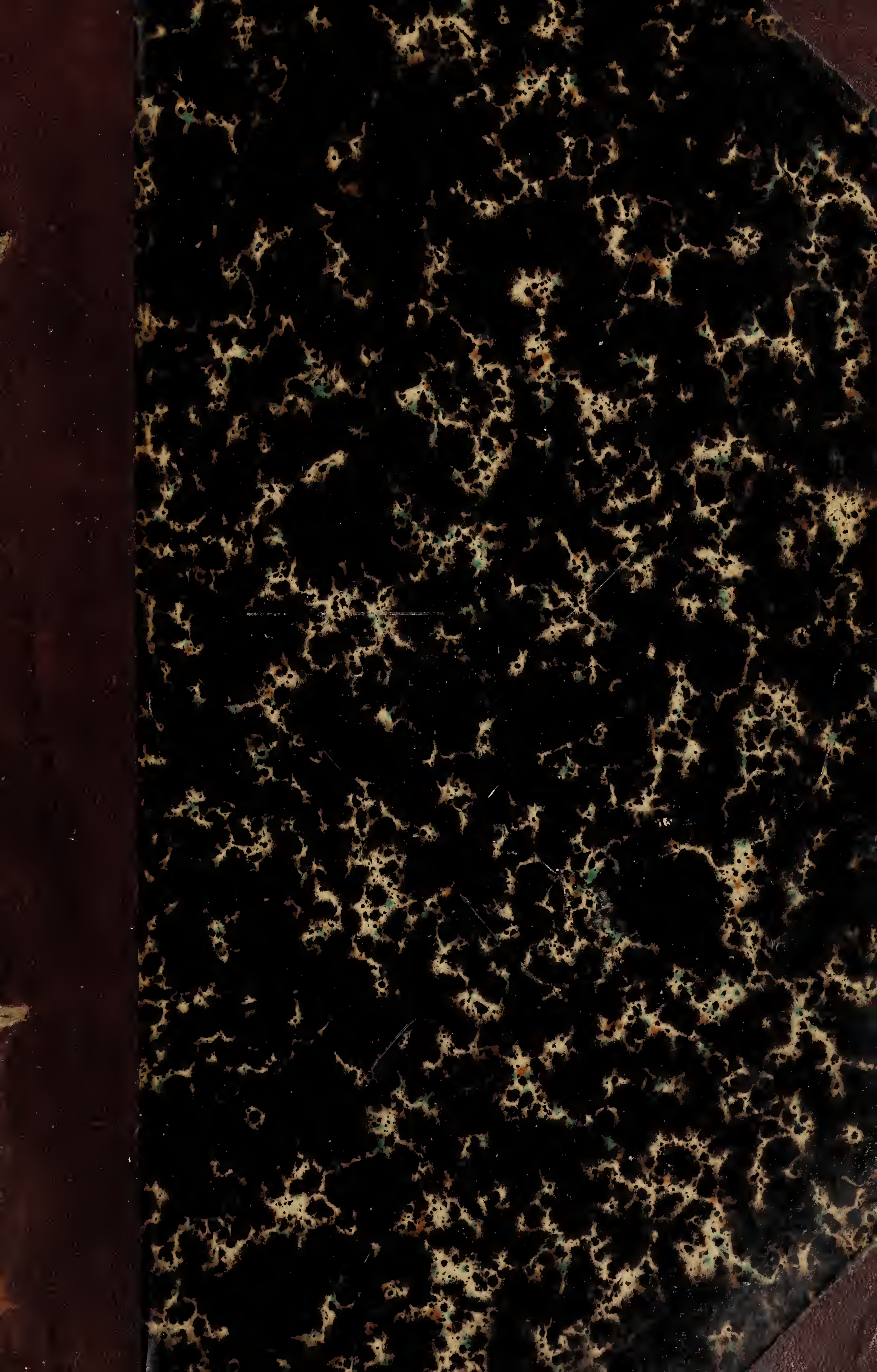

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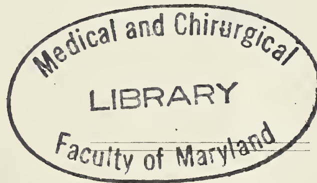
VOLUMES XL-XLI.



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Original Articles.

KELOID FOLLOWING BURNS.

By John V. Shoemaker, M.D., LL.D.,

Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital, Philadelphia.

A DISTRESSING consequence of severe burns came under my observation some time ago in the form of extensive keloid growths. The patient was a white man, fifty-three years of age, a miner by occupation, who had been burnt six months previously in a mine explosion. He fell upon his left side, throwing up his right arm in order to protect his face. For this reason the most extensive lesions are upon the right side. He did not lose consciousness at the time of the accident. His burns were treated in a hospital near his home.

The following notes describe the lesions existent when the patient was first seen by the writer:

Present Condition. — Face — Keloid growths exist upon the right side of the face, upon the forehead near the hairy scalp, in front of each temple and upon the right ear. There is a linear lesion behind the right ear. The tumors are all rather small, hard, dense and inelastic. Upon the left side there is a growth in front of the ear and another upon the auricle. A growth is found also upon the back of the neck.

Right Shoulder—A very large patch, corresponding closely to the outline of the scapula, occupies the shoulder. An offshoot extends outward over the deltoid region. The affected surface is of a dull red color. The lesions are hard and somewhat raised above the surface. This large lesion is surrounded by a few nodular growths of the same character. It is the seat of constant sharp, darting pain, which he compares to electric shocks. The pain causes incessant twitching or shrugging movements of the shoulders and robs the man of sleep.

Left Shoulder—Over the upper border of the scapula is a patch of an irregular shape and about two inches in diameter. Below this patch are four or five nodular lesions.

Right Arm—A little below the shoulder upon the surface of the arm is a keloid tumor. A similar lesion, rather square in outline and about one and one-half inches in diameter, is present upon the outer side of the arm half way between the shoulder and elbow.

Right Hand—From the wrist to the finger tips the skin of the back of the hand is transformed into a hard, dull red, rough, ridgy cicatricial tissue. The patient is able only slightly to flex the fingers.

Left Hand—Upon the dorsum is a growth similar in every respect to that of the opposite member, but a little less extensive. The thumb, for instance, is spared, except for a line of keloid upon the inner side of its dorsal surface and corresponding to the length of the phalanges. Upon the back of the fourth and fifth fingers the lesions are not quite as complete as those upon the right hand. The man can move the fingers but little. Both hands are painful and tremulous.

Such a case as the foregoing involves a consideration of burns and their consequences, as well as the nature of keloid.

According to the degree of heat, the length of contact and the nature of the heated substance, the effect differs widely in severity. In burns of the first degree, or erythematous burns, the surface is reddened and somewhat swollen. They are followed by some desquamation, but there is no destruction of the corium. Burns of the second degree, or the bullous variety, cause vesication, but the corium escapes deep injury, and, therefore, there is but little scarring. In burns of the third degree, however, or the escharotic variety, the skin is destroyed, and perhaps much of the subcutaneous tissue shares the same fate. Consequently, if the injury is not mortal, repair must take place by the process of cicatrization. Peculiarities of the scar due to burns depend upon the extent, depth and situation of the injury. A scar is nature's effort to reproduce tissue which has been destroyed. It is but a partial success, for the cicatrix is never the structural equal of the tissue whose place it takes. The scar is what has been called an analogous tissue. Its characteristics are essentially the same, whether situated upon the integument or in the parenchyma of a viscus. It consists of fibrous tissues. This is an elemental tissue and constitutes a substratum of the more highly developed and specialized organs. Cicatricial tissue, when fully formed, consists principally of fibers and contains few cells. As the cells disappear the fibers exhibit a marked tendency to contraction. The scanty blood vessels of scar tissue are compressed by the shrinkage of the fibers, and the surface is, therefore, pale.

The glands of the skin are not regenerated in the process of cicatrization. The scar is more lowly organized than the tissue for which it is a substitute. This feature of its constitution renders the scar liable to degeneration. It falls a more easy victim, for instance, to traumatism than does a more highly-developed structure.

The rapid spread of burns, the extent of surface often involved and the situation in which they may occur, together with the contractile tendency of cicatricial tissue, explain the frightful deformities which may result from burns of the third degree. The head may be drawn downward to the shoulder or breast, the joints may be anchylosed, the fingers flexed or webbed, and the hands, in fact, rendered entirely useless. The present patient has been in this way incapacitated by crippled fingers.

Individual scars often have features of their own by which their cause may be identified. The scar of a successful vaccination is thoroughly typical and can be recognized at a glance. The cicatrices left by ulcerative lesions of late syphilis usually possess a distinctive physiognomy which is frequently of value in the diagnosis of the visceral manifestations. Obscure cerebral or hepatic disorders, for instance, may receive a clue to their explanation by the presence upon the surface of syphilitic cicatrices. The scars due to ulcerated scrofulous glands possess distinctive characteristics by which we are able to determine their origin without a question asked. The scars of lupus upon the face may usually be ascribed to their proper cause. To come nearer to our present subject, the cicatrix of a burn is generally of characteristic aspect.

By an obvious distinction scars are subdivided into those which are plane with, those which are depressed below, and those which are raised above the surface. Of these three varieties, the third, or hypertrophic cicatrix, approaches most closely to the features of a keloid growth. Both are somewhat elevated above the surface, both are composed of fibrous tissues, both are hard and dense. The resemblance, in fact, is so close that some writers make no distinction between the two lesions.

In order to separate hypertrophic scars from keloid it is necessary to study the features of the latter disease.

Keloid is a neoplasm of the corium, formed of fibrous filaments, closely packed together, and for the most part disposed parallel to the long axis of the tumor. When first observed by the patient the growth is small, about the size of a pea or bean, hard, and slightly elevated above the surface. As a rule, there is in the beginning but a single tumor, but others may subsequently develop. The tumor or tumors grow slowly in

size, and as they enlarge are liable to assume various shapes. A very usual form is an oval outline, but the growth may be elongated, spread out in a patch or arranged in the form of a band or ridge. As keloids extend nodules of the same nature are apt to arise along the borders of the main tumors. This feature of the disease is illustrated in the case under discussion.

In progress of time spurs of fibrous tissue often project outward from the main growth, producing a crab-like outline. The progress of the growths is slow, and they may continue to enlarge for years before they attain their maximum. They are very variable as regards size. Some tumors are of enormous dimensions.

Keloid growths are differentiated among themselves according to their mode of origin. One large class, in which belongs the present case, is the result of some form of injury. The severity of the injury which may give rise to keloid varies within extremely wide limits. It may follow a trifling scratch, a blow from a whip, the irritation of a blister, etc., or it may develop upon the site of a wound or deep burn.

In a second class the keloid tumor appears to originate spontaneously, and for that reason is known as idiopathic, or true keloid. It has often been suspected, however, that cases of this variety have their point of departure in some slight form of cutaneous irritation, as, for instance, the lesion of acne. It is obvious that there must be a predisposition in some patients to the occurrence of keloid, since such insignificant accidents are sometimes followed by the growth, while in the vast majority of individuals no deleterious consequence would spring from an equivalent injury. It has long been observed that the negro is peculiarly susceptible to keloid. In this race, especially, it occurs as a result of slight wounds.

One important difference exists between idiopathic keloid and cicatricial tissue. In the former the epidermis is but little affected and the glands of the skin are more or less preserved intact. In cicatrices the cutaneous glands have been destroyed. In the present case, the result of deep burns, the glands have undoubtedly perished.

Scars are prone to ulcerate upon slight traumatism. Ulceration has no part in the life-history of keloid. Scars are unmarked by the spurs or processes which the keloid tumor throws out around its borders. Hypertrophic scars are not uncommonly absorbed, but this occurrence is extremely rare in keloid. Hypertrophic scars are sometimes transformed into keloid tumors, but they are in themselves destitute of one of the most characteristic features of the latter disease. In keloid there is an invincible tendency to recurrence, and this disposition is so marked and well known that surgeons generally discourage extirpation, as it is soon followed by return.

Keloid tumors are usually sensitive to pressure, and in some instances pain may occur spontaneously, usually of a pricking or burning character, and in some cases itching occurs. In the case which is the subject of this paper the atrocious pain seems to have been due to the entanglement of considerable nerve fibers in the neoplastic tissue. His involuntary and constant twitchings indicate that sensory as well as motor fibers were implicated. This is an unusual feature of keloid, and must be ascribed to the nature of the cause which excited the growth.

The tendency to recurrence of keloid may, perhaps, depend upon the constitutional predisposition. The tumor is known to follow, in some instances, an operative wound. This fact should help us to understand why keloid, so similar histologically to fibroma, and, like the latter, a benign growth, should, above all other innocent neoplasms, exhibit a character which is typical of malignant growths.

The treatment of keloid, especially when the disease is so widely spread as in the case which I have here described, is a difficult matter, and experience does not justify great expectation of success. Removal by the knife is easily accomplished, but the recurrent tumor is usually larger than the original growth. Recurrence takes place also after destruction of the tumor by caustics. We may be obliged, as in the present instance, to adopt some measures for the relief of pain. For this purpose hot and cold ap-

plications, plasters impregnated with opium, belladonna, camphor, aconite and arnica, alone or variously combined, and injections hypodermically of morphine or cocaine are among the methods to which we may have recourse. The hypodermic use of narcotics is apt to produce a habit, and must be employed with great caution. Compression by means of plaster or collodion has some ability to check the progress of the disease. Morphine can be advantageously suspended in the collodion. Another procedure which will sometimes relieve suffering while promoting absorption consists in puncturing the tumor with a small knife. The same statement may be made as regards galvanism and electrolysis.

These three principles—compression, incision and electrolysis—are the most promising means at our command for the treatment of keloid. They may be used separately or in alternation. Instead of a single or a few punctures, Vidal introduced a few years ago a method of multiple scarification. The incisions are made to cross each other at right angles or obliquely and to penetrate the entire thickness of the tumor. This operation is repeated every eighth day, and in the meantime the surface is kept covered with a mercurial plaster. Vidal's method may be satisfactorily alternated with electrolysis.

Erroneous Habits of Eating.—"I have come to the conclusion," says Sir Henry Thompson, in the Medical Record, "that more than half the disease which embitters the middle and latter part of life is due to avoidable errors of diet; and that more mischief, in the form of actual disease, of impaired vigor, and of shortened life, accrues to civilized man from erroneous habits of eating than from the habitual use of alcoholic drink, considerable as I know that evil to be."

* * *

For Mucous Patches. — Kirstein (Medical News) has found a 5 per cent. solution of corrosive sublimate very efficacious for swabbing syphilitic patches of the mouth and pharynx, causing their disappearance more rapidly than any of the drugs commonly employed for the purpose.

NOTE ON SOME TOXIC EFFECTS FROM THE USE OF CITRATE OF LITHIUM TABLETS.

By Louis Kolipinski, M.D.,
Washington, D. C.

READ BEFORE THE THERAPEUTIC SOCIETY OF THE DISTRICT OF COLUMBIA, APRIL 9, 1893.

Since citrate of lithium in the form of effervescing tablets has come into popular use and is much employed by invalids for self-medication in a variety of ailments where a lithia mineral water, in their judgment, seems indicated, I have thought it opportune to note that lithium salts are not innocuous bodies, and that they possess other than remedial powers.

The toxic symptoms in the cases to be narrated, whilst in no sense grave or dangerous, were, however, sufficiently acute to alarm not only the patients, but their families even more so. The treatment following a correct diagnosis was purely expectant; the offending drug discontinued, and in both cases the patients in a few days were in their normal condition.

Case I.—Mr. W., an octogenarian; an educated man of highly nervous temperament; his mental and physical faculties well preserved; at times suffers acutely from the irritable bladder of senile hypertrophy of the prostate, and has been compelled to use a catheter occasionally for some years. I was subsequently informed that he had been directed to take one lithia tablet daily, but he took in one day five, immediately succeeded by the following symptoms. After a few days his family, alarmed at his condition, called for medical advice. Being much annoyed by thirst, began to take lithia tablets. He presented a state of general prostration, muscular weakness making locomotion impaired. The upper extremities, particularly the hands, presented a constant fine tremor of acute onset and so severe that he no longer could write his name, an act that he very readily could perform a few days previous. The tremor was apparently of the senile variety, but its sudden onset negatived this assumption. Complete recovery in three or four days.

Case II.—I. J., a small athletic man of sixty, had been suffering with muscular rheumatism, his yearly visitant, for the last two months. He had been taking four or five lithia tablets daily. His pulse standing is 84, and weak. There is a compensatory aortic valvular defect. He complains of cold hands and feet, which he never felt before. Says "he feels his blood don't circulate." Marked tremor in the right hand when extended, not in the left. Marked tremor and unsteadiness when he puts on his shoes or his gloves. He feels himself grown weak, and notices his muscular movements not so active as formerly, in the last few weeks. His handwriting (his signature) at times normal at other times a slight unsteadiness. He notices that it requires a greater muscular effort to write his name. He feels himself suddenly very old, and is thereby much depressed in spirits. Five days later completely restored to his former self.

Medical Progress.

Yellow Journalism.—Many physicians of this country, says the Archives of Pediatrics, seem to be harassed by a consuming desire for what they denominate the "practical." To these men the "practical" article usually means one upon treatment or the management of disease. It is quite true that the ultimate aim of the medical man's effort is the cure of disease or the relief of suffering, but it is a very narrow view that regards only articles of the kind mentioned as practical. The doctor ought to be something more than a peripatetic disseminator of drugs and prescriptions. The article from the post-mortem room which renders diagnosis easier, and obscure conditions clearer, is as practical as an article on treatment. The report of the laboratory worker and physiological experimenter, which adds to our knowledge of the origin and cause of disease, is far more practical than a collection of prescriptions. While the treatment and management of disease is the ultimate object of the physician, it is an axiom that treatment cannot be judiciously planned nor, except by chance, effective which is not based upon a correct diagnosis and a thorough knowledge of the condition to be treated.

We sometimes feel inclined to refer those doctors, so eager for the so-called practical, to certain daily newspapers of the yellow type. These journals contain each day a column devoted to medical subjects. Here one may find valuable hints for the cure of stomach-ache, the treatment of chicken-pox and many things enumerated as good for children teething. This is the kind of knowledge that these gentlemen need. They have a keen scent for prescriptions, and value an article in proportion to the number it contains. These they try one after another because they are labeled as "good" for some particular ailment. A large part of these prescriptions are old and have long been floating among medical journals and worked on therapeutics. While a part of them may be relied upon to kill, with more or less precision, the infants upon whom they are tried, others are not harmful, and some are really good.

The man who settles down to the use of these ready-made prescriptions, however, or to the use of ready-made proprietary medicines, is soon as far beyond reformation as the habitual drunkard. He loses not only the power, but even the inclination to turn from the error of his ways and lead a better life. He is content with the crudest empiricism. The enterprising manufacturer concocts a new mixture and tells him it is "good" for some disease, and he forthwith uses it. He sometimes stops here, fortunately, but in too many cases, after administering it to two or three patients, he writes to the journals about it. The general practitioner, it is true, should be encouraged to write more than he does and to report his interesting cases more freely. But the crude observations of men who draw sweeping conclusions from a few cases, or advocate treatment which has not received adequate trial, is to be condemned in the strongest possible manner. This is not "practical" medicine; it is yellow journalism in its worst form, and of all yellow journals, the yellow medical journal is the worst. Its sensationalism not only corrupts medical men, but endan-

gers the safety of the community. It develops in its readers depraved tastes, and renders them incapable of enjoying the study of scientific medicine. It destroys the taste for better literature and renders it more difficult for reputable journals to live. Month after month these yellow journals contain no article that will live and be worthy of record, because they add nothing new to the stock of knowledge. Their articles are compiled or rehashed from the works of other men, or worse than that, contain things that are untrue and are not based upon experience.

* * *

Local Application of Steam in Metrorrhagia.—At the last Surgical Congress Professor Dührssen of Berlin made a short communication on the "Treatment of Menorrhagia by the Local Application of Steam," and an abstract of of this article appears in the London Lancet. The method was devised by Professor Snegirjeff of Moscow, who applied steam at a considerable temperature in a case of profuse hepatic hemorrhage after the extirpation of an echinococcus, and he subsequently had recourse to it in uterine hemorrhages. Professor Dührssen points out that a permanent cure of dangerous metrorrhagia may be effected in this way without an anesthetic being required, and that the method is applicable in some cases for which severe operations have hitherto been considered necessary. The apparatus employed is quite simple, consisting of a boiler, which is heated by a spirit lamp, and from which steam is supplied by a caoutchouc tube to a metallic catheter introduced into the uterus, so that the steam from the boiler escapes through the eyes of the catheter into the uterine cavity. When steam has acted for one minute the mucous membrane of the uterus becomes white and hemorrhages generally stop at once. After four days a second application may be made, but not for more than one minute, as the mucous membrane is liable to be destroyed by the prolonged action of steam. Professor Dührssen's first cases were three patients, one of whom was the subject of hemophilia and suffered from menorrhagia so profuse that her life was endangered, and extirpation of the uterus had been proposed by her medical attendant. In this case the hemorrhage was stopped by a local application of steam of two minutes' duration, but after nine days a tubular body was discharged from the uterus, which proved to be the entire uterine mucous membrane, together with a portion of the subjacent muscle. The patient had a second hemorrhage thirteen days afterwards, and on the twentieth day steam was applied for the second time, after which no menorrhagia ensued. The exfoliation of the uterine mucous membrane, of course, produced complete adhesion of the uterine walls, so that on examination some weeks later no uterine cavity could be found. The same was observed in the two other cases. The method is, therefore, contraindicated in young persons, and, of course, in hemorrhages due to malignant growths; but it is specially useful in profuse metrorrhagia at the climacteric period caused by chronic metritis or by interstitial myoma. To avoid adhesion of the uterine walls in young patients, Professor Dührssen proposes to apply the steam for a quarter of a minute only, and not to repeat it before the next menstruation. This treatment has also been employed successfully in puerperal fever, especially in septic endometritis and in subacute and chronic gonorrhea of the cervix.

* * *

The Doctor.—The Cleveland Medical Gazette, in a facetious mood, says that the doctor, above all things, is a philanthropist. He may be learned in medicine, naval warfare, or something else. He is not supposed to be wealthy, but cannot stand the trials of poverty. The populace cares not for the ills nor trials of a poverty-stricken physician. He is posing as a philanthropist, while he wears the garb of the needy. Such hypocrisy is disgusting to the sensitive man of means.

The doctor should at all times wear a benevolent countenance and cast a cheering word right and left as he moves about his town. He should understand law,

theology and politics, as well as merchandise, mechanics and farming. He should read all of the daily papers, medical journals, scientific publications and popular novels. He should attend church and lodge meetings, go to the theater, receptions, private functions, baseball games, horse races, and should be present at all political caucuses and conventions. He should at no time absent himself from medical meetings, nor neglect the public library.

The doctor should study Delsarte and Swedish movements, for his physical culture and grace of action; must know how to dance and play whist and other popular evening games. He should never get weary; a tired look indicates a weakness and savors of poverty. His vocabulary should be full, elegant and sparkling, and his clothing should indicate the refinement of a polished gentleman.

The doctor should respond to the calls of the citizens, night or day, and be great and benevolent enough to see and overlook every moral weakness of his patient. He must understand all of the frailties of man and womankind, and in a spirit of humility must instruct, aid and uplift.

The regular physician should understand the principles, methods and dogmas taught by other schools. He should understand the spiritual workings of Christian science, the mysteries of osteopathy, and the occult influences so largely banked upon by people in high society.

Medical bills should be presented but once a year. They should be moderate and well tempered to the shorn lamb. The doctor must not forget that the practice of medicine is no longer a business, the only object for sending out bills at all, in these modern times, being to shield the diffident from a sense of obligation.

As there are now but a few doctors left, in proportion to the vast field of glory before the profession, is there not a stirring need that medical colleges should be increased in size, number and quality to meet the ever-increasing and boundless demands for high-class medical philanthropy?

The Treatment of Acute Dysentery by Large Enemata.—The large experience of Dr. F. M. Sandwith of Cairo, Egypt, in the treatment of acute dysentery is well worth recording. In an address before the British Medical Association, reported in the British Medical Journal, he says he lost faith in ipecacuanha, and, while he got better results from magnesium sulphate by the mouth, of late he has trusted a great deal to enemata, on the grounds that the disease is at its onset local, and should be attacked by local remedies, and also that we now know that the amoebæ can be destroyed by antiseptic solutions, such as quinine, 1 in 5000 (Lösch). He used to employ nitrate of silver, but now prefers sulphate of copper. All cases were treated in the usual way as regards rigid rest in bed, with compulsory use of the bedpan, and the abdomen was swathed in cotton-wool and flannel belt. The anus was kept clean, and a cocaine suppository was used when the enema caused pain. The food was chiefly rice water, boiled milk, lime water, and soda water with brandy in small doses if necessary.

In commenting on this paper, Dr. William Osler said that he regarded enemata in cases of acute dysentery with some disfavor on account of the acute pain caused when the diseased bowel was filled with fluid. The exhaustion consequent on the operation was also a deterrent to its use, and however valuable in chronic ailments of the large bowel, the method was not without objections in acute cases. He had at times allayed the pain of enemata by the use of cocaine.

* * *

Some Observations on Brain Anatomy and Brain Tumors.—Dr. William C. Krauss of Buffalo read a paper at the 92d annual meeting of the Medical Society of the State of New York, Albany, January 25, 1898, with the above title.

He called attention (1) to the difficulty in remembering the gross anatomy of the brain, and (2) to the almost universal presence of optic neuritis in cases of brain tumor.

He attempted to overcome the difficulty in regard to the anatomy of the brain by formulating the following rules,

which are somewhat unique and original, and at the same time easily remembered:

Rule of Two—1. The nerve centers are divided into two great divisions, (1) encephalon, (2) myelon. 2. The encephalon is divided into two subdivisions, (1) cerebrum, (2) cerebellum. 3. The cerebrum, cerebellum and myelon are divided into two hemispheres each, (1) right, (2) left. 4. The encephalon is indented by two great fissures, (1) longitudinal, (2) transverse. 5. Into these two great fissures there dip two folds of the dura, (1) falx cerebri, (2) tentorium cerebelli. 6. There are two varieties of brain matter, (1) white, (2) gray.

Rule of Three—1. There are three layers of membranes surrounding the brain, (1) dura, (2) arachnoid, (3) pia. 2. Each hemisphere is indented by three major fissures, (1) sylvian, (2) rolandic or central, (3) parieto-occipital. 3. Three lobes, frontal, temporal and occipital, on their convex surface, are divided into three convolutions each—superior, middle and inferior, or first, second and third. 4. There are three pairs of basal ganglia, (1) striata, (2) thalami, (3) quadrigemina. 5. The hemispheres of the brain are connected by three commissures, (1) anterior, (2) median, (3) post-commissure. 6. The cerebellum consists of three portions, (1) right, (2) left hemisphere, (3) vermes. 7. There are three pairs of cerebellar peduncles, (1) superior, (2) middle, (3) inferior. 8. The number of pairs of cranial nerves, in the classifications of Willis and Sommering, can be determined by adding three to the number of letters in each name—that of Willis making nine, and that of Sommering making twelve (or the name containing the more letters has the larger number of pairs of nerves and vice versa). 9. The cortex of the cerebellum is divided into three layers of cells, (1) granular, (2) Purkinje's cells, (3) a molecular layer.

Rule of Five—1. Each hemisphere is divided externally into five lobes, of which four are visible, (1) frontal, (2) parietal, (3) temporal, (4) occipital, and one invisible, (5) insula (Isle of Reil). Roughly speaking, the visible lobes correspond to the bones of the cranium; that is, the frontal lobe is underneath the frontal bone, the parietal lobe beneath the parietal bone, etc. 2. The brain contains five ventricles, of which four are visible—the right and left, or first and second, the third and the fourth—and one invisible, the fifth, or pseudo-ventricle. 3. The cortex of the brain contains five distinct layers of ganglion cells.

Studying carefully 100 cases of brain tumor, in which an ophthalmoscopic examination had been made for the presence or absence of choked disc (optic neuritis), Dr. Krauss announced the following conclusions:

1. Optic neuritis is present in about 90 per cent. of all cases of brain tumor.

2. It is more often present in cerebral than in cerebellar cases.

3. The location of the tumor exerts little influence over the appearance of the papillitis.

4. The size and nature of the tumor exerts but little influence over the production of the papillitis.

5. Tumors of slow growth are less inclined to be accompanied with optic neuritis than those of rapid growth.

6. It is probable that unilateral choked disc is indicative of disease in the hemisphere corresponding to the eye involved.

7. It is doubtful whether increased intracranial pressure is solely and alone responsible for the production of an optic neuritis in cases of brain tumor.

* * *

Procreation After Castration.—Whether castrates can procreate is a question which Dr. F. R. Sturgis attempts to answer in the Medical News. He sums up his answer as follows:

1. In animals, for a varying period after complete castration, normal spermatozoa are found in the contents of the seminal vesicles.

2. This period varies in different animals, being six days for the dog, seven days for the cat, and fourteen days for the guinea-pig.

3. In man, clinical cases are recorded where fecundation of the female has occurred after coitus with the male who has been completely castrated, but in accepting the correctness of such statements we must remember the adage that accidents may happen in the best-regulated

families. Still, Princeteau's case (if correct) proves that spermatozoa do exist for a certain time in the seminal vesicles of a eunuch, and arguing from analogy in what occurs in animals, this is quite probable.

4. Still pursuing the analogy, in man, as in the dog and cat, a complete castrate may be capable of procreation, provided the coitus occur within the first seven days after the castration.

* * *

Medico-Legal Aspects of Gonorrhea.—The following case was reported by Dr. A. Neisser of Breslau, Germany (Medicine): A man was charged with having communicated gonorrhea to a young girl with whom he copulated. She prosecuted him under the German code, which punishes all injuries to the health of another. The defendant admitted that he had had gonorrhea several years previously, but claimed that he was healthy at the time of his relations with the young girl. The charge against him was based chiefly on the affidavit of the family physician of the young girl. The attorney for the defense moved the rejection of this affidavit on the ground that it was not based upon a microscopical examination. The court chose Dr. Neisser as expert and submitted to him the following questions: First—Can gonorrhea be established with certainty other than by a microscopical examination? Second—How long may gonorrhea manifest itself after infection in women? What is the extreme period when an affected person can fail to be fully acquainted with his state? Third—Was the disease of the complainant, gonorrhea, due to an infection? Fourth—Had the accused still gonorrhea when he last copulated with the complainant? Neisser rendered the following replies: A skillful physician may diagnose gonorrhea from the clinical symptoms, but the procedure is subject to grave error. The microscope procedure is alone of forensic value. The second question cannot be answered for lack of data except in a general way. The symptoms and progress of the disease vary according to the seat of infection and method of propagation. Neisser, however, expressed the opinion that he could not accept the prevalent view of the lesser virulence of old gonorrhea. The third question he did not have sufficient data to answer. As to the fourth question, he was led to believe by examination that the accused was still infected at the time when he last slept with the complainant. There had been found the remains of a gonorrhea and gonococci. The accused had not contracted any new infection since the relations with the complainant. Nothing, however, showed that the defendant had a knowledge of his morbid state, and he appeared to have acted in good faith.

* * *

Formaldehyde as a Disinfectant.—Formaldehyde gas has been highly commended as a thorough disinfectant. Dr. David B. Brough, who reports in the Boston Medical and Surgical Journal his experience with it, says: "I believe we have in formaldehyde the best practical gaseous surface disinfectant known. For dwelling-house disinfection it is unsurpassed. It is easy of application and does no injury to goods. It is not ideal, its use being limited to surface disinfection. Its penetrative powers under ordinary conditions are so slight as to be almost valueless. Good results are best obtained by using a large body of gas, and having the room as tightly sealed as possible. Length of exposure and the influence of temperature are secondary to the amount used. Under these conditions disinfection may be regarded as complete after the use of formaldehyde."

* * *

Larvae in the Conjunctival Sac.—Capolongo (British Medical Journal) records the case of a boy who had some dust blown into his eye while playing; this caused considerable irritation. When seen an hour later there was slight blepharospasm and marked bulbar injection and watering. No foreign body could be perceived at first, though the everted lids and the eye were carefully examined; closer examination, however, showed a minute white fleck on the limbus, which became mobile; it was removed, further search made, and a second one found. They proved to be larvæ of one of the species of tachinariæ, their length being about one millimeter.

Bicycle Urethritis.—Many bicyclists have a burning pain in the deep urethra and painful and scanty micturition after a long ride. This may be caused by the shape of the saddle. Dr. John M. Robinson, in the Medical News, says: "My brief experience thus leads me to believe that the inflammations of the deep perineal region brought on by the use of the bicycle have nearly always some secondary and underlying cause. Thousands of riders undergo this daily bumping, many of them mounted on rail-like saddles, and all without sign of damage. But the urethra, or the prostate gland, which still has lurking in its crypts and folds some relics of an old gonorrhea, or a mucous membrane irritated by uric acid, I think are the conditions which the hard, humped-up bicycle seat is likely to stir into annoying activity. It would also seem to be very wise for men having any enlargement of the prostate to avoid the modern traveling machine."

* * *

Tight Lacing.—Dr. W. E. Fitch read a paper, as quoted in the Medical Record, with this title before the Georgia Medical Association upon the relation of tight lacing to uterine development and to diseases of the female organs of generation, in which it is stated that "Africans, Indians and all other people who wear loose clothing are almost entirely free from pelvic disorders. It is in this class of women that we find the most natural and perfect pregnancy, the easiest and most natural deliveries, and the most satisfactory puerperium."

* * *

Precautions in Syphilis.—If you are about to examine a septic case or one where you suspect syphilis, wash your hands in vinegar or dilute acetic acid, and you will soon discover by the smarting any little scratches or abrasions in your skin which might become the starting points of infection.

* * *

Wax in the Ears.—For the removal of wax in the ear, Dr. Ricci of Turin has found a solution of hydrogen dioxide acts so rapidly in disintegrating the solid cerumen that in a few minutes it can easily be removed with the syringe.

Special Form of Diphtheroid Angina.—Dr. H. Vincent, in the Laryngoscope, says that this angina is characterized by the development of a whitish patch on the tonsil and frequently upon one of the pillars, which is at first quite shallow, soft and rests upon an eroded surface which soon commences to ulcerate. When the ulcer is formed the membrane becomes adherent at its bottom, bulging at the surface and gives forth a fetid odor. There is dryness of the throat, dysphagia, a furred tongue, maxillary adenitis, more or less marked, and slight elevation of temperature. About the sixth day the false membrane is thrown off and recovery follows rapidly. The pyriformed bacillus, which is found, cannot be cultivated nor inoculated in animals; it is occasionally found in healthy subjects. In fourteen cases observed there were no complications. Treatment consists of the application of tincture of iodine and antiseptic gargles.

* * *

The Prognosis and Treatment of Peripheral Facial Paralysis.—In the treatment of this disease, says Allaire, in the Laryngoscope, the faradic current from a coil of coarse wire is recommended, as it produces energetic muscular contraction without pain. The current has a weak voltage, but great intensity. The induced current from a coil of fine wire should not be used, as it causes too strong a contraction. As in many articles of this kind, the description of the electro-therapeutic treatment is perplexing, if not misleading. The voltage, for instance, refers to the intensity, and where the latter term is used quantity is evidently meant. Experienced electro-therapeutists admit, moreover, that the interrupted galvanic current is more useful than the faradic in these cases on account of its tonic effects. This is especially the case where the reaction of degeneration has already developed.

* * *

Scarlet Fever of Swine and Kine. In the Journal Dr. Behle of Frankfort has a paper on the above subject. It has for several years been, in England and Germany at least, fairly well proven that kine are susceptible to scarlet fever,

though in a modified form, dependent on histological and other difference, transmitting it again to man, in whom it resumes its normal characteristics. The disease of swine, known as *Rothlauf* in Germany and as *rouget* in France, is in England popularly called "pig's scarlatina," on account of the red erythematous eruption on the skin, but the absence of renal phenomena, and the fact that lesions of the intestines are an essential feature, would suggest a nearer relation to enteric fever. But Behle reports a remarkable outbreak of what appears to have been the true human scarlet fever in swine. He states that in a district where *Rothlauf* had never been known a severe epidemic of scarlet fever among the children was followed or accompanied by a very fatal disease among the pigs at the same farmhouses and cottages. The symptoms included erythema, angina, albuminuria and those of uremic poisoning, which (or the angina) were the usual causes of death, while in such as recovered desquamation of the skin was well marked. The lesions in the kidneys, observed after death, were very characteristic. A previously healthy pig having been inoculated with the blood of a child suffering from a severe attack, died after a week's illness with symptoms and postmortem appearances which were identical with those seen in the human subject and in the animals which had contracted the disease presumably from the children or from one another. If the facts be correctly reported the conclusion that swine are susceptible to true scarlet fever is irresistible.

* * *

Aid in Exhalation.—The mechanical aid to exhalation, says the Medical Age, which is so useful in emphysema, mild asthmatic attacks and many kinds of chronic bronchitis, can be employed by the patient without the help of others. The patient lies on the abdomen, crossing the arms over the back. A small pillow is put under the upper part of the chest and a second one under the forehead. The soles of the feet should be braced against the lower end of the bedstead. The patient then takes three long breaths; with every expiration he stretches the flexed legs and forces the upper part of thorax against the pillow. In a chronic bronchitis the efficiency of this method can be demonstrated by the increased loudness of the râles after several breaths are taken.

* * *

Umbilical Erythema.—Dr. P. Bar directs attention in the Lancet to the not infrequent occurrence of umbilical erythema, sometimes attended by septic absorption, in newly-born children. He believes that this condition is due in many cases to septic infection induced or encouraged by the practice of bathing infants during the first days of life. More especially is this cause accountable in some maternity hospitals where one bath is used for a succession of children and is not always properly cleansed. Such at least is his experience. On the other hand, he has had highly satisfactory results by adopting the following method: The segment of umbilical cord left attached to the child after ligature is at once wrapped in cotton-wool and bound in the usual way. No water is used. The skin is cleaned of its caseous coating by means of a cotton-wool swab soaked in an alcoholic solution—*eau de cologne*, for example. After two days the segment of the cord has practically withered, and, with the exception of a small portion next the umbilicus, is cut away, the stump being dressed with iodoform gauze and absorbent wool. No bathing is done till after the cicatrization of the umbilicus on or about the fifth day, save that the hips and groins are cleansed with boiled water when needful. After this date the child is bathed as usual. This method is avowedly intended more for hospital than for private practice for the reason stated above. Practitioners in this country may, perhaps, consider that Dr. Bar's abhorrence of the bath is excessive, and they will probably prefer to entrust even the dried umbilical segment to the natural efforts for separation. They are certain also, however, to appreciate the principle of a dry and aseptic umbilicus which underlies his observations, a principle which is still apt to be forgotten in the practice of midwifery nurses.

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Congenital Uterine Prolapse.

A FEW cases of this rare condition have been reported in literature in which it was associated with spina bifida, club-foot and other developmental faults and the patients died some days or weeks after birth. In *Archives de Médecine des Enfants*, March, 1898, Dr. Ballantyne gives a summary of several such cases, and adds one of his own in which the prolapse occurred on the second day after birth. He thinks it may be ascribed to the crying and defecation efforts of a baby with relaxed pelvic supports and nerve defects.

In the *Müncheuer Medicinische Wochenschrift*, January 11, 1898, Dr. Radwansky reports a case which was apparently unique in that it was not associated with any nerve faults and ended in recovery. The midwife reported that the child was born with the prolapse. The doctor two days later found the uterus wholly out of the vulva, the neck swollen and ulcerated by friction and filth. Its easy replacement within the pelvis led to violent straining and defecation efforts, and on removal of the finger the whole uterus was at once thrust out of the vulva. A tampon was likewise immediately expelled.

The doctor contented himself, therefore, with directions to wash the parts frequently with boric solution and to lay a pledget of cotton with boric ointment over the uterus. Three days later the uterus was somewhat less prolapsed and the cervic less swollen. Six months later the cervix was barely visible on extreme separation of the labia and the mucous membrane of the parts seemed normal. In this case there was at no time any wasting of the child's body or general ill-health. It was probably a case of simple relaxation of the uterine supports in an otherwise healthy baby. The history of the case is very instructive, as the physician might naturally be inclined to persist in reposition efforts or betake himself to surgery, to the permanent injury of the little maiden.

* * *

Electric Light Stroke.

AMONG the most interesting phenomena of electrical action are those which occur in the human body when it is brought for some time into the neighborhood of a strong current which is not supposed to have any direct communication with the tissues. The effects of prolonged exposure to the Roentgen Rays in photography of inward conditions have at times been very surprising, and have given rise to diverse explanatory conjectures. It is possible that in the course of time the effect of exposure of the body to magnetic fields may again receive careful thought on the part of terapists.

At a recent session of the Medical Society of Lille, France (*Gazette Heldomadaire*), an interesting case resembling sunstroke was reported, due to an hour's exposure to the light of two electric arcs connected with a dynamo of 200 amperes. Three or four hours later had a sensation of fatigue in the eyes and cerebrum—the regions most exposed. After an afternoon spent out of doors he began about 7 P. M. to complain of tingling in the eyes, which became swollen and watered. These disturbances increased toward midnight and he became confused and giddy. Boric acid compresses were applied. All next day his eyesight was disturbed with dazzling sensations, and full convalescence was delayed some eight days. A somewhat similar case was referred to, in which yellow vision was present.

The symptoms could not have been due to heat, for no warmth was felt, and the desquamation of the skin, evidently due to the chemical rays, suggested that all the phenomena were of this origin.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending October 8, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	..
Phthisis Pulmonalis	..	13
Measles	1	..
Whooping Cough	1	..
Pseudo-Membranous Croup and Diphtheria.	52*	13
Mumps	1	..
Scarlet Fever	15	..
Varioloid	..	..
Varicella	..	.
Typhoid Fever	32	9

* Of these 4 were imported.

Three hundred and fifty students are enrolled in the new Cornell University Medical College.

The Department of Agriculture estimates the annual loss in 354 cities from the waste of sweepings in street-cleaning at $3,000,000.

The New York State Medical Association will hold its next annual meeting in New York city, October 18, 19 and 20.

Dr. Richard Potts died on October 5, aged 80, in King George county, Virginia, near Fredericksburg.

Dr. J. Williams Lord succeeds Dr. T. C. Gilchrist as professor of dermatology in the Baltimore Medical College.

The eighth annual meeting of the Western Surgical and Gynecological Association will be held at Omaha December 28 and 29, 1898.

The fact that smallpox has been reported in Norfolk should make physicians of Maryland especially careful to see that their unprotected patients are properly vaccinated.

The Medical and Chirurgical Faculty of Maryland will hold its semi-annual meeting this year at Frederick on Wednesday and Thursday, November 16 and 17.

The tenth annual meeting of the Tri-State Medical Society of Alabama, Georgia and Tennessee will be held in Birmingham Tuesday, Wednesday and Thursday, October 25, 26 and 27.

The Investigating Committee is looking for the responsibility of the hospital surgeons and their work. The members of the Fifth Maryland Volunteers are said to be on the same quest.

The large number of physicians who applied for positions as surgeons in the army is another proof of the crowded condition of the profession and of the difficulties of competition.

There are 207 medical students at the Johns Hopkins Medical School. Of these, sixty-six were enrolled this session. There are thirty-five women in the school, of whom nine entered this season.

