourn at Lakewood. We know that we express the wish of his host of friends for his speedy recovery of full health and his return to the important work under the board he has so faithfully and efficiently served.

A. M. A. OFFICIAL CALL.

SIXTY-FIRST ANNUAL SESSION OF THE AMERICAN MEDICAL ASSOCIATION AT ST. LOUIS, JUNE 7-10, 1910.

The sixty-first annual session of the American Medical Association will be held on Tuesday, Wednesday, Thursday and Friday, June 7, 8, 9 and 10, 1910, at St. Louis, Missouri.

The House of Delegates will convene at 10 A. M., Monday, June 6. In the House, the representation of the various constituent associations for the years 1910 to 1912, is as follows:

Alabama, 3; Arizona, 1; Arkansas, 2; California, 3; Colorado, 2; Connecticut, 2; Delaware, 1; District of Columbia, 1; Florida, 1; Georgia, 2; Hawaii, 1; Idaho, 1; Illinois, 9; Indiana, 4; Iowa, 3; Kansas, 2; Kentucky, 4; Louisiana, 2; Maine, 1; Maryland, 2; Massachusetts, 6; Michigan, 3; Minnesota, 2; Mississippi, 2; Missouri, 5; Montana, 1; Nebraska, 2; Nevada, 1; New Hampshire, 1; New Jersey, 3; New Mexico, 1; New York, 11; North Carolina, 2; North Dakota, 1; Ohio, 7; Oklahoma, 2; Oregon, 1; Pennsylvania, 9; Philippine Islands, 1; Rhode Island, 1; South Carolina, 2; South Dakota, 1; Tennessee, 3; Texas, 5; Utah, 1; Vermont, 1; Virginia, 3; Washington, 2; West Virginia, 2; Wisconsin, 3; Wyoming, 1.

The twelve scientific sections of the American Medical Association, the Medical Department of the Army, the Medical Corps of the Navy, and the United States Public Health and Marine-Hospital Service are entitled to one delegate each.

The General Meeting, which constitutes the opening exercises of the scientific functions of the Association, will be held at 10:30 A. M., Tuesday, June 7.

The Registration Department will be open from 8:30 A. M. until 5:30 P. M., on Monday, Tuesday, Wednesday and Thursday, June 6, 7, 8 and 9, and from 9 to 10 A. M. on Friday, June 10.

WILLIAM C. GORGAS, President.

GEORGE H. SIMMONS, General Secretary.

New Members of the American Medical Association From New Jersey.

Anthony, William H., Plainfield.
Bailey, Frederick R., Elizabeth.
Bennett, Reginald S., Asbury Park.
Foulks, Sara E., Trenton.
Gelbach, Rudolph W., Hoboken.
Hunter, James, Jr., Westville.
MacDonald, Joseph, Jr., East Orange
McNamara, Thomas C., Hoboken.
Nadler, F. C., Newark.
Neal, Charles B., Millville.
Plume, Clarence A., New Brunswick.
Randolph, John M., Rahway.
Read, Clinton H., Trenton.
Stack, Joseph F. X., Hoboken.
Wilkinson, George H., Moorestown.

THE MEDICAL PRACTICE BILL.

The Hearing by Governor Fort.

Dr. Halsey Branded a Liar by Gov. Fort.

From the Daily State Gazette, Trenton.
With a declaration that Dr. Luther M. Halsey, chairman of the legislative committee of the State Medical Society, had lied about him before he was elected Governor, and during his term of office, Governor Fort brought to a sudden end yesterday a hearing which he was giving upon Assemblyman Ramsay's bill to regulate the practice of osteopathy in this State. The Governor's outbreak of anger was the climax of a hearing at which physicians of the old school had clashed many times with osteopathic practitioners who opposed the bill.

The New Jersey Medical Society was represented by Dr. Lewis, a professor of medical jurisprudence in one of the New York colleges. In urging the Governor to sign the Ramsay bill, Dr. Lewis quoted the Governor as having declared in a public speech that he would do everything within his power as Governor to maintain the high standards of the medical profession in New Jersey. Dr. Lewis construed these remarks as a promise by the Governor that he would give favorable consideration to such a bill as was then under consideration.

"I never made any such remark as that," said the Governor, with some warmth, demanding from Dr. Lewis the source of his information.

"I have it on very good authority," replied Dr. Lewis.

"Who is your authority?" persisted the Governor.

"Dr. Halsey," was the answer.

"I thought I was getting pretty close to the source," replied the Governor hotly. Turning toward Dr. Halsey, at whom he pointed his finger, the Governor added:

"You have been lying about me. This is not the first time, either. You lied about me before I was a candidate for Governor and you have continued doing so ever since I have been in office. You are the only man who has tried to bulldoze me into signing this bill."

Dr. Halsey turned white under the onslaught of the Governor, but as he arose to reply the commotion in the executive chamber became so great that his voice was drowned. The Governor immediately declared the hearing at an end and retired to his private office, while the delegation dispersed.

Earlier in the hearing Governor Fort had had some sharp words with Dr. William J. Schaffler, of Lakewood, a member of his military staff and his family physician while staying in Lakewood. Dr. Schaffler had cited an instance in which an osteopathic practitioner had made a wrong diagnosis of a case and had intimated that they were not reliable. Governor Fort declared that these remarks were ridiculous, and that Dr. Schaffler himself was in the habit of recommending his own patients to consult osteopaths. As an instance the Governor said that when he had a broken a rib last year, Dr. Schaffler had sent him to consult an osteopathic physician.

Other speakers at the hearing were Dr. R. H. Williams, of Rochester, the osteopathic member of the New York State Board of Medical Examiners; Dr. D. W. Granberry, of Orange, president of the New Jersey Osteopathic Society, and Dr. E. C. Binck, of Burlington. Dr. Williams declared that the composite board in New York is a failure and an injustice to osteopathic practitioners. The Governor is expected to veto the Ramsay bill.

COMMENTS BY THE PRESS.

Governor Fort Uses Language.

From the New York Times, April 13th.

It is hard, indeed, to understand why Governor Fort of New Jersey should have been so savagely indignant in his denial that he once promised to do anything in his official power to maintain the high standard of the medical profession in his State. To have made that promise would not have been criminal—it would not, so far as we can see, have even savored of impropriety. If the Governor ever had any talk on the subject with real doctors he hardly could have said anything less, and his application of the short and ugly word to a doctor who told another doctor that he did say just that is certainly a most mysterious manifestation of anger.

What did the Governor say—that he wouldn't use his power in that way, but would use it in some other—to lower the professional standard, for instance? But that supposition is a little too absurd—of course Governor Fort said nothing of the kind. His excitement arose, it seems, in the course of a hearing on a bill regulating the practice of osteopathy in a way which the osteopaths do not like and the regular doctors do. Governor Fort's sympathies, one regrets to see, are on or tend toward the heterodox practitioners. Curiously enough, he thinks it is a sufficient answer to those who would establish a distinction between medicine and osteopathy to say that this or that real doctor occasionally sends a patient to an osteopathist for treatment. He is quite mistaken, and it is no answer at all, for a real doctor might very well admit that the manipulations to which the osteopaths resort would have beneficial results in properly selected cases.

That would be very far from admitting that osteopathy is anything more than an elaborate system of massage or that it is right treatment for all diseases, as is claimed by its followers. What the real doctors do, without exception, assert, is that it is an utterly wrong treatment for many diseases, and in New Jersey as else-

where they demand that these too ambitious masseurs be kept where they belong. There they would be, or might be, of considerable use, but without due regulation they are undoubtedly dangerous to public safety. It is only the due regulation, we are sure, that the New Jersey doctors ask, and it is a great pity that Governor Fort seems indisposed to help them get what they want.

The Osteopaths of New Jersey.

Editorial from the New York Sun, April 14, 1910.

It is manifest that the relations between Governor Fort and the New Jersey Medical Society are sorely strained, and the result, we suppose, will be another victory for the Osteopaths.

At the hearing on the Ramsay bill, which is intended to regulate the practice of these specialists, the counsel for the Medical Society attributed certain pledges or promises to the Governor on what he conceived to be "very good authority." The Governor, with some heat, demanded more exact information, and learning that a certain doctor of Williamstown was the authority in question, he turned upon that unfortunate gentleman and delivered himself as follows:

"Oh, I thought I was getting pretty close to the spot! You have been lying about me and this is not the first time. You lied about me when I was a candidate for Governor and have been doing so ever since I have been Governor. You are the only man who has tried to bulldoze me into signing this bill."

From this it might be suspected that the Governor had been charged with some infamous enterprise, yet, notwithstanding the vehemence of his denial it seems he was only accused of having "said in a public speech that he would try in his position as Governor to maintain the high standard of the medical profession of New Jersey."

Apparently he has no such intention, and any one who accuses him of the least desire to maintain high standards is a liar. It is clear, then, that in Governor Fort the "bloodless healers" have found a good friend.

The Recent Hearing at Trenton.

From the Camden County Medical Society Journal.

On Monday, April 11th, the Governor of New Jersey invited the members of the medical profession and the osteopaths to meet at the State House, to endeavor to show why he should or should not sign the medical practice act that had been passed by the Senate and Assembly in the last days of the session.

In response to this invitation many physicians from all parts of the State were there, as were many osteopaths from this and other States; and, from what can be gathered from those who were present, and from the newspaper reports, a hearing resulted that was primarily a burlesque, and later a gross exhibition of ill manners upon the part of the host, who was directly responsible for the gathering together of so many men whose time could have been so much better employed elsewhere.

A burlesque hearing, because it was evident

to those who had observed the Governor's attitude and course toward the bill while it was pending before the two houses, that he did not wish it to become a law. An exhibition of ill manners because the Governor did not hesitate to make remarks that were designed to embarrass and ridicule certain members of the regular profession, but he closed the hearing by calling one of the visiting delegation a liar, and then abruptly left the room without giving the accused one an opportunity to defend himself or refute the charges made.

There is no doubt that the conception of what is called good manners varies with individuals, but there can be little difference of opinion as to the proper characterization of the conduct of a host who invites guests to his house or office to utilize the occasion to insult them. The fact still remains that the Governor of this State is the servant of the people, notwithstanding his occupancy of the high office in which they have placed him, and even if it is claimed that individuals have not the a priori right to approach him in their own interests, there can be no question of that right if their representatives appear before him in response to a specific invitation.

It is frequently quite difficult to distinguish between an infirmity of temper and an infirmity of the mentality, and, probably, it would be well to take a charitable view of the episode and not condemn hastily; particularly, if it is true, as has been alleged, that a member of the Governor's family received a retainer from the osteopaths to aid them in securing the special legislation they desire, or to exert influence in preventing undesirable legislation, as they view it. If this allegation is true, it can readily be understood that the knowledge of this action might deprive the Governor of that freedom of decision that is so essential to a fair and correct course of conduct.