Patent medicines are not to be despised. The late Mrs. Ayer of Lowell, Mass., left $50,000 for a laboratory to be called the Ayer Laboratory, which is to be given to the Pennsylvania Hospital. The building is in course of construction.

At the Congress of the French Association for the Advancement of Science, recently held in Nantes, a resolution was adopted recommending that the teaching of hygiene in the schools and colleges of France be entrusted to medical men, and that adequate compensation be voted those who give the instruction.

At the opening meeting of the Clinical Society of Maryland, held October 1, the following officers were elected: President, Dr. J. Williams Lord; vice-president, Dr. B. B. Browne; recording secretary, Dr. H. O. Reik; corresponding secretary, Dr. Nathan Herman; treasurer, Dr. W. J. Todd; executive committee, Drs. A. D. McConachie, A. K. Bond and James J. Mills; member of the finance committee, Dr. G. Lane Taneyhill.

The *Medical Standard* contains the following remarkable statement: "Dr. George H. Rohé, formerly of the New Orleans Signal Office, is not at the head of the Second Hospital for the Insane at Springfield, Md."

In the death of Dr. Claudius Henry Mastin Mobile has lost a remarkable man and a physician and surgeon of great skill. Dr. Mastin was seventy-two years old at his death and was born in Alabama in 1826. He studied at the University of Virginia, and later at the University of Pennsylvania. He was a great believer in medical societies, and was a frequent contributor to medical literature.

Washington Notes.

There are at present 115 cases of diphtheria and 74 cases of scarlet fever in the District.

The public schools in Marlboro and Surratt's have been closed on account of the prevalence of diphtheria.

Dr. J. Wesley Bovée attended the Mississippi Valley Medical Association at Nashville this week, where he read a paper.

The District Commissioners have ordered the construction of a frame building for nurses' quarters in the grounds of the Washington Asylum, to cost $5725.

Dr. J. D. Hird, the District chemist, has recommended in his estimates for the coming year an increase in the salary of the chemist of the District from $1500 to $2400.

Col. C. R. Greenleaf, chief army surgeon in the field, is inspecting the medical departments of the different regiments at Jacksonville and other Southern points.

At the Washington Medical and Surgical Society on Monday evening Dr. Jessie Shoup read a paper on "Antistreptococcus Serum," with report of its use in two cases.

Dr. James L. Ord, an old practitioner of this city, died recently at Hagerstown, Md. He was one of the oldest members of the Society of California Pioneers, going to that State in 1846 with a regiment of volunteers.

At the Therapeutic Society on Saturday evening Dr. G. R. L. Cole read a paper on the "Treatment of Cerebral Apoplexy," and Dr. Louis Kolipinski reported a case of suicidal poisoning with hydrocyanic acid, with recovery.

Dr. S. S. Adams, formerly professor of pediatrics at the medical department of the Georgetown University, has been elected to the chair of theory and practice of medicine. Dr. J. W. H. Lovejoy, having resigned, is made emeritus professor.

At the semi-annual meeting of the Medical Association of the District of Columbia, October 4, the following applicants were elected to membership: Charles E. Ferguson, National Medical College, '96; Bernard L. Hardin, Columbian Medical College, '95; Frederick M. Hartsock, Columbian Medical College, '97; Harry Hurtt, University of Maryland, '95; L. Fleet Luckett, Columbian Medical College, '95; C. H. Machinek, medical department Howard University, '92; W. P. Malone, University of Maryland, '88; Wm. Gerry Morgan, University of Pennsylvania, '93; John B. Mullins, University of Maryland, '87; Wallace Neff, Medical College of Ohio, '79; Edward D. Perkins, Georgetown Medical College, '95; T. Lyman Perkins, Harvard Medical College, '80; John J. Repetti, Georgetown Medical College, '97; Stanley S. Warren, University of Pennsylvania, '94.

Book Reviews.

An American Textbook of Genito-Urinary Diseases, Syphilis and Diseases of the Skin. Edited by L. Bolton Bangs, M.D., and W. A. Hardaway, M.D. With 300 engravings and twenty full-page colored plates. Philadelphia: W. B. Saunders. 1898.

This volume forms a large textbook of over 1200 pages, of which 614 are devoted to genito-urinary diseases, 142 to syphilis and the remainder to cutaneous affections. All the contributors are writers of ability and have proved themselves to be men of special eminence in their respective branches. The writers have not only given the latest accepted views on their respective subjects, but have also added the results of their considerable practical experience which all of them have had. The same fault is present in this work which we have noticed in other medical systems, viz., the devotion of too much space to rare diseases and comparatively little to other much more important diseases, e. g., there are 70 pages on diseases of the ureter and yet syphilis commands but 142 pages; again, one would suppose that such a subject as chancroids should deserve more space than such a rare skin disease as xeroderma pigmentosum. The illustrations are, generally speaking, fair, but those representing the eruptions of syphilis are very poor. One cannot speak very highly of the photographs and drawings of the other skin diseases. The publishers are to be congratulated on the excellent manner in which the book generally has been gotten up. We can recommend the textbook to practitioners and students, but more especially to the former.

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Original Articles.

MEDICINE IN THE NINETEENTH CENTURY.

By Thomas Clifford Allbutt, M.A., M.D., LL.D., F.R.C.P., F.R.S., F.L.S., F.S.A.

Regius Professor of Medicine in the University of Cambridge, England, etc., etc.

ABSTRACT OF ADDRESS DELIVERED AT THE OPENING OF THE JOHNS HOPKINS MEDICAL SCHOOL, OCTOBER 17, 1898.

Dr. Allbutt opened his address by reviewing the history of medicine from the earliest times, showing the manner of investigation and the method of arriving at the diagnosis. He reviewed briefly the experimental and the dialectic methods, and, in discussing the inductive method, he said that it consisted of two processes at least—one of observation, and the other of imagination. Then, coming down to the present time, he continued his address by saying:

It would now seem that even in medicine the experimental method, which seemed forbidden to her, is making its way after all. If pathology never can become a science of direct experiment in the sense that physiology is so, it makes use of it as a second line of advance. If we cannot produce a pneumonia, we can study the results of cutting a nerve. In physiology the number of variables is embarrassing, yet in medicine it is far greater. No two cases of a disease are alike; temperament, race, season, circumstances—all variables—conspire to modify cases and inferences. It will always, indeed, be impossible in any branch of the biological sciences to isolate conditions and to repeat them as in chemistry and physics. Yet, as I have said, an approximation to such means is manifested in the bacteriological laboratory, where pure cultures are separated, their toxines tested in proportion to body weight, antitoxines calculated, and immunities predicted.

It would seem to be, in the study of immunities, that the physician will first attain the reward of scientific research in prediction. A science which cannot predict quantitatively is in an inchoate stage. Multiplication of corpuscles, like the increase of cell growth in a hypertrophied heart or kidney, is but a case of compensation—a measure of resistance to disturbance.

Whether we regard it from the static or the dynamic point of view, the conception of the vis medicatrix naturae gains newer force every day. Our blood and other corpuscles are microbes, their serums are factors in natural processes, and are regarded as healthy or unhealthy as they happen to be convenient or inconvenient at the moment of observation. Glands, such as the liver and kidney, are aggregations of microbes specialized for particular functions, and generate juices which are factors of nutrition, and not only of negative, but, as we have learned so well in respect of the thyroid, of positive influence in the balance of its manifold processes.

From experiment and observation we find that this reserve energy of the body in its various parts is enormous. How large is the view of the province of therapeutics thus presented to us we may see in the rapid advance of what I may call physiological remedies. As hygiene is

to the state of health, so is physiological medicine to that of disease. By physiological medicine, I mean the use of the ordinary functions of the body in counteraction of contingent or inherent perils.

It is a common, but I think a shallow reproach to modern medicine, that, with all the advance of our knowledge of pathology, therapeutics stands where it did in the time of our fathers, or has even fallen back, in so far as a certain sceptical distrust of empirical remedies has discouraged the continued use of remedies which the wisdom of our fathers has discovered by practice and observation. It is said that we will not use the most respectable of traditional remedies unless we have some notion of its mode of operation. It is possible that the invaluable work which a scientific scepticism has done for us, not in therapeutics only, has been attended by some destructive effects which are to be regretted. I think, however, it would be difficult to bring forward many instances of the kind in our own case; while, on the other hand, the pruning and clarifying which our practice has undergone, far outweigh any such temporary disablements. The truth is, that the cry itself is a shallow one. I will not stay to assert that modern surgery, the brilliant progress of which is in all our mouths, is progress in therapeutics, the division between surgery and medicine being a division of convenience, a division to which a mere practical and temporary usefulness only is to be attributed. Are we to forget, for instance, how the prognosis of peritonitis, of obstruction of the bowels, of pleuritic effusions, of encephalic tumors, of perityphlitis, of pelvic diseases, of ovarian ascites, etc.—a prognosis in troops of cases turned from sadness to hope—is not to be called progress in therapeutics because not infrequently the method is carried out by the skill of another hand? It might as well be asserted that the modern scheme of feeding in fevers, because it is carried out by trained nurses, is no therapeutical progress. Nor will I admit, even in the sphere of drug therapeutics, that our progress is contemptible.

When we regard the additions made to our hypnotics, the discovery of the value of the nitrites, of the bromides, of arsenic in pernicious anemia, of the salicylates, of the antipyretic, hypnotic and antalgesic group, of the antiseptic treatment of diseases of the skin, of the antitoxic treatment of diphtheria, of the thyroid treatment of myxedema, or when, again, we realize the greater precision of our use of the older empirical remedies, as of digitalis, in the preciser administration of remedies in syphilis, in the injection of alcohol and ether, of apomorphine, of ergotine, of strychnine, of hyoscine, of cyanide of mercury; when, once again, we think how much more accurately we discriminate our means in the treatment of phthisis, of dyspepsia, of fevers, of palsies, central or peripheral, we may confidently take encouragement and meet those adversaries in the gate who say that therapeutics has made no considerable progress. At the same time, we may well take to heart the lesson which such criticism may teach us. While we have learned that empirical knowledge, although a power against ignorance, is of less avail against the more ordered and living knowledge of a maturer science, on the other hand, for this very reason, we are now, perhaps, apt to despise unduly the traditional remedies which rest their claims to usefulness more on empirical than on reasonable grounds. For in the use and practice of all methods we must remember that medicine is an art; that it is something more than an applied science.

Our art has always been, and probably long must be, in advance of scientific direction and explanation. Moreover, as in all arts, more than knowledge is needed, namely, common sense, rapid and firm decision, and resourcefulness—faculties by no means resting upon intellectual conceptions, but on a certain virility of character not to be got from books. It is no uncommon experience to see physicians of high intellectual subtlety, of great learning and of pretty wit, lose themselves in the practice and even in the exposition of their profession, because in them the critical faculty exceeds the practical. Indiscriminate doubt, however valuable an attitude of mind in the laboratory, is mischievous in the field

of action, where a keen determination to make the best of imperfect instruments, to use any accredited means rather than none, should be the dominating impulses—impulses which enlist also on the side of the physician the hope and animal spirits of the patient; for, after all, the practice of medicine contains no small element of "suggestion." Furthermore, the fastidious spirit, which I have endeavored to indicate, is, on the whole, opposed to progress, as, even in thought, it lends itself too readily to irresolution, and irresolution is the quick way to indolence. On the other hand, I need not warn you that practice without continual scientific re-edification soon degenerates into stereotyped and sterile routine.

Once more, when we are twitted with the discovery of manifold new diseases, without the discovery of any means of dealing with them, we may reply that not only are we discovering the course and ends of these destructions, not only are we discriminating between this series of symptoms of dissolution and that, but we are engaged, as I will remind you again, in the study of origins. We are no longer satisfied to contemplate the wreckage of disease, but we are earnestly hunting out the processes in which such and such deviations from health took their being.

The study of origins, then, is not only the new method of modern criticism, of modern history, of modern anthropology, of our reading of the evolution of the universe itself from elements which even themselves are falling under the same analytical inquiry, but the study of origins is leading to a revolution in our conception of therapeutics, as of all these other studies; a revolution which as yet we have not fully understood. This revolutionary conception is that death is not to be driven away by the apothecary, not by any cunning compilation of drugs, but is to be prevented by the subtler strategy, which consists in knowing all the moves of the game. Few and simple are the diseases which can be expelled by leechcraft, as we expel a worm. The medicine of the future will consist in setting our wits to nature, in recognizing that when evils have befallen us there is no counsel, and that in the simple beginnings of things are the time and place to detect where stealthy nature, atom by atom, builds and unbuilds, feeds us or poisons us. To disentangle the clue we shall not pull at it anyhow; we shall anxiously seek the beginning of it, thence to unravel its windings.

There is an old saw, that nature takes as much trouble to make a beggar as a king. She does not make diseases to sit so loosely that they can be expelled by violence or bound by a charm. Much of curative medicine, in the vulgar sense, will thus be swallowed up in preventive medicine. We shall not wait till we are half dead before we take in hand our disorders; abnormal processes, not their results only, will be our fruitful study.

Another feature of modern therapeutics is the use of nature against herself. We learn, as I have said, to play the game. We are not content to sleep at our posts till we must fight desperately against a checkmate, but we keep in touch with the enemy all through, and use the same means. Thus, by the side of preventive medicine, we learn that hygiene, in its largest sense, is also to be our guide. Instead of trusting to prescriptions for alleged specifics, which have no little kinship with magic and antidotes, we ally ourselves with nature's own forces. For example, if we cannot prevent infantile palsy, which soon, perhaps, we may do, we shall attempt its cure, not by idle drugs, but by strengthening the physiological factors of life; by the use of massage, electricity, warmth, etc. As we farther discover the physiological factors of life, we learn to supplement the failing juices of a gland from other sources in the economy; by learning the distribution of heat in the body, we find that fever can be controlled by conduction of heat by cold baths and otherwise; by a better knowledge of the mechanics of the circulation, we arm ourselves with means for regulating its currents by baths and gymnastics and the like. Even in the sphere of drugs themselves we are, year by year, deposing this drug and that from the place of specifics, as in the case of quinine, and putting them in the ranks of preventive agents, and, with respect to

others, we are carrying our study of origins into their qualities, as well as into the healthy or morbid processes over which they have power. The relation of atomic weight to physiological effect, the experiments by which, on slight substitution of one molecule for another, we convert compounds from one kind into another and widely diverse kind, from convulsants, for example, into narcotic or paralyzing agents, we throw light not only on their own properties, but also on the secret processes of the animal body itself. I will not stay to illustrate in the same way the parallels between the members of different series, nor the advances, of late the least active, by the way, of physiological chemistry, and of chemotaxis, and of the study of the behavior of serums and the like within the more comprehensible range of the test tube. Such considerations impress us again and again with the importance of the union of practical and laboratory or theoretical work in the same person and in the same schools. No observer who has not made medicine more or less a practical study can be as well equipped as otherwise he could be to investigate such subjects as these.

The modern hospital must be the modern laboratory of medicine. As in the sixteenth century the great laboratories of anatomy sprang into existence, in the seventeenth the laboratories of physics, in the nineteenth the chemical (Liebig), the physiological (Ludwig), the chemico-physiological (Hoppe-Seyler), the pathological (Virchow), the hygienic (Pettenkofer), so the clinical laboratories initiated but the other day in Germany by v. Ziemssen, Curschmann, and in the United States by Pepper, are the factories out of which the new medicine is to come—the medicine which, penetrating into the intimate processes of nature, learns to turn nature to her own correction. The clinical laboratory is to be the scene of the study of the origins of disease.

What are the aids and dangers of "specialism" in these advances? Against this tendency in modern studies and practice an outcry has been raised which, if a little unintelligent in its way of expression, has not been without justification. In advancing civilization the applications of thought, as well as those of labor, must be divided and subdivided. The activities of the mind are at least as multiform as those of the traveler in the world, and it is impossible for all explorers to follow each other over all ways. As pioneers increase in number and in adventure the more are they divided from each other, the more difficult is it for each to make himself master, even by report, of the work of all. This general law is as true for medical inquiry and for medical practice as for electricians or naval engineers. Not only so, but we may say that, in the sciences, men are not traveling over one world only, but over many. If within each world of mathematics, physics, chemistry, etc., explorers separate and travel out of sight of each other, what shall be said of the remoteness of explorers in these several worlds! Yet these several worlds of the sciences are not as Mars to us, but as the various kingdoms of the earth. What goes on in each is of the utmost importance to all, and as civilization advances becomes not of less importance, but of more and more. Herein lies the justification of what I have called the outcry against specialism. The protestants have perceived this interrelation of all knowledge, and they have foreseen both the narrowness of spirit and the lameness of practice which must come of such a disintegration of parts of such an isolation of efforts. Nay, they may not improperly conceive that a less amount of knowledge, duly systematized, may be of more value in affairs and in philosophy than more knowledge in scattered parcels. If the outcry has been somewhat unintelligent, this has been not in the perception of the kind of injury to learning. This is to be credited to them as a virtue. But in the want of perception that some division of labor is inevitable, the protestants have seemed to care less for the advance than for the system of learning, and, indeed, to have set practice in some antagonism to learning.

We shall henceforth perceive, I trust, that this new movement comes from the deeps; that it is not by withstanding the very conditions of modern progress that

we shall secure its balance, its concert and its sanity. Happily, evolution will be found still to consist not in differentiation only, but also in integration. As labor is divided, an organization of knowledge must proceed step by step with the division. Specialism will have its disadvantages, as all exclusive aspects of things have them. In practice, specialism will have its charlatanry, as omniscience has had it. It is only by the increase of discernment and education in society at large that the genuine and humble children of nature will be known, and it is by progress in its best sense that such discernment and education are to be extended. I do not hesitate to say that even within my own lifetime these qualities in the relation of society towards our profession have not only increased, but have waxed abundantly, and thus is a medium formed in which the remoteness and alienation of specialized workers finds a corrective. The worker in all subjects, even in the larger operations of ordinary trade, learns that he, too, must think of the whole, as well as of parts and details. Even money cannot everywhere be broken up into small change; commerce can no longer be a piecemeal affair. In the tradesman, indeed, is engendered a mind in favor of breadth of view, and even in the man in the street is begotten a hazy notion that there cannot be, as in ancient Egypt, a physician for every part of the body. There is no mean in nature but nature makes that mean; if these qualities of intellectual concert, of scientific formation of mind, of breadth and sagacity are needed, they will be found, and the way to them will be found also. Indeed, such conceptions of education are gaining apace on the general mind, though their full bearing is not yet understood. It is this very breadth of mind which is aimed at by educational reformers, by those who prize education before mere acquisition, who assert that, with the greater complexity and definiteness of knowledge, associations of workers and certain harmonies in their results must be brought about.

Those, then, who resent the specialization of science, as of other fields of human work, although they are wrong in their way of opposition, have hold, nevertheless, of an important truth, and they agree with the Thracian King Zamolxis, who was also a god. Zamolxis observed that "as you ought not to attempt to cure the body without the head, or the head without the body, so neither ought you to attempt to cure the body without the soul," and this, he said, "is the reason why the cure of many diseases is unknown to the physicians of Hellas, because they are ignorant of the whole, which ought to be studied also, for the part can never be well unless the whole be well." (Charmides.) Although then we cannot hope that every physician shall be a man of science, we may secure that he shall have the scientific habit of mind, for thus, as we have seen, he will be habituated to lay out his knowledge systematically, to trace phenomena to their sources, and to see his own facts in their due relation to other facts. This is the philosophical temper which cannot be learned from books and rarely without tradition and converse with gifted men.

Some disciples are more apt to receive this grace than others; some men, many learned specialists, are incapable of wise scientific judgment; no examination can test it; no memory can secure it; it is in part a product of time, which accepts what is good and rejects that which is transitory. It is to be assimilated from organs of knowledge, such as universities, and not from mere polytechnic institutions. It is the highest reward of the teaching from a living source, for, as Professor Butcher says, "the test of life is to impart life."

Too many students pass through their schools without an awakening of their minds. They believe their superficial knowledge to be exhaustive, and they become the mouthpieces of ready-made opinions.

I should be an ill bird were I to say anything today in depreciation of the value of lectures of my own wares. In bygone times I have said much in depreciation of them, urging that they are survivals of a time when books were scarce and dear, and when knowledge was looked upon as spoonmeat. I have helped forward the cry that the laboratory must

be the future living source of knowledge and of inspiration. While men were blind to this new truth it was necessary to urge it to the hindrance of other needs which men were not likely to forget. Now that the battle is won, and the laboratory is everywhere with us, we may turn again to consider what there is in older methods which we would not willingly lose. In lectures we may still find the virtues which flow from living converse with thoughtful men who have been over the field of our studies before us, who can show us how their minds worked, how they systematize their knowledge, how they came to see it in the light of other researches, how they inspired it with human interest. For such ends as this we must have no mere retail dealer in knowledge for our lecturer. In all the universities it is now recognized that, except for tutorial work, the lecturer to beginners must be the leader in his faculty. He it is who can give the true first set to the thoughts of young men who are entering into the subject of their lives; older men and advanced work may well be undertaken by demonstrators.

Thus far I have considered specialism and breadth in respect of the education in our profession, but a larger problem lies before us, namely, that wider culture which lies beyond the confines of all professions. One of the difficult conditions of our own generation is the urgent pressure on young men and boys by reformers and anxious parents who desire, not unreasonably, to mold their sons into money-making machines at as early a date as possible. When I took my degree at Cambridge our course was, in the first place, to take an arts degree, at that time only to be had in the arts. Thereafter came the natural-science studies, with their tripos, and after that again the clinical studies proper to our professional life. This course occupied us up to the age of twenty-five, at least, and in some respects it was a far better education than we now bestow. Now, from the first hour of the medical student's arrival in Cambridge he is too often turned at once into the narrower channel of his special calling, and he even tries to pick up a precarious instruction in clinical work while he is ostensibly at work on the preliminary sciences. Nay, such is the pressure of the times, parents and teachers are getting impatient even with this rate of speed, and are insisting that even at school time is wasted in classical and other broader studies which might be utilized for science, and that men should come up to the university ready to "specialize" farther still. Among other strong arguments in favor of this reform is this—that whoso means to practice surgery should acquire manual dexterity, and that this advantage cannot be acquired by the ordinary man unless he begin to educate his plastic fingers in early youth. This argument I will dismiss in a word by saying that, in my opinion, every man should be educated in a handicraft or mechanical art of some kind during his early youth. The importance of this element of education is curiously forgotten even by such a mechanical race as the English and American. So much for surgery; the boy who has learned to use a lathe or to make a chest of drawers will have fingers apt enough for surgery.

There is, moreover, another means of education most useful in early life, namely, that of measurement. At every national school youths of both sexes should learn to measure accurately to thousandths of an inch and to hundredths of a grain; thus the eye is taught with the hand, and, what is of more importance, the mind is trained to know what accuracy means. These occupations, invaluable in training of character and skill as they are, would add nothing to the burden on a growing brain.

Of the sciences, those of memory and observation only should have a place. The mind of youth is in a stage when the imagination, rather than abstract thought, should be cultivated. To collect natural objects, and thus to be drawn into the haunts of animals, into the habitations of plants, and to see the structure of the earth, excites and enlarges the imagination and strengthens the memory at a time when these faculties are ripe for culture. I have never happened to meet a young man, educated in abstract science at school, who seemed to me to have used his time to the best advantage. If,

for the present, it has led to success in the narrowest sense, I think we are entering even now into a generation when success must be based on a larger education than this—on an education in letters and in the humanities, as well as in the laws of the material universe.

We are apt to forget that even in these days of science, advancing by leaps and bounds, that still the greater part of man's life is spent in the expression of his thoughts and in converse with mankind. He should, therefore, have learned to handle the ideas which concern himself and his fellows, not only in their material conflict with nature, but also in those higher spheres of history, ethics, politics and social aspiration, for which alone man can be said properly to live. If we regard the mastery of modern man over nature in any other light than as clearing for us a larger base for a reconstruction of societies which shall be more wise, more humane, more beautiful in spirit than in the past, there would be nothing but sadness in the contemplation of modern life, with its "gay afflictions, golden toil." No doubt we must rebuild our material home, but we ourselves also must be born again. (Newman.)

The uses of learning Latin and Greek lie in this—that in these studies, more than in any others, the ideas which concern man in his highest endowments of mental, spiritual and social life are manifest, and not only so, but are manifested in languages the most virile and beautiful the world has known. Latin and Greek are called dead languages. If so, the Hermes of Praxiteles and the Venus of Milo are corpses. Latin and Greek contain in perfection of form not modern science, but that for which modern science exists—the best that man has lived and thought. It would be a narrow pedagogy which should assert that strong and penetrating thought and noble and chastened imagination are to be found only in Latin and Greek; we may be thankful, indeed, that the English language is or has been as noble an instrument, and enshrines at least as fine a literature. Yet it has been said long before our time that to know one literature only is to wander in the sphere of letters without a scale of relative dimensions; to lose the faculty of comparisons for lack of standards of comparison. To learn to speak a language like a parrot is but to train a mechanical memory. Latin and Greek, however, although they contain the finest records of human thought and action, are, as I have said, not the only shrines of letters, and the noble literatures of France, Germany or Italy may take the place of either of them, and carry the additional advantage of common usefulness.

But do not let us forget that our calling derives its honor not from its power of repairing the carnal body; were this its only title to respect it would take a low place in the hierarchy of professions. Those professions which deal with the ends, which alone make life worth preserving—such as that of the law of religion, philosophy and of the fine arts—would in such case regard our occupation but as a higher kind of farriery. The glory of our profession, from the hour when Hippocrates, in that oath wherewith like a trumpet, the notes of which reverberate still through the ages, summoned us to take our place in the forefront of the fight, has been that we are concerned not only for mankind, but for men. The ideal side of a physician's life is that he brings healing or solace to his human fellow. The Greek philosopher, like the modern socialist, would sacrifice man to the State; the priest would sacrifice man to the Church; the scientific evolutionist would sacrifice man to the race. Yet, while all these elements of co-operation and of aspiration work together for good, we thankfully see that, after all, the tendency of civil evolution, as of Christian ethics, is to use society as a means for man himself, as a means to purify and to elevate the individual soul. The physician, then, is more than a naturalist; he is the minister not only of humanity at large, but of man himself. Thus it is that the humblest of us, and he who labors in the darkest and most thankless parts of our cities, is never a drudge; in the sight of the angels he is illustrious by the light of his service to men and women. The man of science can tell us delightful things about birds, flowers and wild

life, for all life is various and touching; he can tell us queer and uncomfortable things about our insides, amazingly useful things about steam and electricity, but at bottom, when the marvel is over or the material gain is won, all this grows stale. Ideas concerning the harmony of the spheres, concerning cosmic evolution, concerning the inhabitants of Mars, are prodigious; they may uplift us sometimes with a sense of the greatness of man's inheritance, but alone they are cold and unsatisfying. The child of his age feels that a sonnet of Wordsworth, a flash of Browning's lamp into man's heart, an idyll of Tennyson give us thoughts worth more than all the billions of whirling stones in the universe. In strengthening and cherishing this inner life of his brother and sister, happily, the physician has many fellows, but the physician alone among them all holds sacred the lamp of the personal life for its own individual sake; he alone forgets Church, State, nay, even the human race itself, in his tender care for the suffering man and for the suffering woman who come to him for help.

ILIAC ABSCESS OF POTT'S DISEASE COMPLICATING FEMORAL HERNIA.

By R. Tunstall Taylor, M.D., and N. E. B. Iglehart, M.D.,
Baltimore, Md.

We are all accustomed to think of the possibility of the abscess of lower dorsal and lumbar Pott's disease at times invading unusual regions, following the sheaths of muscles and appearing, not as is their custom most usually, as a psoas abscess in Scarpa's triangle, but in the capsule of the hip-joint, simulating coxalgia, or in the femoral or inguinal canals, simulating herniae.

Where the abscess is an early symptom of the causative disease and the deformity is slight errors in diagnosis may occur to the unwary when the examination is limited to the locality of the tumor alone and is superficial.

Bradford and Lovett say: "Hernia is sometimes suggested by the appearance of a psoas abscess in the groin. Such purulent collections sometimes appear suddenly, are egg-shaped and not hot nor tender. They can sometimes be much diminished in size by gentle pressure, but they at once refill and present none of the characteristic features of hernia. They lie outside the femoral vessels in general, and the signs of Pott's disease are always present."

Moore, in his "Orthopedic Surgery," recently published, says: "Abscess is to be diagnosed from tumors and hernia. The location, together with the deformity and other symptoms of Pott's disease, should establish a diagnosis. A hernia would be in the inguinal or femoral canal. It would probably be reducible, and if composed of bowel would give tympanitic resonance, and would not give fluctuation."

On the other hand, we are not accustomed to think of hernia and Pott's abscess being coincident, and the absence of literature on this subject makes the case herein reported unique and worthy of record.

Mrs. B., aged thirty-one, was sent to the Out-Patient Department of the Hospital for Crippled and Deformed Children in April, 1896, by Dr. Howard A. Kelly for some spinal support, as she presented symptoms of Pott's disease. She gave the following history: She was of German-American parentage; father died of intermittent fever; mother still living; two sisters died in infancy, and one sister died of general miliary tuberculosis and phthisis. Two maternal uncles died of phthisis in the same house, in which they all lived. There was no history of any other member of her family having tubercular joint trouble.

The patient was healthy as a child, and did not have any serious illness until August, 1893, when her second child was born, at that time it being thought she had "strained her back." She had greater pain at the onset than subsequently in the nerves of the dorso-lumbar region, and after a year an abscess formed and was incised ten cm. to the right side of the spine.

This continued to discharge eleven months, and was healed at the time she presented herself at the hospital. She complained of costal pain in the region of the ninth and tenth ribs, and especially on rising in the morning. Loss of flesh had been progressive, and her weight at our first examination was eighty-three pounds. There had been no night-cries. Her appetite was fairly good and all other bodily functions seemed normal. In February, 1895, patient began to limp in the right leg, and when first seen the right knee was acutely painful over the internal condyle and swollen.

On physical examination the patient was thus described in the note then made: P. is below the normal height (about five feet); lips and mucous membranes are of a fair color; nails normal; subcutaneous fat markedly lessened; superficial and peripheral circulation sluggish; chest well formed, and expansion equal on the two sides; abdomen normal, and lymphatic glands nowhere markedly enlarged.

A very slight knuckle is found involving the spine from the ninth dorsal to second lumbar vertebra, the apex being at the eleventh dorsal. On palpation, no sign of psoas abscess can be made out, nor is there any psoas contraction. The heart, lungs and abdomen are normal on percussion and auscultation. Muscular spasm is quite pronounced in the dorso-lumbar region and in the right knee, the latter showing fibrillar twitching on the slightest jar or motion. The patient is of a decidedly nervous temperament.

Treatment.—The patient was put to bed on a Bradford frame, with piano-felt pads on either side of the knuckle. Buck's extension was applied to the knee with fifteen pounds traction for ten weeks, during which time it was found necessary at times to use morphia, bromides and asafetida. On getting up, a plaster of Paris jacket to the spine and cast to the knee were used, with axillary crutches and high-soled Thomas shoe on the foot of well leg. After wearing plaster jackets for six months the Taylor back brace was substituted, and the patient complained very seldom of any pain. The knee still showed muscular spasm on motion, but swelling was less, having been in circumference 37 cm. at mid-patella, 35.5 cm. 10 cm. above mid-patella and 32 cm. 10 cm. below that point when first seen; showed after six months' treatment 33, 35 and 30 cm. at the same points.

From July, 1897, to January, 1898, P. was much improved in every way, but on 13th of January came to the Out-Patient Department with a tumor in the groin 10 by 15 cm. in the diameters just below and internal to the right anterior superior spine of the ilium. It was partly reducible, but refilled; it fluctuated, and was nowhere tympanitic on percussion. It had appeared two weeks before her coming to the hospital. On the 31st the patient was admitted, as no tendency towards absorption of the abscess was apparent, but rather an increase of its contents, and thinning of the skin was noted, and aspiration was advised. The patient's temperature was 98.6° F., pulse 100 and respiration 18 on admission.

On February 1, 300 cc. of creamy pus was withdrawn through a canula, followed by some bloody pus, when abscess cavity seemed nearly empty; canula puncture was closed with collodion. On February 4 the cavity had partly refilled and 80 cc. more of pus were withdrawn. The nurse reported patient's bowels had not been moved for forty-eight hours and had suffered much from nausea and vomiting. Quite an enlargement was noticed in the right groin, just above the region of the femoral ring, simulating hernia; it was not reducible, and no fluctuation was made out, and it was thought to be a pocket of the iliac abscess. A grain and one-half of calomel, followed by a glycerine enema, was given, with but two slight stools as a result.

February 6.—Nausea, vomiting and constipation persisted. A sausage-shaped mass 4 by 7 cm. was seen in the right groin, which did not extend to the labia internally, and externally reached to the margin of the iliac abscess. It was hard and had a small point of fluctuation in its center, near, but above the femoral canal. Operation was decided on, as symptoms pointed to strangulated hernia. February 7, urine examination showed slight trace of albumen, but no casts. The temperature was 101.5°, respiration 24, pulse 124.

An incision was made obliquely from the right labium to and through the iliac abscess, as the hernial canal was found to communicate with it. A boot-shaped mass was brought to light, the "leg of the boot" extending into the abdominal cavity through the femoral canal. The color of the mass was bluish and congested, but not actually necrotic; it was firmly bound down by adhesions. On dissection the "boot leg" was found to be the strangulated gut, and the "toe" and "heel" were the hernial sac filled and tense with serum. This sac was removed, bits of omentum and the gut were returned to the abdominal cavity, the hernial ring sutured with interrupted silver sutures and skin wound as far as the iliac abscess was sutured continuously and subcutaneously with silver. The iliac abscess was then curetted and found to extend back along the iliac crest, and then packed with iodoform gauze, the whole covered with silver foil and dressed in the usual manner. On the second day after the operation the bowels moved naturally; there was great thirst, but no nausea nor vomiting. On the fourth day, as the temperature had risen to 103° F., the dressings were taken down; the hernial wound was found closed securely and perfectly healthy and dry, while there was but little bloody tubercular pus in the cavity of the iliac abscess.

A portion of the hernial wound was torn open, but no evidence of any burrowing nor sepsis was found, and the healing of the hernial wound was uninterrupted. The temperature ranged from 98.6° in the morning to 101.5° or 102° in the evenings on an average for forty days, when the patient was discharged with a small sinus from the iliac wound persisting. The pulse ranged from 96 as a minimum to 140 as a maximum on one occasion during this period of convalescence, and the respiration from 20 to 28.

There seems to be but one point, in conclusion, which should be mentioned as a probable etiological factor in the causation of this double condition, and that is the weight of the leg swinging free and of the plaster cast on the knee dragging on the femoral canal, whose resistance had been lowered by the maceration of the adjacent tubercular pus, and should be a caution to employ light casts in the treatment of tumor albus.

CASE OF SUICIDAL POISONING WITH HYDROCYANIC ACID.

By Dr. Louis Kolipinski,
Washington, D. C.

READ BEFORE THE THERAPEUTIC SOCIETY, OCTOBER 8, 1898.

POISONINGS with hydrocyanic acid and its compounds being quite rare—so very rapidly fatal when they do occur; an immediate diagnosis and promptness in treatment being indispensable—are the reasons for reporting the following:

G., aged forty-two; married; seven children; formerly saloon-keeper, but for nearly two years an invalid from multiple neuritis; had been in health a tall and powerful man; very emotional; was overindulged by his mother and later by his wife. Is a morphinist, becoming so from having long used morphine for the relief of pain. G. bursts into tears when conversing; speaks of his terrible pains in hands and feet. He cannot sleep, and eats very little; knows he cannot take a cod-liver oil emulsion, because oil made him sick when he was a boy; yawns frequently (morphine effect dying out); he needs morphine for his pains.

As a fact his pains seem to be muscle pains, due to the limited quantity of morphine he is now taking.

He wants to end all by suicide. He cannot endure his torturing pains. His wife is fault-finding and has no longer any affection for him, he says. G. has no ambition—no rational desire to exert himself—to try to recover his health or to seek employment. He is an unconscious morphinist in so far as he has not voluntarily enslaved himself and does not distinguish between the symptoms of his former disease and those at present produced by the effects of the drug.

September 22, 1898, at 8.15 P. M., found him lying supine on his bed, his day shirt, trousers and stockings on; face flushed; eyelids half open; eyeballs

slowly rolling; pupils dilated; pulse accelerated; deep coma; deep, rapid, peculiar breathing, with sobbing inspiration. The breathing was like that in the coma of diabetes or grave cerebral apoplexy, and can be noticed experimentally in a dog after a lethal dose of potassium cyanide.

There had been involuntary urination and defecation. The tongue was swollen and purplish. The breath had a heavy metallic odor, like potassium cyanide.

From this and the pupils and the labored breathing, with its peculiar inspiratory sob, a diagnosis of poisoning with prussic acid was made, and, in view of his condition, with an unfavorable prognosis.

It was ascertained later that the poison had been swallowed at five minutes of 8 o'clock.

Treatment.—(1) A subcutaneous injection of atropine sulphate, grain 1-40. Hereupon those in the chamber soon noticed some improvement in the breathing; it became less loud.

(2) Ten grains of caffeine citrate by enema. The anal sphincter being paralyzed, the enema was retained with a pad and pressure.

(3) Enemata four or five times repeated of aqua ammonia, a teaspoonful in half a cup of water. The third ammonia injection caused an evacuation of liquid feces.

At 9.30 P. M. involuntary motions of the trunk, arms and legs, the patient turning on his left side—this apparently the result of the ammonia enemata.

Edema of the lung very apparent on auscultation.

The patient was raised into a sitting posture and freely plied at short intervals with the aromatic spirit of ammonia by the mouth. At 10.30 P. M. he was conscious; his respiration 30. He was then able to drink milk from a glass. The pupils were contracted. During the reviving stage the marked symptoms were the rapid breathing and the dyspnea resulting from his efforts to swallow or talk. The prussic-acid odor of the breath was still present, but less marked.

He had from ten to twelve alvine evacuations through the night. The next morning his condition was the same as it had been before swallowing the poison.

Whilst the treatment was going on I directed that a search be made of his person, bed, the room and an outer porch, as it was evident that the draught had been taken but a very short time—a few minutes before unconsciousness supervened. An ounce vial, half empty, of prussic acid, the labels carefully erased, was found by one of his boys in a small recess in a bathroom one story above his bedroom and approached by a short stairway. G. later informed me that he had proceeded as follows: Ascending to the bathroom where he had secreted the poison, he half emptied the vial into a drinking glass, descended to his bedroom, drained the glass, rinsed it with water and set it aside; threw himself upon his bed and immediately became unconscious.

The peculiar odor of the breath was confirmed, but not recognized, or compared to the classical "peach-kernel" flavor by a professional colleague, by the patient's wife, by a journalist and by a lodger, apparently a mechanic.

There were no after-effects, except for a few days dysenteric stools without blood, the result of the ammonia injections.

The quantity of poison swallowed was one-half ounce of the official acidum hydrocyanicum dilutum, U. S. P., containing 2 per cent., or four and eight-tenths grains of anhydrous acid.

Finally, in the treatment of this case, I did not attempt the use of emetics, the stomach tube or chemical antidote—the last because not accessible in time; the first and second for the reason that I feared the much-imperiled respiration might thereby be further overburdened.

Obstinate Fevers.—The ordinary malarial fevers give way to the sulphate of quinine when administered in the proper doses and at the right time. Many cases of obscure and obstinate fever, however, which hold against the sulphate of quinine will readily yield to the bisulphate of quinine. The latter salt does not upset the stomach and is readily absorbed.

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BALTIMORE, OCTOBER 22, 1898.

Two Important Meetings.

There will be held next month two meetings which should attract a large part of the profession. One is that of the Medical and Chirurgical Faculty, which, as usual, will hold its semi-annual session at some point outside of Baltimore. Last year the Faculty met at Ocean City, in September, and this year it has been invited to hold its meeting at Frederick on Wednesday and Thursday, November 16 and 17.

While the annual gatherings of this society naturally bring together a larger body of members, the semi-annual meetings are usually more sociable and tend to associate the men of Baltimore with those outside of that city. The programme committee is sending out notices, asking that all those intending to take an active part at that time will notify Dr. J. Williams Lord, 345 North Charles street, before November 1, so that the programme may be completed and mailed to each member long in advance of the session. It is not desired that a large number read papers, nor are long, dry discourses violently longed for, but practical papers and case-relating will be welcomed. The length of the programme will be limited, and the time of reading and discussing will be strictly curtailed to the usual length, so that all may have an equal chance.

As the Faculty has not met in Frederick since the revival of these semi-annual meetings, it is earnestly hoped that a large number will attend, even if they can take no active part. There will probably be some sort of social gathering or banquet on the evening of the first day, and this will give the physicians an opportunity to meet and know each other.

The other meeting of importance is that of the Maryland Public Health Association, at Easton, on Thursday and Friday, November 10 and 11. This association always attracts interest on account of the more general character of its proceedings.

The programme on both these occasions will be announced in full before the dates named.

It is also announced that, in addition to these, the Maryland Public Health Association will hold a local meeting in Baltimore on November 30, to consider the need of public baths. As the Mayor of Baltimore has invited the Mayor of Boston to be present and take part in the proceedings, there is some doubt as to whether this is honestly a meeting for the purposes named, or whether it conceals some political import. All these meetings should receive the attention of physicians.

* * *

Nineteenth Century Medicine.

At the opening of the Johns Hopkins Medical School this season the first address was delivered by Dr. Thomas Clifford Allbutt, of Cambridge University, on "Medicine in the Nineteenth Century," and those who were fortunate enough to hear this lecture will appreciate how much matter for thought it contained, and in the last part of this discourse the author goes most deeply into the relation of general and special medicine and the realm of the surgeon and physician. While such lectures and addresses contain of necessity many truisms and things self-evident, still they serve to present in this instance in a most attractive form the exact condition of medicine in this end of the nineteenth century, and put it before the reader in a clear light. He spoke also of the advances made in medicine. An abstract of Dr. Allbutt's remarks appears in this issue.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending October 15, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	11
Phthisis Pulmonalis	..	18
Measles	1	..
Whooping Cough	..	..
Pseudo-Membranous Croup and Diphtheria.	53	13
Mumps	..	..
Scarlet Fever	11	1
Varioloid	..	..
Varicella	..	..
Typhoid Fever	27	7

Richmond is said to have a very pure water supply. Probably the politicians have not yet found it out.

Yellow fever and quarantine have again caused the postponement of the opening of Tulane University to November 10.

The State Board of Health lost its case in prosecuting persons for stream and water pollution. The prosecution will be continued.

The Baltimore County Medical Society held its last meeting last Thursday afternoon at Electric Park.

Drs. Henry B. Jacobs and William S. Thayer have opened offices at No. 3 West Franklin street, Baltimore, next door to Dr. Osler.

At the last meeting of the Johns Hopkins Medical Society Dr. J. M. T. Finney was elected president and Dr. Thomas S. Cullen, secretary.

The City Council of Brunswick, Md., has elected the following local board of health for the ensuing two years: Dr. H. S. Hedges, Mr. E. L. Harrison and Mr. L. E. McBride.

On account of quarantine regulations in some parts of the South, the eleventh annual meeting of the Southern Surgical and Gynecological Association, which was announced to be held in Memphis November 8, 9 and 10, has been postponed to December 6, 7 and 8. Among those who are announced to read papers are Dr. Howard A. Kelly of Baltimore and Drs. J. Taber Johnson, J. W. Bovée, I. S. Stone and Henry D. Fry of Washington.

The Health Commissioner of Baltimore is watching very closely the various schools, and is having the throats of suspicious cases examined, in order to prevent the spread of diphtheria, which is so apt to occur after the opening of the public schools.

Behring has been attacked most vigorously in American papers for patenting his serum, but in his own country also the lay and medical journals have been handling him without gloves and most clearly show up the true character of the man.

The Maryland Public Health Association will hold its next regular meeting in Easton, Md., Thursday and Friday, November 10 and 11. The local meeting of this association will be held in Baltimore, November 30, when the subject of "Public Baths" will be discussed.

As stated last week, the semi-annual meeting of the Medical and Chirurgical Faculty will be held at Frederick, Md., on Wednesday and Thursday, November 16 and 17. Those desiring to read papers should send the titles to Dr. J. Williams Lord, 345 North Charles street, not later than November 1.

The late Sir Benjamin Ward Richardson left a considerable number of unpublished memoirs of leading physicians. These have been collected into two volumes, and will, it is announced, shortly be published under the title of "Disciples of Æsculapius." The work contains a large number of portraits and illustrations.

Dr. H. C. Leigh, Sr., a prominent and highly respected physician of Petersburg, died at his home last Sunday, aged sixty-five years. Dr. Leigh was born in Virginia, and received his medical education in New York. He practiced in Petersburg since 1857, with the exception of a few years when he was an army surgeon during the civil war.

Dr. Thomas Clifford Allbutt, regius professor of medicine at the University of Cambridge, London, who has been delivering a course of lectures at the Cooper Medical College of San Francisco, spent a few days this week in Baltimore, and delivered the address on the occasion of the opening of the Johns Hopkins Medical School. Dr. Allbutt was entertained by Drs. Osler, Welch and others while in Baltimore.

Washington Notes.

Dr. Anita N. McGee, acting assistant surgeon U. S. A., has been ordered to Fort Monroe, Va.

Dr. George W. Patterson, acting assistant surgeon at Fort Myer, has been ordered to give medical attention as may be required by officers, enlisted men and their families at that post.

At the Medical Society Wednesday evening Dr. Storch read a paper upon "The Functions of the Apendix Vermiformis" and Dr. Ruffin reported a case of aneurism of the aorta, with specimen.

Surgeon-General Sternberg says: "The American National Red Cross Association has had full authority to send agents and supplies to all camps, and if there has been suffering for want of needed supplies, they must share the responsibility with the medical department of the army for such suffering." It's always well to have some persons share the responsibility; the glory, however, will not need to be divided.

The board to inquire into the cause of typhoid fever in the army is about to report that the fly has been an important factor in the dissemination of the disease, and that as long as the present method of disposing of fecal matter in the camps is continued, it will be impossible to eradicate the disease. They think that by this time the clothing of the men and the camps are infected with the germs, and to change the camp sites would be of little avail. They will recommend that the tentage and clothing of the soldiers be disinfected as far as possible by boiling, and rigid measures be enforced regarding the disposal of fecal matter.

The Microscopical Society of Washington at its last meeting elected Dr. Henry Alfred Robbins president. The society has been doing excellent work. Dr. Robbins has already served as its presiding officer on several occasions, and was made president on the formation of the society in 1882.

The death is announced in Washington of Dr. Nathan Smith Lincoln, aged seventy years. Dr. Lincoln was one of the most prominent figures in medical ranks. He was a native of Massachusetts, and was graduated from Dartmouth College in 1850, and in 1852 took his medical degree at the University of Maryland. He was a member of all the prominent District medical societies, and held many positions in connection with Columbian University and various hospitals.

Book Reviews.

Treatment of Skin Cancers. By W. S. Gottheil, M.D., Professor of Dermatology at the New York School of Clinical Medicine, Dermatologist to the Lebanon Hospital, the Northwestern and West-Side German Dispensaries, etc. New York: The International Journal of Surgery Co., 100 William street. Price $1.

The subject is treated in a practical manner, from the standpoint of the general practitioner as well as the specialists, and while every prominent modern method in the non-operative treatment of cutaneous cancer has received mention, the author elaborates especially upon the caustic method, which experience has commended to him.

In the experience of the author Marsden's arsenical paste, consisting of powdered gum acacia, one part, and arsenious acid, two parts, mixed with sufficient water to make a paste and applied on rubber adhesive plaster, has given the most satisfactory results. One's individual experience must always be his guide in the treatment of any disease, but it is difficult to understand how excision can be considered by the author to be so inexact and uncertain in its results and destruction of tissue by a potential caustic so thoroughly under the control of the one who applies it and so exact in its effects. As stated above, Dr. Gottheil is a warm advocate of arsenical cauterization in accessible skin cancers.

REPRINTS, ETC., RECEIVED.

Lues Venerea and the Third Act of the Drama of Syphilis. By Henry Alfred Robbins, M.D., Washington, D. C.

Appendicitis; Its Differential Diagnosis. By Hugh M. Taylor, M.D. Reprint from the *Virginia Medical Semi-Monthly.*

The Habits, Food and Economic Value of the American Toad. By A. H. Kirkland, M.S. Reprint from the Bulletin of the Hatch Experiment Station of the Massachusetts Agricultural College.

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Original Articles.

THE VALUE OF EMBRYOLOGICAL SPECIMENS.

By Franklin P. Mall, M.D.,

Professor of Anatomy, Johns Hopkins University.

FIVE years ago I published a request[1] to physicians that they send me the embryological specimens which fall into their hands. The appeal met with a much more hearty response than was anticipated, and I take this opportunity to express my thanks to the many physicians who have often inconvenienced themselves greatly in sending specimens to the anatomical laboratory. My request was also widely distributed through a number of medical journals, the result being that I obtained material from many different portions of the United States.

In all, 126 good specimens have been sent me, and each of them is of some value in the study of embryology.[2] All of the larger specimens which were not accompanied with any data are not included in the above number. They are, however, all preserved, and are constantly used when direct dissection is required. In all there are in the collection thirty-two specimens of the first month, of which eighteen are normal and fourteen abnormal. Of the second month there are fifty-seven specimens, forty-three normal and fourteen abnormal. So of the eighty-nine specimens of the first and second months, 32 per cent. are abnormal, while if the first month alone is considered 44 per cent. are abnormal. The above per cent. seems pretty high, and is, in fact, higher than that obtained by His, yet I believe that it is still much too low. A large part of the His collection is from a number of scientists who naturally preserved only good specimens. In his first collection 22 per cent. of the embryos were normal, while if the specimens which were obtained from midwives only are considered, 40 per cent. are abnormal. This latter figure is more liable to be the correct one, for the midwives did not attempt to assort the specimens. The same discrepancy is found between the ratio of the normal to the abnormal among the specimens I at first collected and those which have been sent me recently. At first the specimens sent me consisted only of "fine" embryos, and I rarely obtained an abnormal specimen. Recently, however, the whole ova are sent me without opening them first, and among these over half are abnormal.

Over half of the specimens were given me by Baltimore physicians. Forty-eight physicians sent single specimens; twenty-four sent more than one specimen each, together seventy-eight. Of the 126 specimens, twenty-nine normal ova are accompanied with some history; forty with anatomical measurements, in addition to the embryo; thirty-four are abnormal, and fifty-two embryos were removed from the ovum before sending them, and have no accompanying data whatever.

Although embryologists have emphasized again and again the importance of carefully preserving and studying early human ova, it is necessary from time to time to remind physicians not to throw away the valuable material which is con-

1. The Johns Hopkins Hospital, Bulletin, 1893.
2. From Maryland, 70; Pennsylvania, 7; Massachusetts, 6; New York, 5; District Columbia, 5; Ohio, 5; Michigan, 4; Illinois, 4; California, 3; Iowa, 3; Germany, 2; New Hampshire, 2; Tennessee, 2; and one from each Wisconsin, Virginia, Kentucky, Canada, Colorado, Maine, North Carolina and South Carolina. Total, 126.

stantly coming into their possession. There are numerous questions which might be answered if there was an abundance of specimens on hand, and they can be procured only through the co-operation of physicians in active practive. Not only do such specimens contribute to the study of human embryology, but they are also of the greatest value in the study of pathological embryology. In addition to the morphological studies which may be made by the embryologist, the histories of the specimens are of the utmost importance in locating accurately the beginning of pregnancy.

The specimens which physicians have sent me during the last five years have given me a collection ranking among the best in existence. The only other important collection is the one in the possession of Professor His, and its study has given us nearly all of our knowledge of human embryology. If ovulation, menstruation, conception and development could be studied in man as in any of the other mammals, these problems would be relatively easy to solve. To be sure the results of the studies in lower animals are of great importance for comparative study, but they have also led us into many errors, and they leave untouched many points which appear to be peculiar to man. As His, Graf Spee, Giacomini and others have said, we need many more well-preserved specimens to give us new facts, the lack of which is so very apparent.

I therefore appeal again to the physicians of Baltimore to send me the specimens which they obtain from their practice. In order to reduce their trouble to a minimum, I will gladly send them jars filled with preserving fluid into which the specimens may be placed. It is only the younger specimens which are of much value, and they can be preserved to great advantage in a 5 per cent. solution of formalin. If this solution is not available, an unopened ovum is best preserved in the strongest alcohol, while for the embryo alone 75 to 80 per cent. alcohol should be used. The value of a specimen is further increased if it is accompanied by the date of the beginning of the last menstrual period of the woman from whom it was obtained, the date of the abortion, as well as other notes which may bear upon the case.

The tables appended give all of the young embryos I have been able to collect, which are accompanied by the dates of the beginning of the last menstrual period and of the abortion. There are also numerous specimens included which give only some of the measurements of the appendages of the embryo. The variations of the different measurements and dates are considerable, and it is only after careful comparison of the figures and their averages that any sort of satisfactory conclusions can be drawn from them.

It is generally believed that the beginning of pregnancy takes place at the time of the last menstrual period, and that the first lapsed period marks one month of pregnancy. In the cases from which the embryos of tables III, No. 1, IV, No. 6, V, No. 12 and VI, No. 23, are taken, the earliest cohabitation took place fully a week after the last menstrual period, and in all probability could not fertilize the egg which may have escaped from the ovary during that period. It is much more likely that the ovulation which took place at the time the period was missed gave rise to the embryo. This is all the more probable, since we know that ovulation often occurs immediately before menstruation (Leopold). The exact time and frequency of ovulation will not be answered in a satisfactory manner until the anatomy and physiology of the ovary are much more extensively studied.

If the age of the ova given in tables I and II is rated from the beginning of the last menstrual period it will be six instead of two weeks which is much more probable. The size of these ova as well as their embryos places them in the neighborhood of two weeks rather than six, when we consider them from the standpoint of comparative embryology. Moreover, the exceptions, when conception and menstruation coincide (tables II, No. 8, III, Nos. 7, 9, 13 and 15, IV, No. 8, and V, No. 10), again speak for this. So in the majority of instances we must deduct twenty-eight from the time between the beginning of the last period and the abor-

tion in order to obtain the age of the embryo.

This method of computing the age of embryos apparently applies only to the younger specimens in the different tables. After the fifth week, table VI, a comparison of the size of the embryo to its age, as obtained from the menstrual history, leads only to confusion. Unfortunately, the measurements of the older embryos are not as trustworthy as those of the younger ones. The least tilting of the head, the method of hardening as well as the unequal growth tend to give incorrect figures. These errors are practically excluded in the younger specimens. The embryo from Dr. Watson, table VI, No. 28, is undoubtedly much younger than the one from Dr. Spencer, No. 27, if one can judge from the degree of development. Both are well-developed specimens, hardened in formalin, and I am inclined to place the Watson specimen fully three weeks before the Spencer. No doubt other measurements, as those of a vertebra, will finally lead us out of this trouble.

When ultimately the time of ovulation is definitely located in relation to menstruation, and the scale of embryos is complete from conception to birth, the statistical problem as here presented will have born its full fruit in determining accurately the duration of pregnancy.

TABLE I.—EMBRYOS OF THE SECOND WEEK.

Observer.	Length of Embryo.	Dimensions of Umb. Vesicle.	Dimensions of Ovum.	Time Between Last Period and Abortion.	Probable Age.	References, or From Whom Obtained.
1. Breuss	......	....	5 mm	38 days.	10 days.	Wiener Med. Wochenbl., '77.
2. Reichert	......	......	5.5x3.3 mm	42 days.	14 days.	Abhandl. d. K. A. d. Wiss., [Berlin, '73.
3. Graf Spee	.37 mm	1.08x1 mm	7x5.5 mm	5 weeks.*	12 days.*	His's Archiv., '96.
4 No. XI	.8 mm	1.5x1 mm	10x7x7 mm	41 days.	13 days.	Dr. Kittredge, Nashua, N. H.
5. Keibel	1 mm	......	8.5x7.75x6 mm	.....		His's Archiv., '90.
6. Graf Spee	1.54 mm	1.8x1.5 mm	10x8.5x6.5 mm	5 weeks.	12 days.*	His's Archiv., '96.
Average	.93 mm	1.46x1.17 mm	7.7x6.4x6.5 mm		12 days.	

*Twelve days is my estimation, as Graf Spee in a general way gives five weeks as the time between the last period and the abortion.

In all the tables the measurements are from the highest point on the head to the breech.

TABLE II.—EMBRYOS OF THE FIRST HALF OF THE THIRD WEEK.

Observer.	Length of Embryo.	Dimensions of Umb. Vesicle.	Dimensions of Ovum.	Time Between Last Period and Abortion.	Probable Age.	References, or From Whom Obtained.
1. No. XII	2.1 mm	1.5x1x1 mm	18x18x8 mm	41 days.	13 days.	Dr. Ellis, Elkton, Md.
2. Thomson	2.1 mm	2.6 mm	5.7 mm	42 days.	14 days.	Edin. Med and Surg. Jour., '39.
3. His (E.)	2.1 mm	2.3x1.6 mm	8.5x5.5 mm	......	......	A. M. E.
4. His (Lg.)	2.15 mm	1.6x1.2 mm	15x12.5 mm	40 days.	12 days.	A. M. E.
5. His (S.R.)	2.2 mm	1.9x1.5 mm	9x8 mm	......		A. M. E.
6. His (Sch.)	2.2 mm	2.1x1.7 mm	......	......	......	A. M. E.
7. His (L.)	2.4 mm	......	9x8 mm	......	......	A. M. E.
8. Thomson	2.5 mm	2.1 mm	15x10 mm	14 days.	14 days.	Edin. Med. and Surg. Jour., '39.
9. Chiariugi	2.6 mm	1.9x1.8x1.6 mm	15x12x8 mm	....	......	Arch. Ital. de Biol., 12.
10. His (M.)	2.6 mm	2.6x1.7 mm	8x7.5 mm	.... .	......	A. M. E.
11. Graf Spee	2.69 mm	2.5x1.5 mm	15x14 mm	42 days.	14 days.	Verein. Schles.-Holst. Aerzte, '87.
12. His (E.B.)	3 mm	......		42 days.	14 days.	His's Arch., '96, p. 58.
13. Janosik	3 mm	2.5x2 mm	8 mm	43 days.	15 days.	A. f. M. A., 30.
Average	2.43 mm	2.15x1.33x1.3 mm	11.5x8.6x8 mm		14 days.	

TABLE III.—EMBRYOS OF THE SECOND HALF OF THE THIRD WEEK.

Observer.	Length of Embryo.	Dimensions of Umb. Vesicle.	Dimensions of Ovum.	Time Between Last Period and Abortion.	Probable Age.	References, or From Whom Obtained.
1. His (B.B.)	3.2 mm	3x2 mm	14x11 mm	48 days.	20 days.	A. M. E., 7, 74.
2. No. LXXXVII	4 mm	......	24x16x9 mm	42 days.	14 days.	Dr. Cole, Peru, Ill.
3. Ecker	4 mm	.....	.... .	45 days.	17 days.	His's Archiv., '80.
4. His (III)	4 mm	3x2.7 mm	30x25 mm	51 days.	23 days.	A. M. E.
5. His (Lr)	4.2 mm	2.8x2.3 mm	15. mm	......	......	A. M. E.
6. Stubenrauch (K.)	4.3 mm	......	......	52 days.	24 days.	Inaug. Dis., Munchen, '89.
7. Wagner	4.5 mm	....		20 days.	20 days.	Muller's Archiv., '35.
8 No. I	4.5 mm	......	30x30 mm	...	......	Dr. Gavin, Baltimore.
9. Hensen	4.5 mm	......	... .	21 days.	21 days.	His's Archiv., '77.
10. No. LXXVI	4.5 mm	3 mm	22x20 mm	. . .	......	Dr. Mitchell, Chicago.
11. No. LXXX	5 mm	4 mm	24x18x8 mm	......	......	Dr. Branham, Baltimore.
12. His (D 2)	5 mm	4 mm	20x15 mm	......	......	A. M. E.
13. His (W)	5 mm	......	25x20 mm	21 days.	21 days.	A. M. E., pp. 7, 74.
14. His (R)	5 mm	......	22 mm	......	.... .	A. M.E.
15. Meyer	5.25 mm	4 mm	22 mm	18 days.	18 days.	A. f. M. A., 36.
16. No. XIX	5.5 mm	2.5x2x2 mm	18x14 mm	......	......	Dr. Williams, Baltimore.
17. No. XVI	6 mm	......	24x18 mm	.... .	. ...	Dr. Sherwood, Baltimore.
18. Stubenrauch (I.)	6 mm	......	......	45 days.	17 days.	Inaug. Dis., Munchen, '89.
Average	4.7 mm	3.3x2.2x2 mm	22.3x18.7x8.5 mm		19.5 days.	

TABLE IV.—EMBRYOS OF THE FOURTH WEEK.

Observer.	Length of Embryo.	Dimensions of Umb. Vesicle.	Dimensions of Ovum.	Time Between Last Period and Abortion.	Probable Age.	References, or From Whom Obtained.
1. No. CXVI.	6.5 mm	.....	28x20x10 mm	55 days.	27 days.	Dr. Ryan, Springfield, Ill.
2. No. II	7 mm	7x4.5x4.5 mm	25x25 mm	52 days.	24 days.	Dr. C. O. Miller, Baltimore
3. Stubenrauch (II)	7 mm	......	......	51 days.	23 days.	Inaug. Dis., Munchen, '89.
4. No. XVIII	7 mm	.....	18x18 mm	......	......	Dr. Douglas, Nashville, [Tenn.
5. His (B)	7 mm	4 mm	25x22 mm	......		A. M. E.
6. His (Stt)........	7.75 mm	......	21x17 mm	57 days.	27 days.	A. M. E., 8, 74.
7. His (XVII).. ...	8.5 mm	......	20x12 mm	.....	......	A. M. E.
8. Meyer...........	8 mm	5 mm	45 mm	28 days.	28 days.	A. f. M A., 36.
Average	7.34 mm	5.3x4.5x4.5 mm	26x19x10 mm		26 days.	

TABLE V.—EMBRYOS OF THE FIFTH WEEK.

Observer.	Length of Embryo.	Dimensions of Umb. Vesicle.	Dimensions of Ovum.	Time Between Last Period and Abortion.	Probable Age.	References, or From Whom Obtained.
1. Ecker.	10 mm		......	60 days.	32 days.	Icon. Physiol., 28.
2. No. LXXXVIII.	10 mm	4 mm	30x28x15 mm	......	......	Dr. Brumm, Detroit.
3. His (XCVIII)...	10.3 mm	......	35x25 mm	.....	......	A. M. E.
4. No. CIX........	11 mm	......	30x30 mm	......	......	Dr. Cushing, Baltimore.
5. His (Br.)	11 mm	5x5x4.5 mm	30x27 mm	61 days.	33 days.	A. M. E.
6. His (XCVII)....	11 mm	......	30x25 mm	.....	...	A. M. E.
7. His (Rg).	11.5 mm	5.5x4.5 mm	30x27 mm	......	......	A. M. E.
8. His (Sl).........	12.5 mm	6x5 mm	30x27 mm	......	.....	A. M. E.
9. His. (XIX)......	12.8 mm	5x4.5 mm	40x32 mm	.....	.....	A. M. E.
10. No. XXXV.....	13 mm	......	......	37 days.	37 days.	Dr. C. O. Miller, Baltimore.
11. His (M2)........	13 mm	......	......	64 days.	36 days.	A. M. E.
12. His (Br. 2)	13.6 mm	6x4.5 mm	35x28 mm	63 days.	35 days.	A. M. E., 9 and 74.
Average	11.6 mm	5.2x4.6x4.5 mm	32x27x15 mm		34.6 days.	

TABLE VI.—EMBRYOS OVER FIVE WEEKS OLD.

Observer.	Length of Embryo.	Dimensions of Umb. Vesicle.	Dimensions of Ovum.	Time Between Last Period and Abortion.	Probable Age.	References, or From Whom Obtained.
1. His. (Dr. 1).....	15 mm	6x5.5 mm	45x40 mm	......	......	A. M. E.
2. His (S 2)..	15 mm	5.5x4.5 mm	35x28 mm	...	....	A. M. E.
3. His (Lhs)......	17 mm	......	.....	51 days.	......	A. M. E., 238.
4. No. CVI........	17 mm	......	....	54 days.	.....	Dr. Gardner, Baltimore.
5. No. XVII......	18 mm	....	40x30x20 mm	......	......	Dr. Cottrell, Louisville, Ky.
6. No XLII	18 mm	.....	35 mm	......	......	Dr. Wills, Los Angeles, Cal.
7. No. V.........	18.5 mm	...	40x30 mm		......	Dr. Kittridge, Nashua, N. H.
8. No. XXVIII....	19 mm	......	50x30x20 mm	47 days.	......	Dr. Sewall, Denver, Cal.
Aver. 15-20 mm.	16 mm	5.7x5 mm	41x32 mm			
9. No. LXXXI ...	20 mm	.....	65x55x35 mm	......	......	Dr. Branham, Baltimore.
10. No. XCIV.....	20 mm	.. ..	50x40x30 mm	......	......	Dr. Knill, Detroit, Mich.
11. No. XXII	20 mm	5x2x2 mm	35x30x30 mm	......	....	Dr. Snively, Waynesboro, Pa.
12. Minot....	22 mm		......	53 days.	......	Minot's Embryology, 392.
13. His.......	22 mm	......	....	56 days.	......	A. M. E., 239.
13a LVII.....	23 mm	......	30 mm	......	... .	Dr. Howard, Cleveland, O.
13b His (Wt)	23 mm	......	55x50 mm	......	......	A. M. E.
14. No. LXXII.....	23 mm		40x30 mm	......	......	Dr. Arthur, Baltimore.
15. No. XXVII	23 mm	......	30 mm	......	.....	Dr. Thayer, Baltimore.
16. His (Lp.).	23 mm	......	55x50 mm	......	......	A. M. E.
17. No. XXXI......	24 mm	......	50x30x30 mm	66 days.		Dr. Ballard, Baltimore.
18. No. VI.........	24 mm	......	......	77 days.	.....	Dr. C. O. Miller, Baltimore.
Aver. 20-25 mm.	22.1 mm	....	50x41x31 mm			
19. No. CXVIII....	25 mm	......	......	94 days.	.....	Dr. Booker, Baltimore.
20. His (Dr. 2)	25 mm	.....	45x40 mm	......	......	A. M. E.
21. No. XCIX......	27 mm	......	40 mm	75 days.	......	Dr. Carr, Durham, N. C.
22. No. XLV	28 mm	.....	40x35x20 mm	....	.....	Dr. Douglas, Nashville, Tenn.
Aver. 25-30 mm.	26 mm	....	42x37x20 mm			
23. No. XXVI.. ...	30 mm	......	......	75 days.	......	Dr. Simon, Baltimore.
24. Minot......	32 mm	.....	......	68 days.	.....	Human Embryology, 398.
25. No. LXXIX....	32 mm	......	50x50x50 mm	91 days.	.....	Dr. Briggs, Blackville, S. C.
26. No. LII	33 mm	......	40x30x15 mm	......	.....	Dr. Gavin, Baltimore.
27. No. XCVI.......	44 mm	......		84 days.	......	Dr. Spencer, San Francisco.
28. No. XCV	46 mm	.....	68x50x50 mm	83 days.	......	Dr. Watson, Baltimore.
29. No. CV	48 mm	......		83 days.	. ...	Dr. Watson, Baltimore.
Aver. 30-50 mm.	38 mm	....	46x41x38 mm			
30. No. XXX......	60 mm	......	......	77 days.	.....	Dr. Snively, Waynesboro, Pa.
31. No. XCII	70 mm	......	......	90 days.	......	Dr. Ballard, Baltimore.
32. No. XLIX......	70 mm	.....	......	65 days.		
33. No. XXIII.. ...	70 mm	......	......	65 days.		Dr. Snively, Waynesboro, Pa.
34. No. XXXIV....	80 mm	......	......	104 days.	......	Dr. Ellis, Elkton, Md.
35. No. CXVII.....	100 mm	.....	.. ...	101 days.	......	Dr. Ballard, Baltimore.
36. No. XCVIII..	160 mm	......		125 days.	.....	Dr. Atkinson, Baltimore.
37. No. XLVI......	135 mm	....	......	143 days.		Dr. Taylor, Baltimore.
38. No. CXXI......	210 mm	......	......	190 days.	......	Dr. Ballard, Baltimore.
Average.........	....	....	....			

TABLE VII.—EXTREME AND AVERAGE MEASUREMENTS IN MILLIMETERS OF THE EMBRYO AND ITS APPENDAGES, AS OBTAINED FROM TABLES I TO VI.

Week.		Length of Embryo.	Dimensions of Umbilical Vesicle.	Dimensions of Chorion.	Age in Days.
Second	Extremes	.37 to 1.54	1.08 to to 1.8 *	5 to 10 *	10 to 14
	Average	.93	1.46x1.17	7.7x6.4x6.5	12
First Half of Third	Extremes	2.1 to 3	1.5 to 2.6	5.7 to 18	12 to 15
	Average	2.43	2.15x1.33x1.3	11.5x8.6x8	14
Second Half of Third	Extremes	3.2 to 6	2.5 to 4	14 to 30	14 to 23
	Average	4.7	3.3x2.2x2	22.3x18.7x8.5	19.5
Fourth	Extremes	6.5 to 8	4 to 7	18 to 45	23 to 28
	Average	7.34	5.3x4.5x4.5	26x19x10	26
Fifth	Extremes	10 to 13.6	4 to 6	30 to 40	52 to 37
	Average	11.6	5.2x4.6x4.5	32x27x15	34.6
	Extremes	15 to 19	5.5 to 6	35 to 50	....
	Average	16	5.7x5	41x32	....
	Extremes	20 to 24	....	35 to 65	....
	Average	22.1	....	50x41x31	....
	Extremes	25 to 28	....	40 to 45	....
	Average	26	....	42x37x20	....
	Extremes	30 to 48	....	40 to 68	.....
	Average	38	....	46x41x38	....

*The extreme measurements of the Umbilical Vesicle and Chorion are the largest measurements in each case; only the first of the average measurements is to be compared to them.

THE TREATMENT OF PUERPERAL SEPSIS.

By John N. Upshur, M.D.,

Richmond, Va.

Professor of the Practice of Medicine, Medical College of Virginia.

READ BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY, OCTOBER 11, 1898.

Two principles of fundamental importance concerning puerperal sepsis are, first, that in these days of advanced asepsis, puerperal sepsis should not ordinarily occur, and, second, if it does occur, it should be treated aseptically rather than antiseptically. An exception to the first principle is found in such cases as are autogenetic—a class of cases which, although their existence is denied by competent authority, the writer is convinced are sometimes encountered. These unpreventable ones are exemplified by instances of putrefaction and subsequent sepsis occurring in women, in whose products of conception life has been extinct for several weeks.

When sepsis results from external causes, it is because the accoucheur or nurse has failed to secure surgical cleanliness. This in most instances is highly reprehensible. It is true that in the humble walks of life, poverty, filth and ignorance are powerful factors in the causation of sepsis, and frequently triumph, in spite of the physician's most watchful care. Elevation of temperature, not dependent upon some easily removable or transient causes, such as constipation or the first secretion of milk, but associated with scanty, offensive or absent lochia, is the invariable indication that infection has taken place, and that prompt clearing of the uterine cavity is imperative.

The writer's method of treatment in these cases is to first irrigate the interior of the uterus with a normal salt solution, remove secundines or other retained foreign materials by means of the sharp curette, then again irrigate freely with salt solution. After thoroughly drying with aseptic cotton or gauze, hydrogen peroxide is applied to the uterine cavity by means of a small intrauterine syringe or an applicator upon which is wound a piece of aseptic gauze or absorbent cotton saturated with the agent. The foam should be removed and fresh applications made until the cessation of foaming gives positive evidence that the uterine cavity has been thoroughly cleansed. This procedure should be practiced daily until the temperature falls to normal and remains at that point. This, in the writer's experience, always occurs within a week. The following cases are illustrative of the efficacy of this mode of treatment:

Case I.—Mrs. H., aged forty, in her seventh labor, as the result of rigid cervix and violent uterine contractions, had rupture of the uterus in its long diameter involving four-fifths of the thickness of the wall. Mural abscess and sepsis followed, associated with profuse, offensive lochia, the color of dirty dishwater. On the fifth day the uterus was above the pubis and spongy. The ordinarily recommended treatment was practiced without improvement, but on the eighth day the method above detailed, with hydrogen peroxide, etc., was instituted, with the result that the temperature immediately fell to the normal point and the patient made a good recovery.

Case II.—Mrs. D., delivered of her third child two months prematurely. Baby, much emaciated in consequence of interference with nutrition from placental degeneration, lived twelve hours. Within the first five days the temperature ranged from 101 degrees to 105 degrees Fahr., and the usual concomitant symptoms of sepsis were present. On the sixth day after delivery, curettage with free douching of hot salt solution was practiced and the usual application of hydrogen peroxide was made. Temperature taken half hour after treatment showed a fall of one degree, while on the seventh day it was normal. From this date on, convalescence was uninterrupted, and the patient was out of bed as early as though no complication had occurred.

Case III.—Mrs. S., after rapid delivery, did well for nine days, when the usual symptoms of puerperal sepsis appeared, due in all probability to her wretched surroundings, lack of proper nursing, etc. The treatment above detailed was exhibited, the temperature promptly returned to normal, and there was speedy and satisfactory convalescence.

The *rationale* of the treatment by hydrogen peroxide is that this agent causes a rapid oxidation or super-oxidation of effete organic matter, thus completing in a very short time what it would take the unassisted process of nature a dangerously long period to accomplish. It initiates, but infinitely improves and accelerates the efforts of the human organism to remove offending foreign materials. The advantage of this agent over mercuric chloride, carbolic acid, and other agents that act chemically, is that it is non-corrosive and non-destructive of healthy tissue. Furthermore, the results obtained from the use of hydrogen peroxide are vastly superior to those obtained by the use of any other agent, so that the writer now approaches the treatment of puerperal sepsis with less fear of unfortunate results than he has ever before experienced.

Medical Progress.

REPORT OF PROGRESS IN DERMATOLOGY.

By T. Caspar Gilchrist, M.R.C.S., L.S.A.,

Clinical Professor of Dermatology, Johns Hopkins University, and Attending Physician to the Johns Hopkins Hospital Dispensary, and Clinical Professor of Dermatology, University of Maryland.

REST IN THE TREATMENT OF DISEASES OF THE SKIN.

Allan Jamieson of Edinburgh made this the subject of his presidential address at the last meeting of the British Medical Association (dermatological section). He said that as far as absolute rest was concerned it was impossible to obtain this in the case of the skin. On removing a bandage which had been applied to the limb for a week one could rub off the skin numerous dry, loose epidermic scales, showing that although the limb was immovable and air was excluded, yet a cornification of the upper layers of the skin went on as usual. In the same manner the function of the sweat and sebaceous glands still continued, as evidenced by the odor.

Rest, as far as cutaneous diseases were concerned, consisted of the removal of irritants.

The popular idea, which is a remnant of the old humoral pathology, that an eruption indicates a diseased condition of the blood, is quite a wrong one, and there is hardly any one disease of the blood which can be positively asserted to be the sole cause of an eruption. Anemia is a predisposing cause and scorbutus a determining one. The skin ought to be

given rest from the deeper side as far as can be done therapeutically, i. e., internal causes should be corrected, e. g., attention to diet, application of cutaneous sedatives (antimony, etc.), hematinics and agents which influence metabolism, as arsenic. Rest can be secured for the skin by freeing it from the effects of the overactivity of its own constituents or appendages, e. g., in ichthyosis, where the most prominent feature is the continual accumulation of horny layer instead of the regular and imperceptible desquamation.

The author here recommends keratolytic applications, of which resorcin is the chief, and as a soap, supplemented by its employment as an ointment. In this way the epidermis is made to rest.

The seborrheic diseases are next discussed, and Jamieson considers that the parasitic origin of these affections still remain not proven. In the treatment, besides removing the accumulation of oil and degenerated epidermic scales, the anemia must be corrected and ergot or ichthyol given to constrict the vessels of the periglandular plexuses. Sulphur and the astringent action of cold water are the principal local remedies.

In hyperidrosis, where the sweat glands are overactive and the tissues become converted into a swamp, keratoplastic agents are employed, e. g., 3 per cent. salicylic acid in a bland powder, as talc or orthoform.

Rest is often very necessary to modify abnormal perversions of functional activity. Pruritus is the commonest example. In infants one must remember the skin is very tender and still undeveloped. One of the most troublesome neuroses is urticaria papulosa, which is due to bad hygiene and improper dietary. These are to be corrected by giving plain food and ablutions, with gruel, or with superfatted naphthol soap. Cotton or flannelette is to be worn next the skin and inunctions of glycerine of starch applied. Internally antipyrine in small doses at night is recommended. In pruritus senilis pilocarpine will be found efficacious, and the glycerine of starch applied externally. In the aged the softest wool should be worn next to the skin.

In discussing the rest necesary in the treatment of the various conditions of eczema the author emphasizes the use of soothing applications in the weeping form, e. g., boric starch jelly. In the more chronic forms more stimulating remedies are required, and salicylic acid plaster is very efficacious. In eczema of the face most rest is obtained by the use of Unna's zinc ichthyol salve muslin.

Finally, the author, in speaking of the treatment of erysipelas, praises ichthyol very highly, and says he has never known it to fail.

He advises it to be applied as a 25 per cent. ointment, made up with chalk and vaseline and then cover the part with cotton-wool.

WHAT ARE WE TO UNDERSTAND BY ECZEMA?

In a paper with this title which Malcolm Morris presented at the last meeting of the British Medical Association the author, after entering into the question in considerable detail, finally concluded by saying that there were now some grounds for accepting Unna's view that many cases of eczema, and especially the seborrheic variety, were of parasitic origin; others were distinctly of neurotic origin.

Morris defines eczema broadly as follows: "It is a disease the most striking clinical character of which is the infinite variety of lesions by which it displays itself; originating in the action of parasites on a skin the resistance of which has been enfeebled by pre-existing disease or structural abnormality, or by disordered innervation; sometimes made more intractable by gout and other constitutional states, but having no direct relation to the general health."

INTRA-MUSCULAR INJECTIONS OF CALOMEL IN THE TREATMENT OF SYPHILIS.

Michel and Roche (La Presse Médicale, No. 49, 1898) record the results of their experience at the Charité Hospital, Marseilles, in the treatment of prostitutes for syphilis. During three years 1242 injections were given. One hundred and thirty-five women were treated in this way; twenty-one on the second or third

day after the appearance of the hard sore, and almost all the remainder when in the secondary stage.

The majority of the patients received eight to twelve injections, which were given every two weeks.

The authors consider this method preferable to others in hospital and private practice. The drawbacks, they assert, have been exaggerated. They conclude that the pain after injection was never severe, and abscess only occurred four times. Freshly-prepared material is recommended each time, and four centigrammes are used at a dose. (The treatment by injection has not been found preferable to the usual mode of treatment by the mouth or by inunction, which is universally used in this country, and the reviewer cannot concur in the advantages which Michel and Roche claim for the treatment by injection of insoluble mercurial salts.)

THE SERUM EXANTHEMATA OBSERVED IN THE ANTITOXINE TREATMENT OF DIPHTHERIA.

Berg (Medical Record, N. Y., June 18, 1898) considers that as many as 24 per cent. of the cases which have had antitoxine treatment exhibit later a rash. The character and severity of the eruption varies. The author divides the eruption into four groups: 1. The simple erythemata. 2. Scarlatiniform eruptions with or without desquamation. 3. Morbilliform rashes which may or may not scale. 4. The erythema multiforme type with urticarial lesions. The first and last are the commonest. Broncho-pneumonia, nephritis and otitis media have also been observed, as well as a polyarthritis. The temperature is usually raised, the average being 102.5° F. The rash may be localized or general, more commonly the former. From a few hours to many days may elapse between the injection and the appearance of the eruption. The author considers the above results to be due to the serum of the horse, as the same effect can be produced by the serum of a normal non-immunized horse. He recommends filtering the serum through a fine filter, which procedure will prevent the resulting rash. He advises that the serum be made very strong, so that as little of the serum as possible is used.

THERAPEUTICS OF DISEASES OF THE SKIN.

In a presidential address before the Dermatological Society of Great Britain and Ireland H. Radcliffe Crocker discussed the therapeutics of diseases of the skin (British Journal of Dermatology, July, 1898). He reviewed some of the principal improvements which have been made during the last twenty years and the grounds upon which they have been based. He considered that the only sound foundation for building up a reliable superstructure in therapeutics depends on our improved knowledge of the pathology of skin affections. In looking over the therapeutic gains he took as an example, first, the common boil. Previously some thought boils were the effect of too high living, and kept the patients down with restrictions on their diet and their alcohol; others that they were the sign of vital depression, and kept the patients with tonics, port wine, etc. A number of empirical remedies, e. g., calcium sulphide, yeast, etc., were used by some—why, no one knew, and, lastly, the pernicious habit of poulticing was adopted by many. When the discovery that boils were due to the local invasion of pus cocci into the follicles of the skin, then the mystery of the etiology became clear and treatment was simple. Persistent local disinfection of each boil is now the treatment, which, as a result, is considerably shortened to what it used to be. Affections allied to boils, viz., carbuncles, ecthyma, impetigo contagiosa, etc., are treated similarly. So the aim in all this new treatment is to destroy the pus cocci which set up the inflammation.

Whenever the skin is disturbed by inflammation or other lesions it is liable to be invaded either from without by various bacteria or from organisms normally dwelling in the skin itself. Examples of this are shown in multiple gangrene of children following varicella, vaccinia, etc. Treatment similar to that described for boils and carbuncles is applicable here.

The part played by secondary invasion of organisms is of importance in chronic eczema and explains the success of

Hebra's tar baths in these cases. The author says that these new views do not dismiss the older ideas entirely, which are yet accepted only in a very limited sense, e. g., diabetes mellitus is a well-known predisposing cause of boils, carbuncles and abscesses. So that the condition of the man is an important factor in the *rencontre* between microbes and man.

The author next refers to the use of thyroid extract, which has proved successful in some diseases. It is a drug which has a marked effect on the nutrition of the skin. He asks the question whether, since external antiseptics have been so successfully used, similar effects cannot be obtained by internal remedies. Something has been done in this way, e. g., by intramuscular injections of mercury. Other diseases, viz., leprosy, psoriasis and lupus have also been treated in a similar manner, but with, at present, only partial success. The writer also refers to the fact where some drugs which break up in the body and set free substances which have a microbic action are of use in some skin diseases, e. g., salicin, which sets free salicylic acid in the circulation, and ichthyol, which sets free sulphur.

Foul perspiration has been shown to be due not to the excretion of foul sweat, but to the decomposition of the sweat after excretion by the bacterium fetidum, and local antiseptics would prevent this. Sulphur administered internally both prevents the smell and diminishes the excess. Since sulphur is eliminated by the skin, it therefore practically sterilizes the sweat.

With reference to the toxines, e. g., tuberculin, the results are as yet too uncertain to make any definite statements.

* * *

The Cure of Tetanus.—The daily press reports an interesting case from New Jersey of a patient who had been accidentally inoculated with tetanus. The tetanic convulsions came on to an alarming degree and all hopes for the patient's life were despaired of. Finally the antitoxic serum of tetanus was injected into the body, with little or no effect. As a last resort the skull was trephined and the serum was injected into the brain, with almost immediate good results, and the patient went on to complete recovery.

THE FACULTY'S CONSTITUTION.

Among communications recently received is one from which we quote the following:

A card has been issued giving notice of a special meeting of the Medical and Chirurgical Faculty on November 9, for the purpose of considering and adopting the revision of the constitution.

April 28, 1898, Dr. Edward N. Brush offered the following resolution:

"*Resolved*, That the Executive Committee and Trustees combined be directed to report at the semi-annual meeting of this Faculty an amended Constitution and By-Laws, arranging a codification and eliminating obselete and useless material, and at the same time retaining its historical value."

We hope that the joint committee, after taking such a long time at its work, will be considerate enough to send each member of the Faculty a copy of the proposed constitution a few days before the meeting, so that all may have an opportunity to vote intelligently upon this important matter.

Your editorial upon this subject in the number of the Journal for May 28 was very opportune and suggestive and would bear repetition at this time.

It must, indeed, have been a very difficult matter for the members of the two committees to know which committee they were acting for, as four individuals appear to be on each committee:

Executive Committee.	*Trustees.*
William Osler.	William Osler.
L. M. Tiffany.	L. M. Tiffany.
Wm. H. Welch.	Wm. H. Welch.
T. A. Ashby.	T. A. Ashby.

This matter of double personality seems to be a very prominent feature in the committees of the Medical and Chirurgical Faculty, but when, in a matter so important as the revision of the constitution, it is deemed advisable to refer it to a joint committee, it would seem desirable for many reasons that the two committees should not consist so largely of the same persons.

The practice of re-electing the trustees at the expiration of their term is also liable to abuse, even if it is not absolutely contrary to the resolution under which they were originally constituted, which says, "the Board, being so arranged that

one member shall retire annually and one be elected annually by the Faculty." Would it not be well to establish a rule that at least one year shall intervene before a trustee is again eligible to election? This would prevent the recurrence of an unseemly amount of canvassing and electioneering on the part of the trustees in order to have one re-elected whose term had expired.

* * *

ERGOT IN CHRONIC MALARIA.—Dr. A. Jacobi in the Medical News records his experience with the use of ergot in chronic malaria. He selected several cures at random, and his results were so good that he draws the following conclusions:

1. There are cases of chronic intermittent fevers with large tumefaction of the spleen that, after having resisted the action of quinine, arsenic, methylene blue, eucalyptus and piperine, are benefited by ergot.

2. When enlargement of the spleen is not old and not firmly established the contracting effect of ergot is noticed within a reasonable time.

3. The attacks will disappear before the diminution in the size of the spleen is very marked.

4. Though temperatures, after the employment of ergot, remain irregular and now and then somewhat elevated, chills, as a rule, are not noticed with this elevation.

5. Plasmodia do not seem to disappear from the blood so rapidly as they do after quinine, when the latter is effective. But even while some are still present, the attacks being more or less under control, the patient will feel better.