It is not necessary to extend any sympathy to the members who were the special objects of the outbursts evoked by the occasion. They are so well known to the profession of the entire State, and so zealous in behalf of the welfare of the people, that any aspersions cast upon their consistency or truthfulness cannot but fail of its purpose. They have their reward in knowing they are combating the forces of evil, and none ever did this without meeting rebuffs and calumny.

The Governor's veto message was delayed several days after the "hearing" on it to get a long and labored opinion on its merits from the Attorney-General, which forms about five-sixths of the message. We have not space for it in this issue, but if we receive requests for it, we will publish it in our next issue.—Editor.

Dr. Halsey's Communication.

Editor Journal Medical Society of New Jersey.

Dear Doctor—It may appear to the members of the profession throughout the State very singular that the chairman of the Committee on Legislation has not taken one single step to refute the accusations hurled at him by the Governor of this Commonwealth at the hearing on Assembly Bill No. 156, on the 11th inst., and my answer to this is that I was only responsible to the Medical Society of New Jersey for any act that I had committed and to them should be given first my side of the story.

Let us go back almost three years, when J. Franklin Fort was a candidate for Governor and made a tour of the State. He visited Gloucester County and came to Williamstown. After making his address to the people assembled, he walked with me directly across the street where I resided, and I introduced him to my family. I inquired of him, if elected Governor, whether he would stand for maintaining the high standard of medicine in New Jersey. I also asked him as to thorough preliminary education and a graded course in medicine for all applicants to practice the healing art in New Jersey. I inquired whether, in his judgment, such men would not be more capable and better qualified to meet the difficult situation, i. e., the treatment of diseased conditions, and if such a high standard was adopted, would it not elevate medicine, and be an additional safeguard for the protection of the public. To these questions he answered emphatically in the affirmative. He also added voluntarily that "what the doctors of New Jersey want, I stand for, as they are doing a noble work to wipe out disease."

These questions were asked him after I had very frankly stated to him that I represented the Medical Society of New Jersey and that many men thought we had a right to know the position a candidate for Governor would take on these vital points. To corroborate the above I would state that to these questions he gave almost the identical answers to three physicians, all members of the Medical Society of New Jersey and men of integrity. If necessary, their affidavits can be obtained at any time. Only once during the following winter did I have any conversation with the Governor about medical legislation, and then he practically reiterated what he had said before, but added that there should be some legislation to regulate and license osteopathy. During the last session I have had no conversation with him in regard to any bill in which the medical men of the State were interested. In fact, I have only called on him in regard to matters connected with the State Hospital.

When the Committee on Legislation were instructed by the Medical Society of New Jersey to introduce a bill reorganizing the State Board of Health by having a commissioner and men thoroughly trained in sanitation and hygiene to take charge of the departments along the line of the admirable law in Pennsylvania, Dr. H. H. Davis and myself thought it would be courteous to the Governor to consult with him. After telling him of our plan, he appeared to heartily concur in our views; we proposed an amendment to a bill which had been introduced and was told by the committee that they were favorable to it. We then again visited the Governor and was surprised to be told to keep our hands off; if we persisted we would prevent any legislation. We were dumbfounded after having the Governor's assurance that he was with us and would do what he could to favor such a measure and promising to sign it if passed.

Last winter we passed the midwifery bill drawn by the State Board of Medical Examiners after much care. The Governor vetoed it, claiming it would compel all the midwives in the State to take the examination, notwithstanding, we conclusively demonstrated that they were licensed and that we would not make a post-facto law.

Does not every physician in the State know that the son has been the attorney for the osteopaths for several years and that he has lobbied for them on the floor of the House and in the corridors every winter until this last? Hasn't it been public talk around the State House that some one higher than the paid attorney was favorable to the osteopaths and against medical legislation? Why was it that during the session of 1908 and 1909 that practically every man close to the administration was for the osteopath?

We have heard much of the lobby this winter. Those of us who watched the closing session of 1908 and 1909 will remember how the bill to allow osteopaths to register with the Secretary of State was on the calendar for third reading three different times through the influence of an extremely powerful lobby.

Was it not an open secret in Trenton after the opening of the Legislature, that there would be no medical legislation this past session? This could be thoroughly substantiated but it would compel me to betray what was given me in confidence. It is also definitely known who said there would be no legislation of this character. After the hearing on the 11th inst., the Governor, before he hurried into his private room, said: "Whether I said I would uphold the present high standard of medicine, or whether I said I thought we should throw all the safeguards possible, as to preliminary education, graded course in medicine and thorough training, I stand for it now." I further stated to him that I could substantiate every statement I had ever made about him and was prepared to do so.

His ungentlemanly conduct, his discourteous treatment of the physicians of the State, the very marked partiality shown to the osteopaths, his allowing them an hour and a half and the physicians about thirty minutes is an insult to the medical men of the State and should be re-sented. His weak veto and his using the attorney-general to pull his chestnuts out of the fire is an example of his high moral attitude and his devotion to the Goddess Reform.

It is a very singular coincidence that our bill was submitted to one of the ablest lawyers in the State who said it was constitutional, and I have been informed that the attorney-general's office made no complaint that it was unconstitutional and then the very elaborate but extremely weak document which the Governor presented with pride. Our bill was prepared with much care, the committee always taking the stand that we should be as fair to the osteopaths as we would expect them to be if they occupied our position. It is more liberal than the New York law. They would have a larger ratio representation on the Board of Medical Examiners than the homeopaths or eclectics. They have argued frequently that all they desired was the privilege to take the examination. We allowed them until 1914 to bring their colleges up to the graded standard of medical schools. The preliminary educational requirements were the same in their bill as in ours.

The committee of the osteopaths did agree that if Dr. Ramsay would allow certain amendments that they would not oppose the bill. Their spokesman in the Assembly, Mr. Pierce, told Dr. Ramsay and myself if we would allow certain amendment, he would assure us there would be no opposition from the osteopaths and that he (Pierce) would speak for the bill. We ac-

cepted the amendments, the original copy furnished by Mr. Pierce I have in my possession. They have broken faith; so has the Governor; another instance of misplaced confidence, but any one who was present during the last session of the Legislature could give you numerous instances of it.

I want every medical society in New Jersey to pass resolutions in regard to the work of Dr. William E. Ramsay. He was a tower of strength. A man who sacrificed his personal interests for one reason to do something for medicine, hygiene and sanitation in New Jersey. A man who took the broad ground that it was his duty to better conditions, and he was a strong advocate of the uplift policy. Do not let us be laggard in showing him our appreciation of his devotion to his high and noble calling and his desire to better conditions for all in the State.

In conclusion, it has always been my aim to only stand for just measures and to oppose bad ones with all my ability; I have ever been cognizant of the fact that the good and honorable name of the Medical Society of New Jersey rested to some extent in my hands; I have always remembered her priceless traditions and have guarded them with jealous care, always remembering that by no act of mine should her fair escutcheon ever be soiled.

I know I have tried to be honorable and just and truthful. If there is any member of the State Society who desires that the matter be thoroughly investigated, I trust on the opening day of the session, he will ask that a committee be appointed to thoroughly sift the accusations of the Governor and if found to be true, demand the dismissal of the chairman of the Committee on Legislation.

L. M. Halsey,

Chairman Committee on Legislation.

Williamstown, N. J., April 22, 1909.

Medical Men Score Governor Fort.

From the New Brunswick Daily Home News, April 21st.

A resolution was unanimously passed at the annual meeting of the Middlesex County Medical Society in the Mansion House yesterday afternoon, condemning the action of Governor Franklin Fort in vetoing the osteopathy bill, introduced by Dr. W. E. Ramsay, of Perth Amboy. The resolution also condemned the action, generally, of the Governor of New Jersey towards the medical profession.

The Attorney-General, who gave, in the Governor's veto, several reasons for the Chief Executive's action, was also sharply criticized and the members of the society were of the opinion the position of the medical men was either misunderstood or misrepresented.

Dr. W. S. Ramsay, chairman of the committee on medical legislation, made a very concise report, particularly of the Medical Practice Bill, which the Governor vetoed. The society passed a vote of thanks to Dr. Ramsay for the way he looked after the health interests of the State at Trenton. Senator Silzer, the three Middlesex County Assemblymen, Senators Prince and Frelinghuysen were also warmly commended for their stand in the matter of the mentioned medical bill.

Dr. Ambrose Treganowan, of South Amboy, proposed the Fort resolution and it was sec-

ended by Dr. D. L. Morrison, of this city. Its wording follows:

"Be it resolved, That this society grant to Dr. W. E. Ramsay, of Perth Amboy, their thanks for his efficient work in the House of Assembly, at Trenton, in behalf of the Middlesex County Medical Society and condemn the position taken by Governor Franklin Fort and Attorney-General Wilson, in regard to the osteopathy bill and other medical measures, which were proposed during the last session of the Legislature."

Doctors Flay the Governor.

From the Newark Evening News, April 22, 1910.

Morristown, April 22.—In a resolution adopted by the Morris County Medical Society yesterday afternoon, Governor Fort's attack on Dr. Luther M. Halsey in connection with the hearing on the osteopathy bill was warmly resented. The resolution condemned as "being undignified, unbecoming and unwarranted, the insult given to Dr. Halsey and the medical men of New Jersey by the Governor at a recent hearing at the State House, Trenton." The Governor had declared that Dr. Halsey told lies about him.

It was the first special meeting the society had held since its organization in 1816, and was attended by more medical men than any meeting in the last quarter of a century. A resolution was passed praising the work by Dr. Halsey for his interest in the public health of New Jersey, and expressing confidence in his integrity and reliability, then followed the attack on the Governor. A copy of the resolutions was ordered sent to the Governor.

Besides the regular members at the meeting there were present Dr. David C. English, of New Brunswick, the editor of the Journal of the State Medical Society; Dr. William E. Ramsay, of Perth Amboy, introducer of Assembly bill 156, known as the osteopathy measure; Dr. Robert H. Hammil, Dr. W. H. Lawrence, Jr., and Dr. W. G. Lamson, of Summit.

Dr. Ramsay reviewed the history of the bill from the time of its introduction to its veto by Governor Fort. He declared "the Governor was insincere and antagonistic to the bill from the start." He spoke of the attorney-general's reason, "which the Governor offered as a cause for veto," and said they were "flimsy and more like the productions of a king's jester than the opinion of an attorney-general." The physician further stated that the Governor had "acted in a cowardly manner and endeavored to hide behind the attorney-general."

Dr. English said the Governor had not treated the physicians fairly, and Dr. Lawrence, who was present at the hearing before the Governor, declared he could verify everything Dr. Ramsay had said. Dr. Halsey's conduct, he added, was dignified. It was stated that "the Governor had given the osteopaths more than an hour and a half hearing, and when it came time for the physicians to present the notice of their side of the case he broke the hearing up abruptly, using undignified language. He rushed from the room in which the hearing was given into the Executive chamber as if he feared a reply much in the order of his explosive outburst."