6. Complicating local pain requires additional treatment with ice, or cold douches, or heat; chronic hyperplasia demands iodide of potassium or iodide of iron. Digestive disorders may indicate, as they often do when quinine is expected to act, before the employment of ergot, an emetic, or a purgative, or stomachics.

7. An experience extending over forty years in which I have used ergot in many instances justifies me in asserting at least this much—that there are many cases of chronic malaria, apparently intractable, that will get well with ergot.

8. There are cases, occasionally, in which the return of elevations of temperature after the successful use of ergot makes the combination of ergot and quinine or ergot and arsenic advisable, though quinine and arsenic had not been successful previously.

9. Ergot, like quinine, probably by its sudden contracting effect on the spleen, and by the forcing of large quantities of plasmodia-laden blood into the circulation, is, in chronic malaria, when hydremia and spleen tumor are excessive, capable of bringing on the very first attack of chills and fever.

10. Recent cases of malaria have got better, or were improved under the extensive use of ergot, but many resisted a long time; that is why acute cases should rather be treated with quinine.

* * *

SYPHILITIC PHLEBITIS.—In the Lancet, Dr. Barbe remarks that syphilitic phlebitis is not often described, perhaps because it is imperfectly known and passes unnoticed. Sometimes the lesion is localized (venous gumma), sometimes it affects a certain extent of the vein. Langenbeck was one of the first who drew attention to syphilis of the veins. In 1881 he extirpated a tumor in the neck as a cancer. The microscope and ulcerations in the mouth and throat which followed showed it to be a gumma. It grew from the external coat of the jugular vein. He relates another case in which a similar diagnosis was made and a gumma of the femoral vein was removed. The patient died from pyemia. In 1872 Gosselin observed in a syphilitic woman, aged sixty-five years, a painful and tender swelling in the upper part of the calf, beneath and not adherent to the skin. Palpation revealed a cord four centimeters long and one broad. There were no varices. He diagnosed gumma in the external coat of the external saphenous vein, and under specific treatment the patient was relieved in fifteen days. Gosselin further observed in a case of secondary syphilis precocious gummata in the cellular tissue and in both internal saphenous veins. Dr. Heuzard, in his *Thèse de Paris*, 1898, describes secondary and tertiary phlebitis. In the former several veins are affected together or one

after the other, in the latter the phlebitis may be circumscribed (gumma) or diffuse. Secondary phlebitis affects principally the saphenous veins. It manifests itself at first by congestion, which may take the form of red lines corresponding to the course of the veins. Palpation reveals tender cord-like induration of the veins and edema of the leg. Specific treatment is rapidly successful. Sometimes there is a relapse. The veins usually remain permeable. In tertiary phlebitis the veins are sometimes obliterated, sometimes varicose and elongated. Recovery is not always complete; sometimes induration remains.

* * *

Treatment of Subcutaneous Rupture of Large Arteries.—Lejars (British Medical Journal), who has collected from various sources thirty-two cases of traumatic rupture of large arteries, and added to this list two cases treated by himself, insists on the importance in the early treatment of such injury of very careful disinfection of the skin of the limb supplied by the ruptured vessel. Gangrenous phlegmon, which so often causes serious and, indeed, fatal, mischief in such cases, owes its origin, the author holds, to the introduction of pathogenic microbes by small and superficial skin lesions, which are apt to be regarded as of slight importance. It is thought that in some cases of ruptured artery active surgical intervention, at an early stage, might be applied with good results. With abundant effusion of blood it would be well to lay open the seat of injury with the objects of clearing away the clots and of securing by ligature the ruptured vessel. Such treatment, which might have the further advantage of preventing peripheral embolism, has not yet been practiced in cases of simple arterial rupture and is suggested rather than advocated by the author. In cases in which gangrene has followed the injury to the artery, early and high amputation of the affected limb is urgently included whenever serious and threatening symptoms are developed. In conditions that are less alarming the author would endeavor to save the limb by a method of embalming, and resort to free incisions, injections of very hot water and the application of thick dressings saturated with alcohol. Such treatment, he states, will often give good results in apparently desperate cases.

* * *

Complete Rupture of the Trachea.—An instance of this rare lesion is noted in the Lancet in a man, aged seventy-three years, who was struck by an elevator on the back of the head as he was looking down the shaft, with the result that he was knocked down, breaking his sternum. He survived the accident in St. George's Hospital fourteen days, and at the necropsy it was found that the trachea was torn completely across. Although the injury is very rare, many cases have been recorded in medical literature. The cause of the accident has generally been a severe blow or the passage of a cartwheel over the throat; in one case it was due to a forcible bending backwards of the head. Urgent dyspnea and much subcutaneous emphysema are the usual symptoms, and death generally occurs within a short time, but, though death is the common termination, recovery has ensued in at least three cases—in two, recorded by Lang and Wagner, without tracheotomy, and in one, recorded by Lauenstein, in which the trachea had to be opened. It is not improbable that in the case referred to above the fatal result was due to the other injuries sustained rather than to the rupture of the trachea.

* * *

The General Practitioner.—The specialist has grown to be a very important man. The general practitioner, however, is not altogether neglected, and Dr. James Tyson says, in an address in the Medical News, that the general practitioner of the present day is, in point of fact, a man who practices all the departments of medicine as distinguished from surgery; who practices midwifery, surgery and gynecology, except the major operations demanded by it and by surgery, and who treats also the minor affections of the eye and ear. While this is practically true of the general practitioner of the city, the field must be extended in the country to include all operations, delay in which is dangerous to life.

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BALTIMORE, OCTOBER 29, 1898.

The Faculty's Library.

WITH the advent of the fall and winter season new interest is taken in work which has been interrupted by the heated term. In connection with the approaching meeting of the State Society at Frederick, it may be well to look again at the great advantages of a large and well-equipped library, useful not only to the profession of Baltimore, but accessible to all members throughout the State. The library committee and the Book and Journal Club have both united to make valuable additions to the library shelves, and these accessions, together with what has been added by private donations, has greatly increased the value and scope of the library.

It is the desire of the JOURNAL to publish from time to time such lists as may be obtained from the librarian of the titles of new books and journals, so that members may be apprised of the latest acquisitions to the library.

Not only is the profession using more and more this valuable and convenient library, but the generous ones who have done so much to make it a modern reading-room have given prospects of doing more. Mr. Frick has expressed himself as so much pleased with the appreciation of the physicians for his gift that he has promised to do still more in the future.

The following is a list of the books most recently added:

Allbutt, System of Medicine. Volume 6.

Cripps, Ovariotomy and Abdominal Surgery.

Da Costa, Manual of Modern Surgery.

Hare, Practical Therapeutics. Seventh edition.

Hirsch, Genius and Degeneration.

International Clinics. Eighth series, volume 2.

Ireland, Mental Affections of Children.

Loomis-Thompson, System of Practical Medicine. Volume 4.

Osler, Practice of Medicine. Third edition.

Polk's Medical and Surgical Register. 1898.

Schenk, The Determination of Sex.

Scheppegrell, Electricity in Diseases of the Nose, Throat, etc.

Thompson, Clinical Examination and Treatment of Sick Children.

Tillmann, Text-book of Surgery. Volume 3.

Twentieth Century Practice, Infectious Diseases. Volume 15.

Vaccination and Its Results (New Sydenham Society, 1898).

* * *

Embryological Specimens.

THE study of embryology has not received the practical attention which it merits. The exact value of embryological specimens is not appreciated by the practicing physicians, and such specimens are too often thrown away, when their preservation and study would throw much light on important questions. Dr. Mall shows in this issue what he has gleaned from a number of specimens sent to him at his request by physicians throughout the country.

The study of the exact developmental stage of the ovum throws light on the time of ovulation, and the microscopical examination of the ovary gives more correct views as to the time of pregnancy. Dr. Mall, who has collected through the courtesy of physicians many embryological specimens well worth studying, asks again that physicians will send him all such specimens, and offers to furnish jars containing the preserving fluid to all those who will send him specimens. Embryology is an important branch of medicine, which should recommend itself to all practical physicians.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending October 22, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	8
Phthisis Pulmonalis	1	29
Measles	1	..
Whooping Cough	..	..
Pseudo-Membranous Croup and Diphtheria.	81	12
Mumps	..	..
Scarlet Fever	14	..
Varioloid	..	..
Varicella	3	.
Typhoid Fever	16	4

Dr. H. O. Austin of Albemarle county, Virginia, is dead.

Dr. J. B. Crane of Waynesboro, Augusta county, Virginia, is dead.

The French Congress of Gynecology, Obstetrics and Pediatrics at Marseilles was a great success.

Medical men in Paris find that the oil-motor tricycle is a much cheaper and more satisfactory means of getting over ground than is the horse and carriage.

Attention is again called to the special meeting of the Faculty to revise the constitution on Wednesday night, November 9. A communication in this issue is worth reading in this connection.

The outbreak of bubonic plague in Nothnagel's laboratory is a very sad occurrence. Barisch, the student, is dead; Müller, the physician who attended him, is also dead, and the nurses are also ill from the same trouble.

Other meetings of importance are the two sessions of the Maryland Public Health Association, one at Easton, November 10 and 11, and the other in Baltimore, November 30, to consider the subject of public baths.

The annual meeting of the Board of Visitors of the Western State Hospital of Staunton, Va., was held last week. The report of Superintendent Blackford shows that 1041 patients were treated during the year ended September 30.

The Board of Medical Examiners of Maryland will hold the semi-annual examination November 9, 10, 11 and 12, at Faculty Hall, 847 North Eutaw street, Baltimore. Applications will not be received after November 5. J. McP. Scott, secretary, Hagerstown, Md.

At the last meeting of the Medical Examining Board of Virginia, of three applicants from the Baltimore Medical College, two were rejected and one licensed, and from the Baltimore University School of Medicine the one who applied was rejected. There were no applicants from other Baltimore schools.

Dr. Louis C. Horn, a well-known physician of Baltimore, died at his home last Sunday, aged fifty-eight years. Dr. Horn was born in Germany, and came to this country when ten years old. He was graduated from the Maryland College of Pharmacy in 1859, and from the University of Maryland in 1869. He leaves several children, among them Dr. August Horn.

The death of Dr. Hezekiah Starr removes from the profession of Baltimore one of the oldest graduates in the State and a man highly respected by his colleagues. Dr. Starr was born in Baltimore eighty-two years ago, and received his degree at the University of Maryland in 1836. He was a member of the State and local medical societies and was an omnivorous reader.

The mortality of the city of Havana for the week ending Thursday, October 6, 1898, is as follows: Yellow fever, 9; enteric fever, 46; malarial fever, 57; pernicious fever, 32; enteritis, 74; dysentery, 28; tuberculosis, 60; pneumonia, 5; starvation, 3; diphtheria, 1; total, 315; deaths from all causes, 536; deaths in military hospitals from yellow fever, 6; deaths in the city from yellow fever, 3; annual ratio per 1000, 139.36.

The profession is again notified that the State Faculty will hold its next semi-annual meeting at Frederick on Wednesday and Thursday, November 16 and 17, and it is desired to have a large representation not only from Baltimore, but from all over the State. Reduced rates will be obtained from the railroads and the hotels there, and further notice will be given next week. Dr. Lord would like to receive promptly titles of papers from persons who really intend to be present and read them. It is not desired to fill the programme with dummy titles.

Washington Notes.

Major-Surgeon Walter Reed has been ordered to inspect the sanitary condition at Natural Bridge, Virginia, in prospect of establishing at the picturesque spot a hospital for convalescent soldiers.

A training school for nurses will soon be established in connection with the Columbian University Hospital. The hospital has accommodations for thirty patients in the public ward and a large number of private rooms.

The mortality in the District during the past week was 100, death-rate being 18.55 per 1000. There were five fatal cases of typhoid, six of diphtheria and one of scarlet fever. There are at present 131 cases of diphtheria and ninety cases of scarlet fever.

Surgeon-General Sternberg is visiting the new hospital at Fort Hamilton to arrange for the proposed addition to provide for the sick soldiers to arrive here during the winter. A smaller hospital is to be erected at Fort Wadsworth.

At the Medical Society, District of Columbia, Wednesday, October 26, Dr. Reyburn presented his personal investigation of the Potomac river at Piedmont and Cumberland, Md. Dr. I. S. Stone read a paper upon "Nephrectomy for Cystic and Fatty Degeneration of the Kidney," and Dr. Allen presented a case of syringomyelia, with specimen.

There is a plan proposed for the consolidation of the milk business of the city. The idea is to have a central station furnished with a cold-storage plant, with various modern facilities for handling the milk and keeping it sweet and pure. The milk brought to the city will be bought by the combination and distributed throughout the city over the routes now managed by the local dealers.

Authority has been given the Surgeon-General to convene from time to time boards of medical officers at camps, hospitals or wherever required for the examination of acting-assistant surgeons now in service and of candidates for appointment. Up to the present time, from the onset of the war, the Surgeon-General has made the appointments from professional and other indorsements the candidates were able to give on account of the urgent necessities of the service.

Book Reviews.

The Care of the Baby: A Manual for Mothers and Nurses. Containing practical directions for the management of infancy and childhood in health and in disease. By J. P. Crozer Griffith, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania, etc. Illustrated. 1898. Second Edition, revised. Price $1.50. (Subject to the usual trade discount.) Philadelphia: W. B. Saunders, 925 Walnut St.

The general without trained lieutenants is powerless to attain great results. So, in medicine, surgery and obstetrics, the trained nurse has become an absolute necessity to the more highly educated practitioner in these lines. In pediatrics, which is largely concerned with the nurture and perfect development of the infant and child, the era of the trained child's nurse seems still at the far infinities. In the training of the mother, therefore, lies the present hope of the pediatrist. And, as pediatrics grow ever more accurate and comprehensive, so must the mother be provided year by year with ever more thoroughly up-to-date textbooks of instruction in her own peculiar duties, that she may do her part well, that a simple command of her medical director may be carried out understandingly in all its details.

Such a need Dr. Griffith, an expert in pediatrics well known throughout the land, has met in the octavo of 400 pages before us. The garb of this little volume is attractive; the type, as is the rule in the publications of this house, wholesome to the eyes; the style of the writer inviting, and the instruction to the mother thorough and judicious. Among the subjects treated are the self-care of the expectant mother, the growth of the baby, its toilet, clothing, food, sleep, training, the child's nurse, the nursery. A chapter is given to the illness of the baby, which the mother may have to treat in emergencies, all attempts to make a doctor of the mother being avoided.

In the appendix are recipes for the sick-room and a table of doses of familiar drugs for a child one year old—a feature, very desirable, which we have not seen in other pediatric books—the dosage being fixed far within the limits of safety, and general rules for estimation of the dose for various years. This list, as well as the list of articles for the medicine closet, will, doubtless, be revised and simplified in future. A rule of frequency of dose and certain danger signals of overdrugging might be added.

// MARYLAND
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Original Articles.

DOUBLE PERSONALITY.

By William Lee Howard, M.D.,

Baltimore, Md.

A PAPER READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, OCTOBER 21, 1898.

UNDER this rather ambiguous title I shall give a few psychological facts consistent with modern physiological knowledge. I use the expression ambiguous title because the following paper does not emanate from a metaphysical view point; because it avoids any recognition of the universal postulate of Spencer, and takes no present cognizance of the dynamics of consciousness as explained by Hume, or of the jumble of metaphysics, psychology, physiology and gullibility now prominent in many pseudo-scientific societies.

Many of the provisional hypotheses put forward by the philosophers to explain the phenomena of double consciousness and multiple personalities make the results of physiology involve subjective data. This attitude and method of reasoning only raises perplexing metaphysical questions as to the substantive or dynamic nature of mind. Such purely metaphysical hypotheses must be very carefully differentiated from what we can with fairness accept as postulates pertaining to the departments of physiology and psychology. As Hyslop says: "In the study of medicine there is a preponderance of the somatic element, and little or no regard is paid to the psychic element." According to Hartmann, the reason of this neglect is to be found in the fact that philosophers by profession are not necessarily physiologists, and, on the other hand, that physiologists are seldom enough philosophers to handle their subject successfully. However, I believe that the physiologists are more inclined today to rational philosophical reasoning than are philosophers to physiological investigation.

I believe all phenomena to be natural phenomena, and hence explainable by natural methods of observation and induction. While some phenomena are at present unexplainable, yet there is a daily increase of our knowledge, in our application of that knowledge, and a vast improvement in the development of human individuality, all of which argues for a clearer understanding of these phenomena in the future. I think I may state without the fear of contradiction, that today the referring of any unexplainable phenomena to supernatural cause belongs to a class outside of the medical and allied scientific circles.

Perhaps a title that would better explain my subject for tonight would be "Morbid States Altering the Normal Personality." But even this is misleading to those unacquainted with physiological psychology, as it conveys an impression of a distinct pathological state, altering the normal brain—a condition seen daily by the practitioner and foreign to our meaning. The practitioner must remember that the modern physiological psychologist is an investigator of mental or psychical diseases in contradistinction to cerebral diseases without psychical disturbance or manifestations.

In this paper I refer to a condition in which there is a displacement of the ego by which the "I" which perceives the abnormal is not the "I" which was wont to perceive the normal. This state must not be confused with a condition of disturbed or disordered consciousness found

after traumatism to the head, certain amnesic states following fevers, etc.

Carpenter, Bastian, and even Binet, all blundered in attempting to separate the subconscious state from states of disturbed consciousness arising from mental confusion. Fortunately, with the advances in physiology and neuropathology such blunders are avoidable at the present day.

One point in which the state of second personality differs from an insane state is to be found in the fact that in the former a large part of the memory, or all of it, is blotted out, and the mind is unable to compare present facts with the experiences of the past, whilst in the insane the memory of remote events is often unimpaired.

In speaking of double personality, I refer to a phychical condition which dissociates the elements of the mind and then combines them into a distinct, separate and strange personality. During this state the individual has no recognition of his normal state. He bears a different name, has another occupation, perhaps resides in a distant town from his own, acts rationally, and is fairly successful in his new vocation. He suddenly returns to his primary self, and goes back to home and business. During the period of time he is another individual, another personality; a period of time which may last for weeks or years, he has no consciousness of the existence of his normal body, or, rather, no lucid consciousness belonging to that body. Under such conditions an individual has a perfect dual existence, so far as continuity of conscious events is concerned. These cases are not as uncommon as one unfamiliar with morbid states would imagine. I could entertain you during the time alloted to me this evening with recorded histories of "people who drop out of sight," but one case coming under my observation, and not heretofore published, will give us a basis for study of these interesting and perplexing alternating personalities.

The instances of alternating personalities may be divided into two groups, according as the alternation is complete or incomplete. But tonight I shall only refer to the complete alternation and to the dual form, the incomplete and multiple forms to be referred to at a later date.

Mr. B., a respected business man; married and the father of three children. His position caused him to travel extensively in America—from the Pacific to the Atlantic oceans; from the Gulf of Mexico to Hudson bay. About ten years ago he commenced to go away from home without giving any definite statement of where he was going or when he would return. Upon his return he would not, or could not, give any direct answer as to where he had been. On these occasions he appeared slightly dazed in memory and intellect, and his appearance was that of a man who had aged greatly from want of sleep. Two years ago, in the month of October, he disappeared and no trace of him could be found until he returned home on January 14. A man who knew him in his own city found him a month prior to this date conducting a country cross-roads store on the upper Potomac. He carried on business under the name of Simpson, and had been known under this name since he had been in the village. He did not know his former acquaintance, and the repeated mentioning of his true name, "Mr. B.," he at first took as a joke, then became indignant, and was so positive in stating that he was Simpson, giving his past history, stating he was from Oregon, and going into full and complete details of his life and business in that State, that the former friend went away fully convinced of his mistaken identity.

One peculiarity Simpson, as we must now call him, had, was his passion for fishing, giving, as one excuse why he had chosen to settle in the little village, the good bass fishing he could enjoy in the river. On the morning of January 14 he appeared at his own house, to the surprise and joy of his family. He was Mr. B. again, but no questions as to his past whereabouts could he answer. Only when he became convinced of the lapse of time did he realize that something strange and abnormal had happened to him. On account of the position he held the family had kept the matter quiet, and as he was away from the city so frequently

and for long periods his business acquaintances were easily satisfied with excuses. Worried over the state of affairs, and appreciating his lapse of memory, his wife persuaded him to consult me. In his normal condition I could elicit no information, yet he did his best to aid me. His memory of the last three months was a blank, and he was pitiably nervous and worried. Without much difficulty he was hypnotized, and through tentative suggestions he gradually veered around to his other personality. He said, when I suggested his name was unknown to me and he must tell me, "D—n it, you know my name is Simpson; what do you want to bother me about it for? You remember that, or else I don't take you fishing."

"Well, Mr. Simpson, let's go fishing."

"All right; wait till the boy comes back and I will close up the store."

"By the way, Mr. Simpson, how far is it to the city?"

"Oh, about forty miles."

By this manner of questioning Mr. Simpson I found where the body of Mr. B. had been. The next day I hunted up Mr. Simpson's store, and found, indeed, that such an individual existed in the life of the village. Subsequent investigations cleared the whole matter satisfactorily, as far as Mr. Simpson was concerned.

I have hurriedly and abstractedly given an outline of this case, so we may be able to study it from a physiological and pathological view point.

This man had passed through all the privations and excitement of the civil war. He received his discharge along with an unstable neurotic temperament, which demonstrated itself in a demand for alcoholic stimulants, which demand merged into the disease dipsomania. This latter symptom of neuronic disintegration was not distinctly recognized by his home friends, as the attacks were at first very infrequent and occurred among strangers while he was away from home, or, rather, he did not return home until the nerve storm had exhausted its fury—the usual course in attacks of dipsomania.

His continued and reiterated statement that he came from Oregon can be traced to the fact that shortly after the war he had had some exciting and memory-marking episodes in that then wild and unsettled country. His passion for fishing must be accounted for by early habits, and perhaps atavistic sources.

Now, what particularly interests us is the cause of this second personality, completely submerging the normal self, and this second personality exhibiting itself as a perfectly sane man, rational, consistent and having all the indications of never having been anyone else but the sentient Simpson. Objective symptoms showing marked pathological changes due to excessive use of alcohol were wanting in both Mr. Simpson and Mr. B., and, besides, we must remember the large number of these cases lately studied by trained observers, in which alcohol plays little, if any, rôle in the histories. So, while at first one would be apt to see in dipsomania the leading cause, and hence an explanation, I do not think it played any more than a small contributing cause, contributing occasional excitement to a brain and thereby to its functional product, the mind, in which dissociation of memory had taken place. As demonstrated in the distinct personality of Mr. Simpson, these dissociated elements had become united to form another self, with a few memory and habit elements of the normal self remaining, but none of them associated with that normal self.

It is undoubtedly true that it is some physical state which causes these interesting phenomena of double and multiple personalities; but, as we have no certain knowledge as to the manner in which physical states cause certain mental states, so we are absolutely without any knowledge as to the methods by which morbid physical factors give rise to morbid psychical events.

Whichever why we look at the subject a thoroughgoing materialistic formula must provide a material accompaniment for every apparent activity of the mind. In other words, before we can reach any rational and scientific method of provisional reasoning we must set aside the idea that the real self is an immaterial, invisible, mysterious, unfathomable something, which metaphysicians call mind,

and another class of noninvestigators call soul.

Self can only be considered the consciousness of effort. We recognize our entity, our existence, the current elements of our inner life, by our efforts. Consciousness, then, is the recognition of the thinking self. This is possible only through molecular activity of the brain elements. If these brain elements are added to or subtracted from, if they break up and reunite in a different form, we get a change of personality. This change of brain elements can be brought about in various ways. It can be brought about by disease, drugs, alcohol, hypnotic suggestion and a psychical state which it is at present difficult to satisfactorily explain. We also know that extensive changes in the mass of bodily sensation are frequently accompanied by modifications in the sense of self.

One of the factors associated with self-consciousness is memory, and as this memory may be in abeyance for minutes or years, while a new or secondary memory takes its place, it is readily seen how such a state will result in an apparent second personality, the absence of memory destroying the individual's sense of his normal self.

We see in the case of Mr. B. that the greater part of his normal self-memory was obliterated, and the two elements of this primary state which remained, if the predilection for fishing can be called a memory, had lost all organic connection with each other. His moral side, his business integrity, his character and instincts remained the same. From all the information I could gather, he was a strictly temperate Mr. Simpson; but as his periods of sobriety when he was his normal self would last six or seven months, and as he was Mr. Simpson, the storekeeper, for only three months, we can no more than surmise as to his attitude in this respect. As there was no material change in the active side of Mr. B.'s nature, and as dipsomania is a symptom of a pathological condition, it is reasonable to suppose that Mr. Simpson would go on just as successful a spree as would Mr. B.

While it appears on a cursory glance at these alternating personalities that when there has been a new combination of the elements of personality the other character has become extinct, a close examination will disclose a connecting link of memory elements observable to the investigator, but apparently unrecognized by the consciousness of the altered self. This brings us to the theory of subliminal self, or, as others put it, the subconscious mind, or, as I prefer to call it, in order to avoid prolixity and confusion, a distinct second self. This second self is considered by some as existing beneath the level of the normal self, and as having its own memories, interests, hopes and fears, as acquainted with the existence of the upper self, and as bearing to it a relation sometime hostile, sometime benignant. (Prof. William Romaine Newbold.) I simply mention this view, held by some of the modern psychologists, as showing the trend of some minds when physiological facts have been carelessly stored away in some of their subconscious minds.

I believe it is in the highest and most complex part of the neuron, perhaps in its assimilating function, that some error exists which allows the memory elements to become dissociated and then differently united to form a secondary memory self. The exact biological and functional state of neuronic factors, the metabolic changes and the possible interruption of the pathway of assimilation and disintegration must be understood before we can make any exact statement as to the direct cause producing these perplexing changes of personality. I believe most, if not all, of these cases can be traced to some early forgotten brain disturbance in fetal life or infancy. The connections among the brain elements are infinite, and if a single germ possesses the organic and latent mental characteristics of the parents, what limits are there to the possibilities of error in function among the millions of the cells of the brain.

However, how many theories may be evolved, the medical man must avoid any complications with questions of epistemology or metaphysics. Complex mental experience is only an inner representative of a genuine externality, and a strict

adherence to this fact should be the attitude of the neurologist.

In giving you a few of my thoughts and ideas on double personality I am fully aware of the mass of interesting theories and arguments I have been unable to mention. There is the idea of atavism, or ancestral influence, in the organization which some scientists have builded upon. The significance of the double brain, and the relation which each hemisphere has to the formation of an idea, is another example. Ireland ascribes the alternate memory of double personality to unequal or alternate action of the cerebral hemispheres. Golz, Hughlings-Jackson, Broca and Fasola have all made interesting experiments along this line. The contributing causes producing these alternation of personalities, i. e., epilepsy, hysteria, mental and moral shock, alcohol and drugs, sexual perversions, hypnotism and the physiological rhythms have all to be studied in their relation to some definite biological, physiological or pathological disturbance in a brain on which is undoubtedly stamped the *damnosa hereditas*.

RENAL FIXATION, OPERATION FOR LACERATION OF THE PERINEUM; PERINEORRAPHY.

By E. E. Montgomery, M.D.,

Professor of Gynecology in the Jefferson Medical College; Gynecologist to the Jefferson and St. Joseph's Hospitals; Ex-President Philadelphia Obstetrical Society; Ex-President Pennsylvania State Medical Society.

CLINICAL LECTURE DELIVERED AT THE JEFFERSON HOSPITAL, BEFORE THE AMERICAN MEDICAL ASSOCIATION.

Gentlemen—The operation which I shall do upon this patient can hardly be called a gynecological procedure. She came to Jefferson Hospital about two years ago from the western part of the State; was then suffering from retroflexed uterus and a very much enlarged ovary upon the left side. On opening the abdomen it was found the ovary was cystic, and it was removed. Adhesions were broken up, the uterus brought forward and stitched to the abdominal wall. The patient, instead of getting the relief we expected, suffered pretty much as before; had considerable disturbance of the digestive track, more or less sensation of pressure and weight about the stomach, frequent palpitation of the heart, leading her to be unable to discharge her duties.

She returned some months later, and upon examination, very much to my surprise, I found the right kidney was quite movable and sagged from two to three inches from its normal; the liver moved backward and forward some three or four inches. This condition I recognized was more than likely the cause of her distressing symptoms, and proceeded to fasten up the kidney. Instead of incising upon the side, I opened externally to the right rectus muscle into the peritoneal cavity, pushed the kidney up, and took two sutures with silver wire, passing the needle through the peritoneum, the renal fascia and the side of the kidney, bringing the sutures out between the ribs, and then incising the skin between the ends of the suture, twisting the wire and burying it. This fixed the kidney firmly in good position, but, unfortunately, it did not remain. She returned with the kidney as freely movable as before.

Today I shall make an incision in the lumbar region, break through the tissue about the kidney, raise up the kidney and fasten it by sutures to the tissues in this region. I believe in this way the inflammation that is set up by the tearing up the fat will be sufficient to more firmly fix it in place. The woman is but twenty-eight years of age, and, as you understand, has already undergone an operation for ventrofixation, removal of the right ovary and curettement at the first operation, and renal fixation at the second.

We administer chloroform to the patient, as she suffered so severely for forty-eight hours after ether. We use chloroform vaporized by oxygen driven through it. An incision is made parallel to the lower rib, beginning at the quadratus lumborum muscle, cutting through the oblique and transversalis muscles until the lumbar fascia is exposed. As soon as this is opened, the kidney, covered by its fat, can be pushed into the wound. The

kidney is exposed, and its capsule should be opened and turned back, leaving a bare surface for firm union. As the kidney is well up under the ribs, I pass the needle into the structure of the kidney, taking about one-third of an inch of its tissue. A second suture is inserted a little above this, then the bleeding is removed by irrigation with normal salt solution. After securing the sutures, we close the wound with formalin catgut and the external surface with a subcuticular stitch.

Perineorraphy.—The next operation is upon a woman who has undergone laceration of the perineum. This laceration extended down to the sphincter, and I bring her before you for the purpose of repairing it. As the vulva is separated, you see the absence of the perineum; the sphincter remains, although the laceration has extended to one side of it. The vagina has been thoroughly scrubbed with a solution of creolin and soap in hot water. This material is washed away with sterile water, and then with alcohol. I shall do a flap operation, splitting the recto-vaginal septum, carrying an incision around the posterior margin of the vulva. I have laid bare the sphincter muscle in order to increase its strength by gathering it up in the first suture.

This operation is a flap-splitting procedure, in which no tissue is sacrificed. We restore the perineum, bring the muscles together and give the patient complete control of the contents of the bowel. The important consideration in every such operation is to make sure that the sphincter is fully restored. If you fail to do this, no matter how excellent a perineum is constructed, the patient will subsequently feel that the operation is a failure, for the reason that she is unable to control the passage of feces or gas. So the first consideration, then, in every operation is to make sure that the sphincter is completely restored.

Treatment of Chlorosis.—Besides the administration of arsenic and strychnia, the use of hot baths followed by cold douches has been very effective in cases of chlorosis and in a large number treated in this way complete cure has been reported.

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD OCTOBER 21, 1898.

The meeting was called to order by the president, Dr. J. Williams Lord.

Dr. Joseph H. Branham showed a case of recurrent sarcoma of superior maxilla; removal; exhibition of patient.

This patient has a rather remarkable and extensive surgical history. He is thirty-three years old and has a family history which is unimportant. When about twelve years old he first noticed a lump growing on the right side of the lower jaw. This grew slowly until he was nineteen years old, when Dr. Coskery operated upon him. I assisted in that operation, and have been with him in all his operations since.

The first operation consisted in taking out the inferior maxilla from the median line to the angle of the jaw. He noticed no recurrence for about eight years, at which time he came to the city and part of the new growth was excised by Dr. Bevan. Two years later—that is, four years ago—he came back again and I removed the superior maxilla. At the time of that operation a part of the sphenoid bone was also removed, as its pterygoid process was involved. He made a good recovery and had no trouble again for nearly three years, when he was riding an unruly horse and was struck violently on the side of the face. Trouble began at once, swelling ensued and continued to grow until recently. Four months ago, while playing baseball, he was struck by the ball just below the eye, and a growth began to develop at that point.

Three weeks ago I excised this mass, the size of which can be better judged from this photograph (exhibiting photograph). It extended well up into the temporal region and down into the lower part of the face. There was a separate nodule under the eye. I was afraid that hemorrhage would be considerable, and so made an incision along the inner border of the sterno-cleido-mastoid, dissected down to the common carotid artery, picked it up and placed a sterile

compress upon it, so that an assistant, by drawing the ligature, might control the circulation without danger of injuring the coats of the vessel.

The permanent ligature of the common carotid artery is a very dangerous procedure; according to Dr. Bryant of New York, about 30 per cent. of these patients suffer with serious brain symptoms and die after a few months, so that permanent ligature of the common carotid is too dangerous to undertake as a preliminary to the removal of the tumor of the face. This temporary holding up of the carotid has been suggested by a number of surgeons, and Dr. Johnson of this city read an account of it before the society last winter.

When the deep point of the mass was separated the hemorrhage was profuse, but was easily controlled by packing, and the bleeding from the superficial parts was very slight.

The growth was a spindle-celled sarcoma, and whether these are recurrences or developments of new tumors in a person predisposed to them is difficult to say. The tumor of the superior maxilla developing nine years after the removal of one in the inferior maxilla, and having no apparent connection, would seem to favor the view that it was a new growth. The growth was an extensive one, as the zygoma and external process was destroyed, the malar bone partly destroyed and had to be removed, and the rest of the bones of this side of the face had been taken out previously.

The wound in the neck healed up very rapidly. The artery was examined after the operation and the circulation found to be perfectly free. Holding the vessel in this way might theoretically be considered difficult on account of blood clot forming in the vessel, but experiments on animals seem to show that the danger is very slight, indeed, unless sufficient pressure be made to break the coats. This patient was sitting up in bed on the fifth day after operation, and was sent out for fresh air on the eighth day.

Dr. William Lee Howard read a paper, entitled "Double Personality." (See page 43.)

DISCUSSION.

Dr. W. B. Canfield: I think we are all acquainted with these Jekyll and Hyde cases, but I do not quite understand just when Mr. B. becomes changed into Mr. Simpson; whether he goes away first, or becomes Simpson before leaving. I have read of one case in which an intelligent, well-educated man left home and became a common laborer, remaining so until met by a former friend.

Dr. Howard: In the case I related the man left home first, and then became Mr. Simpson.

Dr. George J. Preston: This subject is one of extreme interest. If we recall our studies of what used to be called philosophy, of which the most prominent works were those of Abercrombie, Kant and Sir William Hamilton, the most interesting pages were those that dealt with the ego. The amount of space that the old mental philosophers gave to that point was enough to drive one beyond the confines of sane reasoning, and yet it certainly introduced an interesting subject for discussion, bringing into contrast, as it does, psychology and physiology. I think anyone who sees many mental cases is brought face to face almost every day with this question of dual personality. We see it in hypnotism certainly, where we subdue the ordinary ego and substitute another in its place. The same is true in many mental conditions. It is common enough in insane asylums to find individuals who live such a life. They have another individual inside themselves. Sometimes one individual acts, and the next day it is another, etc. I also see it every now and then in post-epileptic conditions.

The most interesting clinical observations, perhaps, that have ever been made on this subject were those of Dr. Azan many years ago. He studied a case for many years, and it is the most striking one ever related. This French girl, of good family history, began to have these attacks early in life. At first she would live the life of someone else perhaps only for an hour or two. As years went on she would live for one month as one person and another month as someone else. For fifteen or twenty years he followed the case, and, finally, towards the end of her life, the long periods were those of

her other self, and she finally left her own personality entirely behind to become permanently the second person.

It raised a medico-legal question, too; for this girl in her second state was seduced and gave birth to a child. The question raised is, to what extent she herself was responsible and what the extent of the man's responsibility. Of course, she was acting as a distinct person, and no one recognized the fact at all that she was peculiar.

There was a case similar to that just related by Dr. Howard reported some years ago of a man living near Boston, who went off for two years to a distant place, where he was found keeping store.

The interesting point of all this is the explanation of it. Of course, we cannot conceive of its occurring without some distinctive pathological basis. We have a number of cases in which the corpus callosum has been absent, and yet nothing of the kind happened, so that throws out the possibility of its being a double action of the hemispheres. As to the possibility of the neuroglia being pushed between the dendrites and later retracting, it is interesting, but not proven. Another theory akin to that which deserves some weight is the fact of loss of memory with disturbance in certain parts of our brain centers. I saw a case lately of an actor who had suddenly lost his memory. He came to Baltimore, and was living with a physician with whom I saw the case. When asked his name, or even the name of his physician, he could not give it. Now, if we push that idea a little, we can conceive of an individual in whom the various processes of memory are cut off, and in whom a certain part of his life becomes a blank. The man I refer to was, so far as conversation goes, perfectly normal, except as to his past life. This question must be worked out, not by the pathologist or physiologist alone, but by the conjoined efforts of both.

Dr. A. K. Bond: It seems to me the question is rather one of loss of memory than anything else. The fundamental fact is that the man forgets his past life, and very naturally tries to make a new life for himself. We have to take into consideration in these cases that, in the first place, they are very difficult indeed to examine properly. A great many men lie, and it must be difficult indeed to determine when such men are telling the truth. This simple fact that a man says he does not remember does not prove that he does not remember it.

The thief, murderer and other criminals have many lives. They want to forget their past acts every month or so. I do not mean to insinuate, of course, that there are not many cases of dual life, but they must be difficult to get at accurately.

Now, as to the matter of change in character. I suppose our character is the result of a great many forces. I suppose that every individual starts into life with a number of egos, and some of us are conscious that there are many departments to our life that we might work out. If the individual chooses to follow one line, he will be one sort of man, for instance, a philosopher, but he might have chosen to be a man of some practical work. His character depends upon his choice and his keeping his attention fixed upon that choice. In the child there are certainly strong tendencies to double personality. Children are fond of imagining that they are this or that. I presume the true actor tries to think he is this new personage, and becomes for the time the person he impersonates. So I should think that double personality might to some extent depend upon the fixing of the attention to some set of ideas that he had never developed before. There is the Dr. Jekyll and Mr. Hyde in almost everybody. There are plenty of men who live two different lives.

I think that this double personality, as you call it, is, in the first place, founded on loss of memory, and, secondly, that it is the development of tendencies already within us and which we have the power to take up upon laying down our present character.

Dr. Charles G. Hill: This matter of double personality, as it is called, has been presented in many phases by Dr. Bond. It is very convenient sometimes for a man to try to lose himself that he may get away from debt, family troubles, etc. Such cases must be eliminated.

Other cases, too, where patients imag-

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ine themselves to be some great personage, such as Napoleon or Shakespeare, must also be eliminated. A young woman was brought into our institution a short time ago who conceived the idea that she had assumed a grotesque condition. She insisted that she was a man, wore her male attire, her father's hat, and carried a cane. She did not wish to be classed with the females, and when sent towards the female ward, walked like a man and insisted that she should go to the male side of the house.

These cases of double personality, though, are much more common than suspected. It has not been three months since two young men came to see me, and one said that on the Monday before he remembered leaving his home in New York to go to his place of business, having in his mind that he should go to the bank that morning. From that time forward his mind was a complete blank, until that very afternoon, when a friend met him and brought him to himself. He realized that he had been lost on his way from home to his place of business, but where he had been he had no idea. He thought he went to Philadelphia, stopped at a hotel there, where he spent some time, and also recalled some other point between there and Baltimore, where he got off the train for awhile. When he arrived in Baltimore he did not know.

I afterwards learned that he had, upon leaving his home, gone to the bank, drawn between $1000 and $2000—he was a traveling man—went to his usual hotel in Philadelphia, transacted his business in that city, left his money in the hotel safe, came to Baltimore and registered at one of our hotels, and proceeded to visit his customers. No mistakes had been made, and all his business affairs had been kept straight, though he remembered nothing between Monday and Friday. Another similar case is the following:

A man left his place of business, went to the bank and drew some money and boarded a train. His family expected him home for dinner. At first it was expected that there was a woman in the case, or that his business accounts were not straight. His accounts were examined and found correct. He owed no money. The matter of a woman was easily eliminated, and yet he had taken several hundred dollars and disappeared. His wife soon received a letter from Chicago, and from its tone he seemed in good spirits. She answered it, but missed him, and next heard from him at Jacksonville, Fla. Her next letter came from Chicago again, and the following one from New Orleans. He wrote from each place a description of his hotel, enclosed a bill of fare, and disappeared immediately after writing. He appeared at Chicago a fourth time, and in each of the cities he had visited he had called on all of his old friends. The friend in Chicago suspected something wrong after his frequent visits, and before the last one had received a message from his wife. He bought a ticket to Baltimore, put him on the train in the hands of a conductor, and he arrived home safely.

I found him shortly afterwards in a state bordering on true dementia. My attention was called to the fact that he had a tapeworm. It was removed, and he recovered.

I have no doubt that men sometimes disappear in this way. I remember a case of a man who left on the train, and no one ever knew his destination. His business went to pieces, his family went almost into beggary, and several years afterwards he was found in an asylum in Pennsylvania. No one knew how he came there, except that he was picked up in the street in Philadelphia. He had made short disappearances before at times through lapse of memory.

I believe that if someone would make a scientific study of the tramp question, a great number of them would be found to be derelicts, in the sense that they have left their memories behind them, and are wondering about in that peculiar state.

Dr. Nathan Herman: I would like to shed a little light on the question of consciousness to those who have not thought about it in this particular way. In speaking of double consciousness, it is, of course, in order to discuss the single consciousness, or the ego. This is not the simple question it at first appears. It is not, I think, and, therefore, I am, but I think, I remember and, therefore, I am. Every moment of consciousness is dom-

inated by one particular idea; the ego is the remembering of all the ideas we have every day.

We must consider double consciousness as a pathological state. The man conceives that there is some other individual controlling the consciousness at the time. This state, by means of hypnotism, is easily produced and studied, and right here it suggests itself to me that hypnotism should always be used to combat this state of double personality.

We can see that it is not the action of two separate hemispheres, because multiple personalities may be produced in an individual, and there is one case reported in which there were five different personalities. I have had no experience with natural cases of double personality, but I have had considerable experience in experimental production of any number of consciousnesses.

H. O. Reik, M.D., Secretary.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY.

MEETING HELD MONDAY, OCTOBER 17, 1898.

(ABSTRACT REPORT.)

The annual election of officers was held, and resulted in the unanimous choice of Dr. J. M. T. Finney for president and Dr. T. S. Cullen for secretary.

A NEW METHOD OF STAINING MALARIAL PARASITES.

Dr. Futcher said that during the past winter he and Dr. Lazear had developed a convenient method of staining the parasites in dry specimens, which was quick and serviceable for office practice.

The blood specimens are made in the usual way described by Ehrlich, making thin films on cover-slips, and are then fixed in a 1 per cent. solution of formalin in 90 per cent. alcohol. After immersion in this solution for only one minute the desired stain can be immediately used without washing off the excess of fixing agent. As a staining agent a saturated solution of thyonin in 50 per cent. alcohol is used, of which 20 c.c. are added to 100 c.c. of 2 per cent. carbolic acid solution, and this mixture is kept in stock for use as required. It is better to keep it for some time before staining specimens, as it improves with age.