Regrets were expressed by some members that the Governor had used the language he did, and they insisted that if the Executive had any personal grievance against Dr. Halsey he should

not have aired it at a public hearing. Reference was made to the Governor's son acting as counsel for the osteopaths.

MEETING OF COUNTY SOCIETIES' REPRESENTATIVES.

At a largely attended meeting of physicians representing the various county medical societies of New Jersey, held in Trenton, April 25, 1910, the following letters were read:

Dr. L. M. Halsey to Governor Fort.

Williamstown, N. J., April 20, 1910.
Hon. J. Franklin Fort,
Governor, New Jersey.

Sir: At the hearing on Assembly Bill No. 156, April 11th, you stated that I had lied about you when a candidate for Governor, and had been doing so since. That I was the only man who had tried to bulldoze you into signing this bill.

When you were a candidate for Governor and visited Williamstown I asked you if you believed in maintaining the high standard of medicine in New Jersey. I also asked you as to the preliminary education and a thorough graded course in medicine for all applicants for license to practice the healing art in New Jersey. Whether, in your judgment, they would not be better men and more capable of meeting the difficult situation, i. e., the treatment of diseased conditions, and whether such a standard, if adopted, would not raise the standard of medicine and be additional safeguards for the protection of the public.

These questions you answered most emphatically in the affirmative. On the strength of this I wrote an article which appeared in the Journal of the Medical Society of New Jersey advocating your election and asking physicians to support you. I spoke at the meeting of several medical societies before election and for the above reasons urged the members to vote for you. Personally I know several physicians, Democrats, who voted for you on this statement.

Was this a lie before you were elected Governor? At no time during this last session of the Legislature have I had any conversation with you in regard to this bill. How, then, could I attempt to bulldoze you? I desire very much that you answer these questions that I may have more exact data as to the accusations you make. I am

Yours truly,

L. M. Halsey.

Governor Fort's Reply.

State of New Jersey,
Executive Department,
L. M. Halsey, M. D., April 22, 1910.
Williamstown, N. J.

My Dear Doctor: Your letter of the twentieth is received. I do not recall the incident at the hearing on Assembly bill 156, as you seem to state it. I did not understand that it was accurately reported in the newspaper. I certainly did not say what was reported; at least, not in the way it was reported. I am the last one who would intentionally do any one an injustice.

So many statements came to me that annoyed me that I should be glad to know if they were not true.

When you are in Trenton, if you will stop at the State House, I will gladly see you and talk the matter over.

Yours very truly,

John Franklin Fort.

Several physicians present confirmed the statements made by Dr. Halsey in his letter, that Governor Fort, at the hearing referred to, not only used the language attributed to him, but that his manner as well as his language was decidedly improper.

A committee was appointed to recommend what action should be taken on the Governor's veto of the Medical Practice Bill and on his treatment of the medical profession, especially his unjust charges against Dr. Halsey, our representative, at the hearing. The committee retired, and subsequently reported the following:

Be it resolved, That we, the representatives of the various county medical societies of New Jersey, do express our disapproval of the attitude of His Excellency, the Governor, toward the medical profession and the interests of the public in his veto of the medical practice bill.

Resolved, That since Assembly Bill No. 156 was solely for the protection of the public at large and the maintenance of a high medical standard and was not a defective law, constructively or from a constitutional standpoint, the Governor's veto of the bill was not fair treatment of the public's interests or just to the medical profession of the State.

Resolved, That the Governor, by his act of vetoing this bill is responsible for leaving the State open to be overrun by all manner of persons who claim to be osteopaths, whether or not they be fitted by competent training to treat the sick, and it further leaves the State open not only to our own citizens who may claim to be qualified to practice osteopathy but to persons over all the United States because of a court decision and the vetoing of a proper State law. Be it further

Resolved, That we disapprove of and strongly protest against the unfair attitude of the Governor toward the medical profession during his entire term of office; furthermore, we especially protest against his undignified and unjust attack upon the chairman of the Legislative Committee, Dr. L. M. Halsey, at a recent hearing presided over by him in his official capacity as the Executive of this State. Be it further

Resolved, That we express our entire confidence in the integrity of Dr. L. M. Halsey.

Is the Medical Practice Bill Dead?

From the Bayonne Herald.

Governor Fort does not share the views of Assemblyman William E. Ramsay, of Middlesex, who on Friday night made the claim that his bill for regulation of the practice of osteopathy had become a law automatically because the

Governor had not signed or vetoed it within five days of the close of the session of the Legislature. The Governor says that, to begin with, he decided upon his course with regard to the bill within five days after the session, and that nobody has since seen the measure but himself.

"If a bill is not filed it is dead," said the Governor, "so that if I took no action at all, Dr. Ramsay's bill would not become a law. I will file the bill in a day or so. I have been unable to get my memorandum ready, and so have delayed making public my action."

Unless Governor Fort has changed his mind, he will announce the veto of the Ramsay bill. He will make public either to-morrow or Wednesday a long statement as to his reason for action taken on the bill.

Creditable Record for an Assemblyman.

From the Perth Amboy Chronicle.

Twelve bills introduced. Nine of them passed. Two tied up in committee. One out of committee and awaiting a vote. Not one defeated.

This is Assemblyman W. E. Ramsay's record in the session of the Legislature now nearing a close. It is a record to be proud of for any legislator, and especially for a member of the minority. It is all the more notable when it is known that three of the nine bills which Dr. Ramsay has introduced and which have been passed to date at this session had been introduced in three previous years and failed of passage.

It has not been an easy task for Dr. Ramsay to get all these measures through, not because there was real fault to be found with any of them, but because some opposition is liable to crop out from one quarter or another against almost any measure no matter how beneficial it may be. Then again, our representative in the lower branch of the State Legislature is a Democrat—and the Republicans are in the majority. The record is a creditable one and would seem to entitle the genial doctor to another term if he wishes it, unless there be higher honors in store for him in a political way.

Editorials from the Lay Press.

Dr. Synnott's Resignation.

From the Newark Evening News, April 15.

Press of private affairs was given as the reason for the resignation of Dr. Martin J. Synnott as a member of the board of managers of the County Isolation Hospital, but that does not tell the whole story.

Dr. Synnott had desired to have the hospital at Soho conducted on business and professional principles.

The Board of Freeholders was anxious to use the hospital as a political adjunct.

It was this that caused friction between the freeholders and the managers. The only wonder is that a man of such high standing in the medical fraternity as Dr. Synnott should have remained so long in a position where he was hampered by politics from carrying out most

effectively the objects for which the hospital was established.

Perhaps the doctor was not always wise in the methods he used to gain publicity as to the affairs at the hospital. He may have been unnecessarily harsh in some of his criticisms. At times his views may not have met the approval of even his fellow-managers.

It is nevertheless true that the Board of Freeholders needed to be called to account for injecting politics into the conduct of the hospital. The fact that Dr. Synnott performed this disagreeable task explains entirely the disfavor in which he was held by the politicians, and it furnishes the basis for the charge that he wanted to be "the whole show."

The publicity that Dr. Synnott has given regarding the Soho institution further emphasizes the conclusion reached as a result of the revelations at Overbrook that the Board of Freeholders ought not to be continued in charge of county hospitals. The welfare of the institutions and their inmates and the interests of the people require the change.

Important Measure.

Editorial from The Daily State Gazette,
April 12, 1910.

At the suggestion of Dr. Henry A. Cotton, medical director of the State Hospital for the Insane, in this city, an important measure was passed by the Legislature.

It provides for a class of patients who are on the "border line" of insanity, so to speak, and who would benefit materially by being allowed to come to the hospital early, while they are in a condition to consent to come voluntarily. Its object is two-fold; first, in "border line" cases, where treatment was delayed, the danger of the disease becoming chronic increases with the length of time they are allowed to go without treatment. So, if they were allowed to come to the hospital, many cases would be prevented from having serious mental trouble from which they might, or might not, recover.

In the second place, this peculiar class of patients do not care to undergo the stigma and odium of having been declared insane. In some localities and neighborhoods this stigma remains with the patient long after they have returned from the hospital, and seriously interferes with their social relations in the community. If, however, it is known by their friends as well as themselves that they went to the hospital voluntarily to be treated, and were not legally declared insane, it would mitigate, to a large extent, the odium which is now attached to just such instances as above described. This law, of course, will reach only a few patients, as the great majority will have to be certified to as insane, and legally committed, for the reason that the community at large cannot be educated in a short time to see the advantage of a provision of this kind.

By the provision of this act, only private patients or those able to pay for their maintenance while in the hospital, will be accepted as "voluntary" patients; consequently, it will place no extra burden upon the State, but will be an additional revenue to the hospital. Such a law is in existence in many of the progressive States, notably in New York and Massachu-

setts, and from personal experience with the working of the law in Massachusetts, Dr. Cotton has failed to find any disadvantage in the same, or to any one who does not approve of its provisions.

Not only would it include in its compass new patients who have never before been in a hospital, but also a number of recurrent cases, who, after their first attack, may be apprised of the recurrence of an attack by certain symptoms with which they are familiar. If they could immediately apply for treatment, in a great many cases a long serious attack could be averted.

This is constructive legislation, and progressive, and is an attempt to not only give every patient the full benefit of hospital treatment, but will also have the effect of restoring or creating more confidence in insane hospitals and their management, because of the fact that patients are willing to go to such a hospital voluntarily, without recurrence to compulsory legal measures.

The provision which requires the patient to give three days' notice before leaving the hospital, makes it truly a voluntary act on their part, and if they are well enough at that time, and not a danger to the community at large, the friends will be notified, and they can be removed. If, on the other hand, the mental condition of the patients becomes such that they would be dangerous to themselves or the community at large, the three days' notice of their intention to leave the hospital allows ample time for friends to be communicated with, and the patient committed in the regular way. This, however, in the experience of the New York and Massachusetts hospitals, is seldom found to be necessary.

Tuberculosis Exhibit in Jersey City.

From the Observer of Hudson County, April 16.

An exhibit of exceptional interest and of great educational value has been placed on view at the Jersey City Public Library. This consists of a series of pictures, photographs and diagrams illustrating the origin, causes, propagation and methods of relief and prevention of tuberculosis.

As an object lesson showing how the disease originates and the means of preventing its spread nothing could be more effective. The striking pictures, with the short, concise explanatory notes under each bring out the facts regarding the dread disease with startling clearness. The pictures are arranged in five rows. First two rows show how the tuberculosis germ breeds and how it spreads. Here are shown pictures of the germs greatly magnified, photographs of the dark, crowded rooms of the tenement, where the disease has its stronghold. Among the agencies that spread the disease much emphasis is given to the house-fly and the feather duster.

The third row, devoted to the extent of consumption, contains some diagrams showing the awful record of the disease. The illustrations are so startling as to seem almost incredible if they were not proven by statistics. One shows a number of tombstones to illustrate the death rate of consumption as compared with other diseases. An enormous white stone representing tuberculosis overshadows a number of small

ones which represent cancer, apoplexy, and other diseases. One of the smallest of all is marked "old age."

In another picture is portrayed two skeletons, one big one showing the deaths from consumption for one year; another, not half the size showing the deaths from yellow fever for 115 years. Still another diagram shows the deaths in the four years of the Civil War, numbering 205,000, compared with the deaths from consumption for four years, amounting to 640,000.

The last two rows of pictures show how to cure and prevent tuberculosis. The bright attractive photographs of the open air camps at Glen Gardner, Laurel Hill and other places, form a striking contrast to the dark, dismal, unhealthy rooms pictured in the first series of illustrations. In the last row is also printed some excellent advice regarding the prevention of the disease.

This exhibit has been obtained for the library through Dr. Gordon K. Dickinson, who is president of the New Jersey Association for the Prevention of Tuberculosis and is one of the foremost leaders in the fight against consumption.

The exhibit has been placed on the first floor of the library near the main entrance and is viewed by thousands every day. In addition to the exhibition, the Public Library is making a valuable contribution to the war against tuberculosis which was noticed in our columns a few days ago.

Thousands of these papers have already been given out, and have been placed in factories, workshops and wherever they may do good. The benefit which has been accomplished by the distribution of these circulars is incalculable. The only hope of stamping out this dread disease is by educating the people to methods of prevention and better sanitation, and these circulars are one of the longest steps in that direction that has been made in Jersey City.

Medico-Legal Items.

A Coroner's Physician Sued.

A coroner's physician in New York was made the defendant in a suit for \$25,000. The plaintiff charged that the defendant illegally abstracted and retained her son's spleen and heart when he made an autopsy on the young man who came to his death as the result of an accident which ruptured his spleen. The suit has been dismissed by Supreme Court Justice Bijur. The physician's defence was that he had a right to perform the autopsy because the death was a violent death, and that the spleen was of interest to science because it weighed fourteen pounds. It was sent to a pathological laboratory for microscopical examination.

Confined Constantly to the House.

The Supreme Court of Nebraska holds, in the case of Breil vs. Claus Groth Plattsdutchen Vereen, that it cannot be said, within the meaning of an insurance contract for sick benefits, that an assured is not confined "constantly to the house" during an illness characterized by recurring periods of severity, although at intervals he may occasionally step into his yard, or

make visits to his physician, or other short and unusual trips, the assured at all times being unable to resume the ordinary duties or pleasures of life.

Opinion Evidence on Germ Diseases Without Postmortem or Microscopic Examinations.

The Supreme Court of Minnesota holds, in the case of Mageau, administrator, vs. Great Northern Railway Co., that the opinion of a physician that the death of a person was due to one disease, instead of another, both diseases being caused by the action of germs and manifested by similar external symptoms, based on general observation, without a postmortem or microscopic examination, is too conjectural, theoretical, and uncertain, standing alone, to sustain a verdict.

In this case a married woman received, on September 12, in a railroad accident, certain injuries, the immediate result of which was the retroversion of the uterus. Some weeks thereafter she was successfully operated on for this trouble. On February 5 she gave birth to a child. During the interval she had suffered from various troubles, and for some time had been in the hospital, where she was treated for bronchitis. The child had to be removed by means of instruments, and was dead when born. Five days after the birth of the child, the woman, it was claimed, died of peritonitis; and the question was whether the railway accident was the proximate cause of her death. The defense was that her death was caused by septicaemia, instead of peritonitis, and that the infection occurred at the time of the child-birth. The trial court ordered judgment for the defendant notwithstanding a verdict for the plaintiff, which judgment is here affirmed.

The Supreme Court says that the witnesses agreed that peritonitis and septicaemia were due to the activity of germs, but they disagreed as to practically everything else. The plaintiff's experts testified that peritonitis was present almost immediately after the railway accident; but it was all pure conjecture. No postmortem examination was held, and no attempt was made at any time to discover the kind of germs which were at work. The fact that a person is a practicing physician or surgeon generally qualifies him to testify as an expert, but in a matter of this kind the absence of special qualifications on the part of the experts was shown for forming an opinion on these delicate and controverted problems. Expert bacteriologists are not agreed as to such matters, and the court doubts whether any of them would be willing to express a definite opinion without having made a microscopic examination.

The mere opinion of a physician on such a matter, expressed without having made a careful, scientific investigation and examination will not, alone, sustain a verdict. It is too uncertain and conjectural to form the basis for a verdict which results in the transfer of a large amount of the property of one person to another. The court, however, does not mean to say that expert evidence of this character has not probative value, when it is based on facts which are themselves established.

Editorial, A. M. A. Journal, on the above case:

Judicial opinion has usually inclined to recognize the expert character of the physician, over

the whole range of medical science, and this has often resulted in the admission of evidence by men whose opinions are justly entitled to little weight. But a recent decision by the Supreme Court of Minnesota seems to go to the other extreme. In this case the court says: "The plaintiff's experts testified that peritonitis was present almost immediately after the railway accident; but it was all pure conjecture. No postmortem examination was held, and no attempt was made at any time to discover the kind of germs which were at work. The fact that a person is a practicing physician or surgeon generally qualifies him to testify as an expert, but in a matter of this kind the absence of special qualification may greatly affect the value of the evidence." The court was probably led by a consideration of the exactness of laboratory methods to overlook the fact that proof of the existence of disease must often depend on clinical rather than laboratory evidence. If any one could produce evidence of the existence of peritonitis shortly after the accident, it must be the attending physician who investigated the living patient, and it seems a strange proposition to say that a clinician can not be an expert in his own field. The diagnosis of peritonitis does not rest on the discovery of germs and can be made with reasonable certainty in advance of the postmortem examination.

Medical Evidence and Legal Insolence.

The above is the heading of an editorial in the British Medical Journal, describing an incident which took place in a London law court. A doctor from the Ophthalmic Hospital had been called in to give testimony on behalf of the plaintiff. The doctor said to Judge Bray: "I have been called here with scant courtesy; I have prepared a statement, and suppose I am here to answer questions. If you wish me to give expert evidence I must ask for a fee." "Stand down, sir," said the counsel for the plaintiff, sharply. "Scant courtesy; I think your attitude is scandalous. The complaints continually made about hospital doctors by poor people appear to be well grounded." The doctor promptly folded his papers and left the court, his honor allowing the incident to pass without comment. The action of the doctor was quite right, and if anyone's actions were scandalous, it was that of the counsel who, doubtless having secured his own fee, tried to brow-beat a member of another profession for refusing to give value without consideration. Additional remarks were gratuitous insults.

The Coroner After Sir Victor Horsley.

This world-renowned surgeon operated some time ago at Bolingbroke Hospital, London, for brain tumor. The patient died on the third day. Sir Victor Horsley was called as a witness and said that the case was such an ordinary one that he did not see why there had been an inquest ordered. Mr. Troutbeck, coroner, a non-medical man, claimed that deaths after operations are not brought to the notice of coroners. The coroner says that the power of dealing with other people's lives by means of surgical operations, should not remain uncontrolled, and without some provisions made in the interests of the public. The people have a right to know the full cause of death in those cases where their relatives have had the misfortune to die after an

operation. The coroner was of the opinion that deaths accelerated by an operation would come under the province of the coroner. Deaths due to causes either unnatural or violent, are coroner cases. He knew that a considerable proportion of deaths which were undoubtedly due in part to a surgical operation were never reported to the coroner. We are in a complete state of ignorance as to what proportion of deaths are accelerated by operation. He considered this a serious matter, and one for which a legal remedy was required. The question was too important to be left to any profession whatever, however honored or however skilled. The coroner directed the jury to render a verdict of accidental death if they were of the opinion that the operation was justifiable, and that all due care had been taken. Such a verdict was given.

Sir Victor Horsley is of the opinion that the responsibilities which every operating surgeon has to bear now are heavy enough. If to these be added the prospect that the propriety of the technical methods will be publicly adjudicated by incompetent persons in case the termination is death, the position will be an intolerable one.—Monthly Cyclop. and Med. Bulletin.

Physician's Liability Where Operation is Unsuccessful.

A physician, being called in attendance upon an injured person, determined that the trouble consisted of a dislocation of the hip. He felt somewhat apprehensive, however, that there might be a fracture and accordingly placed the injured part in a plaster-of-paris cast, which he claimed was a proper form of treatment in either case. The treatment was not a success and the patient brought action against the physician, claiming that the latter did not use the ordinary care necessary to the making of a correct diagnosis of the injury, which, instead of being a dislocation of the hip, was, in fact, a fracture of the surgical neck of the femur. It was held that the physician had not acted in such a manner as to render himself liable for damages. A physician or surgeon is never considered as warranting a cure, unless under a special contract for that purpose. Where no express agreement is made, his implied contract is that he possesses the reasonable degree of learning, skill and experience which is ordinarily possessed by others of his profession; that he will use reasonable care and diligence in the treatment of the case, and that he will use his best judgment in all cases of doubt as to the proper course of treatment. He is not responsible for damages for want of success, unless it is shown to be the result of want of ordinary skill and learning or of reasonable care and attention. He is not presumed to engage for extraordinary skill or for extraordinary diligence, nor can he be made responsible in damages for errors in judgment or mere mistakes in matters of doubt or uncertainty. *Champion vs. Keith*, Supreme Court of Oklahoma, 87 Pac. Rep. 845.

Legal Inquiry in Death Following Operation.

Probably the first legal inquiry of this kind in Scotland occurred in Aberdeen, in February last. The facts in the case are that a child who had just been operated on in the Royal Infirmary, after the administration of the anesthetic

had ceased, though still under its influence, became sick, and died from asphyxiation, being unable to vomit up some solid matter with which his stomach was charged. The testimony was that the proper instructions had been given as to food before the operation, but the mother said that she had received no special instructions as to his feeding, and that the boy's dinner, which he received two hours before the operation, had consisted of beef. She further stated that the nurse did not ask her what food the boy had taken that day, neither did the house surgeon or the surgeon. The surgeons stated in their evidence that they did not inquire as to what food the child had taken. The house surgeon testified that he administered the anesthetic, A. C. E.; the child took it well. The operation was quite simple, lasting about eight or ten minutes and was very successful. About four minutes after the cessation of the administration of the anesthetic the doctor noticed that the child was doing badly, showing signs as if he would vomit. Restoratives were applied and he recovered. This occurred a second, and a third, time, and artificial respiration was resorted to and the boy's throat cleared out. Eventually, however, the symptoms of asphyxia were so marked that the operation of tracheotomy was performed and the boy vomited solid beef, and the surgeon took solid beef from his throat and from below the wound. The court in addressing the jury said that this was a case different from the usual class of cases in connection with the inquiries under "The Fatal Inquiry Act." There was no fatal accident in the case, and the reason why the inquiry was held was that the Lord Advocate may order an inquiry into any case where death has occurred under circumstances into which he thinks it necessary that there should be some investigation. Having reviewed the evidence the court concluded: "There has been nothing disclosed which in any way reflects on the management of the infirmary. It is essential, of course, that an institution of this kind, within whose walls a great and noble work is being performed, should carry with it the confidence of the public at large, and I can only desire to say that there has been nothing in this case suggestive that there was any carelessness in the way in which the operation was performed, or that reflected on the management of the infirmary in any way." This decision is especially grateful to our British confreres, in view of the stand taken by one of the coroners of London on holding inquests on deaths following operations.—E. S. McKee, M. D., in *Monthly Cycloped. and Med. Bul.*

Post-Mortem Rights.