The ordinary smear preparation is made fixed in the formalin solution for one minute, and without washing off the excess of solution, stained with thyonin for from ten to fifteen seconds. Ten seconds generally gives the most satisfactory results. The excess stain is washed off and the specimen, mounted in balsam, is ready to be examined.

The malarial parasites come out distinctly with this stain, and retain the color much better than when stained with methylene blue. The thyonin stain has also been used to bring out the flagellated processes in the estivo-autumnal infections, and some good specimens have been obtained.

Dr. Flexner had recently studied some specimens stained by Dr. Harris of Philadelphia with toluidin blue, in which other organisms were as easily made out as when stained with thyonin. He suggested that toluidin blue be tried to stain the malarial parasite.

Dr. Lazear said that toluidin blue stained the malarial parasite as satisfactorily as methylene blue, but that neither toluidin nor methylene blue stained as deeply as thyonin.

EXHIBITION OF TWO CASES OF PNEUMOCOCCUS ULCER OF THE CORNEA AND ONE CASE OF DIABETIC CATARACT.

Dr. Randolph said that what is now frequently spoken of as a pneumococcus ulcer of the cornea has been long known as serpens ulcer, a name given it many years ago by Professor Saemish. The tendency of this ulcer is to spread around the periphery and cause the cornea to slough. The disease may affect young as well as old, and is probably the most serious corneal affection we have, the loss of eyes ranging from 12 to 20 per cent.

The most popular treatment is probably the use of the galvano-cautery. Nitrate of silver and solutions of mercuric chloride are both used, with the idea of cleaning the ulcer without destroying the tissue. As these methods tend to weaken the eye and reduce its powers of resistance, he thought it best to use in these cases only the physiological salt solution and boracic acid. The first case, which is now entirely well, pre-

sented the condition known as hypopyon, the anterior chamber being partially filled with pus.

After exhibiting a case of diabetic cataract, he said we usually think of a cataract in connection with an elderly person, but diabetes produces cataract irrespective of age. The peculiarity of this form of cataract is the rapidity of its development. This man, who is thirty-five years of age, could see easily in the spring, and six months later was blind from cataract.

THE NON-MEDICAL TREATMENT OF EPILEPSY.

Dr. Hurd said that recently a new departure has been made in the treatment of epilepsy. The great majority of epileptics possess an extremely weak nervous system, which is extremely susceptible to disturbing influences. It has long been known that the causes of epilepsy are manifold. In the majority of instances epilepsy is due to digestive disturbances, especially of secondary digestion, and as a result of the disturbed metabolic processes, the system becoming poisoned and the neurotic organization of the individual being overwhelmed, an epileptic paroxysm is produced. Some observations made recently have indicated the character of two of the poisonous substances which enter the circulation and produce the epileptic seizure, carbaminate of ammonia and paraxanthin, but unfortunately the whole group has not been fully worked out, and much remains to be done to determine how to prevent the formation of these and similar poisons in the system.

It was formerly thought that if a paroxysm could be controlled the epilepsy was cured, but now we know that remedies which merely control the epileptic attack do little to cure the disease. This is especially true of the bromides. The general effect of these remedies has been not to prevent the generation in the system of the poison, but merely to restrain its manifestation. While this may act for a time, the poison finally becomes so overwhelming that the paroxysm can no longer be restrained, and there is a furious convulsion which may equal in severity the minor paroxysms which had been postponed with a worse effect upon the patient than followed the more frequent convulsions.

Within a few years past a decided advance has been made in the treatment of epilepsy by their care in large colonies. In State epileptic colonies the treatment consists in giving the epileptic the largest possible amount of life in the open air, in controlling his diet so as to limit the amount of nitrogenous food ingested and in furnishing occupation suited to the capacity and bodily strength of the epileptic. It is especially essential that the growing epileptic should have something to do. It has been found by experience that patients upon drug treatment, with nothing to do, have frequent epileptic seizures, while if they are kept employed in the open air the seizures became less common. The kind and amount of labor and the time during the day in which it is performed should be determined by a physician. As the result of this careful treatment it is found that patients who have been subject to daily seizures may go weeks or months without an outbreak.

He called attention to the fact that epilepsy frequently developed in children at about the beginning of school life. Confinement to the house and the effort on the part of the neurotic child to study are sufficient in some instances to precipitate the attack. An effort should be made to keep these children from school.

Schleich's Anesthesia in Gynecological Operations.—Kleinhaus of Prague (British Medical Journal) reports his experience of thirteen cases. The solution was in every case sterilized after preparation, and cannulæ with special curves were employed for the injections. In plastic operations on the perineum six to eight injections generally sufficed, and for anesthesia of the perineum only two injections below the insertions of the labia minora. The infiltration of the tissue did not prove any real impediment in the operation. In laparotomies no local anesthesia was attempted inside the abdominal cavity, and, contrary to other observations, the ligature and amputation of the stump did not cause any pain.

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BALTIMORE, NOVEMBER 5, 1898.

The Faculty's Constitution.

THE revised constitution, copies of which will be distributed by the time this is read, should be studied carefully by all members, and at the meeting next Wednesday opinions should be freely expressed. Last May several suggestions were made as to proposed changes, and in the last issue of this JOURNAL a correspondent gives his views on the subject. The double personality of the executive and trustees board is rather peculiar. It looks as if the members thought there was a dearth of good men in the Faculty, and were thus obliged to secure all the best material for these two boards. They should be separated a little more decidedly.

Again, as is also suggested, when the term of any one member of the board of trustees expires, he should be ineligible for re-election for one year, as it is not dignified to see a body of men proceed to re-elect the outgoing member for fear of hurting his feelings. If this becomes a precedent, then this custom, together with the law that vacancies on that board are filled by the board itself, practically makes the board a closed corporation.

A suggestion has been made that members of the board of trustees should hold no other office in the Faculty, and this board should have its own chairman, secretary and treasurer, the latter to be accountable to this board only. This board should hold the title of the building and should have nothing to do with the domestic management of the property, which should be left to the executive committee, whose duty should be to buy coal, hire the assistance needed, attend to the internal management of the society, collect from renting societies and others using the hall for pay. The executive committee should indorse all such accounts, which should be paid by the Faculty's treasurer. The library committee should confer with the executive committee, and not with the trustees.

The treasurer of the trustees and the treasurer of the Faculty should be different persons; they should both be bonded in a reliable company, and the funds should always be kept on deposit in some bank to be designated respectively by the trustees or the executive committee, and the money should, under no circumstances, stand in the name of any individual. No member of the Faculty should be appointed on more than one committee or one section.

County members should be officially received and to a certain extent entertained by a specially formed hospitality committee. A central place for boarding should be picked out and rates sent to each county member. At the banquet the county members should be received and introduced. No one person should read more than one paper at any meeting. No paper should be read which has been read elsewhere. The selection of a special subject with persons appointed to discuss it should be made. The sessions should be shorter, lasting only three days, and the programme should be sent out two weeks in advance. Any member sending the name of a subject of a paper to the programme committee should also submit a short abstract of it, and should prove that he is ready to read a paper, and is not attempting to advertise himself on the programme by announcing a paper unprepared and unthought of.

There are many other suggestions that might be made by those who notice intelligently the course of these meetings. The Faculty is a power in the State; it should remain so, and while most vigorous, it is certainly time, in this, the one hundredth year of its age, to give it a new constitution and a more intelligent management of the details which go to make up a successful annual meeting.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending October 29, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	11
Phthisis Pulmonalis	1	20
Measles	2	..
Whooping Cough	..	..
Pseudo-Membranous Croup and Diphtheria.	77	12
Mumps	..	..
Scarlet Fever	8	..
Varioloid	..	..
Varicella	1	.
Typhoid Fever	26	8

Roanoke, Va., is to have a hospital.

Miss Jessie N. Browne, A.B., daughter of Dr. B. B. Browne, and a recent graduate of Byrn Mawr College, has been appointed instructor in physiology at the Woman's Medical College.

The semi-annual meeting of the State Faculty will be held at Frederick, Wednesday and Thursday, November 16 and 17. Full particulars will be stated next week.

An ordinance has been introduced into the City Council of Baltimore, making it a misdemeanor, with $5 fine, for holding a public funeral in cases of death from contagious diseases.

Dr. J. St. P. Gibson, a leading physician of Staunton, Va., died last Monday, aged sixty-six years. Dr. Gibson was graduated from the University of Maryland in 1858. He leaves a son who is a physician.

An unexpected illustration of dispensary abuse occurred at the City Hospital Dispensary in Baltimore, when a man who had just applied for free treatment, on the plea that he was unable to pay a physician, dropped dead, and in his pocket was found $1500 in notes.

Members of the State Faculty are requested to bear in mind the meeting to be held next Wednesday night promptly at half-past eight for the purpose of considering and adopting the revision of the constitution. The trustees are very negligent in delaying the sending out of the constitution to the members before the meeting.

While Col. George E. Waring was not a physician, he was brought very near to that profession by his admirable work in sanitary science and preventive medicine. He was an expert in the truest sense of the word, and the thoroughness with which he accomplished what he undertook was characteristic of all his work. His unexpected death is a great loss.

The Maryland Public Health Association announces that its second semi-annual meeting will be held at Easton, Md., next Thursday and Friday, November 10 and 11. Papers and remarks may be expected from Drs. Wm. S. Thayer, T. A. Councell, John S. Fulton, Wm. R. Stokes, Charles L. Mattfeldt, J. E. Gichner, C. M. Stelle, Edward M. Schaeffer, and others.

Dr. Washington A. Smith, a prominent physician of the Eastern Shore of Maryland, died at his home on Taylor's Island, near Cambridge, Md., last week, aged seventy-seven years. Dr. Smith was a native of Virginia, and after receiving his degree at the University of Maryland, in 1842, settled in Maryland. He leaves several children, among them Dr. Chas. D. Smith of Fishing Creek, Dorchester county, Maryland.

Mrs. M. M. Gundry, widow of the late Dr. Richard Gundry and mother of Drs. L. H. and A. T. Gundry, with whom she had been associated since her husband's death in the sanitarium at Catonsville, gives notice that she has withdrawn from that institution and has opened an institution exclusively for the care and treatment of women suffering from nervous and mental affections. Her two sons will be associated with her in this work.

Thirty-four physicians from various parts of Frederick county met at the courthouse at noon last Saturday and organized "The Frederick County Medical Society." These officers were elected for the year: Dr. Wm. H. Baltzell, president, Frederick; Dr. J. E. Beatty, first vice-president, Middletown; Dr. Wm. H. Johnson, second vice-president, Adamstown; Dr. Ira J. McCurdy, recording secretary, Frederick; Dr. Wm. C. Johnson, corresponding secretary, Frederick; Dr. Franklin B. Smith, treasurer, Frederick; Dr. Samuel T. Haffner, librarian, Frederick. The association met again today, when the chairman announced his various committees. There will be four stated meetings during each year.

Washington Notes.

Dr. L. E. LaFetra, a Washington boy, has been appointed medical school inspector in New York city, after a competitive examination of 276 applicants.

Reports of the Marine Hospital Service show that during the yellow-fever epidemic on the Gulf the total number of cases was 2272, of which 110 resulted fatally.

Dr. John H. Stoutenburg has been promoted from physician to the poor to assistant medical sanitary inspector. Dr. F. F. Repetti has been appointed to fill the position vacated by Dr. Stoutenburg.

A board of surgical officers, consisting of Major Robinson, Major Carr and Captain Woodson, has been appointed to meet at Santiago de Cuba to examine such officers as may be ordered before it to determine their fitness for promotion.

The serum made by the Department of Agriculture, under the direction of Dr. D. E. Salmon, for the inoculation of swine affected with cholera is accomplishing remarkable results. The mortality has been reduced from 80 to 25 per cent.

There were 119 deaths in the District during the last week, of which nine were from pneumonia, six from typhoid fever, seven from diphtheria and four from cholera infantum. There are 134 cases of diphtheria and 105 cases of scarlet fever under treatment.

At the last meeting of the Washington Obstetrical and Gynecological Society Dr. Thos. C. Smith was re-elected president; Drs. John W. Bovée and W. P. Carr, vice-presidents; Dr. J. T. Kelly, Jr., recording secretary; Dr. Edwin Morse, corresponding secretary, and Dr. John Van Rensselaer, treasurer. After the usual business the society adjourned to the Arlington, where the evening was pleasantly spent banqueting.

The decennial celebration of the Medical and Surgical Society of the District of Columbia was held Monday evening at the Georgetown Law Building. After an address by the president, Dr. Llewellyn Eliot, the following papers were read: "Benefits to the Community and to the Medical Profession of Medical Examining Boards," by Landon B. Edwards, M.D., of Richmond, Va.; "The Relation of Health to Education in Childhood," by W. W. Johnston, M.D.; "Higher Medical Education and a Plea for Better Training of the Volunteer Medical Officer," by George M. Kober, M.D.

The local Alumni Association of the University of Maryland, at its last meeting adopted resolutions in tribute to the late Dr. N. S. Lincoln, who was a graduate of the university and first president of the local association. His associates desire to express their sorrow and appreciation of Dr. Lincoln in the following resolution: "In the death of Dr. Nathan Smith Lincoln of this city the community has lost a useful and distinguished citizen, the medical profession an able and conscientious practitioner. This association mourns the loss of one of its oldest, most respected and accomplished members—one who was not only a skillful physician and surgeon, but broad in his love for humanity and zealous in his efforts to alleviate pain and distress wherever found."

Book Reviews.

The Office Treatment of Hemorrhoids, Fistula, etc., Without Operation, Together with Remarks on the Relation of Diseases of the Rectum to Other Diseases in Both Sexes, but Especially in Women, and the Abuse of the Operation of Colostomy. By Charles B. Kelsey, A.M., M.D., late Professor of Surgery at the New York Post-Graduate Medical School and Hospital, etc. New York: E. R. Pelton, No. 19 East Sixteenth Street. 1898.

This little brochure of sixty-eight pages consists of three lectures on the subjects mentioned above, in which the author insists on the importance of careful office treatment other than operative for the cure of piles, fistulæ, fissures and pruritus in many cases. The subject is not considered in detail to any considerable extent, and is suggestive rather than exhaustive. The relation of diseases of the rectum to other diseases is considered in the second lecture, in which attention is called to the fact that rectal symptoms are sometimes reflex in character, and only subside when the original source of irritation is removed. The third lecture is devoted to an earnest plea for the restriction of colostomy, or artificial anus, to cases of inoperable malignant disease.

New Forceps for Intestinal Anastomosis. By Ernest Laplace, M.D., LL.D. Reprint from the *Philadelphia Medical Journal.*

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Original Articles.

CONVALESCENCE FOLLOWING VENTROFIXATION AND PLASTIC OPERATION UPON THE VAGINA; ABDOMINAL SECTION FOR REPAIR OF VENTRAL HERNIA AND REMOVAL OF A MASS OF PELVIC EXUDATE.

By E. E. Montgomery, M.D.,

Professor of Gynecology in the Jefferson Medical College; Gynecologist to the Jefferson and St. Joseph's Hospitals; Ex-President Philadelphia Obstetrical Society; Ex-President Pennsylvania State Medical Society.

CLINICAL LECTURE DELIVERED AT THE JEFFERSON HOSPITAL.

Gentlemen—I bring before you a patient upon whom we operated three weeks ago; the operation was done for retroflexion of the uterus, preceded by plastic operation upon the vagina and cervix. We first freshened the edges of a lacerated cervix and brought them in apposition. An operation was then done upon the perineum, the abdomen opened, the uterus brought forward, fastened to the peritoneum, and the wound closed.

I bring her before you today to show you the result of the suture used, this being the first case in which the operation has been done before the class. The patient is in excellent condition, has done well and feels very comfortable. You know the wound was closed with three rows of suture, the first row through the peritoneum, a continuous silkworm-gut suture, bringing its ends out some little distance from either end of the wound. The ends of the suture were passed through perforated plates and perforated shot compressed upon them, which held them from slipping. A second row of sutures introduced through the muscle wall and aponeurosis brought the latter over the muscle. This is recognized as the important part in the restoration and maintenance of the abdominal wall.

The danger of production of ventral hernia is induced by failure to secure firm and complete union of the aponeurosis, so a second suture then brought the edges of this muscle in direct apposition, and so held them.

The recti muscles are situated between the peritoneum and the aponeurosis. The third suture was subcuticular through the skin. As I show you the line of incision today, you see how insignificant it appears. The patient has had an uninterrupted recovery. This portion of the abdominal well is as solid, if not more so, than the remaining, and the danger of hernia by such a method of operation is reduced to a minimum.

The advantage of this method of suture is that we are enabled to bring the parts in apposition without danger of undue pressure or strangulation at any one point. In an ordinary uninterrupted suture we have compression of the tissues, which may result in a slough and favor the formation of a stitch abscess. If the stitch has been buried, its irritation may give rise to inflammation and abscess months later, requiring its removal.

Abdominal Section for Repair of Ventral Hernia and Removal of a Mass of Pelvic Exudate.—The next patient, thirty-two years of age, lost one brother, while her

father and mother are living and well. She had pertussis as a child, and puberty at fifteen, periods were regular. She underwent operation some years ago for ovarian tumor. She gave birth to a child fifteen years ago, and during convalescence remained in bed for two weeks. When she arose she was seized with severe pain in the left side, which extended as far as the knee. She was confined to bed for eight months; has never felt well and strong since. Five years ago an ovarian tumor weighing thirty-four pounds was removed, since which time her sickness has been irregular as to time, duration and quantity. Occasionally she does not menstruate for four or five months; will have a faint show for a few months, at other times there will be a profuse discharge.

Three years ago she suffered for six weeks continuously from hemorrhage, and says her uterus was curetted, after which she secured relief. She had hemorrhage six weeks ago, which has been continuous since, until her admission. On examination I find a mass situated to one side of the uterus, which is apparently related to that organ, and stimulates a fibroid growth of the intraligamentary variety. This growth could be removed with the uterus through the vagina; but, as the woman has undergone an operation, I think it would be better that incision be made through the abdomen, which will enable us, while correcting the pelvic condition, to strengthen the ventrum and remove a ventral hernia. At the center of this wound you will see there is a separation of the aponeurosis and the ventrum now consists of skin and peritoneum.

In making the incision we have to proceed with some care, as we might very readily injure a knuckle of intestine if it is adherent to this portion. We find we have an irreducible hernia of the omentum. As I pass my finger below I am in some doubt as to the parts which are adherent, and fear that we might open into an adherent bladder. I extend the opening a little above the former opening, so I can pass my finger in and ascertain the character of the adhesions. I find extensive omental adhesions over the side of the wound, which I proceed to cut with scissors. These adhesions are so firm that I prefer to use the scissors to tear them. Below, the omentum is apparently attached to the bladder, so I make a separation, exercising care to prevent injury to the latter organ. I find the fundus of the uterus is somewhat enlarged; the mass I felt upon the side, whose resistance I took to be a fibroid growth, I find to be more—an adherent omentum, with an enlargement of the ovary, which is bound down in the mass.

There are no cases which are more difficult to manage and exactly determine than those which have undergone previous operation, as the extensive adhesions and the changes which take place in an abdominal cavity mask the relations. I pass my ligature through the base of the broad ligament on the right side. This broad ligament is somewhat displaced. The growth, apparently, was removed from the right side, as we can find no vestige of tube and ovary. The adhesions are quite extensive to the mass, the bladder below the surface of the uterus and the knuckle of intestine. This mass, from the examination, I took to be at first, from its size and resistance, an intraligamentary growth of the uterus—it is so closely attached to the side of that organ.

We have to exercise care in removing it to secure the vessels. Not only does blood come into such a mass from the ovarian artery, but also through the uterine, these two vessels anastomosing in the broad ligament. I pass a ligature deeply in the broad ligament in order to secure the bleeding from the uterine branch. I pass a ligature on the left side in a similar manner, exercising care that we do not injure or include a knuckle of intestine in the introduction and tying of the ligature. We are using for this purpose aseptic catgut. This it is difficult to procure without making it friable. The catgut we employ has been boiled in water for ten minutes. Unless it is very firmly wrapped it will become softened in places. Having ligated the broad ligament on either side, we cut off the uterus, and in doing so it is evident that we have not entirely secured hemostasis, as the uterine branch bleeds. We pass a ligature

deeply upon the left side, and in doing it find that the hemorrhage is controlled. We have left only a small portion of the cervix. There is no reason why this should be removed, as there is no disease about it, so we will suture the surfaces over it, drawing the peritoneum over the muscular layer. As there is considerable bleeding from the torn omentum, we ligate a portion of it and cut it away.

We now examine as to the condition of the pelvis, to see whether there are any bleeding vessels, and this step is particularly important. The wound should never be closed until we are certain that hemostasis is complete. You see the entire surface of the bladder, which has not been injured. As we close the wound we will let the patient down, fill the abdomen with some normal salt solution, which we do not remove. I now split the fascia a little, so as to lay bare the edges of the muscle, to make sure of union after the surface is united, otherwise we might have a redevelopment of hernia. We trim out some of the cicatricial tissue, which would only interfere with the union. I again wash out the abdominal cavity to get rid of the blood, taking no trouble to empty it of the salt solution. I proceed to introduce the first row of sutures through the peritoneum; pass a second row of sutures through the abdominal walls, bringing its ends out at either angle.

The middle suture is introduced with great care, so as to make sure the aponeurosis is accurately apposed. The wound is finally closed by subcuticular stitch. Unless there is some special indication, this wound will not be disturbed for eight or ten days. The shot with the suture will be drawn up at one end half an inch or an inch. If the middle layer pulls with considerable difficulty, it will be permitted to remain until the next day. Generally two dressings will be sufficient for the operation.

Sodium Chlorate in Hyperchlorhydia.—Soupault says in the American Journal of the Medical Sciences that sodium chlorate in doses of two drachms, as far as possible from meals, relieves patients suffering from hyperchlorhydia. It should not be given in renal disease.

NEGLECTED RECTAL TUMORS.

By Edward Anderson, M.D.,
Rockville, Md.

Tumors of the rectum, when neglected, often lead to serious consequences, as the writer has had ample opportunities of observing. Men sometimes, but rarely, put off having such things looked into, but females, through a sense of delicacy, defer examination, even if they happen to speak of the inconvenience, until it is too late.

On January 31, 1895, the writer was called to a case of neglected hemorrhoids of ten years standing. He found the rectum occluded to such an extent that nothing but liquid matter could pass. The bowel had an opening leading from it above the obstruction through which the fecal matter passed, and another one below it through which it passed into the bowel again. A surgeon was called in, who laid open the sinus and packed it with gauze, but the woman was too weak to have the tumors removed, and died nine days after the first examination.

Another lady, about forty-five years of age, was examined on March 30, 1897, for the first time, and found to have a cauliflower excrescence about the size of a hen's egg, which bled profusely on being handled. On March 31 she was taken to the hospital, where she nearly bled to death the same night. She was operated on the second day after her arrival, since which time she has had no trouble, not even from constipation, from which she had suffered a long time.

A patient is now dying of a similar growth about three times as large as the above. The family physician, if he has any knowledge of or even suspects the existence of a tumor in the rectum, should insist upon an examination at once, and if he finds an ordinary case of piles, and the tumors can be forced into view, he may put an end to them by injecting carbolic acid, otherwise he should send his patient to a hospital where he will be properly treated. Even the most malignant growths, when operated upon sufficiently early, may not recur for years,

and sometimes not at all, as the rectum is so loosely connected with the surrounding parts.

Society Reports.

NEW YORK ACADEMY OF MEDICINE—SECTION IN ORTHOPEDIC SURGERY.

MEETING HELD OCTOBER 21, 1898.

OBSCURE INJURY OF THE HIP.

Dr. G. R. Elliott presented a boy two years and eight months old who had fallen from a tree two months before. He complained of the left knee, but was able to walk and run. His father reported that the left foot had been dragged with a decided limp and everted to a right angle, and that its normal position had been restored after manual traction and manipulation. A slight limp had, however, persisted. The left leg was three-eighths of an inch short, and the left thigh one-half of an inch atrophied. Gentle manipulation seemed to produce a slight slipping of the joint. The child's ligaments were generally relaxed. He suggested the diagnosis of a dislocated hip, reduced at once by manipulation.

Dr. N. M. Shaffer said that the limbs were practically of the same length, and that whatever might have been the lesion, there were at this stage no positive signs of hip disease, dislocation or separation of the epiphysis.

Dr. A. B. Judson found the trochanter enough above the line to make it probable that there had been a separation of the epiphysis.

Dr. T. H. Myers said that the limp might be from habit acquired when the hip was painful. The slight shortening in itself would not cause a limp. Irregularity in the length of the limbs had been said to be the rule rather than the exception. The cause of the shortening was not apparent, since a dislocation, when reduced, should not leave any shortening.

Dr. R. H. Sayre had noticed the presence of marked knock-knee, and the father had said that the child had always turned in his toes. In other words, he had been unconsciously walking Indian fashion to make his feet more comfortable and to protect the arch of the foot. Beyond this the child appeared to be well.

Dr. P. J. Fiske thought that there might have been a bending of the femoral neck, due to the accident, or acquired in some other way.

Dr. Elliott said that the head of the bone was in its socket, wherever it might have been immediately after the accident. He thought that the question of separation of the epiphysis remained undecided. He stated that the child had ridden a bicycle frequently, since he was taught by his father to ride when he was eighteen months old. His greatest distance had been four miles. The boy was thirty-six and one-half inches in height, and his weight was thirty-one pounds. His bicycle weighed eleven pounds; diameter of wheel, thirteen and one-half inches; crank, four inches; wheel base, twenty-one and one-half inches; gear, forty-six. He had ridden without trouble since the accident, but the exercise was at once forbidden when the patient was first seen a few days ago. His brother, four and one-half years of age, began to ride a wheel when three years old. He had a record of a 20-mile run, and was in perfect health.

THE USE OF THE BICYCLE BY CHILDREN.

Dr. Myers said that in the case of a child who rode a bicycle great care should be used in the adjustment of the height of the seat and the handle-bar.

Dr. Sayre examined the boy's bicycle, and said that the construction of the seat was such that it would compel the patient to appear before the Section on Genito-Urinary Diseases later on. He did not see why a boy of that age should not ride a wheel if he kept off the street. The exercise should not be more than he could stand. Small children sometimes rode ponies and seemed to get along perfectly well.

Dr. Judson said that young children rode tricycles without attracting any especial attention. The bicycle furnished ischiatic support. In appropriate cases he advised its use when it was desirable to combine speedy and agreeable locomotion with relief of the lower extremities from carrying the weight of the body and from the pressure and concussion

incident to walking and running. The same was true of horseback riding. Aside from the risk of accident, he thought that the moderate use of the bicycle at any age would promote normal development and health.

Dr. R. Whitman thought bicycle riding was a good exercise for knock-knees and weak feet.

Dr. H. L. Taylor strongly disapproved of bicycle riding for young children, not from an orthopedic standpoint, but on the ground of its being injurious to the general health.

Dr. Elliott said that children generally assumed bad attitudes on the wheel, leading to faulty development of the thorax. At an early age the bones were soft and the ligaments undeveloped and unfitted to stand the special requirements of riding a bicycle, and the result might be, as in the case of the patient, a relaxed ligamentous system. Bicycle riding by children tended to disproportionate development of the legs when compared with the arms. It should not take the place of general exercise, which developed the whole body alike.

TRAUMATIC SPINE.

Dr. Fiske exhibited a man thirty-four years of age, who had recovered from injury of the spine, with paraplegia and rectal and vesical symptoms. The patient had been presented at the meeting of May 21, 1897. (See MARYLAND MEDICAL JOURNAL, July 31, 1897, pp. 280-281.)

There had been no return of the symptoms, and the recovery was now, more than four years after the accident, complete. The violence had been extreme, followed by rigidity and pain in the dorso-lumbar region, complete paralysis from the waist down, and incontinence of feces and urine. There had been no crepitus and no deformity. The patient was perfectly helpless. The diagnosis was severe spinal trauma, concussion of the cord, damage to ligamentous structures, and probably partial dislocation, with spontaneous reduction. Treatment had been by a plaster of paris jacket, worn with occasional renewals for ten months. There had been no bed-sores. Recovery with control of sphincters had been complete and the man was apparently in perfect health. In answer to questions, Dr. Fiske said that ankle clonus had not been present; that the lower part of the abdomen had been sensitive, but the scrotum, penis and sacrum were anesthetic; that the sensory paralysis disappeared first; that there had been considerable atrophy of the muscles of the thigh and calf, probably from disuse; that the patient had felt nothing give way, as he was immediately unconscious, and that he began to use his legs in about four months, and could walk at the end of seven months. The anesthesia of the scrotum and penis had led to the opinion that the injury was at the twelfth dorsal vertebra and first lumbar.

Dr. Elliott thought that the lesion had not been above the first lumbar. Above that point, which was the end of the cord, there would probably have been destruction of the anterior horn cells, with ankle clonus and great localized atrophy. He could hardly conceive of anything less than this happening at a higher level after an injury attended with so much paralysis.

Dr. Shaffer had seen several such cases. The lower the point of injury, the better would be the prognosis. The result had certainly been very good in this case, where there must have been a partial dislocation or fracture. He recalled the case of a man who was thrown from a vehicle and struck the ground in a sitting position. Rigidity of the spine had developed, but recovery had followed with perfect motion of the spine. A certain amount of compression of the anterior column could occur without serious results. If the posterior columns were injured we would get symptoms such as had been present in the patient exhibited.

Dr. Sayre had seen a case similar to the one under consideration. In a railroad accident, in which an express car had rolled down a bank, a man had been struck violently by the safe. He was paralyzed from the waist down, with no control of the rectum or bladder. This condition lasted some three years. He gradually improved under treatment similar to that described and had been restored to perfect health.

FRACTURE OF THE SPINE.

Dr. Whitman presented a patient with a rather different history. He was a young man twenty-two years of age, who had fallen twenty-five feet from a cliff. He could walk with assistance, and, although he had pain, stiffness and weakness in the back, numbness and weakness in the legs and pain in the lower part of the abdomen and the anterior surface of the thighs, he resumed work as a clerk at the end of a week. Dr. Whitman had examined him on August 8, about two weeks after the accident, on account of a "lump" composed of the projecting spines of the second, third and fourth lumbar vertebrae. There was some pain on extensive motion of the back and moderate rigidity at the seat of the fracture. A brace relieved the symptoms in a great degree, and at the end of a month he considered himself well, although he was still wearing the brace. It was seen that the normal lumbar lordosis had been replaced by a projection. Motion was practically normal. There had been fracture and compression of the vertebral bodies, and yet the symptoms had been insignificant.

Dr. Myers recalled the case of a man who had fractured his spine in a fall of twenty-five feet in a doubled forward position. Pain was not severe, but weakness in the lumbar region, the seat of the fracture, prevented sitting up or standing. He was in bed for three weeks, and then walked with a cane. A kyphos was found, and a spinal brace relieved his symptoms very quickly. He was well in six months. Fractures of the vertebrae often gave symptoms but poorly marked when compared with fractures in other locations. The most common symptom was weakness. Crepitus and false points of motion were not usually detected. Pain was moderate, and deformity was frequently absent until after the patient had assumed the erect position for several days.

UNUSUAL FRACTURES OF THE NECK OF THE FEMUR.

Dr. Taylor presented a boy fifteen years of age, who in October, 1896, felt sudden severe pain in the right leg, followed by lameness for two weeks. No shortening was noticed. After that he had lameness and disability, with but little pain, till January 3, 1897, when he slipped and fell on the floor with the knee bent under him. He was unable to rise or walk, and the neck of the right femur was found to be broken. He was treated by a plaster of paris application, and in July, 1897, when first seen by Dr. Taylor, he was limping badly. The trochanter was one inch above the line, there was extreme eversion and very limited motion. Crutches were advised. In December, 1897, the patient had been free from pain for many months, and there was increased motion. In April, 1898, under an anesthetic, more mobility and lessened eversion were gained by manipulation, which was repeated in September, 1898, with further improvement.

Status Praesens: Thirty degrees of free lateral motion, considerable free rotation and 30 degrees of flexion. Trochanter a full inch above the line. Walking was very free, but with a slight limp. An apparatus, soon to be laid aside, was worn to prevent outward rotation.

Dr. Taylor also presented a boy of eighteen years who in December, 1897, fell on his left knee. There was immediate stinging pain in the left hip, but he could walk with some assistance. He soon walked with a cane, and three weeks after the fall there was a marked limp, with very little motion in the hip. The limb was one inch short and rotated outward. The trochanter was one inch above the line, and there were tenderness, induration and muscular spasm about the hip. Treatment was by traction splint, long crutches and a high sole on the foot of the well side. In May, 1898, the patient had been free from pain for two or three months and there was more motion. The splint was removed. In September a cane was substituted for the crutches.

Status Praesens: Walking with a considerable limp; no pain; can raise the leg while lying; shortening of one and one-half inches; limited motion at the hip and adduction. These cases were of especial interest on account of the youth of the patients and the slight violence of the accidents.

Dr. Whitman said that the first patient

doubtless had coxa vara, which weakened the neck of the femur, causing it to break under a moderate degree of violence. In three cases of coxa vara in young subjects he had operated by removing a wedge from the base of the trochanter in order to restore the neck to its normal position and strength. The second patient also probably belonged to the same class. He recalled the case of a young colored girl, who, after a period of slight limping and outward rotation, with slight stiffness of the hip and pain in the thigh, suffered a fall on her way to school. She was carried home with typical fracture of the neck of the femur. She was treated by the use of a traction splint with a favorable result.

Dr. Taylor said that he was confirmed in his opinion that bending of the neck of the femur had preceded the accident and had made easy the fracture of the bone in the case of the first patient presented. In the second case, however, there had been no previous signs or symptoms of deformity of the femoral neck, and such a condition must be considered hypothetical.

CONGENITAL DISLOCATION OF THE HIP.

Dr. Elliott exhibited a further dissection of the specimen shown at the last meeting of the Section. (See MARYLAND MEDICAL JOURNAL, September 3, 1898, pp. 818-820.)

The patient had been a girl seven years of age. The dislocation of the right hip had been upward and forward. The neck had been found to be short and the muscles shortened and somewhat atrophied. During life there had been more than one inch of shortening, and the child had walked with difficulty, like one with weak muscles. The head had made a deep and extremely well-defined acetabulum, lined with cartilage, below and near the anterior superior iliac spine. The original acetabulum was almost equally well defined, measuring one and one-eighth inches in its vertical and one inch in its transverse diameter, with a depth of one-quarter inch. So well defined a first acetabulum at this age was rare. Lorenz cited one at the age of eighteen years, and the older anatomists found them at very late periods of life. As a rule, however, the acetabulum, not in use, failed to keep pace with the development of the other parts, and at an age much younger than that of the specimen it was usual to find it rudimentary and frequently presenting a convex contour. The old acetabulum was found to contain some fat, but was chiefly occupied by an exceptionally large ligamentum teres measuring one and one-half inches in length, three-quarters of an inch in width and three-sixteenths of an inch in thickness, running from a well-defined cotyloid notch through the vertical diameter of the acetabulum to an insertion in the femoral head. As a rule, the ligamentum teres had been found at the age of three or four years to be a mere ribbon, or to have disappeared. In the usual dislocation on the dorsum ilii the disappearance of the ligament might be explained by the facts that it had no function and was compressed closely between the margin of the acetabulum and the femur. In the specimen, however, the displacement had been directly upwards, and the tremendous size of the ligament was apparently the result of its being called on to sustain the weight of the trunk at every step in walking. Its great size, then, was physiological rather than pathological.

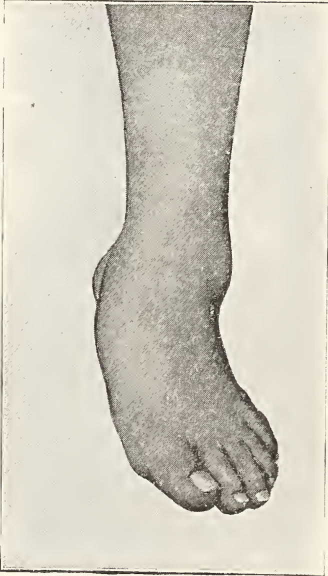
Dr. Whitman said that the old acetabulum appeared to be of fair size, and that, as the tissues were doubtless far more yielding in life than in the preserved specimen, an operation by the open method, in which the hypertrophied ligament would have been removed, might have been successful.

Dr. Sayre said that, as the head was as broad as, if not broader than, the place where the acetabulum should be, it was doubtful whether chiseling away a part of the head would not have been required before reduction.

TABETIC TALIPES VALGUS.

Dr. Judson presented a photograph of talipes valgus of the left foot in a man about thirty-five years of age affected with locomotor ataxia of several years' duration. It was an instance of Charcot's joint affecting the tarsus. The patient's right knee joint had been exsected for this condition, but stability had not been restored to the knee by the operation.

Pathologically, there were pulpy and fluid degeneration of the bony and other tissues and disintegration of the structures of the joints. Equino-varus also occurred in locomotor ataxia and in Friedreich's Disease, but was the result not of bony



TABETIC TALIPES VALGUS.

changes, but of abnormal muscular action. The primary disease was so serious and disabling that the question of treating these secondary affections was not often a practical one. Mechanical treatment might, however, be considered, with three objects in view: First, to give firmness to the foot and ankle and direct the sole to the ground; second, to give lateral support to a Charcot's knee, and third, to stiffen the knees by the use of automatic joints in order to prolong the period when locomotion is possible with the aid of crutches.

COLLEGE OF PHYSICIANS OF PHILADELPHIA—SECTION ON OPHTHALMOLOGY.

MEETING HELD OCTOBER 18, 1898.

Dr. George C. Harlan, chairman, in the chair.

Dr. S. D. Risley reported the extraction of a chip of steel 7x3x2 mm. from the sclera in the ciliary region by means of the Hirschberg magnet. The original wound of entrance in the conjunctiva was enlarged and withdrawal immediately followed the application of the magnet. The lens had not been injured. Recovery was prompt and uneventful. No impairment of vision resulted. Also, the extraction of a chip of steel from the lens of another patient by the same means. The wounded eye showed deep ciliary injection, small pupil, shallow anterior chamber and lacerated iris. With artificially dilated pupil a glistening fragment of metal was discovered lying in the anterior cortex of the lens near its periphery. After enlarging the wound of entrance, the tip of the magnet was brought almost into contact with the metal before it was dislodged. Some difficulty was experienced in drawing the metal through the lacerated iris, which was overcome by again enlarging the wound and inserting a larger magnet tip, with which the metal was withdrawn. The lens is swollen and opaque, but gives promise of absorption.

Dr. Charles A. Oliver exhibited a case of foreign body in the crystalline lens, accompanied by the formation of cholesterine crystals. A piece of steel clipping had passed through the cornea and iris, leaving well marked scars. Repeated radiographs showed the presence of the body, which was located in the lens by Leonard's method. At present, three months after the diagnosis was made, the lens is rapidly degenerating and is studded with isolated plates and aggregated masses of fixed iridescent cholesterin crystals. Based upon a successful experience in the extraction of such lenses, it is Dr. Oliver's intention to remove the mass and with it the offending foreign body before absorption is completed, in spite of statistics to the contrary.

Dr. Oliver showed an eyeball removed for traumatic uveitis of twenty years' standing, that had given rise to recurrent attacks of sympathetic inflammation. After enucleation the symptoms rapidly disappeared. The degenerated iris tissue was filled with closely-packed gold-tinted cholesterine crystals that were devoid of indescence.

Dr. Oliver exhibited several water-

color sketches of both the eye-grounds and the anterior segment of the eyeballs in two cases of glaucoma, secondary to traumatism, in children. In each the pathological optic-nerve excavation, which was almost completely undermined and extended directly back to the lamina cribrosa, was well shown. Similar changes were shown in a specimen and sketches from a case of absolute glaucoma in an adult.

DISCUSSION.

Dr. S. D. Risley reported a case of cholesterine crystals in a chalky lens that had caused sympathetic irritation. The patient refused to have the ball enucleated, and three years later returned, stating that vision had returned to that eye. The lens was seen floating in the vitreous, fastened to a tag of tissue that was probably degenerated iris and lymph. The eye was soft.

Dr. G. M. Gould spoke of a case of sympathetic irritation from an injury many years before. The anterior chamber was filled with cholesterin crystals.

Dr. H. F. Hansell exhibited a man thirty-five years of age, who six weeks previously had been injured in the left eye while at work. A small fragment of steel had entered the outer corneal limbus, passed through the lens, and was lodged in the choroid in the posterior nasal segment. Through the semi-opaque lens the glistening surface of the metal could be seen, surrounded by a patch of pigment. Radiographs made by Dr. William M. Sweet confirmed the ophthalmoscopic diagnosis, both as to the presence of a piece of metal and its location. After the inflammation subsequent to the traumatism had subsided the metal was removed by the Hirschberg magnet through an opening in the sclera. The eye recovered without undue reaction and vision was the same as before operation.

Dr. de Schweinitz related the history of a case of symmetrical changes at the macula following serious iritis, probably due to degeneration of the retinal ganglion cells, that occurred in a woman aged fifty-five years, which was followed in the right eye one year after the attack, and in the left eye two years after the attack, by exactly similar macular changes, namely: Oval, grayish-red areas, approximately one-third the size of the optic disc, containing in their centers a few yellow-white dots, and surrounded at first by a greenish ring, somewhat raised, so that the reddish portion appeared as if at the bottom of a shallow pit, the sides of which were composed of the greenish border described. Beyond this the macular reflex was unusually distinct, and the intermediate area of a somewhat deeper red than the general color of the fundus. At the time of the reports the greenish border had disappeared, but the oval areas remained practically unchanged and were exactly symmetrical. Dr. de Schweinitz suggested that the lesion, which, as far as he could learn, was a most unusual one, could be explained by assuming degeneration of the retinal ganglion cells, exactly as Ward Holden had found them degenerated and changed in the symmetrical macular changes which are found in cases of amaurotic family idiocy.

Dr. de Schweinitz presented the history of a case of paralysis of the lower half of the iris (partial iridoplegia) following iritis that occurred in a young unmarried woman as the result of exposure to cold during a menstrual epoch, in which the sole sequel was complete loss of the action of the lower one-half of the iris after all other functions of the eye had been restored to the normal state. He compared the condition to partial traumatic mydriasis, and concluded that the lesion was probably a peripheral one, the nerve endings or filaments supplying the lower half of the iris having been permanently injured by the inflammatory processes.

Dr. G. M. Gould demonstrated a new ophthalmoscope which had been exhibited in imperfect form before the Ophthalmic Section of the American Medical Association in June, 1898. He had endeavored to devise an instrument complete, simple in construction and free from the defects of many ophthalmoscopes. It has no Rekoss disc, no handle, needs no case, and contains twice the number of lenses of the best instruments hitherto devised. Its sixty lenses are divided in two sets—those most used or the lower numbers, both plus and minus, ar-

ranged at one end, and the higher numbers at the other. The low numbers differ from the next higher or lower by one-half diopter, the highest power lenses being — 40 D. and + 30 D. The detachable mirror is easily transferred from either end, or a mirror may be kept permanently at each end. Peripheral rays of light (side illumination) are excluded from the sight hole. Though strong and durable, it is not bulky or heavy, and the manufacturers, Messrs. Wall & Ochs, have succeeded remarkably well in constructing it upon perfect artistic and mechanical principles.

HOWARD F. HANSELL,
Clerk of Section.

Medical Progress.

PUERPERAL INFECTION IN PRIVATE PRACTICE.—Dr. George Erety Shoemaker, in a paper on this subject in the Philadelphia Polyclinic, says that the battle over the question of the contagiousness of puerperal fever was won more than forty years ago. The principles of its prevention have long been applied in lying-in hospitals, and the value of certain methods is not for one moment questioned. By a curious anomaly the status of the private patient cared for in her home is entirely different, and she is subjected to unnecessary risks which the poor in hospitals do not assume. It is impossible to obtain public record of death from puerperal fever, other causes of death, such as typhoid fever or peritonitis, being given. The consultant obstetrician or gynecologist sees many cases. The mortality in large cities in the better class of private practice is two to three times as great as in lying-in hospitals. Reasons for this relate to the less resisting power to infection of patients unaccustomed to unclean surroundings; to the unwillingness of the community to tolerate any decided departure in the preparation of the lying-in room from ordinary household conditions; most of all to the attitude of opposition or indifference among a considerable number of physicians in city or country toward any painstaking effort at asepsis.

Renewed attention was called to the valuable evidence from actual cases cited in Dr. O. W. Holmes' classical essay on the contagiousness of puerperal fever. The risks are the same today, if physicians go from cases of erysipelas or infection to labor cases. The essentials for practical obstetric asepsis were stated as being very few. Four things, if carefully used, would largely banish septicemia: (a) A new, cheap, hand scrubbing-brush for each case, used ten minutes on the physician's hands with hot water and soap; (b) bichloride solution for hands and external genitals; (c) napkins of any absorbent material folded to proper size, baked, in quantity, for an hour in any oven, and taken from the original bundle one at a time; (d) a cheap white cotton suit, coat and pantaloons, carried to each case by the doctor and worn over his ordinary clothing; cost less than $3.

* * *

CHILBLAINS. — C. Binz (Cincinnati Lancet-Clinic) thinks that only chemicals capable of penetrating the epidermis can be expected to have any effect upon chilblains. To these belong chlorine in the form of chlorinated lime. He has found that one part of this, mixed with nine parts of paraffin ointment, rubbed into the inflamed parts for five minutes every night, will cause the pain and swelling to disappear in the course of a week. After each inunction the foot is covered with a very thick bandage. It is important that the ointment should have a strong odor of chlorine, and he points out that the chlorinated lime of shops has generally parted with its free chlorine. Another point of importance is that the drug should be mixed only with paraffin ointment, for Binz has found that, when mixed with lard, and especially with lanolin, it gives up its chlorine too quickly. The ointment is useful only so long as it gives out a decided smell of chlorine.

* * *

THE PERFECT DOCTOR.—Much is expected of the physician, and the rules for his behavior and demeanor when "on duty" are many and foolish. The Medical Age, in commenting on this, says that a doctor must learn to: (1) laugh, (2) tell a story, (3) keep his own troubles to himself, (4) stop croaking, (5) hide his

own pains and aches under a pleasant smile, (6) not to cry, and to (7) meet his friends with a smile, because, while the good-humored soul is always welcome, the hypochondriac or the dyspeptic is most always an insufferable nuisance. Besides which a good laugh and a well-told story are a godsend to a sickroom. Then the world, which is too busy to care for your ills or sorrows, is just as indifferent to your pains, and while tears do well enough in novels, they are out of place in real life, where it is kinder to do good than harm, and paddling in dirty water must soil the paddler's clothes.

* * *

Disappearance of a Mitral Murmur.—Starck (British Medical Journal) had the opportunity of watching a case of endocarditis in a girl, aged eleven. A year ago she first complained of pain in her joints. The present attack consisted in pain and swelling of both ankles. The temperature was raised and pulse frequent. The heart was not enlarged, but there was a soft systolic murmur at the apex, and the pulmonary second sound was accentuated. The child was treated with salicylates for two days, and was kept in bed for three weeks; an ice-bag was also applied over the cardiac area. There was never any enlargement of the heart. A month later the child was again examined; the heart was of normal size, no systolic murmur could be heard, and the pulmonary second sound was not accentuated. The author believes that there was real mitral insufficiency whilst the attack of rheumatism lasted, and that now the valve has completely recovered. A similar condition has been reported by other observers. Bauer relates a case in which there was temporary incompetency of the aortic valves in acute endocarditis.

* * *

Light in the Treatment of Lupus. Under the title "Méthode de Finsen," Medicine describes the work of Dr. Finsen in the treatment of lupus. This author has been perfecting the details of his apparatus since 1895. He has determined that a certain bactericidal action is found in the direct rays of light, but the different portions of the spectrum are of differing values in this respect. Thus the ultra-violet rays had 300 times the microbicidal value of the red rays. He has employed sunlight with effect, but as this is not constant he has used the powerful light of a 50-ampere arc. The violet rays are separated by a solution of sulphate of copper, and the heat rays by rock crystal. The part so far as possible was exsanguinated and the rays focused by a lens upon the affected tissue. The treatment was uniformly successful, being followed by marked improvement, though we are not informed that any cures have been effected.

* * *

Typhoid Orchitis.—In the Lancet Dr. Breton has related a case in which this rare complication occurred. Whilst convalescing from typhoid fever a youth, aged seventeen years, was attacked by pain in the right testicle, which was soon followed by suppuration. When seen two months later there was ulceration of the skin of the scrotum to the extent of a franc piece and a small fistulous opening surrounded by a violaceous zone, the whole having the appearance of a tuberculous lesion. The testicle was invaded, but the epididymis was sound; there was swelling of the lymphatic glands in the corresponding groin. An injection of tuberculin gave no reaction. The whole of the suppurating area was removed; a bacteriological examination showed the presence of a bacillus with the characters of the typhoid bacillus, but the writer was not able to distinguish it absolutely from the colon bacillus. In eight days the wound was healed.

* * *

Inordinate Sympathy.—A physician, says the Medical Record in an article illustrating the evil custom of talking to an invalid about his pains, says that once he requested a mother to mark a stroke upon a paper each time that she asked a sick daughter how she was. The next day, to her astonishment, she made one hundred and nine strokes. A three months' visit away from home was prescribed.

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BALTIMORE, NOVEMBER 12, 1898.

The Semi-Annual Meeting of the Faculty.

Arrangements for the semi-annual meeting of the Medical and Chirurgical Faculty at Frederick next Wednesday and Thursday are about completed, and the outlook is for an interesting session and a pleasant trip. The following is about the programme:

WEDNESDAY, NOVEMBER 16.

Dr. John C. Hemmeter, Concerning the Diagnosis of Cancer of the Stomach; Dr. L. M. Tiffany, Cure of Rectal Stricture by Operation; Dr. H. O. Reik, Ocular Manifestations of Diabetes; Dr. George J. Preston, the Borderland of Insanity; Dr. Edward Anderson, Salicylate of Sodium—Its Therapeutic Uses; Dr. Stewart Paton, the More Recent Advances in the Study of the Nerve Cell; Dr. Thomas A. Ashby, Intestinal Complications in Connection with Abdominal Operations, with Report of Cases; Dr. Charles H. Medders, Corneal Inflammation; Dr. John Jamar, Report of Several Interesting Cases in Surgery; Dr. Nathan Herman, a Case of Paralysis Agitans—Cure.

THURSDAY, NOVEMBER 17.

Dr. Horace M. Simmons, Medical Journalism in Maryland; Dr. Julius Friedenwald, Use of Oil Enemata in the Treatment of Chronic Constipation; Dr. George A. Fleming, Glioma Retinae; Dr. Frank Martin, a Report of Cases of Fracture of the Skull, Accompanied with Serious Intra-Cranial Hemorrhage, Operated Upon and Recovered; Dr. Hugh H. Young, the Treatment of Hypertrophied Prostate, with Report of Four Cases of Total Excisions.; Dr. Randolph Winslow, a Case of Typhoid Fever with Cholecystitis—Operation; Dr. Hiram Woods, Jr., Four Cases of Blindness from Acute Poisoning by Essence of Jamaica Ginger; Dr. B. Bernard Browne, a Review of the Operative Procedures for the Reduction of Chronic Inversion of the Uterus; Dr. Charles G. Hill, Some Practical Suggestions on Auto-Intoxication; Dr. John C. Hemmeter, Further Contributions to Our Knowledge of Gastric Hyperacidity; Dr. W. F. Lockwood, Diseases of the Liver, Clinical and Anatomical Notes; Dr. Franklin Buchanan Smith, Some Suggestions for Decreasing Mortality of Railroad Injuries; Dr. William Osler, the Diagnosis of Gall Stones.

There will be one session on Wednesday and two on Thursday. On Wednesday the session will last from 2 to 5 P. M. On Thursday there will be a session from 9.30 A. M. to 12 noon, and from 2 to 3.30 P. M. There is an abundance of material on the programme to fill out this time. The Baltimore & Ohio Railroad has offered reduced rates, and the trains leave as follows:

Leave Baltimore.	Arrive at Frederick.
7.30 A. M.	10.15 A. M.
1.20 P. M.	3.56 P. M.
4.30 P. M.	6.50 P. M.
5.30 P. M.	8.05 P. M.
Leave Frederick.	**Arrive at Baltimore.**
6.30 A. M.	9.05 A. M.
8.10 A. M.	10.25 A. M.
1.20 P. M.	4.10 P. M.
4.30 P. M.	7.10 P. M.

It is likely that most of the members will have to take the early train on Wednesday in order to be in time for the first session. There are two hotels in Frederick—the City Hotel and the Hotel Burgess. At the City Hotel the rates are $2 a day each for two in a room, $2.50 for single rooms. At the Hotel Burgess $1.25 each for two in a room and $1.50 for single rooms. The latter makes these rates only in case the majority of members goes to that hotel. There will probably be a banquet on the evening of Wednesday, to which tickets may be obtained from the committee for $2 apiece. Members of the State, whether members of the Faculty or not, are cordially invited to be present.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending November 5, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	24
Phthisis Pulmonalis	3	16
Measles	4	..
Whooping Cough	..	..
Pseudo-Membranous Croup and Diphtheria.	71	17
Mumps	1	..
Scarlet Fever	5	..
Varioloid	..	..
Varicella	1	.
Typhoid Fever	11	..
Typho-Malarial	..	1

The physicians of Carroll county, Maryland, are about to organize a medical society.

The Medical Department of Nashville University now requires a course of four years.

There are said to be about 150,000 deaf mutes in India.

Syphilis is said to be very prevalent in Russia.

Paris is now taking an active fight against hospital and dispensary abuse.

Urinary diseases are to have a section at the International Medical Congress in Paris in 1900.

All the large theaters in Paris have a physician at each performance ready to respond to any call from the employes or the audience.

Dr. Jesse C. Coggins has been appointed assistant physician at the Maryland Hospital for the Insane (Spring Grove).

Dr. H. M. Keyser, a well-known physician of Virginia, died at his home in Honeyville, Page county, last Saturday, aged sixty-seven.

Drumming for doctors of Hot Springs, Ark., is carried on as a profession, and the doctors and drummers combine to get as much as possible out of the hapless patient.

The Lettsomian lectures of the Medical Society of London will be delivered next February and March by Dr. Samuel West, whose subject will be "Some of the Clinical Aspects of Granular Kidney."

At the last meeting of the American Public Health Association the following officers were elected for the ensuing year: President, Dr. George H. Rohé, Sykesville, Md.; first vice-president, Dr. Henry Mitchell, Asbury Park, N. J.; second vice-president, Dr. J. E. Monjaras, San Luis Potosi, Mexico; secretary, Dr. C. O. Probst, Columbus, O.; treasurer, Dr. Henry D. Holton, Brattleboro, Vt.

According to the latest statistics in an exchange, Chicago ranks first in order as a medical center, with over 2500 medical students; Philadelphia second, with upwards of 2300 students; New York shows a decrease in attendance from 1889 of almost 200, giving her the third place, with 1900 students; St. Louis ranks fourth, with about 1400 students, having passed Baltimore, Cincinnati and Louisville; Baltimore has 1300 students, and occupies the sixth place.

The following officers were elected at the Nashville meeting of the Mississippi Valley Medical Association: President, Dr. Duncan Eve, Nashville; first vice-president, Dr. A. J. Ochsner, Chicago; second vice-president, Dr. J. C. Morfit, St. Louis; secretary, Dr. Henry E. Tuley, Louisville; treasurer, Dr. Dudley S. Reynolds, Louisville. Next place of meeting, Chicago. Chairman of committee of arrangements, Dr. Harold N. Moyer. Time of meeting, October, 1899, date to be determined by the executive officers and the chairman of the committee of arrangements.

The following new books have been received at the Faculty Library: Andrews, The Living Substance; Bacon and Blake, Manual of Otology; Baginsky, Diphtherie (Nothnagel Bd. 2, Th. 1); Barr, Treatment of Typhoid Fever; Bastian, Aphasia, etc.; Campbell, Headache; Coles, Diseases of the Blood; Curschmann, Der Unterleibstyphus (Nothnagel Bd. 3 Th. 1); Edinburgh University Calendar, 1898-1899; Eulenburg, Real-Encyclopedie der Gesammten Heilkunde, Bd. 18; Hewlett, Manual of Bacteriology; Ireland, Blot upon the Brain, 2d edition; Kaposi, Handatlas der Hautkrankheiten; Kelly, Operative Gynecology, two volumes; Kelynack, Renal Growths; Maddox, Ocular Muscles; Manson, Tropical Diseases; Roberts, Orthopedic Surgery; Schäfer, Text-book of Physiology; Shield, Diseases of the Breast; Stengel, Text-book of Pathology; Sturges and Coupland, Pneumonia, 2d edition; Tyson, Physical Diagnosis, 3d edition; Weber, Mineral Water and Health Resorts of Europe; White, Materia Medica, 3d edition.

Washington Notes.

Dr. Bailey K. Ashford, U. S. A., is at home on sick leave from Mayaguez, Porto Rico.

Dr. George C. Clark has been elected to chair of skin diseases at the Eastern Dispensary.

Dr. Sidney L. Johnson has returned from Chicago, where he has been staying for several months.

Twenty-one acres of ground have been secured at Savannah, Ga., for the purpose of constructing an army hospital. It is the intention that the establishment will cover the whole tract, and will be the largest hospital maintained under the auspices of the government. The forty-nine buildings are to cost nearly $200,000.

At Wednesday evening meeting of the Medical Society Dr. Frey reported "Investigations concerning the use of antistreptococcic serum in puerperal sepsis, and thyroid extract in uterine fibromata," and Dr. Taber Johnson reported case with specimen of myomectomy. Dr. Lamb presented specimens of ulcerative endocarditis, malignant endocarditis and perforation of heart.

Two weeks ago a boy of ten years was taken to the Central Emergency suffering from injuries resulting from the kick of a mule. It soon became evident that an abdominal exploration was necessary. An incision being made, the abdominal cavity was filled with blood, the result of a ruptured spleen. There was nothing left but to remove the organ, the operation in all consuming an hour. The boy at this writing is doing well.

During the first six months of this year there were 4607 persons treated by the physicians to the poor, 946 white, 3661 black, or out of every 1000 persons residing in the District 16.44 received medical treatment—out of every 1000 whites 4.94, and out of every 1000 colored 41.22. The average cost of treating each patient for the six months was seventy-eight cents. The approximate amount received by each physician to the poor for each visit or office consultation was thirty-four cents.

The following good rules will be found in some of our emergency hospitals, not always followed to the letter, however, by physicians in attendance: "Emergency cases will be admitted at all hours, be given such treatment as their necessities demand and be discharged if their condition warrant, being directed to employ an outside physician." Second rule, also a good one, is that "Emergency cases returning for a second treatment must bring a certificate of inability to pay for such treatment, in accordance with the regulations of the Medical Association of District of Columbia."

Book Reviews.

Practical Diagnosis: The Use of Symptoms in the Diagnosis of Disease. By Hobart Amory Hare, M.D., B.Sc., Professor of Therapeutics in the Jefferson Medical College of Philadelphia, etc. Third Edition, revised and enlarged. Pp. xii-17 to 624. Illustrated with 204 Engravings and thirteen Colored Plates. Price $4.75. Philadelphia and New York: Lea Bros. & Co. 1898.

Hare's Diagnosis is another popular work of that busy author, who has endeavored to publish a work which shall be eminently practical and which seems to find a ready sale. In this edition, which is the third, complete revision has been made and three new figures have been added, but there is little change from the second edition, which appeared a year ago. It is written on a different plan from most works of its kind and is a favorite with students.

A Clinical Text-Book of Medical Diagnosis. Based on the Most Recent Methods of Examination. By Oswald Vierordt, M.D., Professor of Medicine at the University of Heidelberg. Translated, with the author's permission, from the Fifth Enlarged German Edition by Francis H. Stuart, A.M., M.D. Fourth American Edition, from the Fifth German. Handsome Royal Octavo Volume of over 600 pages, with 194 Illustrations, many of them in Colors. Prices, cloth, $4 net; sheep or half-morocco, $5 net. Philadelphia: W. B. Saunders. 1898.

It is nine years since the first American edition of Vierordt's Diagnosis appeared, and this is the fourth American translated so well by Dr. Francis H. Stuart from the fifth German edition. It is much more painstaking and contains much more detail than English and American works on the same subject, with the exception, perhaps, of Musser's large work. There is a tendency in too many text-books to multiply editions, which appear with too little change, and which are a heavy expense to the student who thinks he must have the latest edition. Larger editions and longer intervals between the publication of these editions would be fairer to the purchasers.

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Original Articles.

THE TREATMENT OF SEPTICEMIA BY BLOOD LETTING AND INFUSION OF SALT SOLUTION, WITH REPORT OF A CASE.

By Hugh H. Young, M.D.,

Instructor in Genito-Urinary Surgery, Johns Hopkins University; Attending Surgeon Union Protestant Infirmary, Baltimore.

I AM under obligations to Dr. Halsted for the privilege of reporting this case, which occurred in his practice.

Riggin Buckler, aged fifteen; seen first June 30, 1898, at Blue Ridge Summit. Complaint, abdominal pain in the hypogastric region; family history, negative.

Past history: Suffered the usual diseases of childhood. Was always a delicate child.

Appendix history: Since early childhood patient has had occasional attacks of indigestion, intestinal disturbance, associated with more or less severe abdominal pain. Dr. Lockwood saw him frequently during these attacks, generally put him to bed and administered calomel, and the boy would be well in a day or two. It is probable that all of these attacks were mild inflammations of the appendix.

Present attack was of five days' duration, and began June 25, just as all previous ones had, and at first seemed to respond to the usual remedies, so much so that his temperature fell from 103° on June 27 to 101° next day. On July 29 patient said he felt better, and his temperature was only 100°, but during the night he became slightly delirious and nausea and vomiting were frequent. Dr. Halsted was then summoned.

Day of operation, June 30, 8.30 A. M. Patient rational; abdomen distended. Tenderness over sigmoid and hypogastric region. No tenderness in the iliac fossa, but a soft, boggy mass felt in the pelvis. Diagnosis of probable appendiceal abscess made, though the symptoms and location of abscess were rather unusual.

Operation: Dr. Halsted operated, assisted by Drs. Lockwood, Van Ness, H. L. Smith Buckler and the writer. Ether was used. Laparotomy incision through the right rectus nine inches long. A slightly turbid fluid in the general abdominal cavity was found; intestines hyperemic, peritoneal gloss slightly impaired; evident early general peritonitis; mass in the pelvis surrounded by adherent intestines; not adherent to anterior abdominal wall. After breaking through these a large abscess was found, in which lay a very large necrotic appendix, which was perforated at its base. Pus was evacuated, appendix ligated and excised, cavity packed with gauze, which was brought out at the lower angle of the wound, remainder being closed with a continuous silk peritoneal suture, a silver mattress muscle suture and a silver subcutaneous suture.

After the operation Dr. Halsted returned to Baltimore, leaving the writer to look after the case. The patient was in good condition, pulse 92. Towards evening the temperature rose slowly, being 101.4° at 5.30, 102.4° at 10 and 103°

at 3 A. M. In the meantime the pulse had become more rapid, reaching 118. Patient was then restless, constantly vomiting small amounts of fluid; the abdomen was distended, tense, but no muscle spasm nor tenderness; pelvic pack draining profusely. During the early morning the temperature fell, but the pulse grew steadily worse, and at noon July 1 was 146, temperature 104°, respiration only 28. The abdomen was soft, flat, not tender; evidently no peritonitis present. Strychnia was given hypodermically in doses of 1-60 grain every hour, but had no effect on the pulse, which reached 170. At 4.30 a nutrient enema was given, and at 4.45 700 c.c. salt solution was injected under the right breast. The patient continued very thirsty and vomited incessantly. To relieve this the stomach was thoroughly washed out through a tube, with good effect.

At 7 P. M. (July 1) the boy was rapidly getting weaker; temperature 105.8°, pulse 156, but no signs of general peritonitis were present, and it became evident that the condition was one of general septicemia, and I realized that drastic measures were necessary, and decided to try the effect of venesection and transfusion to wash out the poison in the blood.

Accordingly at 7 P. M., under cocaine, I exposed the right basilic vein, inserted a large aspirator needle and allowed the blood to flow out, but the blood pressure was very weak and we could only obtain about two and one-half ounces. We then began to inject normal salt solution, which had been hastily prepared, using for this purpose a large aspirator; 1300 c.c. (one and one-half quarts) were injected slowly, about one hour being consumed in the operation. During the transfusion the pulse steadily improved and at the end had fallen from 160 to 130, and the volume which was previously almost imperceptible became fairly strong. His temperature fell from 105.8° to 104°, and his general condition was much bettered.

This improvement was very decided for an hour or two after the transfusion; the nausea ceased and he slept a short while, but very soon the pulse began to get more rapid, and at 3 A. M. (July 2) was 146 and quite weak in volume; the patient was restless and slightly delirious; the temperature 104°.

It was very evident that the transfusion, while very beneficial, had not been sufficient, although he had received two quarts of fluid (700 c.c. subcutaneously and 1300 c.c. intravenously). Preparations were then made for another transfusion, and at 6.45 A. M. it was begun. 2500 c.c. (two and one-half quarts) of salt solution were used this time and had the effect of apparently completely washing out the blood infection. Temperature and pulse both dropped almost to normal, and after that there was never any great concern about the boy's welfare.

The following special chart, which includes the period of the first submammary and intravenous infusions, shows very graphically the effect of each, especially the last transfusion:

Time.	Amt. of salt solution infused.	Pulse.	Temperature.	REMARKS.
June 30 a.m.				
10.25		113	100^{4}	operation—appendectomy—evacuation large abcess.
11.25		92		operation ended—patient in good condition.
p.m.				
5.30		88	101^{4}	doing well.
11.00		104	102	very restless.
July 1 a.m.				
3.00		118	103	vomiting—abdomen soft, not tender.
noon		146	104	cold sponge--pulse much weaker
p.m.				
1.30		164		strychnia gr. 1-60 every hour.
4.30		170	105	pulse very weak—patient very restless---condition rapidly getting worse.
4.45	700c c.			*infusion beneath right breast 1½ pints salt solution.*
5.00	120			120 c.c. salt enema retained.
5.45		156	105^{5}	pulse improved by infusion, but fever gradually increasing.
6.30		160	105^{8}	condition of patient becoming rapidly worse—pulse very weak.
7.00				operation—exposure of Basilic vein; removal of 2½ ounces of blood—*intravenous—infusion 1300c.c.* (1½ quarts) *of salt solution.*
7.10		156	105^{8}	infusion begun.
7.30	600c.c.	148		pulse improving in strength.
8.00	1300c.c.	130	104	pulse full and strong—general condition of patient remarkably improved.
July 2 a.m.				
1.00		130	104	condition of patient greatly improved since infusion.
2.45		146	104	pulse becoming weaker again —temp. not rising.
4.30		146	103^{8}	pulse very weak—patient restless, delirious—preparations made for second intravenous infusion.

6.45		146	103^{8}	left Basilic vein opened—infusion begun.
6.55	200c.c.	120		pulse slower, but weak.
7.02	600	120		pulse much stronger.
7.08	1000	120	103^{2}	
7.17	1500	116		patient much stronger and now perfectly rational.
7.28	2100	112		patient says he feels "full" all over.
·8.10	2500	108	102	pulse very full and strong—general condition greatly improved—complains of "fullness" all over body, 2500c.c. (2½ qaurts) have been introduced—infusion stopped.
9.00				patient has been very quiet since infusion—now sleeping.
9.30				infusions have had a marked diuretic effect, 25 ounces voided in past 12 hours.
11.30		100		
12.00		104	101^{2}	sleeping soundly.
p.m.				
10.00		96	101^{3}	condition fine.
July 3 a.m.				
6.00		84	101^{3}	pulse strong—general condition good.

NOTE—Subsequent convalescence uneventful.

On July 2 Dr. Halsted returned and removed the skin stitch. It was then found that the infection had traveled up the abdominal incision and had been so virulent as to cause a slough of the edges of the rectus muscle for five or six inches. This was followed several days later by a wide separation of the edges of abdominal wound, and the thin layer of peritoneum, which had fortunately been sutured separately from the muscle, alone prevented evisceration.

The subsequent convalescence was tedious, but uneventful, the abdominal pack being gradually removed and the sinus finally closing.

CONCLUSIONS.

This case, which has been recited at considerable length, is a striking example of the wonderful therapeutic possibilities of saline infusions.

Of late evidence has been rapidly accumulating showing their great value in acute anemia, uremia, eclampsia, coma, post-operative shock, etc. In cases of toxemia the rational treatment is certainly to remove by venesection as much of the toxic blood as possible and replace it by a normal salt solution. One vein may be used for both purposes, or one may be bled while one on the opposite arm is infused.

This simultaneous depletion and infusion makes it possible to withdraw much more of the poisoned blood without fear of shock.

As exemplified by this case, very large amounts of fluid may be necessary before the toxic agent is neutralized or washed out. The first 700 c.c. which was injected beneath the breast reduced the pulse from 170 to 156; but it had no effect on the temperature, which even continued to rise, and the pulse soon became weak again. The next infusion (intravenous) of 1300 c.c. reduced the pulse from 156 to 130 and the temperature from 105° to 104°, but here, again, both soon began to rise, and it was only after the last intravenous infusion of 2500 c.c. both fell never to rise again.

An interesting question is, "How much dilution can the blood stand?"

Taking the common estimate, the adult man has between 4000 and 4500 c.c. of blood in his body. Our patient, a delicate boy of fifteen years, probably had very much less, yet he received 4500 c.c. additional fluid into his vascular system without any bad effect.

It would, therefore, seem proper and justifiable in a case of septicemia in the adult to infuse 7000 c.c. or more of salt solution. I feel sure no harm would be caused if it were injected slowly and at two or more sittings.

It is certain that small amounts—a quart or so—will be utterly useless in many cases. The curative effect is probably due both to the dilution of the poison and its rapid elimination by the excretory organs, brought about by the high artificial vascular tension. (The diuretic effect of infusions is very marked.)

Method of Infusion.—The subcutaneous and submammary methods are probably adequate for cases that are not urgent, but for others the direct infusion into a blood-vessel is certainly much more certain and immediate in its results. The intravenous method, which was most successful in this case, is not without danger on account of the possibility of air and foreign body emboli, and a few cases of death from such causes have been reported. This led Dr. Halsted, in 1884, to advocate* centripetal arterial transfusion as being devoid of all danger. The radial artery, Dr. Halsted thinks, can be more easily exposed than a superficial

*Refusion in the Treatment of Carbonic-Oxide Poisoning. *Annals of Surgery*, January, 1884.

vein in many cases, this being especially true with fat subjects.

All toxic conditions would seem to come within the province of the depletory venesection and saline infusion, not alone the surgical septicemias, but the toxic states of typhoid, pneumonia, diphtheria and malaria, and there is no reason why the procedure should not be repeated as many times as is necessary to combat the blood infection.

In a case of severe malarial coma last summer Dr. Schenck, at my instance, removed thirty ounces of blood and followed it by an infusion of nearly two quarts of salt solution, with very good effect. The loss of healthy corpuscles is more than compensated for by the removal of parasites, toxines and dead corpuscles.

SALICYLATE OF SODIUM. ITS THERAPEUTIC USES.

By Edward Anderson, M.D.,

Rockville, Md.

READ AT THE SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT FREDERICK, NOVEMBER 16-17, 1898.

I HAVE chosen this drug as the subject of my remarks on account of its having a wider range of usefulness than any other with which I am acquainted and I prescribe it oftener than any other remedy. So well do the patent medicine men understand its value that there is scarcely a proprietary article manufactured for the relief of pain which does not contain this salt.

Rheumatism.—If the patient's habits are properly regulated there is no form of rheumatism which will not yield to salicylate of sodium if given in large enough doses and continued sufficiently long. The more acute the disease the more speedily is a cure effected.

In July, 1879, I was treating a case of rheumatism with three-grain doses of salicylic acid, given three times daily in water, with no other effect than to make my patient's throat sore, when I came across an article in a medical journal recommending salicylate of sodium, which I immediately employed and have employed ever since with perfect satisfaction.

Before this drug fell into my hands I quite agreed with Dr. Warren of Boston, who, on being asked the best remedy for rheumatism, replied, "Six weeks." There can be no question as to the fact that salicylate of sodium is as much a specific in the treatment of rheumatism and all rheumatoid affections as quinine is in malaria. It is also the most active scavenger we possess, surpassing even iodide of potassium in this respect. About a year ago I had a rheumatic patient under my care who had a nodulated tumor between the metacarpal bones of the thumb and first finger about the size of a black walnut and almost as firm as cartilage. I gave him fifteen grains of salicylate of sodium three times daily for three weeks, by which time the growth had softened and been reduced to less than half its original size. No doubt all rheumatic deposits are absorbed by it in like manner.

Tuberculosis.—I have no doubt but that there is a close relationship between rheumatism and tuberculosis, for we often see families divided between the two diseases. I have such a family in mind at the present time. The mother died young, of what I know not. The father, though quite old, was tuberculous. The elder boy developed pulmonary consumption at the age of twenty and died within a year. The surviving son developed rheumatism at about the same age. Though an invalid, he married and had eight children, all of whom were tuberculous.

If we wish a tuberculous patient to improve, whether the disease be located in the lungs, abdomen, joints or brain, we must clear away the debris—the products of tuberculosis—before we can hope to establish a cure by building up, and I know of no better agent for the purpose than salicylate of sodium. Iodine has always been found of advantage in this disease, because it acts in a similar way. Nature's method of getting rid of the products of tuberculosis is through suppuration, accompanied by hectic, and usually followed by death.

December 12, 1889, an epidemic of influenza made its appearance in my locality for the first time, and I began treating it with salicylate of sodium. I arrested

many cases of incipient phthisis before I became aware of its curative properties in that disease. During the summer of 1897 I commenced the treatment of a case of advanced phthisis with five-grain doses of salicylate of sodium, given in tablet form, three times daily, giving the syrup of hypophosphites at the same time. Although my patient's temperature was never lower than 100° F. and often as high as 105° F., she gained twelve pounds and was able to do laundry work all the following winter. On the first day of August, 1898, I was called to a case of phthisis pulmonalis in an advanced stage. The patient was a man twenty-three years of age, who had a cavity in the left lung, a temperature of 102° F. and night sweats. He had lost twenty pounds in weight in three months, and his cough was so troublesome that he got very little sleep at night. I put him on five-drop doses of creosote, three times daily, increasing the dose to twenty-seven drops, which was as much as he could stand. I continued this treatment for several weeks, and he improved slightly under it, but refused to take it any longer. I then gave him Blancard's iodide of iron pills and salicylate of sodium tablets, giving one pill of the former and a five-grain tablet of the latter three times daily. Under this treatment he gained ten pounds in less than a month. Although I have no hope of his ultimate recovery, it is very gratifying to secure so much improvement in his condition. Take it all in all the salicylate of sodium treatment is the most satisfactory I have ever employed in tuberculosis.

Typhoid Fever.—There are two complications which often develop in typhoid fever, viz., rheumatism and meningitis. The former is, I think, much more common since the cold-water treatment came into general use. I have seen inflammation of the hip joint, the result of this disease, so severe that absorption of the head of the femur took place, with two inches of shortening. Meningitis, when it occurs in connection with typhoid fever, generally proves fatal, and every means should be employed to prevent it. Both of these complications can, I believe, always be prevented by the administration of salicylate of sodium, five grains, three times daily being sufficient for the purpose. If the stomach will not tolerate it, it may be given by enema, but in larger doses. I saw a patient a short time since whose eyes, a few days before his death by typhoid meningitis, were so irresponsive to light that a lighted match could be held within an inch of them without affecting them in the slightest way. After the administration of three enemas, each containing fifteen grains of salicylate of sodium, given eight hours apart, the boy recovered his sight so far as to be able to watch persons moving about the room. I have prescribed the above-entitled remedy in every case of typhoid fever I have treated for the last two years, and as long as I obtain the uniformly good results I have in the past I will continue to prescribe it.

Chronic Dyspepsia.—I have cured many cases of chronic dyspepsia with salicylate of sodium through its antifermentative and antiputrefactive properties, and I believe some cases of recent cancer of the stomach through its deobstruent properties. I was once treating a woman with flatulent dyspepsia with what I do not remember, but, at any rate, I did her no good. She would eat heartily and become frightfully distended, and eructate from one meal to the next. I was passing her house one day, when she called me in and told me she had a medicine that some other doctor had given her, and as it had cured her she wished me to know about it. When she handed me the bottle I saw it was salicylate of sodium in solution. I said: "My good woman, I introduced that drug into Montgomery county some years ago." Had she asked me why, being so familiar with it, I had not used it in her case I would have been obliged to say, as the child does when it fails to do what experience and teaching have shown it to be right—"I forgot." Yes, we often forget until the grave closes over—what shall I say, if the sins of omission are as great as those of commission?—over our victims.

Lithemia.—This condition is always accompanied by a form of indigestion which salicylate of sodium will correct, but we are rarely made aware of its existence un-

til renal colic supervenes. When called to a case of this kind a hypodermic of morphia is always needed, after which I always flush the kidneys with acetate of potash and give a five-grain tablet of salicylate of sodium three times daily for at least three months. I have had many cases under my care, some of which were recurrent, where lithia had been used. All the cases treated in the above described manner have been cured, and I believe permanently cured.

Zymotic Diseases.—Sodium salicylate is indicated in all zymotic diseases, particularly diphtheria and scarlet fever. The former is generally attended with tonsilitis, a rheumatoid affection. So apart from its germicidal properties it is clearly indicated in this disease. Scarlet fever is often accompanied by rheumatism. I have seen a child suffering from scarlet fever, with thighs flexed on the abdomen and legs flexed on the thighs so tightly that they could not be moved without an amount of suffering past endurance, fully relieved in forty-eight hours by the administration of this drug.

Eye Strain and Ptosis.—I believe in specialists and always send my patients to them when special treatment is indicated, but they are sometimes too special. Apropos of the shoemaker: On one occasion, when a town was approached by a hostile army and the citizens were looking around for the best means of defense, the shoemaker said there was nothing like leather.

Four years ago I had under my care a young lady suffering from eye strain and ptosis. She was obliged to use her eyes all day and a part of the night. Each day her eyes became more painful and sight more imperfect. I advised her to consult a specialist, which she did. Within three years she had consulted three specialists in as many large cities, who one and all prescribed expensive glasses, which she thought for a time benefited her, but her sight grew worse and worse, until I thought it time for me to interfere. Knowing she had suffered from rheumatism, I gave her fifteen grains of salicylate of sodium three times daily for three weeks, since which time she has been able to use her eyes all day without pain, and could use them all night if she thought proper.

I hope the specialists present will not take offense at what I have said, as no slur is intended, for I, a general practitioner in a country district, am of necessity a specialist in every branch.

THE TREATMENT OF ACNE SIMPLEX.

By W. G. McKinney, A.M., M.D.,
Philadelphia.

The treatment of so prevalent a disease should receive careful attention. It is not so slight an ailment as many regard it. It is indeed "one of the minor oppobria of medicine," but when we consider the number of persons with faces disfigured for life with pits almost as bad as pock-marks, it is surely one's duty to do all in his power to prevent such a distressing condition.

While it is true that acne often runs its course without leaving traces of its ravages, yet this is no excuse for its neglect. It is not right that a child should incur the risk of disfigurement, when a few months of careful attention will, in the majority of cases, cure the disease. The practitioner, with mind engrossed and sensibilities dulled by more serious ailments, little realizes, it is feared, the importance to his fair patient of having a good skin. It is a serious matter to her, and must be so regarded by the physician to obtain successful results by his treatment. Especially are we to guard against the reprehensible practice, frequently indulged in by the old family doctor, of telling the parents of a growing child "not to worry about the pimples, as he will soon outgrow them, and that treatment will drive them in," or of saying "the boy is at the pimply age," as though that were one of the "seven ages" spoken of by Shakespeare.

This inflammatory disease of the sebaceous glands, with its comedones, papules and pustules, is usually so diagnostic that "he who runs may read." Its different varieties depend largely upon the severity of the attack and the promptness of beginning proper treatment. The scars, in-

durations, hypertrophies and keloid formations rarely result when active treatment is begun early. The disease does not often occur in young children, and for the first time in those of adult life, but is essentially a disease of puberty, and runs a protracted course if untreated.

The first step in treatment is to ascertain, if possible, the cause. In no integumentary disease is this more essential. The immediate cause is the presence of the staphylococcus pyogenes albus, but the predisposing causes are numerous and varied. We do not sufficiently appreciate the fact that the skin is one of the most sensitive organs of the body, and hence its character is easily disturbed by changes taking place in other parts of the animal economy. Imperfect assimilation of food causes an altered composition of the blood, which affects the oil of the sebaceous glands, causing its inspissation and retention, thus irritating the glands of the hair follicles. We find, therefore, the main cause of the disease in the *primae viae*. Indigestion and constipation, with their endless sequences of auto-infection, are the prime causal factors. At times the relation is so obvious that an exacerbation of the lesions may be noticed after an attack of dyspepsia or constipation. The patient himself will frequently ask whether the disease is in the skin or in the blood, to which one might reply, "neither, but in your bowels and stomach."

Anemia is a frequent cause, and also chlorosis, most frequently met with in young girls, in whom it is so often associated with dysmenorrhea. Scrofula, tuberculosis and general debility are also predisposing causes. The general character of the skin often furnishes a cause, the thick, oily skins and those that are dry and hard being those especially predisposed to these lesions. This thick, oily condition of the skin frequently occurs in perfectly healthy young men, in whom it is impossible to assign any other cause. Excessive eating and certain articles of food, as buckwheat or even oatmeal, should likewise be considered as a possible cause. A great predisposing cause is puberty. This may be explained by the fact that at this time there is an increased activity of the whole sebaceous system in conjunction with the development of the hairs, causing increased blood supply to the follicles, and also the general functional and circulatory changes occurring at this period.

The treatment of this affection requires care and deliberation. The habits of the patient must be minutely investigated. His business, hours of meals, amount of exercise, habits of eating, favorite foods and drinks, his idiosyncrasies and indulgences should all be known. The physician should give his directions with precision, and then see that they are carried out in full. At the very outset one should tell the patient candidly that he cannot expect to get well in a week or two, but that it will require several months of careful treatment. It will seem a long time, but when the present humiliating papules and the possible danger of permanent disfigurement are duly presented for his consideration, one will usually obtain hearty co-operation in carrying out the treatment. Knowing what to expect, he will not become discouraged in a week or two and try another physician. The suggestion might well be made here of having the patient pay by the month, and encourage him to call frequently.

Careful attention must always be given to personal hygiene. Proper bathing should receive first attention. A bath may be taken on Saturday night, "whether it is needed or not," but this is not sufficient. Seven times a week is none too frequent, and one should never be content with less than three. Not only does it promote the functional activity of the integument, but the many disease germs found on the skin may be largely removed by frequent bathing. The best time is at night, just before retiring, using hot water and plenty of good soap, to be followed by cold sponging and hard rubbing with a heavy towel, and afterwards one should immediately retire to avoid becoming chilled. This bath usually invites the refreshing sleep so necessary to a good complexion. In the morning it is advisable to take another cold sponging, or, better still, a cold plunge bath, followed in either case by brisk rubbing and possibly some light gymnastics to

bring on a good reaction. Unless this reaction follows, the cold tubbing must be abandoned, but the cold sponging can be taken by all. The objection might be made that a hot bath every day is debilitating, but rarely is this the case when the bath is followed by cold sponging.

The proper food for one's patient is an important consideration, and usually a difficult one, owing to personal tastes and idiosyncrasies. It is not, as a rule, best to burden the patient with long lists of what to eat and what not to eat, as he grows tired of the restricted diet and refuses to follow directions. If he avoids fresh breads, pies, rich cakes and all fried and highly-seasoned foods, he may be allowed nearly everything he wishes, unless he finds certain articles to disagree with him. Pork, corned beef, dried beef, salt fish and smoked fish are difficult foods to be digested, and should usually be avoided. Candy and sweets should be taken as sparingly as possible, but a little candy may at times be allowed with the meals, if it does not seem to disagree. All alcoholic drinks are to be prohibited; also tea and coffee. A good drink is made of one of the several brands of cereal coffee on the market. Little fluid should be taken with the meals, but a considerable quantity of pure water may be taken with advantage between meals. Tomatoes, berries and shell-fish are to be interdicted in the small papular form of the disease, and where the skin is easily irritated or prone to attacks of urticaria. The diet must be directed towards ameliorating the constipation when this is present, recommending whole wheat bread, bran bread, oatmeal, cracked wheat, cornmeal, molasses, brown sugar instead of white, stewed fruits, figs, etc. In those accustomed to overeating, an exclusive milk diet, if milk is well tolerated, is often of the greatest benefit.

Exercise in the fresh air must be recommended in many cases, and often a complete change of climate is required. It should be remembered that, as a rule, the country is better than the seashore, as the salt air acts as an irritant to sensitive skins.

The medicinal treatment must be both internal and external. The constipation usually requires first consideration. Often an orange early in the morning or a cup of hot water taken half an hour before meals is all that is required. A little Rochelle salts may be added to the hot water in the morning, especially for those of a full habit, or a glass of vichy or Hunyadi Janos may be occasionally taken. Most important is the regulation of the patient's habits of going to stool. A convenient time should be chosen, preferably in the morning, which should be religiously kept and thus a regular habit formed, and during the day, whenever necessary, the calls of nature should receive immediate attention. Too much stress cannot be laid upon these elementary considerations.

Of the numerous laxatives, cascara sagrada is one of the best, being palatable and mild in its action and easily regulated in dose; or confection of senna, or the pills of aloin, belladonna and strychnine, or podophyllin gr. $\frac{1}{4}$ may be given. Indigestion will require appropriate treatment, strychnia sulphate gr. 1-30 before meals with essence of pepsin following the meal being recommended, or the well-known mixture of bitter tonics with the mineral acids. In anemia and chlorosis iron is of course indicated, but it should be remembered that in many cases of acne iron is not well borne. In the scrofulous and tubercular, codliver oil and hypophosphites are needful.