A broad and sane verdict has been recently rendered by the Court of Appeals of Georgia. It had reference to the rights of the physician in charge to hold a post-mortem in case of death in which he is seriously in doubt as to its cause. The court held that the plaintiff's contention that the body of his wife had been unlawfully mutilated to gratify professional curiosity was unjustified, and that, while the husband was entitled to the body, the laws of health, duly enacted in order that the living might be protected, are salutary and ought to be observed. Plaintiff's wife was taken ill and was placed by her family doctor in the free ward of a hospital where she was entrusted to

the care of the hospital surgeon. In a short time she died. It was necessary to know the cause of death in order to make out a burial certificate. The hospital surgeon made a slight incision in the side of the corpse which was sewed up and was not perceptible. Common sense suggests to a few friends of deceased patients that it was a matter of importance to them as well as to science to be sure as to exactly what killed their parent or friend. Some few are not only willing but anxious that the interests of science should be served by not only a post-mortem on their friends, but also themselves, when dead. The majority, however, in this land of the free, object and some dead-beats will sue for imaginary infringements of their feelings. A few yield to that broader conception, the common good. Contrast the state of affairs in Austria where practically every person who dies is post-mortemed, without any question, or interference from the relatives. An autopsy there is taken for granted, while in this country it must often, if taken at all, be by force, strategy or persuasion. If more courts were as broadly humane as that of Georgia, pathology would grow in our country as it has in Austria. Our vital statistics would then be more complete and accurate than at present possible. If a patient and his friends have confidence enough in a physician to employ him in a serious illness and to stick to him till the end why should this confidence not continue when he advises an autopsy?—Dr. E. S. McKee, Editor N. Y. Medico-Legal Journal.

Hospital Items.

Christ Hospital, Jersey City, Training School.

A little booklet of forty-five pages has just been issued which gives much valuable information, especially for nurses. It contains three articles: 1. By Dr. G. K. Dickinson, on "The Nurse and the Operation," setting forth preparation and care of patient; articles needed; diseases disseminated by spittal, nasal discharges, feces, wounds, fingers and flies; principal sterilizers; what a nurse needs; solutions of bi-chloride of mercury; 2. By Dr. Wallace Pyle, on "The Nurse and Eye, Ear, Nose and Throat Operations," giving instruction on preparation of patient for eye operations, after treatment, special precautions, dressings, solutions for eye use, preparation for eye operations, removal of adenoids, etc.; 3. By Dr. E. T. Steadman, on "The Nurse and the Child-Bed." Her care of patient before, at, and after birth of child; care of the baby with some important "don'ts," and a list of articles needed in sick room. It contains blank pages for notes.

Jersey City Hospital Resignations.

Dr. Francis V. Short, of Jersey avenue and Eighth street, Jersey City, has sent in his resignation as a member of the Jersey City Hospital staff to Dr. John Broderick, president of the Board of Health. He gives as a reason for resigning, lack of time, on account of his practice.

A short time ago, Dr. Oscar Russi, of Pavia avenue, also sent in his resignation. He also gave as his reason for resigning lack of time to attend the work required.

Long Branch Hospital.

An entertainment at Red Bank for the benefit of the Long Branch Hospital, April 12th, yielded the receipt of \$1,000.

Mercer Hospital, Trenton.

After July 1 there will be three resident physicians at Mercer Hospital. It was decided to add an additional doctor to the last at last night's meeting of the Board of Directors of the institution. The steady increase of cases at the hospital makes another physician necessary. The new doctor will be named later.

Dr. Thomas H. Mackenzie was last evening elected consulting physician, and Dr. D. B. Ackley attending surgeon. Miss Mabel Jarrett, a graduate of the Mercer Training School for Nurses, was appointed night nurse, to take the place of Miss Mary Roche, who has been called to take up the superintendency of the Maternity Hospital at Philadelphia.

Arrangements were made for the graduation exercises for nurses, which will take place May 12. The exercises will be conducted in Prospect Street Presbyterian Church, and the speakers will be announced at a later date. There are five members of the class.

Dr. Walter Bernard Sutton, a graduate of the Bellevue Hospital Medical College, has been appointed a resident physician to take the place of Dr. Daniel Walsh. Dr. Sutton has already taken up his work.

Muhlenberg Hospital, Plainfield.

One of the surprises of the meeting of the board of governors of the Muhlenberg Hospital April 12th was the announcement of a bequest of \$5,000 from the estate of Arthur Talmadge for the establishment of a bed in perpetuity. This gift is much appreciated by the management, for it is the only instance of such a gift in perpetuity. One or two local organizations have endowed beds with a certain annual sum, and the women's auxiliary of the Knights Templar are raising money from time to time in the effort to get \$1,000 together for a bed.

Another surprise came in the announcement of the resignation of Samuel Huntington, one of the oldest members of the board and charter member, after twenty-nine years' service on the board.

Orange Hospital Interne Appointed.

Dr. Otto Seibert, a nephew of Dr. Edgar C. Seibert, of Orange, has been appointed interne at the Orange Memorial Hospital. The young physician, whose home is in this city, is a graduate of the Long Island College of Physicians and Surgeons, in the class of 1909, and has been an interne at the Kingston Avenue Hospital, of Brooklyn, for the past winter.

Isolation Hospital, Soho, Essex County.

With a request that it take effect at once, Dr. Martin J. Synnott, of Montclair, sent to Director Ougheltree, of the Board of Freeholders, April 12, his resignation as a member of the board of managers of the Isolation Hospital at Soho. Pressure of private affairs was the

reason given by the physician for his action. The physician had been president of the board since its creation.

"I had been considering resigning for several months," Dr. Synnott said, in explaining his resignation, "and the only reason why my wanting to give up the work of the hospital is as I stated in my letter to the director, that my private affairs have taken up so much of my time that I found it impossible to devote the time and energy that such a position deserves."

A difference of opinion as to the cost of maintaining the Essex County Isolation Hospital at Soho as compared with other institutions was expressed at a meeting of the board of managers of the hospital. The discussion was occasioned by a report of the superintendent, Dr. Henry E. Ricketts, which stated that the institution was overcrowded.

After the report had been read Health Commissioner Timothy F. Foyle, a member of the board, inquired as to the average cost per patient, and Dr. Ricketts told him about \$2.89 a day. Salaries of doctors, nurses and all help, it was explained, were included.

"Well, that is too much," remarked Mr. Foyle, "and I think we ought to get busy at once and cut down expenses."

Dr. J. K. Adams took exception to Mr. Foyle's remark, declaring that the amount mentioned by Dr. Ricketts was very low for an institution of the kind.

"Oh, I don't think so," replied Mr. Foyle, who then stated that the cost of maintaining the tuberculosis camp at Verona was about \$1 a day for each patient. Drs. Adams and Ricketts contended that more nurses are needed and more care required by patients in an isolated hospital than in a tuberculosis camp.

Dr. Martin J. Synnott, president of the board, agreed with the other physicians. He stated that the cost of running the State Tuberculosis Hospital at Glen Gardner was higher than Dr. Ricketts' figures for Soho.

All previous records, both as to the number of patients admitted and the number present at one time were broken at the hospital last month, according to the report. The number received into the hospital during the month was 104, and March 25 the total number of patients in the institution was 139.

About 125 is the number that can be treated without overcrowding. There has been more than that present continuously for the last few weeks, and the result has been that the nurses have suffered from the lack of accommodations, the patients having been given apartments that were occupied by them. Dr. Ricketts also reported that the sewerage facilities at the institution were overtaxed, the system having been designed for 127 patients. Seven deaths occurred at the institution during the month.

By a unanimous vote Dr. John K. Adams was elected president of the board of managers of the Essex County Isolation Hospital at the annual meeting of that body in the institution April 15th. He succeeds Dr. Martin J. Synnott, who resigned Wednesday. Dr. Adams was nominated for the office by Timothy Foyle, who was himself chosen as vice-president. The retiring vice-president, Roger Butterworth, presented Mr. Foyle's name. There was no opposition to any of the candidates. William

Schluer, who had been secretary of the board since its organization, was reappointed.

The secretary read a short communication from Dr. Synnott, in which the board was officially notified of his resignation. The secretary was instructed to state in reply that the board regretted that the physician found it necessary to take the step. Dr. Synnott gave "pressure of business" as his reason for resigning.—Newark Evening News.

Obituaries.

HEMPSTEAD—At Paterson, N. J., April 22, 1910, Dr. Jacob Hempstead. Dr. Hempstead graduated at the Jefferson Medical College in 1906. Fuller notice will appear later.

LARISON—At Ringoes, N. J., April 15, 1910, Dr. Cornelius Wilson Larison, aged 73 years.

Dr. Larison was stricken with paralysis several weeks ago, since which time he had been almost totally blind. During the last two days he had been unconscious, and the end came peacefully.

He was born near Sandy Ridge, Hunterdon County, January 10, 1837, and was the son of Benjamin Larison. His early life was spent upon the farm.

Finding that a regular course in a high school would be beneficial to him, he came to Flemington and began a course in the Reading Academy High School March 1, 1857. He was fitted for college and entered the Pennsylvania University at Lewisburg, Pa., September 20, 1858, requiring two years. In 1860 he was appointed associate principal and teacher of mathematics and natural science in the Flemington High School. At the end of the school term he resigned and entered a medical college at Geneva, N. Y., where he graduated January 20, 1863. He began the practice of his profession at Ringoes in March, 1864. He organized the Ringoes Seminary in 1850.

He was appointed professor of natural science in the University of Lewisburg, Pa., in 1874, and two years later was appointed professor of zoology, delivering a course of lectures before the graduates for many years.

He was a member of the Hunterdon County Medical Society and was the first county superintendent of schools in Hunterdon County. He is survived by a wife and two children, Benjamin Larison and Mrs. Mary Blackwell. The funeral will be held from his home Tuesday morning.

LIPPINCOTT—In Camden, N. J., March —, 1910, wife Dr. A. Haines Lippincott, of Camden.