The remedy par excellence for all cases of pustular acne is, in the writer's experience, calcium sulphide. It is a remedy especially claimed by our homeopathic brethren, who even go so far in their theory as to claim that it will produce the disease when taken in large doses, and possibly it may by gastrointestinal disturbances. But when rescued from the "law of similia," and given in active doses, it is a drug of rare curative power against the acne pustules. The proper dose is usually gr. $\frac{1}{2}$, in tablet form, given twice daily and rapidly increasing to four or more a day. The odor of the tablets is often objectionable, but the fastidious may take sugar-coated pills or capsules. It is not well to combine it with other drugs, but if other medicament is desired, the calcium sul-

phide can be taken very advantageously between meals. In some cases it is better to begin with gr. 1-5 or 1-10, and then increase, but it is usually well borne by the stomach, and there is little danger of giving too much.

The writer would give his testimony against the use of arsenic in the active inflammatory stage of the disease. Here it does actual harm. The action of arsenic is exerted chiefly upon the epidermis, and has little effect upon the deeper structures in which the acne lesions mostly lie. After the acute symptoms have subsided, leaving possibly discolored patches or indurations, or if the disease is indolent and sluggish, arsenic is then the indicated remedy. A convenient form of the drug is the iodide, of which gr. 1-40 t. i. d. is an average dose, but it need not replace the well-tried Fowler's solution.

The local treatment is of great importance, and should receive much personal attention from the physician. As the patient may injure the skin in his violent endeavors to extract the black-heads and to open the pimples, the physician can well afford to spend a short time at each visit in gently pressing out the larger comedones and lightly curetting the smaller ones with the comedo-extractor. Too much pressure must be avoided, as it tends to spread the micro-organisms into the surrounding tissue. In opening a pustule, the needle or lancet should be introduced at the base of the lesion, and by moving the point around inside it will break up the contents, which should be gently squeezed out without removing the upper portion of the pustule, which will form a good protecting scab. It may seem trifling to use such care, but some at least of the subsequent scarring may be thus avoided.

Many recommend puncturing each lesion with a sharp-pointed stick, moistened with the acid nitrate of mercury, and it is a good procedure if it does not cause too much irritation. The writer's plan is to use electrolysis. A mild negative galvanic current from three or four cells is passed on a steel needle through each lesion for about half a minute. This is especially serviceable for the indolent papules, which refuse to change their condition for better or worse, and for the dilated capillaries and the keloids. Benefit is often derived from the use of the Faradic current. Sponge electrodes are used, the positive pole being applied at the base of the neck and the negative over the affected area. The current should be sufficiently strong to cause a slight tingling sensation, but no great contractions of the muscles. The electrodes should not remain in any one place longer than a minute, and ten minutes will suffice for the entire sitting.

Since the exciting cause of the disease is the presence of the pus organisms, an antiseptic is needed. This can be used advantageously in the form of a soap containing sulphur or bichloride of mercury. It is usually sufficient to use the soap once a day, and that preferably at night, using hot water, and any irritation resulting will have passed off by morning. The use of soap should be avoided just before going out into the air, as it dries the skin, which is then apt to become chafed. For those of tender skin it is advisable to cleanse the face once or twice a day by the use of some mild semi-solid cream. This obviates the use of so much soap, and is very soothing and cleansing. In prescribing external applications, lotions are generally to be preferred to ointments, especially when there is a tendency to seborrhea. In the use of ointments for ladies, one must bear in mind the possibility of their developing hair upon the face, and avoid as much as possible those containing lard or vaseline. Lanolin is possibly the least objectionable in this respect. Some bland ointment, such as cold cream, should be used if at any time the stimulating applications cause too much irritation.

Of the numerous external applications recommended, the most valuable one is sulphur.

A convenient formula is the following:

℞. Sulphur precip, dr. i.
Ether, oz. ss.
Alcohol, oz. iiiss.

S. Use externally.

The lotion should at first be applied only at night, but after the skin becomes accustomed to it, it may be used advan-

tageously several times a day. The sulphur often causes considerable irritation when first applied, but rarely so much as to cause its discontinuance.

If an ointment is desired, it may be prescribed as follows:

℞. Sulphur precip., dr. i.
Ung. aquae rosae.
Lanolin āā, oz. ss.

S. Use externally.

Another good combination is:

℞. Potass. sulphid.
Zinci sulphat. āā, dr. i.
Aq. q. s. ad oz. iv.

S. Use externally.

The use of very strong stimulants, as naphthol, resorcin, caustic potash, etc., is to be avoided, as their effect is often very injurious to the skin. The disease does not require strong stimulation. The remedies suggested will usually be found to be sufficiently active. If, after the papules and pustules have subsided, the skin remains discolored and thickened, an ointment of tar and sulphur or ichthyol and sulphur should be used, rubbing it in for half an hour or more each night. Massage and electricity are useful adjuncts at this stage.

The object of the present paper has not been to bring together all the possible preparations useful in acne, but to present those remedial measures used in the writer's practice with sufficient success to warrant their repetition.

Test for Peptone in the Urine.—Freund (University Medical Magazine) says if the urine contain albumin it must first be acidulated with acetic acid, boiled and neutralized, but not filtered. Then to ten cubic centimeters two or three drops of a 10 per cent. solution of lead acetate are added. The mixture is filtered. The filtrate should be colorless, and is then particularly adapted for the performance of the biuret test, and does not give any of the reactions for native proteids or nucleo-albumin. This test is said to obviate the disadvantages of the more commonly employed tests, in the performance of which, among other inaccuracies, the coloring matter of the urine may simulate the biuret test.

Medical Progress.

Functions of the Optic Thalami. The October number of the Archives de Physiologie, as quoted in the Lancet, contains an article giving an account of some recent researches made by M. J. Sellier and M. H. Verger on the functions of the optic thalami. The deep position of the thalami renders them difficult of access, and it is not surprising that differences of opinion in regard to their function should exist, and that whilst Fournié, Ferrier and Lemoine came to the conclusion that there were sensory troubles after destruction of the optic thalami, Nothnagel failed to find any defect in the general sensibility of the body, but noticed that animals in which the thalami were destroyed on both sides seemed to have lost the sense of the position of their limbs, since, without being paralyzed, they allowed them to remain in any position in which they were placed. M. Sellier and M. Verger determined to make some further researches with improved methods of investigation, with the object of ascertaining with greater exactness the effects of injury to this region of the brain. They selected the dog and adopted the plan of bipolar electrolysis, in which fine needles were made to penetrate the substance of the thalami and a current of a mean strength of ten milliampères was passed. In none of these animals were any symptoms of meningitis observed, and the necropsy in each case showed that the destruction of tissue was small (of about the size of a grain of maize) and sharply defined. The animals were allowed to recover from the operation and tested systematically for some weeks. It was found when examined from eight to ten days after the operation that motility and sensitiveness to heat were always intact. The sense of the position of the limbs and the tactile sensibility were always manifestly affected. At the conclusion of a fortnight the disturbances of sensibility had entirely disappeared, which M. Sellier and M. Verger regard as the most important outcome of their observations. In two cases there were marked and permanent visual troubles, but they were unable to

determine whether there was complete unilateral blindness or a crossed hemianopsia. They satisfied themselves that the optic thalami have no influence on the voluntary movements of the animal operated on, and that there were no compulsory or forced movements. Their sensory *rôle* is undeniable, but the thalamic anesthesiae, like cortical anesthesiae, do not include sensibility to pain and are transitory in duration—circumstances which support the view that the functions of the cerebral ganglia have similar if not identical functions to those of the convolutions of the brain.

* * *

Mental Disturbance After Operations.—Rayneau, at the Congrès des Médecins Aliénistes (British Medical Journal), discussed the causation of mental disturbance following operations. Many varieties of such disturbance have been recorded—mania, melancholia, dementia, hysteria, etc.; there is no one type of affection which prevails, no *folie post-opératoire*. The question of importance is whether these disturbances may occur in any subject, or whether there must be some predisposition, hereditary or acquired. The evidence seems to be in favor of the latter view, and in some of the recorded cases there was undoubtedly some mental flaw before the operation. The exciting cause is very doubtful; moral impression, shock, the anesthetic, the antiseptics and general ill-health have all been blamed, but perhaps preceding alcoholism and the occurrence of septic infection are the most important factors. Gynecological operations are not more likely to cause mental trouble than other forms of surgical interference, and in any case the complication is rare, mental disturbance having been noted only after 1 or 2 per cent. of all operations.

* * *

Edged Tools.—A lamentable fact which one is reluctantly forced to recognize, says the Pennsylvania Medical Journal, is the astonishing ignorance in medical matters of well-educated and presumably sensible people and their readiness to tamper with their health by dosing themselves habitually with some compound of unknown composition, preferably a "tonic." Men who would not attempt to treat a valuable horse without an expert medical opinion consider themselves quite competent to prescribe for themselves and their wives and children. In many a household there is a bottle of formidable proportions, which is regarded as a sort of liquid vitality, and from which the head of the family dispenses, as he thinks, health and energy if one of the members looks pale, lacks appetite, has a headache, or in his opinion "needs a tonic." Another sad side of the matter is the number of women who take some patent headache preparation while really ignorant of its composition. The man who takes whiskey before eating to give him an appetite at least knows what he is doing; the woman who takes some harmlessly-named preparation to allay pain does not; and when finally a physician is called in he often finds her with shattered nerves, weakened will and broken health, a victim of cocaine, morphine or some other insidious drug. The physician's inability to cure obscure symptoms is often due to his ignorance of his patient's playing with these "edged tools."

* * *

A Valuable Disinfectant.—The disinfectant recommended by Krönig and Paul in the Philadelphia Polyclinic, discovered in the course of their painstaking tests of various disinfectants by the light of the new physicochemical theories of solutions and electrolytic dissociations, is a mixture of potassium permanganate and hydrochloric acid. This solution kills the most resistant spores from extremely virulent anthrax bacilli in a few minutes, while it is cheap, nontoxic, convenient and fully equal to a 5 per cent. solution of sublimate. They ascribe its remarkable microbicidal power to its extremely active ions. As a disinfectant for the hands, for instance, they recommend the formula: 45 c.c. of pure hydrochloric acid; dilute with 1600 c.c. of water; add 500 c.c. of a 5 per cent. solution of potassium permanganate. The solution also stains the skin, but the latter stain is easily removed with a 1.3 per cent. solution of oxalic acid.

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BALTIMORE, NOVEMBER 19, 1898.

The Faculty's Constitution.

THE meeting held last week to revise the Faculty's constitution was well attended by members who took a genuine interest in the work and who stayed patiently to the end until each section had been carefully considered. Many excellent suggestions were made, and it is a great satisfaction to the JOURNAL and to those who upheld it in its suggestions that the Faculty accepted many ideas which had been advanced in these columns. The next duty will be to see that all the corrections and suggestions which were accepted are exactly incorporated in the original and the whole be printed without error.

The president of the Faculty, Dr. S. C. Chew, presided with dignity and patience and to the end rendered promptly his decisions and helped to bring order out of confusion. Great credit is also due the Faculty's untiring secretary and the committee on revision. Each year the Faculty is making some progressive move and is showing its power and strength in the State.

The meeting which has just closed in Frederick will show in the reports that will follow how much interest the physicians, and the citizens, too, of Frederick city and county have taken in the meeting held there.

Made in Germany.

ONCE more the grasping monopoly of the German drug manufacturers is brought to general notice in the change in price of antipyrine, which was formerly about $1.25 an ounce and which can now be bought for something less than twenty-five cents an ounce.

The *Bulletin of Pharmacy* contains an excellent article on the extortions of foreign manufacturers and shows the great discrepancies in the prices of such common drugs as phenacetine, sulphonal and trional when bought in the United States and when bought outside of this country, as, for example, in Canada, not very far away. Thus the price of phenacetine per ounce in Canada is twenty-five cents, against $1 in the United States.

There are probably hundreds of drugs which are used here and made in Germany, taking millions of dollars to that country. The objection, of course, is not to enriching that country, but in taking away money and trade which should be kept in our own country and which protectionists are supposed to violently oppose.

The difficulty of competition is that the patent laws of the United States are so broad that they give a patent on the process of manufacture, on the product when made and on its name, while in such countries as Germany, France, England and Canada the law allows no exclusive monopolies in any food and remedial substance, the inventor being allowed only a patent on his process of manufacture.

This is a fairer law and certainly is to the advantage of those of moderate means. Physicians who use compounds of foreign make patented in America should be careful not to make the prescription bills of their patients too large. Of course, there are preparations made and patented in this country. These bring in a profit to the manufacturer far greater in this country than abroad.

This law, working so unequally against the United States, has resulted in dwarfing the large commercial laboratories in this country as compared to those countries mentioned, and of the few large laboratories that do exist in this country they do so by virtue of the excellence of their preparations more than by any protection that they enjoy. The American Pharmaceutical Association will try to convince the new patent commission that our patent laws need a thorough revision.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending November 12, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	10
Pneumonia	..	18
Phthisis Pulmonalis	2	18
Measles	..	..
Whooping Cough	..	..
Pseudo-Membranous Croup and Diphtheria.	67	12
Mumps	..	..
Scarlet Fever	8	..
Varioloid	..	..
Varicella	..	..
Typhoid Fever	21	7

The Maryland Public Health Association held a very successful meeting at Easton last week.

The *Canadian Medical Review* and the *Canadian Practitioner* have been consolidated, and the new journal is called the *Canadian Practitioner and Medical Review.*

Dr. Philander V. Benson, a well-known physician of Southwest Baltimore, died at his home last week, aged fifty-nine. Dr. Benson was born in Somerset county and received his degree at the University of Maryland in 1862.

On account of disease and rebellion in Venezuela, the meeting of the Pan-American Medical Congress, which was to have been held at Caracas, Venezuela, in December, 1899, will be postponed to December, 1900.

The *Medical Age* spoke rather freely of an osteopath, whatever that may be, and the aforesaid osteopath forthwith brought suit for $25,000 against the journal. Journals had better be careful not to arouse the ire of this peculiar being.

Among the recent books added to the library and in part enumerated last week were ninety-seven from England for the Frick Library, among which was a complete set of the Old Sydenham Society Publications. By the bequest of the late Dr. Hezekiah Starr the library received 135 volumes.

At the last meeting of the board of managers of the Union Protestant Infirmary Dr. Hugh H. Young was elected surgeon in the place of Dr. Alan P. Smith, who died last summer, and Dr. Omar Pancoast was elected resident physician to succeed Dr. Daniel Z. Dunott, who resigned to take up private practice.

A dispatch says that the will of the late Professor Baron of the University of Berlin, who died last month, stipulates that his entire fortune shall be given to the city for the purpose of founding a home for children who shall be raised on a vegetable diet. The Berlin municipality, however, has consulted the medical authorities on the subject of vegetarianism and has decided to refuse the legacy.

The Washington County Medical Society last Wednesday elected the following officers: Dr. C. D. Baker, Rohrersville, president; Dr. J. E. Pitsnogle, Hagerstown, and Dr. H. C. Foster, Clear Spring, vice-presidents; Dr. C. R. Scheller, Hagerstown, treasurer; Dr. C. L. G. Anderson, United States Army, Smithsburg, and W. Preston Miller, Hagerstown, secretaries. Retiring President Dr. V. M. Reichard, of Fair play, delivered an address. Dr. A. S. Mason presented a paper on "A Case of Tetanus, with Recovery," which was generally discussed. Dr. J. Prather Perry, Clear Spring, and Dr. A. S. Mason, Hagerstown, were elected new members.

The College of Physicians of Philadelphia announces that the next award of the Alvarenga prize, being the income for one year of the bequest of the late Señor Alvarenga, and amounting to about $180, will be made on July 14, 1899, provided that an essay deemed by the committee of award to be worthy of the prize shall have been offered. Essays intended for competition may be upon any subject in medicine, but cannot have been published, and must be received by the secretary of the college on or before May 1, 1899. Each essay must be sent without signature, but must be plainly marked with a motto and be accompanied by a sealed envelope having on its outside the motto of the paper and within the name and address of the author. It is a condition of competition that the successful essay or a copy of it shall remain in possession of the college; other essays will be returned upon application within three months after the award. The Alvarenga prize for 1898 has been awarded to Dr. S. A. Knopf of New York city for his essay entitled "Modern Prophylaxis of Pulmonary Tuberculosis and its Treatment in Special Institutions and at Home."

Washington Notes.

An adjourned meeting of the Medical Association of the District of Columbia was held Tuesday evening to consider the report of the committee on hospital and dispensary regulations.

The standing committee of the National Pure Food and Drug Congress is about to appoint all committees and to notify all organizations to name their delegates and perfect all arrangements for the meeting of the Congress January 18 to 21.

At the Therapeutic Society, Saturday evening, Dr. Arthur J. Hall read a paper upon "Puerperal Eclampsia," and Dr. L. Kolipinski reported a case of typhoid fever in a retired ship captain, aged sixty-eight years, with prompt recovery.

There were 126 deaths during the last week, a death-rate of twenty-three per thousand. There were four fatal cases of typhoid fever and five of diphtheria. There are 148 cases of diphtheria and 119 cases of scarlet fever in isolation.

Wednesday evening at the Society, Dr. Shands presented cases illustrating the value of the *x*-ray in the treatment of fractures of long bones. Dr. Carr reported case of ruptured spleen, removal and recovery, and fibroid uterus, hysterectomy, and recovery. Dr. Glazebrook presented specimens: (1) Dentigerous cyst of ovary, (2) anomalies in the blood supply and the ureters in both kidneys, (3) tubercular abscess of lung, with formation of an abscess sac.

Last week the Columbian University Hospital was formally opened for public inspection and the dedicatory exercises were witnessed by 1000 visitors. The hospital is complete and modern and a much-needed adjunct to the medical school. The attending staff is made up of the following physicians: Medicine, W. W. Johnson; surgery, J. Ford Thompson; obstetrics and gynecology, A. F. A. King; eye, D. K. Shute; throat and ear, C. W. Richardson; skin, H. C. Yarrow; children, T. E. McArdle; orthopedic surgery, A. R. Shands; nervous system, E. L. Tompkins and Sterling Ruffin; genito-urinary, T. R. Stone; clinical laboratory, E. A. De Schweinitz; pathologist, Walter Reed; resident physician, C. S. White. These men have with them an able corps of assistants.

Book Reviews.

System of Diseases of the Eye. Norris & Oliver. Volume 3. Local Diseases, Glaucoma, Wounds and Injuries, Operations. J. P. Lippincott Co.

To most readers the present will be the volume of greatest interest yet appearing in this System. More than a brief mention of the salient points of some of the articles or of statements to which exception may possibly be taken is inappropriate in such a notice as this. Dr. Geo. C. Harlan, in speaking of the treatment of blepharitis with the yellow oxide of mercury ointment, says that "an accompanying conjunctivitis may require attention." It is, we think, a matter of not uncommon experience to find the mucous inflammation produced by the ointment. There is a general impression among physicians that the "yellow salve" is entirely innocent and non-irritating. On the contrary, unless our observation is exceptional, as we do not believe, its action on the conjunctiva is often irritating. A great deal depends on how well the ointment is made; but even then it is not the panacea in lid troubles it is thought to be. Dr. Harlan thinks that there are sometimes conditions in entropion in which the old "scalping" operation is advisable. Generally this is when the offending lashes emerge "from the posterior angle of the lid margin and grow so directly backward that it seems hopeless to attempt to give them a proper direction."

Dr. Samuel Theobald of Baltimore writes the chapter on diseases of the lacrymal apparatus. Stenosis of the duct is to be treated by complete and repeated dilatation. Dacrocystitis is dependent on stenosis of the duct, and "it follows that its treatment is for the most part the treatment of stricture of the duct." Further, he has "not found it necessary in the treatment of strictures of the lacrymal duct to employ any form of a syringe;" hence, in his description of lacrymal instruments, there is no mention of the syringe. The author's lacrymal probes are described and illustrated. The smallest has a diameter of 0.25 mm., the largest, No. 16, of 4 mm. He further shows from a series of measurements made by himself and others that the average size of the adult lacrymal duct in the cadaver is over 4 mm. He argues in favor of dilatation to the largest probe in his series, even if the force required for the introduction of the increasing calibers is such as to require both hands. This

force, he thinks, does no harm. Many of the objections to his treatment are dealt with. Excellent results are reported, the cure remaining permanent. Dr. Theobald has made his chapter on a part of ophthalmology, usually regarded as tiresome, one of the most striking and interesting parts of the book.

Dr. Swan M. Burnett of Washington writes on diseases of the conjunctiva and sclera. He thinks highly of formaline as a collyrium for the milder forms of conjunctivitis, as well as an effective germicide in the graver forms of purulent inflammation. The general use of cold in purulent ophthalmia, save in the early stages, he condemns, preferring the constant application of heat, after Leartus Conner, on account of its power to produce a "temporary hyperemia, which shall increase the activity of the circulatory and absorbent systems." Great stress is laid upon the prophylaxis of ophthalmia neonatorum. We do not think that this statement on the treatment of the established disease will receive universal endorsement: "In the treatment of the disease the same principles hold as for purulent conjunctivitis of adults. The tender age of the patient is no bar to the most energetic treatment." (Page 193.) Andrews and others have from time to time discussed the ill effects of nitrate of silver in the purulent ophthalmia of infants. In the large majority of cases it is the sheet anchor; of this there is no doubt. But, on the other hand, when weak solutions fail in the gonorrheal ophthalmia of *adults*, it is the usual, and, we believe, practically always the correct practice, to increase the strength of the solution to obtain the drug's "more intense anti-germicidal (evidently meaning germicidal) power." (Page 186.) Does this principle in the treatment of the adult form hold in the infantile? Does persistent blenorrhea, stubborn swelling of the lids—in a word, no apparent benefit after several days' treatment, mean too little or too much silver nitrate? We agree, from our own experience, with a statement of Andrews made some years ago, that there are cases which get well with almost anything, so you stop the silver. Others need the stronger solutions. What is the distinguishing mark, short of trial of each? We cannot say with the definiteness we would like, but that the "tender age" does make some difference we firmly believe.

There is not a chapter in this admirable book which does not contain valuable information. Baltimore is represented, in addition to Dr. Theobald, by Dr. Randolph, who contributes the article upon sympathetic ophthalmia.

A Manual of Otology. By Gorham Bacon, M.D., with an Introductory Chapter by Clarence John Blake, M.D. Philadelphia and New York: Lea Bros. & Co.

Dr. Bacon has aimed with marked success to give students and practitioners an essentially clinical manual of ear diseases. As Dr. Blake says in his introduction, the book cannot take the place of larger works. The first chapter is devoted to the anatomy of the ear. It reads very much like Politzer. Many of the cuts, all of which are excellent, are taken from this distinguished writer, and, indeed, it is not hard in this and in other places to trace the author's inspiration. Chapter 2 is given to methods of examination. The diagnostic tube is given considerable importance. The use of the Valsalvan experiment is confined to diagnosis. As a routine *treatment* it is condemned. On page 71 there is given a use of the Politzer bag, which, in our opinion, is of great value. The author says: "In cases of hyperemia of the middle ear, with deafness resulting from inflammatory action, inflation of the middle ear in many cases will produce absorption of the exudation, and will have a favorable effect on the circulation in the tympanic cavity." It is also recommended that Politzerization be used as a means of blowing pus from the middle ear through a perforation. The use of the air bag in acute tympanic inflammation is not admitted in all quarters as good practice. Our own observation confirms the quotation given above. In the use of tuning forks, the author's description seems to us inadequate. It is certainly below the standard of the rest of the work in its thoroughness. For instance, on page 80, when "the patient hears the tuning fork better by air than by bone, it is fair to assume implication of the sound-perceiving apparatus." Is this true as an abstract proposition? Is it enough on which to found a diagnosis? Does not this condition exist in not a small number of cases which show positive evidence of middle-ear disease? Often *repeated* trials will show, after the patient is familiar with the test, results diametrically the opposite of those first obtained. No hint of these clinical difficulties is given. It requires only a little observation in an ear clinic to show how easily a student is misled by these far-reaching generalities. Again, on page 82, Weber's test is supposed to show "whether the bone con-

duction is better on one side or the other." What use is to be made of this information when obtained (granting, which we do not, that this is the object of the test) no hint is given. That the test is most useful in unilateral deafness; that it is reliable, when used alone, only when the fork is heard on the affected side, thus indicating disease of the conducting apparatus; that, if the fork be heard better on the well, or less affected side, the inference of labyrinthine trouble is not justifiable, unless the whole clinical picture points that way—there is not the slightest intimation. Yet all of these things are dwelt upon in Politzer's last edition, and in Dench, and their omission is to be regretted in a book which is so thorough as Dr. Bacon's. A timely warning is given against indiscriminate ossiculectomy for chronic aural catarrh. Unimpaired bone conduction is a *sine qua non* for success. Even then, the author thinks, that after the ultimate results of the operation are obtained, the last state of the patient is often worse than the first. On the whole, the book is an excellent clinical guide. The fault noted is one out of which a student would gradually work himself by consulting other authors who treat the matter more fully, while his results in the treatment of ear diseases would be bound to be good if he followed implicitly Dr. Bacon's teachings.

MANUAL OF CHEMISTRY. A Guide to Lectures and Laboratory Work for Beginners in Chemistry. A Text-book Specially Adapted for Students of Pharmacy and Medicine. By W. Simon, Ph.D., M.D., Professor of Chemistry and Toxicology, College of Physicians and Surgeons, Baltimore; Professor of Chemistry in the Maryland College of Pharmacy. New (sixth) Edition. In one 8vo volume of 532 pages, with forty-six Engravings and eight Colored Plates, illustrating sixty-four of the most important chemical tests. Price, cloth, $3 net. Philadelphia and New York: Lea Bros. & Co.

Simon's Chemistry appears again for the sixth time, and it has been revised and improved. The work has been very carefully composed, and is from the pen of a man who is a thorough chemist and teacher. It is a great relief to see that the author has not adopted that modern method of spelling with which too many medical journals disfigure their pages. The work is divided into seven parts, as before. The illustrations are about the same as in the former edition and are beautiful works of art.

REPRINTS, ETC., RECEIVED.

Diabetic Gangrene. By N. S. Davis, Jr., A.M., M.D. Reprint from the *Journal.*

Renal Calculus. By J. H. Musser, M.D. Reprint from the *Philadelphia Medical Journal.*

L'Ichthyol. Sur le Traitement de la Chylurie par l'Ichthyol. By Dr. Moncorvo, fils.

L'Ichthyol. Les Lymphangites de l'Enfance et leurs Conséquences. By Dr. Moncorvo, fils.

The Essential of the Art of Medicine. By J. H. Musser, M.D. Reprint from the *Philadelphia Medical Journal.*

The Association of American Medical Colleges. Proceedings of the Meeting at Denver, 1898.

The Diagnostic Importance of Fever in Late Syphilis. By J. H. Musser, M.D. Reprint from the *University Medical Magazine.*

Insomnia. By I. J. Higgins, A.M., M.D. Reprint from the *Journal of Medicine and Science.*

Catalogue of the Law, Medical and Dental Departments of the National University, Washington, D. C., 1898-1899.

The Etiology and Pathology of Delirium. By C. W. Simmons, M.D. Reprint from the *Medical Times.*

The Myocardium. By J. H. Musser, M.D., and J. D. Steele, M.D. Reprint from the Proceedings of the Pathological Society of Philadelphia.

Report for the year 1897-1898 presented by the Board of Managers of the Observatory of Yale University to the President and Fellows.

A Study of Alcohol, Tobacco, Coffee and Tea. By Charles B. Lockwood, M.D. Reprint from the *New York Medical Journal.*

The Aseptic Animal Suture; Its Place in Surgery. By Henry O. Marcy, A.M., M.D., LL.D. Reprint from the *Journal.*

Acute Hemorrhagic Encophalitis. By Chas. Lewis Allen, M.D., of Washington, D. C. Reprint from the *Philadelphia Medical Journal.*

University of Maryland; Ninety-Second Annual Announcement of the School of Medicine, 1898-1899.

Medical Department of the College of Physicians and Surgeons of San Francisco. Third Session. 1898-1899.

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Original Articles.

HYSTERICAL AND ORGANIC MONOPLEGIA.

By Charles W. Burr, M.D.,

Clinical Professor of Nervous Diseases in the Medico-Chirurgical College, Philcdelphia.

FROM A CLINICAL LECTURE GIVEN AT THE MEDICO-CHIRURGICAL HOSPITAL, NOVEMBER 7, 1898.

WE shall study today several cases of palsy of the arm—brachial monoplegia, as it is called. Monoplegia is not a disease, but a symptom occurring in many affections. Since, however, it is often the most striking symptom we may with propriety use it as the central point around which to group the others in seeking for the seat of the lesion and determining its nature.

The first patient you have already seen, but her case is of sufficient interest to merit further study. She is a schoolgirl, fourteen years old. Her inheritance is unimportant. She was healthy, barring some of the diseases of childhood, until five months ago, when she had a febrile attack of some kind, diagnosed gastric fever, and keeping her in bed four weeks. She has never entirely recovered. When she returned to school she began to twitch upon the right side, and had difficulty in writing. After holding the pen a moment or two her grasp would relax and the pen would drop. Soon the right arm became distinctly weak, and in a few weeks she lost power in it entirely. At the same time it became numb. She also dragged the right leg a little when walking, but this was not very serious.

Now, let us examine her. She is a bright-looking, ruddy-faced, well-nourished, well-developed child. She grimaces constantly, and there are frequent, irregular, non-purposive movements of the right arm and leg. The movements vary greatly in severity and are increased by emotional excitement and voluntary movement. Taking off her coat increases them greatly. She can by an effort of the will stop them for a short time, but they return with temporarily increased violence. There are no involuntary movements upon the left side. There is no muscular rigidity nor local atrophy. She walks well, showing no palsy of the leg, but when I tell her to raise the right arm she says she cannot, and all efforts to do so fail.

You will notice, however, that the choreic movements in it are quite severe, and let me remind you in this connection that palsy concerns only voluntary movement. Tremor, choreic movements and even spasm often occur in palsied parts. There is slight impairment of sensibility to touch and complete analgesia on the entire right side, including the face and tongue. The anesthesia stops abruptly at the middle line. The knee jerks are active, but equal. Her mental state is healthy; her emotional balance good. There are no visual symptoms. The heart and lungs are normal.

On looking at this child one would think first of St. Vitus dance. The movements are choreic, and muscular weakness is common in that disease. There may be either a general loss of strength or a distinct palsy of one or more extremities—a monoplegia, paraplegia or hemiplegia. Such a palsy is flaccid and not accompanied by loss of the deep reflexes, wasting or sensory disturbances. In our patient several symptoms of chorea are

absent and one marked sign of hysteria is present. The physiognomy of St. Vitus dance is characteristic. You have seen it several times. It is as distinctive as the facies of paralysis agitans or typhoid fever. I cannot describe it, for it eludes description. It is a matter of emotional expression, of muscle play, rather than of alteration in anatomical structure. It is a pensive, wistful face. This girl does not show it.

Almost always in chorea there is peevishness and marked emotionalism and sometimes serious mental disturbance. Not infrequently there is a history of rheumatism, and heart disease is present. The anesthesia is surely hysterical. In any case of flaccid palsy of the arm, rapid in onset, with anesthesia not corresponding to the distribution of the nerves, but segmental, without muscular wasting or trophic change in the skin or nails, and unaccompanied by pain and tenderness of the nerve trunks, you may with safety diagnose hysteria. The choreic movements do not invalidate the diagnose, since such are quite common in hysteria.

The second patient I cannot show you, and we will be compelled to study his case from the notes. He came to the hospital on October 1, 1898, with the statement that he was twenty-eight years old, unmarried and a continuous whiskey drinker. He was indeed quite proud of his alcoholic capacity. On September 22, while at his work hammering rivets, he suddenly lost power in his left hand. He could not hold anything in the hand, nor extend the wrist, and soon the entire arm became powerless. There was no vertigo, no disturbance of consciousness, no weakness in the leg and no difficulty with speech. He had been drinking more heavily than usual for several weeks previous to the attack, but had not lost any time from work.

Examination.—He is of slender build, quiet and unemotional, remarkably so for a drunkard. The left arm hangs by the side, not entirely flaccid, but with the forearm flexed a little and the fingers somewhat bent. There is a little muscular rigidity. He has no power of movement of the arm or hand, save that he can raise the shoulder some. When, however, and this is the remarkable symptom of the case, the arm is passively lifted it remains in whatever position it is placed for several minutes and then sinks slowly. It does not matter what the position is nor how constrained it may be nor how painful it would be under ordinary circumstances. His arm behaves precisely like that of a man in catalepsy. There is absolute anesthesia of the arm for touch, pain and temperature extending upward to a definite curved line passing around the shoulder and including the axilla. The position of this line varies from time to time, but the boundary of anesthesia is always clean-cut, and there never is an area of dulled sensation passing by degrees to complete anesthesia.

There is marked dermographia in the palsied arm; that is to say a pin streak becomes elevated, white in the middle and pink on either side. Lines made upon the arm are visible for several hours. The arm is a little swollen, but does not pit on pressure. He shows no other symptoms or signs of disease. Gait and station are good. The knee jerks are normal. The pupils are equal, moderate in size and react well to light and with accommodation. The visual fields are normal. Examination of the thoracic and abdominal viscera is negative.

This case is puzzling, and I am not quite sure how to classify it. At first, when he told me that the difficulty began with inability to hold a rivet, work he had been doing day after day for years, I thought he was suffering from an occupation neurosis, but the examination excluded that diagnosis. That he had hysteria was clear enough, the character of the palsy and the anesthesia proved it; but how to explain the curious fact that though he could not move the arm in the slightest degree by any effort of the will, yet he could hold it, or it could hold itself, unsupported for quite a long time, I do not know. In any ordinary palsy, hysterical or organic, the unsupported extremity falls heavily.

In this case immediately after the passive movement it became slightly rigid, resisted further attempts at movement, and then after a time slowly sunk to the

side with a waxlike motion. I have never seen a similar case, nor do I know of any other except one reported by John K. Mitchell, under the title of local catalepsy. In his case the patient, a girl seventeen years old, began to drop things out of the left hand. Then the fingers became fixed in flexion and she lost power to move them. There was some rigidity, and the fingers would remain for many minutes in any position in which they were placed. There was absolute anesthesia up to the annular ligament. These two cases are identical in essential symptoms, and for the present at least we must regard them as hysterical.

Now, let us compare these cases with others caused by organic disease. I can show you only one patient. The histories of the others are taken from the case books. The woman before you is twenty-seven years old. She has been married four years, but is childless and has never conceived. She has never had any serious illness. On the morning of September 1, while dressing, she was suddenly seized with a violent pain in the region of the heart and difficulty in breathing. She was not unconscious and did not fall, but was able to walk to a chair and sit down. Speech instantly became stammering and the left arm a little weak. The weakness in the arm increased, and by the next day it was powerless and somewhat swollen. Sensibility was preserved. The leg was not affected at all. After a few days improvement began and continued slowly until by the end of the third week she could talk without difficulty and move the arm fairly well. On the evening of October 29, without any premonitory symptoms, she fell senseless to the floor and remained so for about a quarter of an hour. When consciousness returned she could scarcely speak and the left arm was palsied. She does not know whether there was any palsy of the face.

On examination we find a large, muscular, healthy-looking woman. Speech is not aphasic nor paralytic, but stammering. There is incomplete flaccid palsy of the left arm, but none of the leg or face. Sensibility is preserved. There is no atrophy of the palsied extremity. The knee jerks are normal. There are no visual symptoms. The heart is hypertrophied, and there is aortic and mitral disease. This she knew nothing of and there has never been any failure of compensation. The urine contains neither albumen, sugar nor casts.

This patient is a typical example of cerebral apoplexy. The suddenness of onset, the unconsciousness, the speech defect, all indicate organic vascular trouble. Stammering, it is true, occurs in hysteria, but, as Sinkler says, "it differs from the ordinary forms in that the patient is able to repeat the first syllable of various words, and there is no true inability to pronounce words beginning with certain letters, nor are there facial contortions nor explosive utterances when the word is pronounced."

Granting that there is an organic lesion, there are two possibilities—hemorrhage or embolism. Hemorrhage, of course, occurs only from diseased arteries and their disease is always secondary to some general affection, most often Bright's disease. Now, she has no evidence of any renal trouble. She is far too young to have the rigid arteries of old age, and she has neither the history nor the signs of syphilis. In people of her age embolism is by far the most frequent cause of a sudden palsy such as she has, and her heart disease is of the very kind apt to cause embolism. By exclusion, then, we make that diagnosis.

We pass on to an entirely different story. K. L., a hard-working, professional man, came to see me in February, 1897. He was forty-five years old and single. About seven weeks before, while very tired, the right arm began to ache and burn and tingle. It became purple, livid and in a few hours swelled greatly. He could not raise it, not only on account of pain, but also because of loss of power. Sensibility was somewhat dulled. There was moderate fever, but no chills and but little feeling of illness. A lump formed in the axilla and the superficial veins of the arm were distended. When I saw him all the symptoms had passed away except slight pain in the shoulder.

Examination.—He was pale and thin.

The right arm was a little swollen, a little edematous, and the hand was cold and bluish. The radial pulse was palpable. The veins of the arm were a little, and those over the great pectoral much, dilated, but not cordlike. He could move the arm well and sensibility was normal. Gait and station were good. The deep reflexes were normal. The heart sounds were weak, but there was no increase in the area of cardiac dulness. There were no murmurs. In the line of the axillary vessels there was a small mass about the diameter of a small pencil and about an inch long. The urine contained no albumen, sugar nor casts. This gentleman did not come for treatment so much as to learn whether he had had a stroke of apoplexy, some one having told him that such was the case. Your surgical studies will have enabled you to make a diagnosis. He had a phlebitis and not a palsy at all. The blocking of the circulation, as evidenced by the lividity, the edema, the small mass in the axilla and the burning, aching pain prove it.

There is, however, a small nervous element in these cases. This man said that not only pain, but loss of power prevented movement, and it is entirely possible that this is true. It is very possible that on account of the stasis of the circulation the nerve trunks or their endings in the muscles may be starved and hence unable to carry motor impulses. This surely must be the explanation of the partial anesthesia.

Finally, let me relate to you a case of brachial neuritis disabling the entire arm, and we will have finished. Several years ago Mrs. J. came to see me with the following statement: Several months before she was awakened by an intense pain in the left side of the neck, the shoulder and arm. She soon lost power in the arm, and in a few weeks it began to waste.

Examination.—The left arm is almost completely palsied. She can raise the shoulder a little and flex and extend the forearm a few degrees. There is complete extensor and marked flexor palsy of the wrist, and scarcely any movement in the fingers. The intrinsic muscles of the hand and the muscles of the forearm are greatly wasted, the upper arm and shoulder muscles are soft and flabby, but not much decreased in bulk. The finger joints are stiff. The finger nails are ridged longitudinally and very brittle. Pressure over the nerve trunks causes severe pain. The biceps tendon jerk cannot be obtained. The triceps jerk is marked. The muscle jerk of the extensors of the fingers is very active. There is no anesthesia; indeed, the arm is hyperesthetic.

The diagnosis is based upon the character of the onset, the pain on pressure over the nerve trunks, the muscular wasting and the trophic changes in the finger nails.

In this series of cases we have examples of almost all types of palsy of the arm. Each is typical; each shows the points of differential diagnosis. To save time I have omitted from the histories all that did not bear directly upon the question before us.

TREATMENT OF PUERPERAL ECLAMPSIA.

By Arthur J. Hall, M.D.,
Washington, D. C.

READ BEFORE THE THERAPEUTIC SOCIETY OF THE DISTRICT OF COLUMBIA, NOVEMBER 12, 1898.

On account of the unsatisfactory results obtained in the small number of cases of puerperal eclampsia that have come under my observation during the last few years, I feel justified in calling your attention to the subject this evening, and this justification seems to me the more emphatic, as the treatment of these cases has, I believe, been that which is now sanctioned by most consultants and is most popular with the people more intimately concerned in the cases.

Puerperal eclampsia is a condition of auto-intoxication arising only during the latter months of pregnancy or the lying-in period through the absorption from the alimentary canal of toxines and the more or less complete failure of the kidneys, and possibly other emunctories, to eliminate toxic products of metabolism.

The primary etiological factor in this disease is the fetus in utero. In the minds

of many this assertion may seem to be without foundation; in fact, especially since M. Emile Blanc claims to have demonstrated, in 1889, in the blood and urine of an eclamptic a microbe with intense pathogenic effects, he having produced fatal eclamptic seizure and absorption in a rabbit by the injection of forty-five minims of its culture; but I believe no other theory will so well explain the rapid disappearance of all symptoms immediately or soon after the womb is relieved of its offending burden.

The symptom which most frequently brings the case under observation is frontal headache, which is at times limited to one side. If this has persisted for a short time there will be observed swelling or edema of the eyelids, of the lower extremities, occasionally of the hands and arms, and more rarely of the entire body. Inquiry as to the renal functions will probably reveal a deficient secretion, which may or may not contain albumen in greater or less amount, and will show a decreased elimination of urea. This improper functioning of the kidneys is usually soon followed by the eclamptic seizure, spasm or fit, which (W. W. Potter, Transactions of the American Association of Obstetricians and Gynecologists, 1897) is "probably due to reflexes excited by cerebro-spinal or medullary irritation of toxemic origin." Other symptoms are vertigo, loss of memory, amblyopia and flashes of light before the eyes.

The prognosis depends, first, upon the amount of toxemic poison the patient is exposed to, and, secondly, upon her ability to throw off or dispose of the poisonous dose. Some women are at some times more susceptible to the toxemic influences than others, or than they themselves have been. Those who offer the greatest resistance to the influence are frequently more amenable to treatment and the cases seem to be of milder form. Eclampsia occurs about once in 500 labors (though my personal experience indicates it is much more frequent), and the general mortality is not less than one in four. In the annexed six cases, two women died, four recovering, and of the seven children, four died in utero, one (a twin) survived one week, and the other is still living, thus showing the prognosis as to mother's recovery is about 66⅔ per cent. (not very favorable), and that for the child's it is about 29 per cent. (very unfavorable).

As the condition to be treated is one of toxemia, with a tendency to anemia, our first care should be the improvement of nutrition and the promotion of secretion and elimination. These several objects are accomplished in a measure at once by rest in bed, a rigid milk diet and the consumption of large amounts of water, water in this connection having acquired the reputation of being one of the best diuretics. The treatment, of course, will be modified or varied to meet the indications caused by an antepartum, intrapartum or postpartum seizure or fit. As the postpartum eclampsia is usually attended with slight mortality and readily yields to treatment, we will limit our consideration to the other two varieties.

In the antepartum seizure the convulsions should be controlled by inhalation of chloroform during the spasm and the injection per rectum of chloral and potassium bromide, as the eclampsia is seldom conscious enough to swallow. If these measures do not promptly control or diminish the frequency or severity of the convulsions, I think steps should at once be taken to empty the uterus; in fact, in the interest of the fetus, I am strongly disposed to favor induction of premature labor before the spasmodic seizure occurs, particularly as the interests of the mother would, in my opinion, be also promoted by such a proceeding at any time during the last month of pregnancy.

Premature labor may be induced by the introduction into the uterus of a bougie or catheter, or steel sounds or dilators may be used to begin the dilatation of the os, which is completed by Barne's bags or manual dilatation. Recently Dr. Charles Jewett (Transactions of the Pan-American Medical Congress, p. 982,) has advocated for this purpose the method introduced by Pelzer, which consists of the intrauterine injection of glycerine. He states labor in most cases begins immediately, and is actively established in two hours. With rigid asepsis these measures are, I believe, safe and conservative procedures. When the os is fully

dilated, forceps should be applied and labor terminated as rapidly as possible under full anesthesia.