Mrs. Lippincott's death occurred suddenly—like a thunderbolt from a clear sky came the shock. Mrs. Lippincott, nee Miss Langendorf, was admired and loved by all who knew her, and her married life (seven years) was one of supreme happiness.—H. H. S.

McLEAN—In the Johns Hopkins Hospital, Baltimore, April 8, 1910, Dr. Thomas Neil McLean, of Elizabeth, N. J., aged 67 years.

Dr. Thomas Neil McLean, one of the oldest members of the medical profession and one of the most prominent citizens of Elizabeth, died at 12:45 P. M., April 8th, of pneumonia. He was 67 years of age.

Three weeks before his death Dr. McLean, accompanied by his wife, left for Washington. He had not been in the best of health, having contracted the grip, and it was thought that a change of climate would be beneficial. Dr. and Mrs. McLean remained in Washington a short time and then went to Baltimore. From there Dr. McLean had intended to go to Atlantic City to spend some time in the hope of regaining his health, but the cold which he had contracted developed into pneumonia and he was taken to Johns Hopkins Hospital on Thursday, March 31.

Despite his excellent constitution and all that the best of medical aid summoned for his relief could accomplish, Dr. McLean never rallied and passed away on above date. Mrs. MacLean was with him when he died.

Dr. McLean was born in Simsbury, Conn., on February 17, 1843. His father, Allan Neil McLean, was the son of the Rev. Allan McLean, who preached in the Congregational Church in Simsbury for fifty-five years. On his maternal side he was descended from the Barber and Humphrey families, of which Colonel Calvin Barber was a prominent representative during the early days of the Revolution, and of Major Elihu Humphrey, who was an aide-de-camp of General Washington.

In his boyhood Dr. McLean attended the schools of Simsbury, and was graduated from Williston Seminary, at Northampton, Mass. Following his graduation he entered Yale and took up the study of medicine and was graduated from that college in 1866. Following a time spent in travel in the South, Dr. McLean came to this city and almost immediately began the practice of medicine here. For forty years he had been prominent in the practice of his profession in this city, and during these years had built up a large and lucrative practice. He was conscientious to a marked degree in his treatment of disease, and no patient was ever kept in the dark as to the ailment with which he was afflicted.

He was devoted to the profession which he had chosen as his life work, and by close application and study years ago rose to a high place among the medical men of the county. He was one of the four physicians who founded the Elizabeth General Hospital, and his interest in this institution was always keen. The other physicians who with Dr. McLean founded the hospital were Dr. James S. Green, Dr. Alonzo Pettit and Dr. J. O. Pinneo. Only recently Dr. McLean had taken up a new line of work in connection with his practice—the treatment of certain diseases by the use of static electricity.

Dr. McLean was a member of the Clinical Society of the Elizabeth General Hospital and Dispensary, the Union County Medical Society, the Medical Society of New Jersey and the American Medical Association. He was also a member of the Washington Lodge No. 33, F. and A. M.

Dr. McLean was a kindly mannered man, and it was ever his purpose to use his best efforts toward the benefit and uplifting of humanity. Strong in his beliefs and in his convictions, he was gentle almost to the point of womanliness when occasion demanded it, and was regarded with high esteem by a wide circle of friends and acquaintances. He was deeply religious and took an exceptional interest in the affairs of the

Westminster Presbyterian Church, of which he was an elder at the time of his death.

On October 13, 1875, Dr. McLean was married to Sarah Elizabeth Bayliss, of New York, who, with two daughters, survives.

The funeral services were held on April 11th. After a brief service at his late residence, East Broad street, an impressive service followed in the Westminster Presbyterian Church, which was very largely attended.

SORIN—In Camden, N. J., March 22, 1910, Dr. Herman Mitchell Sorin, from pneumonia, aged 30. He graduated from the Jefferson Medical College, Philadelphia, in 1902.

Dr. Sorin's illness was not generally known among the profession and when his death was announced it came as a shock. He was born in Russia, thirty years ago, was graduated from the Jefferson Medical College, having obtained his preliminary education in the Atlantic City High School. Dr. Sorin graduated in 1902, and had practiced in this city the past seven years. He was a member of the Camden City Medical Society and several fraternal organizations. Besides his general practice, the doctor did special work on the nose, throat and ear, and acquired a lucrative practice. He was the only son of Mr. and Mrs. Sorin, of Atlantic City, and left a widow and one child. His death was caused by pneumonia with complications, from which he lingered twenty-one days.

WINGENDER—In Camden, N. J., February 2, 1910, Laura M., wife of Dr. Wendell P. Wingender, of Camden.

Mrs. Wingender was a patient sufferer, having been ill for a length of time, the end being precipitated by an attack of uremic poison. Dr. and Mrs. Wingender lived happily together for seventeen years, and she will be greatly missed by a large circle of friends.—H. H. S.

Personal Notes

Dr. John Bruyere, Trenton, recently addressed the Third Presbyterian Church Brotherhood of that city on "The Care of the Body."

Dr. William J. Burd, Belvidere, has been suffering from infection of his hand, received in dressing a wound.

Dr. Henry L. Coit, Newark, has been elected a director of the American Association for the Study and Prevention of Infant Mortality, which was organized in New Haven last November.

Dr. Peter B. Cregar, Plainfield, and wife, celebrated their fifteenth wedding anniversary April 12th; about 150 guests were present.

Dr. James A. Exton, Arlington, has been appointed State Medical Examiner of the local association in New Jersey, in place of Dr. J. C. Parsons, resigned on account of removing from the State.

Dr. Richard P. Francis, Montclair, with his family, spent a few days last month at Ocean Grove.

Dr. A. Clark Hunt, Metuchen, who has been seriously ill with pneumonia, is convalescent.

Dr. T. Richard Paganelli, Hoboken, has been appointed chief eye specialist of the Northern Dispensary, New York city. He continues his practice in Hoboken.

Dr. Ferdinand E. Riva, New Brunswick, was

laid aside a few days by blood poisoning from a surgical operation performed by him.

Dr. Patrick A. Shannon, New Brunswick, sailed last month for a few weeks' sojourn in Europe.

Dr. George T. Welch, Passaic, had a paper in the Medical Record, March 26th, on Salivary Calculi.

Dr. Charles S. Braddock, Jr., Haddonfield, has recently issued a pamphlet on "Some Notes on Beriberi as Seen in the Far East."

Dr. Sylvan G. Bushey, Camden, recently returned from a visit to Wilkes-Barre, Pa.

Dr. William A. Clark, Trenton, addressed the students of the High School, April 18, on "Medicine."

Dr. Henry H. Davis, Camden, is recovering from a serious attack of neuritis.

Dr. Dowling Benjamin, Camden, recently delivered an address in the State Street M. E. Church, Camden, on "The Churchman and Citizen from the Physician's Standpoint."

Dr. Bela G. Illes, New Brunswick, is visiting in Boston, Mass., and in Maine.

Dr. William H. Iszard, Camden, has recovered from a severe illness.

Dr. Alexander McAlister, Camden, has contributed an able paper to the Journal of the Camden County Medical Society on "The Latest Information of the Tubercle Bacillus."

Dr. Frank Johnston, Trenton, is recovering from serious illness. Dr. Walter Madden is attending him.

Dr. Edward L. Bull, Jersey City, narrowly escaped death from a bad automobile accident.

Dr. E. L. B. Godfrey, Camden, expects to return from California about May 26th. The doctor offers his Camden house and practice for sale.

Dr. Howard F. Palm, Camden, has recently recovered from severe illness.

Dr. H. Genet Taylor, Camden, has recovered from a severe and prolonged attack of gout.

Dr. Harry L. Sinxon, Paulsboro, narrowly escaped from drowning while canoeing recently.

Dr. Joseph H. Wills, Camden, is convalescing from a very severe attack of pneumonia.

Dr. George E. Reading, Wodbury, has recovered from severe illness.

Dr. John J. Reason, Carteret, and his wife and daughter recently recovered from a severe attack of ptomaine poisoning.

Book Reviews.

THE SURGERY AND PATHOLOGY OF THE THYROID and Parathyroid Glands, by Albert J. Ochsner, A. M., M. D., LL.D., Professor of Surgery, Univ. Ill., and Ralph L. Thompson, A. M., M. D., Professor of Pathology, St. Louis Univ. Sch. Medicine. C. V. Mosby Co., St. Louis, 1910.

While the surgery of the thyroid is the main feature of this book, the writers have also briefly considered the non-surgical treatment. They agree that fifty per cent., perhaps seventy-five per cent., of these cases may be cured by non-surgical means. The claims of both local and general anaesthesia are presented and a preference is expressed for properly guarded general anaesthesia. The collar incision and careful dissections, resulting in almost bloodless

operations, are advised as giving the best results. The operative procedures are clearly described and well illustrated. The type is large and clear. The book contains the latest ideas on thyroidectomy. The consideration of the anatomy, histology and functions of those important bodies, called parathyroid glandules, is quite full and will repay careful study.

THE CONQUEST OF DISEASE THROUGH ANIMAL Experimentation by James Peter Warbasse, M. D., Surg. German Hosp., Brooklyn, etc. New York and London. D. Appleton & Company. 1910.

While written more for the laity than for physicians, this little book will be of almost equal benefit to both. No one, except those poor victims of zoophilic psychosis, can fail to be pleased with the writer's numerous and convincing illustrations of the benefits accruing to the human race through the agency of animal experimentation. Dr. Warbasse presents seriatim the relations of animal experimentation to physiology, to the practice of medicine and hygiene, to the practice of medicine and to the diseases of the lower animals. He shows how in every department it has proved its usefulness. The book merits a wide circulation.

THE SEXUAL LIFE OF WOMEN IN ITS PHYSIOLOGICAL, Pathological and Hygienic Aspects, by E. Heinrich Kisch, M. D., Prof. German Med. Faculty, Univ. Prague, etc. Translated by M. Eden Paul, M. D. 97 illustrations. New York. Rebman Company.

The reader will find here much material not presented in works on gynecology or obstetrics. The sexual life of woman through the three periods of the onset, duration and cessation of menstruation is fully described. The relations of functional and pathological disturbances due to the sexual organs are thoroughly set forth and a large amount of information, important to the physician, is conveyed in a clear and readable manner.

MODERN SURGERY: GENERAL AND OPERATIVE. By J. Chalmers DaCosta, M. D., Professor of Surgery and of Clinical Surgery in the Jefferson Medical College, Philadelphia. Sixth Edition, greatly enlarged. Octavo of 1,502 pages, with 966 illustrations, some in colors. Cloth, \$5.50 net; half morocco, \$7 net. W. B. Saunders Company, Philadelphia and London. 1910.

The fact that this sixth edition follows the previous one within three years, indicates that the former editions have been of decided value to the profession, as would be expected of a work by so eminent an author. From our knowledge of the previous edition and our careful examination of this new volume we can endorse the claim that the former has been thoroughly revised and considerably enlarged, and that this revision has been an arduous task, as it bears evidence of the careful sifting of an immense amount of recent literature bearing upon several of the subjects embraced in the table of contents, and it also sets forth the results of the author's own study and extensive surgical practice. The work indicates, therefore, the wonderful progress made in this department of practice during the past few years

and gives present-day knowledge of the science and art of surgery. We cannot set this forth better than by giving some of the recent advances made as referred to in the revision and additions of this new edition as follows: Arteriorrhaphy based on the investigations of Murphy, Carrel and Matas; Crile's arteriovenous anastomosis for affecting transfusion of blood; Brewer's tubes for transfusion; use of Halsted's aluminum bands in treatment of aneurism, the operative treatment of recent fractures; Horsley's operation for chronic spinal meningitis; the use of positive and negative air pressure in intrathoracic surgery; Murphy's method of treating acute peritonitis; Cushing's operation of decompression for brain tumors; Bier's intravenous local anesthesia; the parathyroid glandules; the intraglandular extirpation of goiter; the Lorenz treatment of hip disease; cystoscopy and catheterization of the ureters; gunshot wounds in war; Bier's treatment of inflammation; Wright's view on inflammation; Rosenberger's method of diagnosing tuberculosis by finding the bacilli in the blood; immunity with a sketch of antibodies, of opsonins and of phagocytosis; bacterial vaccines; untoward effects of sera; tuberculin in diagnosis; fat embolism; crysipeloid; human glanders; Wasserman's reaction for syphilis; the serum diagnosis of cancer; acute dilatation of stomach, mesenteric cysts, congenital idiopathic dilation of the colon, teratoids and dermoids of the sacrococcygeal region; gonorrhœa; ankylosis; radium, electrical injuries and the X-rays. We unhesitatingly commend this volume to the profession.

A PRACTICAL TREATISE ON FRACTURES AND DISLOCATIONS. By Lewis A. Stimson, B. A., M. D., LL.D., Professor of Surgery, Cornell University Med. Coll., etc. Lea & Febriger, New York and Philadelphia. 1910.

This work is now presented to the profession in its sixth edition, revised and enlarged. The additions consist largely of studies of injuries of the wrist and ankle joints aided by investigations under the X-ray. We note also new sections on fractures through the floor of the acetabulum and of the internal epicondyle of the femur. Seventeen skiagraphs constitute a valuable addition to the work and with the numerous plates reflect credit alike on the author and the publishers. "Stimson on Fractures" will long maintain its place as an authority in this department.

THE DISEASES OF INFANCY AND CHILDHOOD FOR Students and Practitioners of Medicine. By Henry Koplik, M. D., Attending physician Mt. Sinai Hosp., etc., etc. Third edition. Lea & Febriger, New York and Philadelphia. 1910.

The third edition of this work comes to the reader thoroughly revised and enlarged. The sections on the treatment and diagnosis of infectious diseases and on infant feeding have been rewritten and brought fully up to date. New chapters on diseases of the ear, of the nervous system, idiocy, etc., have been added, increasing the size of the book by over 200 pages. Dr. Koplik's long and faithful service in hospitals and clinics for the diseases of children renders all of his observations of great value to the active practitioner.

BOOKS RECEIVED.

Diseases of the Stomach and Intestines. By Robert Coleman Kemp, M. D. With 280 illustrations, some in colors. W. B. Saunders Company, Philadelphia.

Pocket Therapeutics and Dose Book. New (14th) edition. By Morse Stewart, Jr., M. D. Small 32 mo., 263 pages. Cloth, \$1. W. B. Saunders Company, Philadelphia.

These will receive further notice in next month's Journal.

Public Health Items.

Speech of Senator Owen on the Bill to Establish a Department of Public Health.

Opening and closing portions of speech made by Senator Robert L. Owen, of Oklahoma, on this bill, in the United States Senate, March 24, 1910. (The bill was given in full in our April issue, page 587.—Editor.)

Mr. President: For years I have deeply desired to see laws passed by the United States which would render efficient and co-ordinate its agencies for the preservation of the public health, and in this way promote the protection of our people against the preventable death and disease, which not only has greatly impaired the working efficiency of the American people, imposed hundreds of millions of dollars of unnecessary costs upon the Federal Treasury, but has prevented an increase in our population of many millions of people. All other bills and administration measures, however urgent are, in my opinion, of minor importance compared to this subject of gigantic national interest.

The President of the United States takes a deep concern in this matter. He has frequently declared his desire to have all health and sanitary agencies of the government brought together in one efficient body. He has expressed no objection to a department of public health, and I feel authorized to say so, but without committing himself to a department or a bureau, as preferring one to the other, he has vigorously expressed himself in favor of the concentration of all these health and sanitary agencies into one co-ordinate efficient body.

Mr. President, the people of the United States suffer a preventable loss of over 600,000 lives per annum, a daily senseless sacrifice of an army of over 1,700 human beings every day of the year, over one a minute from one year's end to another, and year after year. This terrible loss might be prevented by reasonable safeguards under the co-operation of the federal and State authorities, each within strict constitutional limits and with an expenditure that is utterly trivial in comparison with its benefits.

These preventable deaths are caused by polluted water, impure and adulterated food and drugs, epidemics, various preventable diseases—tuberculosis, typhoid and malarial fevers—unclean cities, and bad sanitation.

Measuring the money value of an American citizen at \$1,700, this preventable loss by death alone is one thousand millions of dollars annually, equal to the gross income of the United States Government.

There are 3,000,000 people seriously sick all the time in the United States from preventable causes, of whom 1,000,000 are in the working period of life; about three-quarters of a million actual workers losing on an average of \$700 per annum, an approximate loss from illness of five hundred millions, and adding a reasonable allowance for medicine, medical attendance, special food and care, a like sum of five hundred millions, these losses would make another thousand million dollars of preventable loss to the people of the United States.

Do you imagine that these figures are exaggerated or fanciful, Mr. President? They are confirmed to us by the report of the Committee of One Hundred on National Health in its Report on National Vitality. (Bulletin No. 30, p. 12.) This bulletin was prepared by Prof. Irving Fisher, professor of political economy of Yale University, with the assistance of some of the most learned men in the whole world.

* * *

Mr. President, our pension roll of over \$150,000,000 per annum is three-fourths of it due to illness and death from diseases that were preventable. Under a wise administration in the past the United States would to-day be saving an annual charge of over \$100,000,000 on the pension list, and would have saved under this heading over \$2,000,000,000 and much human misery and pain.

Will you fail to listen when your attention is called to the vast importance of this matter and to the high standing of those who vouch for the accuracy and reliability of this statement? Will you, as the representatives of the people of the United States, fail to investigate and to act in a matter of such consequence?

There are the vital facts. There are the authorities.

Mr. President, nine years ago I had the importance of this subject called to my attention by an article read before the Cincinnati Academy of Medicine, October 7, 1901, on "Preventable disease in the Army of the United States—cause, effect, and remedy," by Major William O. Owen, a surgeon in the United States Army, printed in the Journal of the American Medical Association October 26, 1901, where he pointed out over 19,000 cases of typhoid fever in four camps—Chickamauga, Alger, Meade, and Jacksonville—with 1,400 deaths of the finest young men of America, nearly all of which was a preventable loss. The typhoid cases, with resultant deaths, were due to ignoring the laws of sanitation. (Exhibit 9). I drew this bill (S. 6049) in the hope of co-operating with the administration in making effective the most important of all forms of conservation—the conservation of human life—and in the hope of making effective the expressed desires of the numerous associations and societies of the United States who stand for a department of public health.

Mr. President, since introducing this bill I have been receiving letters from the most distinguished men in the United States indorsing the principle of the bill and expressing the earnest opinion that the time has come for establishing a department of public health.

I quote here from an article in the Survey, of New York—formerly the Charities and Commons—published by the Sage Foundation, March 19, 1910, page 938:

So, when Senator Owen introduces into the Senate of the United States the first really adequate bill to meet the problem of the conservation of our wasted national health—a bill for the establishment of a national department of health under a secretary who shall be clothed with the prestige and the authority of membership in the President's cabinet—when such a bill is presented to Congress, the old cry goes up from every quarter—the time is not ripe. But there are those who refuse to believe this, who know the time is overripe, some who even put it with Marcellus, that "something is rotten with the State."

The principle of the Owen bill is right. So says the American Medical Association, with its thousands of physicians; so says the Committee of One Hundred, with its thousands of men and women awake to the shortcomings of the multiplicity of government bureaus, each doing a little, some doing more, some doing less, and not all together doing a tithe of what needs to be done, and what co-ordination, consolidation, and unification in one great department could do.

"The-time-is-not-ripe" Congressmen will be content to repeat on and on until each awakes to the fact that his constituents believe that the time is ripe. Personal interviews, letters, telegrams, resolutions, petitions, newspaper articles, should go, and go at once, to the Senators and representatives of each man and woman who refuses longer to be put off in favor of protected trees, plants, and pigs; who believes in a protecting department of health as much as in a protecting Department of Agriculture.

The authorities are agreed that with our present knowledge the death rate of the people of this country may be cut in two. It is time the thing were done. The time is ripe for radicals, reformers, whatever their other creeds, philanthropists, charity workers, rich or poor, founded or without funds, to get together and to state squarely and openly, without equivocation, what is needed and what is demanded.

Until then, always we shall hear, "The time is not ripe."

Senator Owen concluded his able speech as follows:

Mr. President, I believe in the conservation of our natural resources—of our coal fields, oil and gas fields, water powers, forests, and mines; the development of our natural resources in establishing good roads and improving our waterways.

The conservation of these great natural resources of our national wealth are of great importance, but the conservation of the life and efficiency of our people is of far greater importance, and should not be destroyed or impaired by unthinking commercialism. The conservation of the vitality and efficiency of our people is a problem of the first magnitude, demanding immediate intelligent attention.

Why conserve coal fields and not coal miners?

Why conserve plant life and not human life?

Why conserve animal life and not child life?

We conserve our water powers and forests and forget our people.

We have a great department conserving animal life and plant life and no department conserving human life

This cannot continue.

I earnestly invite the Senate to consider Senate bill No. 6049 and the Report on National Vitality, by the Committee of One Hundred on National Health, which has been published as a Senate document and which gives in a compact form the essential principles relative to this matter, an abstract and summary of which I insert as Exhibit 1.

Under a department of public health these problems can be worked out with far greater efficiency. The co-operation of the authorities of the several States of the Union and of the municipalities of the several States, each one operated along the lines of constitutional propriety, can be established by a department of public health with much greater efficiency than through a subordinate bureau.

Indeed, under a subordinate bureau such co-operation is impracticable. The bureau has not sufficient dignity or power in an emergency. It has no national standing. It cannot take the initiative, but must always stand subject to the orders of a secretary too greatly influenced by mere apparent commercial and fiscal interest. A bureau of public health so controlled is pitiful, if not despicable, as an agency of an enlightened nation.

Mr. President, I present this bill (S. 6409) to the Senate with no pride of authorship, because I deserve no credit in that respect, and am perfectly willing to assist a bill drawn by any other Senator which shall better accomplish the purposes which I have at heart.

I realize that my colleagues are intensely preoccupied with the multitude of demands upon their time and attention.

But this is a question of vast national importance. In eight years we have increased our expenditures over the average of preceding years by the huge sum of \$1,072,000,000 for the army and navy (see speech of Mr. Tawney, chairman of the Committee on Appropriations, Record, March 4, 1909, 3835), and are spending 70 per cent. of the national income to cover the obligations of past wars and the preparation for possible future war, or about seven hundred millions per annum for such purposes. But for war on preventable diseases, now costing us infinite treasure in life, efficiency, and commercial power and prestige, we spend practically nothing and do not even employ the agencies we have in an efficient manner.

In the name of the people of the United States, and of the great State of Oklahoma especially, and in the name of the American Medical Association, whose 80,000 associates and members are the faithful and self-sacrificing guardians of the health of our people, and in the name of the Committee of One Hundred of the American Federation of Labor, of the National Grange, and of the various health boards of the 46 States of the Union and of the great body of learned men who unanimously desire improved sanitation and the application of the improved agencies of preventing disease, disability, and death, I pray the Senate to establish a department of public health with a Cabinet officer at the head of it.

The principle of the bill meets the general approval of the public health societies and of the medical associations of the United States, and there should be no difficulty in perfecting this bill and in impressing upon the country the importance of organized effort to control the ravages of tuberculosis, typhoid and malarial diseases, which inflict such enormous injury upon the people of the United States, impose such vast, but needless, human misery and pain, with so great financial loss and loss of prestige and power.

A commercial nation will not be unmindful of the commercial value of the saving of life and efficiency possible, which is easily worth \$3,000,000,000 per annum.

A humane nation will not fail to act when it is known that we could save the lives of 600,000 of our people annually, prevent the sickness of 3,000,000 of people per annum, who now suffer from preventable disease, and greatly abate the enormous volume of human pain, misery, and death.

I believe in the conservation of our natural resources, and I believe in the conservation of the life and health of our people, the protection of the children of this country from preventable diseases, from infected milk, from infected ice, and from other things which unnecessarily destroy their tender lives. I have submitted here, as evidence of what can be done, the substantial results shown to have been accomplished in New York City in the protection of child life. I have offered the tables as exhibits, asking those Senators who take an interest in the subject to look at them and see what they really mean.

Thousands of people are ignorantly and needlessly exposed to the poison of the mosquito and fly, to bad water, bad air, bad food. We ought to have every school-teacher in the United States with bulletins in his hands, teaching the lessons of simple public health, the lessons that will protect the children from the infected mosquito, that will protect the country family from the infected fly that causes typhoid fever. We ought to save the lives of those people, and we cannot do it with a health bureau that has to ask the Secretary of the Treasury before the head of that bureau may make a comment on a public-health question.

It is unspeakably bad to have such a system of government. I think we ought to amend it; that we ought to amend it without delay, and that no pride of opinion ought to stand in the way.

Pure Food Law Conviction.

A physician recently was found guilty in the United States Circuit Court on an indictment charging violation of the pure food law. The Government contended that the label describing the uncooked wheat bread he sold as a cure-all for stomach trouble was a misrepresentation of the actual properties of the article. The penalty is \$250 fine.

Health Conditions in the Canal Zone.

The February, 1910, report of Colonel Gorgas, of the Isthmian Canal Commission, shows an annual average per thousand of deaths from all causes among employees of 8.75, as against 9.42

for the corresponding month of last year and 12.80 for February of 1908. The death rate per thousand for the entire population of the Canal Zone and the cities of Panama and Colon was 17.50, as against 18.59 for the corresponding month of last year and 21.40 for the month of February, 1908. No cases of yellow fever, plague or smallpox originated on or were brought to the isthmus during the month.

The Increase of Cancer.

A gloomy feature of the registrar-general's report on the vital statistics of England and Wales for 1908, which has only just been published, is the alarming increase in the death rate from cancer. From 0.55 per 1,000 of the population in the quinquennial period 1881-85, the rate has continually risen until it attained 0.92 in 1908. An international table of twenty countries is given, on which the following comment is made: "This country occupies an unenviable position with respect to the mortality from cancer, the rate for England and Wales being exceeded in only two European countries—Switzerland and the Netherlands. Scotland occupies a slightly better position (fourth), and Ireland, notwithstanding its abnormal age constitution, a much better position (seventh, with a rate of 0.76). In all the countries from which returns have been received the mortality from cancer has shown a general tendency to increase in recent years. There is one satisfactory feature: there has been a cessation of the increase in women under 55.

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

Monthly Statement, March, 1910.

The total number of certificates of death received for the month ending March 10, 1910, was 3,096. By ages there were 560 deaths among infants under one year, 252 deaths of children over one year and under five years, and 1,001 deaths of persons aged sixty years and over.

The mortality from scarlet fever and diphtheria continues above the average while the number of deaths from tuberculosis, pneumonia and other diseases of the respiratory system show a marked decrease*, which is expected at this season of the year. The deaths from typhoid fever are less than for any period during the last nine months.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending March 10, 1910, compared with the averages for the previous twelve months, these averages being given in parentheses:

Typhoid fever, 16 (25); measles, 16 (20); scarlet fever, 31 (27); whooping cough, 17 (24); diphtheria, 71 (51); malarial fever, 0 (2); tuberculosis of lungs, 282 (300); tuberculosis of other organs, 65 (57); cancer, 134 (140); cerebro spinal meningitis, 11 (16); diseases of nervous

[*According to the above statistics March shows a considerable increase in deaths from pneumonia and diseases of respiratory system.—Editor.]

system, 344 (353); diseases of circulatory system, 392 (346); diseases of respiratory system, (pneumonia and tuberculosis excepted) 326 (211); pneumonia, 336 (264); infantile diarrhoea, 49 (196); diseases of digestive system (infantile diarrhoea excepted), 173 (186); Brights disease, 229 (216); suicide, 26 (35); all other diseases or causes of death, 578 (597); totals, 3,096 (3,066).

Laboratory of Hygiene—Bacteriological Department.

Specimens for bacteriological diagnosis—Specimens examined from suspected cases of diphtheria, 551; tuberculosis, 500; typhoid fever, 245; malaria, 24; miscellaneous, 61; total, 1,381.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending March 31, 1910, 627 samples of food and drugs were examined in the State Laboratory of Hygiene. The following were found to be below the standard: Fourteen of the 283 specimens of milk; 42 of the 58 of butter; 3 of the 13 of oleomargarine; 6 of the 61 of vinegar; 2 of the 7 of yeast; 3 of the 118 of spices; 27 of the 46 of essence of peppermint and 10 of the 14 of tincture of iodine. All samples of lard, molasses and sausage were found above standard. Suits have been instituted for adulterations of the following: Milk, 4; butter, 11; oleomargarine, 2; spices, 3; vinegar, 2; peppermint and iodine, each 1.

Division of Creameries and Dairies. Dairies and Milk Shops.

The first column of figures gives the number of dairies inspected in the different counties specified; the second column the number found above 60 per cent. of the perfect mark and the third the number below 60 per cent. of the perfect mark.

	Number		
	Inspected.	Above.	Below.
Bergen	4	3	1
Burlington	2	0	2
Camden	23	11	12
Essex	1	0	1
Hunterdon	69	17	52
Mercer	5	2	3
Middlesex	6	0	6
Monmouth	1	1	0
Morris	5	5	0
Somerset	5	2	3
Sussex	4	1	3
Total	125	42	83

Number of water samples collected from dairy premises, 25; number of letters sent to dairymen, 59.

During the month of March, 1910, the following local boards of health requested inspections of dairies supplying their localities with milk: Collingswood, Hopewell, New Brunswick, Orange, Perth Amboy, Princeton, Rahway and Roselle.

Inspections of dairies supplying the following hospitals were made during the month:

All Souls' Hospital, Morristown, C. W. Mc-

Alpine, Morristown; Memorial Hospital, Morristown, James Haight, Whippany; Hackensack Hospital, own dairy; Franklin Furnace Hospital, A. Tallman, Ogdensburg; Englewood Hospital and Englewood Baby Dispensary, Oradell Farms, Oradell.

Creameries.

The following creameries were inspected during the month:

Baptisttown, 2; Bevans, Camden, 4; Clover Hill, Everettstown, Flemington, Frenchtown, 2; Franklin Park, 2; Great Meadows, Irvington, 2; Jutland, Lafayette, Monroe, 3; Montgomery, Newark, 12; Oak Summit, Reaville, Sparta and Tranquility; total, 39.

Letters sent to creamery operators, 27.

Licenses recommended, 1.

Water samples collected from creamery premises, 4.

During the month ending March 31, 1910, 109 inspections were made in 62 cities and towns.

The following articles were inspected during the month, but no samples were taken: Milk, 796; butter, 689; foods, 1,106; drugs, 343.

Other inspections were made as follows: Milk wagons, 387; milk depots, 69; grocery stores, 477; drug stores, 49; meat markets, 46; milk cans, 725.

Division of Sewerage and Water Supplies.

Total number of samples analysed in the laboratory, 152; public water supplies, 62; dairy wells, 31; State institution supplies, 9; private wells, 23; creamery supplies, 4; sewage samples, 21; miscellaneous, 2.

Inspections.

Public water supplies were inspected at Bridgeton, Mount Holly, Pemberton, Smithville, Merchantville, Wharton, New Milford, Williamstown, Blackwood, Grenloch, Woodbine, Clarksboro, Mullica Hill.

Sewerage systems and disposal plants were visited at Merchantsville, Vineland, Burlington, Pemberton, New Lisbon, Smithville, Brown's Mills, Woodstown, Asyla, Overbrook, Ridge-wood Haddonfield, Newton, Freehold, Lincoln and Plainfield.

Special inspections were made at Brown's Mills, Pemberton, New Lisbon, Smithville, Englewood, Flemington, Williamstown and Crosswicks.

Stream inspection of Rahway, Raritan, Elizabeth and Whippany rivers and their tributaries.

Number of re-inspections made, 27; number of persons summoned before the board, 35; number of cases referred to the Attorney-General, 16.

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

Since March 1, 1910, the following articles have been accepted by the council for new and non-official remedies.

Heyden Chemical Work.—Carbosant.

Armour & Co.—Ovarian substance desiccated; parotid glands, desiccated; spleen, desiccated; thymus, desiccated; mammary substance.

New Jersey

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