The following are cases in which I have been personally interested, some of them occurring in my own practice, and others in that of Dr. Louis Kolipinski, to whom I am indebted for the clinical notes:

Case 1. Mrs. M., an Italian, aged thirty-two, married three years. First labor began early in the morning. I saw her about 10 A. M. Pains were feeble and recurred about every fifteen minutes. Os slightly patulous. Through an interpreter I was informed she was at the end of a normal pregnancy so far as known, as she had enjoyed good health, performing the work without complaint. Notwithstanding this, I found the temperature 103° F., a rapid pulse, and on investigating the urine it showed the presence of albumen in large amount, the precipitate filling about one-fourth of the test tube. Her friends were astonished when I announced that the patient was in a precarious condition and might not live to terminate the labor. Labor progressed slowly (the woman gradually sinking into a comatose condition), and was completed at end of twenty-four hours, by the use of forceps, the child being dead. The mother died within twenty-four hours, there having been no convulsion.

Case 2. Mrs. F., thirty-five years old; had been married eight years. After stenosis of the cervix had been overcome by dilatation she soon became pregnant for the first time. General health during the early months very good; during the eighth month there developed symptoms of nephritis, as anasarca, scanty urine, occipital pains, amaurosis and retinitis albuminurica. These symptoms vanished under rest in bed and a milk diet. Two weeks later, as the urine again became scanty and contained an increased amount of albumen, the dropsical condition returning, the induction of premature labor was recommended, but declined on religious grounds. Severe uremic convulsions suddenly set in early in the ninth month of pregnancy. Artificial labor was induced, reinforced by a difficult forceps extraction under ether, and a large-sized macerated fetus was delivered. The mother died at the end of six hours, not having regained consciousness from the beginning of eclampsia. The fetus had been dead for at least two weeks.

Case 3. Mrs. B., forty-two years old, mother of ten children, an apparently healthy and powerful woman, presented herself in the eighth month of her eleventh pregnancy, complaining of partial blindness. The ophthalmoscope and examination of urine disclosed the nephritis of pregnancy. Rest in bed and milk diet relieved all acute symptoms. At the end of three weeks precipitous labor expelled a macerated fetus. The woman made a rapid and complete recovery. Eighteen months later she gave birth to a healthy male child without developing symptoms of eclampsia.

Case 4. Mrs. G., aged about thirty-five; had been married several years. After treatment for anteflexion and stenosis of the os uteri she became pregnant for the first time, and enjoyed very good health until early in the eighth month, when nephritis and its attendant symptoms were noted. She was subjected to rigid diet and rest in bed, under which treatment the symptoms were materially modified, though albumen did not entirely disappear from the urine. Toward the middle of the ninth month labor began and was terminated before a physician could be secured, the child presenting every evidence of having been dead for some time. No eclamptic spasm occurred. The patient made an uneventful and rapid recovery.

Case 5. Mrs. J., who has always been a strong, healthy and vigorous woman, presented herself in the first week of the ninth month of pregnancy, complaining much of flatulence, vomiting, cardiac palpitation and some shortness of breath. She is forty years old, and the mother of eleven children. Examination showed the urine to be heavily charged with albumen. Four days later, without the slightest warning, she fell from her chair, and I saw her a few minutes afterward, when she was unconscious, and presented well marked symptoms of apoplexy. The comatose condition persisted for several hours, and at the end of four days con-

sciousness, correct perceptions, and speech (which had been aphasic) were reacquired. The slight paralysis of the left side disappeared. This improvement occurred under rest in bed and milk diet. Induction of premature labor, with the view of saving the child and preventing uremia in the mother, was declined on religious grounds, and a temporizing policy suggested by a consultant. Two weeks later a precipitous labor expelled a macerated fetus, which had been dead probably ten days. The mother made a good recovery.

Case 6. Mrs. W., aged thirty-one; has been married four years; has been barren on account of antiflexion and cervical stenosis. Conception occurred six weeks after these deformities had been corrected by operation. During the eighth month of pregnancy there occurred much nausea and vomiting, neuralgic pain in the head, albuminuria, marked dropsy of the lower extremities, with much abdominal pain, which was paroxysmal and apparently radiated from the right kidney. Rest in bed and milk diet gave relief to all symptoms except abdominal pain. A suggestion of premature labor early in the ninth month was favorably considered and approved in consultation and a day set for the operation. At noon of the day preceding the appointed hour spontaneous labor began, and the patient was delivered with forceps of twins at 6 P. M. One child was in perfect health and the other was smaller and had been poorly nourished, and at end of sixth day died of inanitiation. The mother nursed the remaining child, and subsequent health of both is very good.

The important features of these several histories are condensed into the following table:

						Labor.		Recoveries.		Deaths.	
Case, No.	Age.	Primipara.	Multipara.	Eclamptic seizure.	Month of.	Spontaneous.	Induced.	Mother.	Child.	Mother.	Child.
1	32	1	..	..	9th	1	..	..	..	1	1
2	35	1	..	1	9th	..	1	..	..	1	1
3	42	..	1	..	8th	1	..	1	..	..	1
4	35	1	..	..	9th	1	..	1	..	..	1
5	40	..	1	1	9th	1	..	1	..	..	1
6	31	1	..	..	9th	1	..	1	2*	..	..
		4	2	2		5	1	4	2	2	5

*Twins; one died on the sixth day.

General average of ages, thirty-six years; general average of ages of primiparae, thirty-three years; general average of age of multiparae, forty-one years.

Of the six cases reported, four women recovered and two died, a mortality of $33\frac{1}{3}$ per cent.; four occurred in primiparae, of whom two died, a mortality as to primiparae of 50 per cent., three children dying and two surviving, a mortality of from 66 per cent. to 75 per cent.

Two cases occurred in multiparae, both recovering, but losing both children.

Eclamptic seizure occurred in only two cases, in which one woman and both children died.

Of the four cases in which there was no eclamptic seizure, one woman and three children died, three women and two children recovered.

Labor occurred spontaneously in five cases, in which one woman and four children died.

In the only case where labor was induced both mother and child died, but the labor was not induced until the seizure was well established.

Of a possible seven children, five died, a mortality of 71 per cent.

If the twins (one of whom had almost succumbed to the toxemic poison and who died on the sixth day) were counted as one child, the mortality would be $83\frac{1}{3}$ per cent.

On the whole, I regard this as anything but a favorable showing. The mortality of $33\frac{1}{3}$ per cent. as to the prospective mother, and from 71 per cent. to $83\frac{1}{3}$ per cent. as to the child, plainly indicate to me that the expectant, procrastinating, "folded-hands" methods of the present day are not the proper methods. I believe premature labor should be induced where an approaching eclamptic seizure is indicated, if possible, in the last two weeks of the eighth month, and, at any rate, before the spasmodic seizure occurs.

THE TAPEWORM TOXINE.—According to Schauman and Tallquist, in Medicine, the bothriocephalus latus contains a toxine having globulicidal properties.

TYPHOID FEVER IN A MAN OF SIXTY-EIGHT.

By Louis Kolipinski, M.D.,
Washington, D. C.

READ BEFORE THE THERAPEUTIC SOCIETY OF THE DISTRICT OF COLUMBIA, NOVEMBER 12, 1898.

TYPHOID fever is met with at all ages of life. It is found in very young children, but not often, and is rarer still in the aged. These notes are from a case, the most advanced in years of any yet encountered in my personal experience.

B. C., aged sixty-eight years, weight, 140 pounds, a retired ship captain and merchant, began to feel unwell October 10, 1898. A laxative dose, such as he had taken on former occasions, deranged his stomach and produced free diarrheic movements. Fever appeared, with pains in the back and limbs and much headache. These symptoms did not yield to either quinine or salol, and on the 12th of October it was apparent that his case was one of typhoid fever. He was given a rigid milk diet, for which later peptonized milk was substituted on account of the persistent gaseous distension of the intestines.

The frontal headache was severe and unusually prolonged, not ceasing until October 30. The tympanites gradually disappeared, leaving him October 26. Sleeplessness was constant, and it and the headache were combatted with the deodorized tincture of opium. There was no diarrhea, except in the initial stage; no delirium, no nose bleed, no somnolence, as in the typhoid state—in fact, the mind remained perfectly lucid. The tongue had the usual thick white coating.

He was given guaiacol carbonate and eucalyptol in emulsion, which was later replaced by forty grains of guaiacol carbonate daily. To move the bowels he daily received several turpentine water and soap injections, and later sweet oil, by enema, after the method of Kussmaul. This was found very satisfactory, and is probably a very useful method when applied in this disease, as saving both patient and nurse much time and discomfort.

Following is the record of temperature and pulse:

	Temperature, Fah.			Pulse.	
	Morn.	Noon.	Ev'ng.	Morn.	Ev'ng.
October 13....	....	....	104	...	...
October 14....	101	102.8	102	...	...
October 15....	101.8	101	101.8	...	...
October 16....	101.8	103	103	...	...
October 17....	103	103.8	104.8	...	...
October 18....	102.4	101.2	102	90	98
October 19....	100.4	100.4	101.2	90	100
October 20....	100.4	101.6	102.2	94	96
October 21....	102	101.6	101.8	96	100
October 22....	101	101.2	101.4	94	96
October 23....	101.4	100.8	100.6	94	92
October 24....	99.2	99.6	99.8	86	92
October 25....	99.6	99.2	100	86	92
October 26....	99.4	100.6	100	86	94
October 27....	100	98	98	84	88
October 28....	98	97.6	97.6	82	90
October 29....	99.4	99.4	100	80	90
October 30....	99.4	98	100.4	86	94
October 31....	99.2	98.8	98.8	76	90
November 1...	100.2	98	98.4	86	100
November 2...	99.8	98.4	98.6	86	90
November 3...	98.6	97.4	98.6	82	96
November 4...	97.4	98	99	96	100
November 5...	97.4	98	98.8	90	98
November 6...	98	97.6	98.6	90	100
November 7...	98	98	97.3	98	98

Society Reports.

JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY.

MEETING HELD MONDAY, NOVEMBER 7, 1898.

(ABSTRACT REPORT.)

The meeting was called to order by the president, Dr. J. M. T. Finney.

EXHIBITION OF CASES.

Dr. J. W. Lord exhibited a patient with a cutaneous disease of unusual occurrence, known as keratosis. He stated that the disease sometimes occurs congenitally, but might appear either in early or late life. In the case exhibited the affection began at two years of age, and the palms of the hands and soles of the feet presented the most typical appearances of the disease, a thickening and hardening of the skin, with a slight depression near the center of the patch.

No microscopical examination of this case had been made, but the pathological report of a case published showed that the thickening took place especially in the horny layer of the skin and the glands of the subcutaneous connective tissue.

Dr. Pearce Bailey, New York: Primary Focal Hematomyelia Following Trauma.

Dr. Finney: Two Cases of Pylorectomy.

The first case reported by Dr. Finney was that of a man about fifty years of age, who came to the hospital in July com-

plaining of pain in the stomach, accompanied by a full feeling, daily vomiting, constipation and great loss of weight. In the course of the year his weight had fallen from 126 down to 95 pounds. The patient stated that he had vomited material which he had eaten the day before, or even two days before. His temperature was 99.4°, pulse 52, with a full, firm volume, heart sounds regular. To the right and just above the umbilicus a hard mass could be felt, which moved up and down with respiration. The diagnosis was carcinoma of the pylorus. An operation was performed for its removal, which was accomplished without difficulty, save for considerable hemorrhage, which accompanied the separation of adhesions to the duodenum. A portion of the stomach was removed with the growth, and the stomach being sutured with the mattress suture described by Dr. Halsted, the cavity was closed without drainage. The patient was presented to the society in good condition and had gained thirty pounds in weight since July 15.

The second case was that of a man of fifty-six, who had suffered from pain in the epigastric region for about four months, the pain usually beginning about one-half hour before meals and disappearing immediately after. There had been some nausea and vomiting, with weakness, for the past few months, and he had lost about fifteen pounds in weight. Nothing could be made out on physical examination, except a slight swelling in the upper umbilical region of the abdomen to the right of the median line. The mass which could be felt there was movable whenever the patient moved from side to side. This case was also diagnosed as cancer of the stomach and was operated upon, the same procedure being employed here as in the other case, except that, as the growth extended much more on the lesser curvature of the stomach, it was possible to take out a V-shaped piece and suture the parts more easily. The opening in the stomach was made to match the duodenum, and Dr. Halsted's dilatable rubber bags were used in suturing the duodenum to the stomach.

The first case made an uninterrupted recovery, and the second case did well surgically, there being no symptoms of peritonitis and no pain, but he developed a typical pneumonia in the right lung, which soon extended to the left, from which he died on the fifth day. At autopsy it was found that there were no adhesions between the abdominal wound and the site of operation, and the peritoneal cavity was perfectly dry, so that the operation might be called a success.

Concerning the operation itself, Dr. Finney referred to the case of Billroth in 1881, the first of the kind that recovered, and stated that since that time between 275 and 300 cases had been operated upon for the removal of the pylorus, and, in some cases, removal of the entire stomach. The mortality was very high at first, but, owing to the almost perfect technique in use today in the hands of the operators who do this operation most frequently, the mortality has dropped to a very low point, being in the hands of some not more than 15 per cent. He considered that even this might be reduced by earlier diagnosis and earlier operation.

DISCUSSION.

Dr. Cushing said that he considered the most striking thing about Dr. Finney's report to be the fact that he had opened the stomach and duodenum, and subsequently closed the abdominal wall, after an operation which required some time and which necessitated soiling the peritoneal cavity. He thought that the reason why it was possible to avoid peritonitis was that the bacteria that inhabit this part of the canal are less in number than further down the canal.

He believed that by giving a sterilized milk diet it was possible to render the upper part of the tract surgically clean, and referred to some experiments conducted upon animals by Dr. Livingood and himself which led to this conclusion.

Dr. Finney in closing the discussion referred to the depressing effect of a long operation upon a patient already in poor condition, and the evil effect of a long-continued anesthetic. He believed that in his second case ether played an important part in the production of the pneumonia.

Medical Progress.

GONORRHEA IN LITTLE GIRLS.—Professor W. Nolen Leiden (University Medical Magazine) is quoted as reporting eight cases of gonorrheal infection or vulvo-vaginitis that recently came under his care in the children's wards. The infection was traced to the use of unclean sponges. The course of the disease showed fever for one day, with a general unrest and uneasiness; the fever lasted but a day, though in one or two cases a subsequent exanthema was observed. The urethra was involved in some cases, but without interfering with the voiding of urine. The profuseness of the discharge showed that the vaginal mucous membrane was involved. The disease was not harmless. The author had seen no case in which absolute cure occurred. Later examination always discovered leucocytes that contained gonococci in the vagina, especially if a little distilled water was allowed to remain in the vagina for a day. Some cases of chronic rheumatism in children were found to have gonococci in the secretion of the vagina. Articular rheumatism is not rare in these cases. In one case it developed on the third day. In another case a gonorrheal tendo-vaginitis was observed. In other children small pustules were found that contained gonococci. In one case circumscript, in another general peritonitis developed. It is probable that the results of such early infection often persist in the woman and become complications in gynecological cases.

* * *

THE PASSING OF THE GERMAN SCIENTIST.—It is astonishing to the American, says the Cleveland Medical Gazette, that German men of world-wide reputation as investigators can throw stones at the American character with their right hands, while putting their left hands behind their backs to receive the unjustified profits from the American patents on their discoveries, and yet maintain a reputation for honor. It is a pleasure to reflect that no American physician of any reputation has ever so debased himself, and further that American medical ethics, with all its admitted shortcomings, has never yet descended to the German plane. How long in America would Behring be a leader of medicine after he had publicly patented, for the benefit of his own pocket, the results of the labors of Pasteur, Roux, Fraenkel, Kitasato, Aronson, Tizzoni, Ehrlich and many others? Not very long certainly.

* * *

INTRAUTERINE TYPHOID. — Fordyce (University Medical Magazine) reports a case in which typhoid was demonstrated in a five months' fetus. The mother aborted and died soon after. No autopsy could be obtained, but there was doubt about the diagnosis. Externally and internally nothing abnormal could be seen, by the naked eye, in the fetus or its appendages. There was a small quantity of serous fluid in the abdomen. The intestines seemed quite healthy; the liver and spleen were not enlarged. Tubes inoculated from the kidney, spleen and intestinal contents gave pure cultures of the typhoid bacillus; the blood was sterile. Care was taken to make tests, which showed the absence of the bacillus coli communis. It was impossible to demonstrate bacilli in the tissues by microscopical examination. The Widal test was very successful in this case.

* * *

A RARE CASE OF DISLOCATION OF THE HEART.—P. Usson (International Medical Magazine) reports the case of a woman who was suffering from an abscess of the left lung following an attack of croupous pneumonia. He found the following condition: A localized area of dulness under the left scapula extending forward to the left axillary line, posteriorly almost to the vertebra, inferiorly to the usual lower limit of the lung. There was pulsation over this entire area. The apex beat was palpable in the left posterior axillary line under the ninth rib. Both heart sounds were clearly heard over the apex beats. In the normal position for the heart there was resonance and no heart sounds were audible. The displacement of the organ was verified by the use of the Röntgen rays.

Iodoform Intoxication.—Sasse is quoted by the Buffalo Medical Journal as recommending the following means of demonstrating in time a threatened iodoform intoxication, a condition which is not rare in surgical and gynecological practice. A test is made of the urine to note the quantity of iodine which is eliminated by it. A small pinch of powdered calomel is placed upon a white saucer, and then a few drops of the urine to be examined are dropped upon it; a mixture of the urine and calomel is then made with a glass rod. If the urine contains a notable amount of iodine there is produced a well-marked yellow discoloration, which should indicate that the iodoform is being absorbed in sufficient quantity to produce danger.

* * *

Arsenical Paralysis.—M. Krever (New York Medical Journal) reported to the Medical Society of St. Petersburg the case of a girl, aged nineteen, who took by mistake a packet of arsenious acid. Acute symptoms of arsenical intoxication lasted three days. There then supervened symptoms of toxic polyneuritis, which in turn disappeared. Fifteen days later the invalid returned to hospital with considerable atrophy of the muscles of the limbs and trunk, motor paralysis, and very pronounced cutaneous and muscular hyperesthesia. The treatment consisted of hypodermic injections of strychnine, massage, hydrotherapy, electricity and iodide of potassium; under which the patient gradually improved, but was not yet well.

* * *

The Production of Abortion by Nitrate of Silver.—Perslee (University Medical Magazine) was called upon to bring about miscarriage in four cases of pregnancy complicated by nephritis and uncontrollable vomiting. He did this most successfully by the introduction of a stick of nitrate of silver above the inner os uteri. The stick should project about one-half inch from the holder, so as to disinfect the cervical canal as it is introduced. Pains came on in from two to six hours after the cauterization. In every respect the delivery in the four cases was as perfect as could be wished for. The operation has the merit of simplicity, promptness, efficiency, and is aseptic.

* * *

Pregnancy with an Unruptured Hymen.—Albespy (Montreal Medical Journal) reports the case of a young woman, twenty-three years of age, who assured him she had only had intercourse once with her lover, which had proved very painful and had not permitted of penetration. He found the hymen intact and with a very small orifice capable only of being entered by a sound. Labor began next day, and after the discharge of the amniotic fluid the membrane was incised and a speedy parturition without evil sequelae followed.

* * *

Quid pro Quo.—Mr. H. C. Smith, in the American Medical Journalist, says a doctor who accepts an apology in payment of a first visit and makes another, when the party is able to pay, lowers the dignity of his calling. He puts a cheap price on his services and in a few years complains of a lack of appreciation from the public. There must be a charge to those able to pay and payment insisted upon, or else medicine and misery will die together.

* * *

Torticollis.—Torticollis in connection with acute purulent otitis media, relieved quickly by paracentesis and free outlet of pus confined in the drum-cavity, has been observed and reported by R. Haug (American Journal of the Medical Sciences). Gelle reported some years ago a number of cases of torticollis in children as dependent upon acute inflammation of the ear, and advised in all cases of torticollis in children to inspect the ear.

* * *

Pulmonary Embolism in Childbed. Vogt (British Medical Journal) relates four typical cases with severe symptoms, three ending fatally, as usual. The fourth occurred in a woman who had passed through a normal labor and got up on the tenth day. One main branch seems to have been plugged, but the patient recovered.

MARYLAND

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PUBLISHED WEEKLY.

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BALTIMORE, NOVEMBER 26, 1898.

Alcohol in Medicine.

IN a recent short note in the *British Medical Journal* Dr. Norman Kerr, the great temperance advocate, very properly speaks of the dangers of the abuse of alcohol in medicine and of the immense amount of harm done by the proprietary medicines, which, advertised as harmless, often contain as much as 40 per cent. of alcohol and other dangerous ingredients besides. He never orders an alcoholic intoxicant beverage if anything else can be found which will answer the same purpose.

Pharmaceutically, he says, some drugs are more rapid and potent in action in non-alcoholic than in alcoholic action. Glycerine tinctures, watery solutions, tabloids, perles, etc., he finds often as efficacious as the ordinary tinctures. Physicians have undoubtedly and, of course, too often unwittingly, been the cause of creating a thirst for strong drink and undermining a life by prescribing alcoholic medicine. It is, however, extremely difficult to find proper substitutes, and so many of the more powerful drugs can only be preserved in alcohol.

The Baltimore University School of Medicine a few years ago announced that it would cease to use alcohol in treating cases, and the new Maryland Temperance Medical School claims to follow the non-alcoholic method of treating cases, but neither school has ever published its principles, and the exact plan of treatment is probably not clearly understood in Baltimore at least. The theory would be that if a person ever needs alcohol at any time it is when the strength is below par and when there is illness, and, indeed, the strictest abstainer is heard to say that he never uses alcohol, but usually keeps a little whiskey or brandy in the house in case of illness.

If cases, many of whom regularly take alcoholic drinks before coming into this temperance hospital, are cut off from alcohol in a condition of illness when they are accustomed to it in a condition of apparent health, how far is their treatment affected? And it would be interesting to know what influence this change would have on the statistics of such a hospital. Perhaps such a hospital would instruct the profession as to its method of treatment and as to whether alcohol is absolutely interdicted and no tinctures ever used, or if it is used in moderation.

If such a method of treatment, when carried out with true sincerity and with no other motive than the good of the patient, is worthy of support and encouragement, the profession should know it.

* * *

The Frederick Meeting.

THE semi-annual meeting of the Faculty at Frederick gave great pleasure to the visiting physicians, and the cordiality of their reception would seem to show that the physicians of Frederick county and city were glad to see their colleagues from outside.

Two sessions were held and a banquet on Wednesday night. The Frederick County Medical Society, which has just been organized, was most anxious to make the visiting physicians guests of that society and entertain them at the banquet, but the invitation was not accepted, although highly appreciated. Instead of this the physicians were treated to a most enjoyable trolley ride to the top of Braddock's Hill, from which point the fertile valley lands of Frederick county could be seen stretched out as a map on all sides.

In addition to its scientific value the meeting at Frederick served to knit together the good feeling and strong fellowship between the physicians of Baltimore and those of the Frederick County Medical Society.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending November 19, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	21
Phthisis Pulmonalis	3	14
Measles	4	..
Whooping Cough	2	..
Pseudo-Membranous Croup and Diphtheria.	89	21
Mumps	1	..
Scarlet Fever	9	..
Varioloid	..	..
Varicella	10	.
Typhoid Fever	*14	4

*One Imported.

The *Philadelphia Medical Journal*, which absorbed the *Atlantic Medical Weekly*, has just bought the *Philadelphia Polyclinic.*

The building of the medical department of the University of Tennessee at Nashville was destroyed by fire November 11.

The manufacturers of Behring's diphtheria antitoxine are now making a new serum for the cure of foot and mouth disease, the organism of which has not yet been discovered.

At the opening of the winter session of the Berlin Medical Society, Virchow, its chairman, who had just returned from a successful trip in England, was given an ovation.

Dr. J. F. Winn, in the *Richmond Journal of Practice*, very properly objects to the use of the expression "surgical interference," which he says should be "surgical intervention." Too many instances of faulty expressions and orthography can be found in the writing of physicians.

Dr. Mary M. Murray is the first woman inspector to be appointed in Greater New York. She is a graduate of the Woman's Medical College of New York and was later assistant in the hospital and dispensary connected with that institution. The appointment of a woman medical inspector is a precedent worthy of imitation in other cities.

At a meeting of the University of Maryland Medical Society held last week the following officers were elected for the ensuing year: President, Dr. John S. Fulton; vice-president, Dr. St. Clair Spruill; secretary, Dr. Jose L. Hirsh; executive committee, Dr. William R. Stokes, Dr. Charles W. Mitchell, Dr. Thaddeus W. Clark.

The second annual meeting of the Maryland Conference of Charities and Correction will be held at the Johns Hopkins University, Baltimore, November 29 and 30. Among the speakers will be Drs. Thomas S. Latimer, Louise Erich, George M. Gould, H. O. Reik, Lillian Welsh, E. M. Schaeffer and others. The morning sessions begin at half-past 10; in the afternoon the session opens at 3 and at night at 8. The public is invited. Dr. George H. Rohé will preside Wednesday night. Subjects of interest to the profession will be discussed.

According to a German anthropologist, Bismarck's brain was probably the heaviest on record. From measurements made on Schäffer's bust he judges that the brain of the Iron Chancellor must have weighed 1867 grammes (over fifty-eight ounces). Cuvier's brain, which is usually cited as the heaviest, weighed 1830 grammes. The *Lancet* says the estimation of the weight of the brain from measurements made on a bust strikes us as being about as scientific as it would be to gauge a man's vital capacity by measuring his waistcoat.

The following books have been recently added to the Frick Library of the Medical and Chirurgical Faculty: Brodie, Sir B. C., Autobiography, 1865; Brown, Molière and His Medical Association, 1897; Browne, Sir Thomas, Religio Medici, etc., 1898; Brown, John, Horae Subsecivae, three volumes, 1897; Christison, Life of Sir Robert Christison, two volumes, 1885; Gross, Eminent American Physicians and Surgeons, 1861; Hake, Memoirs of Eighty Years, 1892; Holmes, Sir Benjamin Collins Brodie (Masters of Medicine), 1898; Hutchinson, Biographia Medica, two volumes, 1799; Macilwain, Memoirs of John Abernethy, two volumes, 1854; Rabelais, Works, illustrated by G. Doré, 1894; Ryan, Under the Red Crescent, 1897; Sharp and others, Life of James David Forbes, 1873; Stokes, William Stokes (Master of Medicine), 1898; Thomson, Life of William Cullen, two volumes, 1859; Warren, Life of John Collins Warren, two volumes, 1860; Williams, American Medical Biography, 1845; Willis, Servetus and Calvin, 1877; Wilson and Geikie, Memoir of Edward Forbes, 1861; Whyte, Sir Thomas Browne, 1898.

Washington Notes.

During the past week there was a marked decrease in the mortality of the District, death rate falling from 23.37 to 18.02 per 1000. There were five fatal cases of typhoid fever, four of diphtheria, one of whooping cough and one of scarlet fever. There are 130 cases of diphtheria and 120 of scarlet fever in isolation.

Dr. Charles M. Hammett, the former health officer and coroner of the District, died at his residence Tuesday morning. Dr. Hammett was born in St. Mary's county, Maryland, sixty-three years ago and graduated from Georgetown Medical College in 1855. He succumbed to Bright's disease.

One thousand and seventy-four physicians were granted licenses to practice medicine in the District of Columbia, having registered at the health office prior to June 3, 1896. Thirty-four applicants were refused licenses, and two are awaiting action. Of the eighty-six applicants since the enacting of the law, eighteen failed to pass the examination, and sixty-eight were licensed, making in all 1142 licensed physicians in the District, or one physician to about every 250 persons.

Dr. A. Doty, health officer of the port of New York, was in the city last week, and says he is positive Archie Miller, who died at Hotel Johnson, did not have yellow fever, but died of pernicious malarial fever. The experts of the Marine Hospital Service and eminent physicians here emphatically insist that Miller died of yellow fever and that Dr. Doty is trying to escape the responsibility of permitting Miller to pass through New York. From the history, symptoms and autopsy it would seem that nothing was wanting to make it a clear case of yellow fever.

Surgeon-General Sternberg, in his report of the medical history of the Spanish war, says "the number of medical officers, 192, allowed by law to the army is inadequate in time of peace," and the assignment of over 650 contract surgeons of no military experience somewhat impaired the efficiency of the department. The want of a sufficient number of trained hospital men necessitated the detail of enlisted men and the employment of nearly 2000 trained female nurses. That "the reduction of the age limit to eighteen years, and the haste with which the volunteer regiments were organized and mustered into service, were responsible for much sickness."

Book Reviews.

Atlas of Syphilis and the Venereal Diseases, including a Brief Treatise on the Pathology and Treatment. By Professor D. Franz Mracek of Vienna. Authorized Translation from the German. Edited by L. Bolton Bangs, M.D., Consulting Surgeon to St. Luke's Hospital and the City Hospital, New York, etc. With seventy-one Colored Plates. Price $3.50 net. Philadelphia: W. B. Saunders, 925 Walnut street. 1898.

This admirable little volume deserves a wide circulation. The full-page colored plates from original water-colors are remarkably well executed for a work of such popular price. The various manifestations of syphilis are taken up in the order of their development and together present a vivid pictorial description of the disease. The lesions of chancroid, bubo, condyloma, etc., are also well illustrated.

The appended treatise forms a main part of the book and is only fairly well done. The methods of treatment proposed are not such as would find favor in this country. To treat syphilis solely by inunctions, which are discontinued almost as soon as the symptoms disappear and resumed only after their reappearance, seems to us inadequate and irrational as well as dirty and tedious.

Since the author omits the protiodide of mercury in his list of internal remedies, and says in reference to the iodides that the "best way is to give the patient a bottle of potassium iodide and let him prepare it himself," we are not surprised at the failures in the internal treatment of syphilis "in Austria."

REPRINTS, ETC., RECEIVED.

Report of the Kensington Hospital for Women. 1897.

The Conservative Treatment of Fibroid Tumors by Myoemectomy. By Charles P. Noble, M.D.

The Conservative Treatment of Pelvic Suppuration of Puerperal Origin. By Charles P. Noble, M.D. Reprint from the *Philadelphia Medical Journal.*

Clinical Observations of a New Antipyretic. By M. A. Shlenker, M.D. Reprint from the *Atlantic Medical Weekly.*

The Value of Surgery in Nervous Diseases. By Henry Waldo Coe, M.D. Reprint from the *Western Medical Review.*

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Original Articles.

MEDICAL JOURNALISM IN MARYLAND.

By Horace M. Simmons, M.D.,
Baltimore,
Manager of the MARYLAND MEDICAL JOURNAL.

READ BEFORE THE SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND AT FREDERICK, NOVEMBER 16, 1898.

MEDICAL journalism in Maryland dates from the first decade of the present century. It was in the month of April, 1808, that the pioneer venture in this new field of enterprise made its appearance. One Dr. Tobias Watkins had the temerity to establish in Baltimore the third medical journal edited and published in the United States. It was called the *Baltimore Medical and Surgical Recorder*. Of its founder, it is said he was a gentleman of fine natural ability and culture. His journal was announced as a quarterly, and the first number contained eighty pages of printed matter, embracing original papers, extracts, selections, miscellany, reviews and correspondence. It was ably edited and was favored with some valuable contributions, which, in the light of present-day knowledge, would be read with pleasure, interest and curiosity.

At this distant day we can scarcely realize what it meant to project such an enterprise amid the obstacles and discouragements which the originator must inevitably encounter. The founder's own words best reveal the true state of affairs, for, at the close of a twelvemonth's experience, the second volume is begun with this dolorous preface: "After having struggled through various difficulties, the least of which, could they have been foreseen, would have been sufficient to deter him from the encounter, the editor is rejoiced at being at length enabled to present to his readers the first volume of the *Baltimore Medical and Physical Recorder*. Disappointed in his expectations of receiving that co-operation and patronage so essential to such an undertaking, had he consulted his own interests alone he would long ago have abandoned all thoughts of its establishment. At the close of this first volume the publication would have been relinquished if any other work of a similar nature had been established in this city; but, as the proposed editors of the medical journal have abandoned their design, and as the city of Baltimore is unquestionably well qualified to stamp a sterling value upon such a work, the editor is determined to persevere with redoubled assiduity." The assiduous labors of this zealous worker were not duly recompensed, however, and the creation of his genius soon languished for want of professional support.

At this juncture I wish to acknowledge the courtesy of my friend Dr. Thomas A. Ashby for a copy of the excellent historical sketch prepared by him in 1881, and subsequently published in the Transactions of the Faculty. This paper, prepared with such painstaking care, so thoroughly traverses the ground that I have relied upon it very generally for the historical incidents I may herein present to you.

After the suspension of the *Medical and Physical Recorder*, in 1809, two years elapsed, when the *Baltimore Medical and Philosophical Lycaeum* made its appearance under the direction of Dr. Nathaniel

Potter, professor of Theory and Practice in the College of Medicine of Maryland. It was published quarterly at $2 per annum, but was discontinued after the fourth number.

Following the suspension of the *Lycaeum* there was an interval of eleven years, when the *Baltimore Philosophical Journal and Review* appeared under the editorship of Dr. John B. Davidge, professor of Anatomy in the University of Maryland. This project did not get beyond the initial number, although the prospectus seemed a prophecy of good things, for it asseverated that the enterprise was undertaken by the editor and several medical friends, "from whose talents and exertions everything necessary to give character, add utility and ensure permanency to such a work may be confidently expected." The *Journal and Review* contained 200 pages of well-arranged original and selected matter, and was pronounced a superb and able effort.

The *Maryland Medical Recorder* was the next in succession to embark upon a precarious career. It was established in 1829 by Dr. Horatio G. Jameson, a distinguished writer and surgeon and professor of Surgery in the Washington Medical College. In the preface the editor refers to the condition of the profession in Maryland, and cites the fact that the professional standard has been elevated by the Medical and Chirurgical Faculty, which at that time numbered about 600 members, "among whom," he says, "it cannot be denied that there are many men who stand pre-eminent, whether we allude to their experimental or scientific knowledge." After propounding a series of questions, intended as a rebuke to professional inertia, the editor continues: "Does it comport with the liberality and countenance shown by the State for a body of 600 educated men to pass through life, no one leaving any memorial of his existence? It is time the profession were aroused from their lethargy." Referring to the responsibilities of his editorial labors, he says: "In a word, of ourselves we can do nothing. With the hearty cooperation of the profession, we fear not the result."

This publication reached the third volume, although there was a temporary suspension of six months, occasioned by the editor's visit to Europe, "whither he had gone in pursuit of medical knowledge and on business of a scientific character." But the end was not far distant; for, while the journal takes notice of medical progress during the year, it gives no evidence of increased co-operation upon the part of the profession, and the announcement is made that the journal thereafter will appear semi-annually. In the first number under this new plan the editor announces his appointment as superintendent of city vaccination, and in this relation offers, as an inducement to new subscribers, regenerated vaccine virus as a premium. Only two numbers of the *Recorder* were printed subsequent to this event. The publication was said to have been an honor to the profession at that day and was worthy of liberal support.

In February, 1830, and prior to the suspension of the *Recorder*, a rival periodical appeared in the character of the *Baltimore Monthly Journal*, edited by Dr. Nathan R. Smith, professor of Surgery in the University of Maryland. The subscription price of the monthly was $3 per year if paid in advance, or $4 if paid at the end of the year. Dr. Smith contributed most of the matter to this journal, with his usual force, originality and clearness. He was assisted in his editorial duties by an association of physicians and surgeons. This venture did not long survive.

In the year 1833 another association of physicians and surgeons, in co-operation with Dr. E. Geddings, professor of Anatomy and Physiology in the University of Maryland, established the *Baltimore Medical and Surgical Journal and Review*, published semi-annually. In the preface to the first number the editor promulgates this statement: "We have already announced in our prospectus that our object is to establish a journal which shall have nothing of a local character, but designed to subserve the general interests of the medical profession." In the second number of the second volume the following announcement is printed: "In bringing our second volume to a close we terminate the first year of our editorial engage-

ment. Considerations beyond our control oblige us to relinquish the further prosecution of the scheme. It cannot be sustained except at a sacrifice of labor and pecuniary interest greater than we can devote to it, and the experience of the past year has realized the conviction that the time requisite in the discharge of our editorial duties is so considerable as to infringe upon engagements and pursuits which have a stronger claim upon our attention."

The suspension of the *Review*, in 1834, occasioned so much regret on the part of the profession that the editor concluded to resume publication under the monthly form and with the name of the *North American Archives of Medical and Surgical Sciences*. This renewed effort was terminated after one year's experience.

Under the auspices of the Medical and Chirurgical Faculty of Maryland an official organ of the medical department of the United States Army and Navy was started, in 1839, as the *Maryland Medical and Surgical Journal*. It was at first edited by a committee of six, but subsequently was placed under the editorial direction of such able and well-known men as Dr. G. C. M. Roberts and the beloved Dr. Samuel Chew. The journal contained a larger number of original contributions than had appeared in any of its predecessors, and was a marked improvement over all previous attempts. It appeared regularly until March, 1843, when it, too, ceased to exist.

The precariousness of journalism had probably been forcibly impressed upon the professional mind by this time, as Maryland was without a medium for a period of seventeen years, when, in January, 1860, the *Virginia Medical Monthly* changed its name to the *Maryland and Virginia Medical Monthly*, and entered upon a new series. Dr. W. C. Van Bibber of Baltimore became associated with Dr. James B. McCaw of Richmond in its editorial conduct. The office of publication was in Richmond. The troubles growing out of the civil war caused the early suspension of the journal.

In January, 1861, Dr. Edward Warren, professor of Materia Medica and Therapeutics in the University of Maryland, established the *Baltimore Journal of Medicine*. Three numbers appeared from January to May, when Dr. Warren gave up this publication in consequence of the civil war and returned to his home in the South. After the close of the war, Dr. Warren of the *Baltimore Journal of Medicine* came back to Baltimore and established the *Medical Bulletin*, a semi-monthly journal of medicine and surgery. In 1870 this periodical, having reached Volume II, combined with the *Baltimore Medical Journal*, under the name of the *Baltimore Medical Journal and Bulletin*. The *Baltimore Medical Journal* had been started in the same year by Dr. E. Lloyd Howard and Dr. T. S. Latimer. No. 10 of Volume II was the last of the consolidated publications to appear.

The College of Physicians and Surgeons in 1872 began the publication of the *Physician and Surgeon*, which was afterward changed to the *Baltimore Physician and Surgeon*. Volume VI, No. 5, marked the date of its demise.

On May 1, 1877, the first number of the MARYLAND MEDICAL JOURNAL, under the editorial and business direction of Dr. H. E. T. Manning and Dr. T. A. Ashby, appeared. Reference to the files of the JOURNAL shows a marked growth of original work in the city and State and increased activity in the profession during the period covered by the first five volumes of the JOURNAL. A total of 459 printed pages appeared in the third year of publication, of which 400 were furnished by Maryland physicians. In February, 1880, Dr. Manning, in consequence of his removal to another State, severed his connection with the JOURNAL, the sole conduct of which then devolved upon Dr. Ashby, who, in May, 1880, changed the JOURNAL from a monthly to a semi-monthly. At the beginning of the next volume Dr. Eugene F. Cordell became associated in the work, and with Volume X the JOURNAL began as a weekly. At that early day its history had covered a longer period than that of any other medical periodical published in the State. From the beginning it had appeared regularly and bore the impress of business sagacity, editorial vigor and pertinacity of purpose.

Although somewhat of a digression, yet I should like to say, by way of parenthesis, that in conversation not long ago with an official of the American News Co., that gentleman stated that he had never known a periodical to succeed that appeared irregularly in its early issues, or that had consolidated any two numbers in one; on the other hand, that punctuality and regularity were always evidences of stability in journalism.

Since the founding of the present Maryland Medical Journal there have appeared and disappeared the *Independent Practitioner*, the *Baltimore Medical and Surgical Record*, and the *Medical Chronicle*. There have also been established, and continue to be published, the Johns Hopkins periodicals, the bulletins of the University of Maryland, of the Baltimore Medical College, of the Woman's Medical College, the *Alumni Journal of the College of Physicians and Surgeons*, and the *Journal of Eye, Ear and Throat Diseases*, all of which are conducted mainly in the interests of the institutions they represent.

Time will not admit of further narration concerning the history of the Maryland Medical Journal to the present date, as these circumstances are known to most of you. Suffice it to say that the property was purchased in 1894 from Mr. William R. Ashby by the present owners, who constitute an incorporated company, which embraces in its list of stockholders several enterprising physicians of this State and a number of representative business men of Baltimore and Washington.

In taking a retrospect of the ninety years covering the history of medical journalism in this State, the intelligent observer is amazed at the futility of all past efforts to establish a stable journalism in Maryland. What are the procuring causes of this excessive mortality? If one were inclined to fatalism, he would look askance at that "unlucky No. 13," for that was the record from 1808 to the establishment of those journals now extant. Whatever influences may have been justly attributed to incompetent business management or other circumstances attendant upon these respective enterprises, there remains, nevertheless, the reproachful reflection "that of the journals here referred to, not one bears evidence of the hearty support of the profession in Maryland." From this wreck and ruin of laudable purpose there comes echoing across these nine decades a plaint of dull uniformity—unmistakable and prophetically significant. In 1822 one of the eminent medical men previously quoted penned these censorious lines: "That Baltimore, among the most prosperous in commerce and respectable in intellectual distinction of the cities of America, should be without a periodical work either in general literature or particular science, excites astonishment. Our physicians, many of whom are distinguished for genius and acquirement, pass their lives in silence, and their copious research and extensive experience lie buried and lost, or, at best, are made known to the world through distant channels. Thus Baltimore stands obscured, while other cities, though erroneously, are regarded as the sources and fountains of science, when, in fact, they are often the mere conduits through which the streams of our learning flow. Merit is neglected because it does not appear, and modesty pines while assurance is applauded." In 1881 the foregoing characterization was re-enforced by another medical observer from a point of view far distant from the former in time. He said: "These words apply with striking force and appropriate significance at this day, over half a century removed. They are pregnant with truth, and are the candid utterances of a mind which thus early discerned the deficiencies of Baltimore as a center of vigorous enterprise and intellectual goaheaditiveness."

As the daily papers and class publications of a city or section reflect the intelligence, the business activity and commercial enterprise of the community from which they emanate, so are medical journals exponential in that they mirror the medical status of the locality in which they are published. They are, in fact, a sort of *index medicus*. If the spirit of animation pervade the professional mind, the evidences will be manifest through an enlivened literature. The reading pages

of such a periodical will indicate a strong subscription patronage, while the well-displayed advertising columns show what estimate the manufacturers place upon the constituency of the journal and the territory it covers, from a commercial point of view.

Whether medical journals spring into existence through that fundamental principle known in trade as the law of supply and demand, or whether, as in many instances, they are the outcome of misguided judgment, or of personal vanity, they nevertheless are subject to those inexorable laws which govern the business world, and which, with inflexible destiny, bring about success or defeat.

The question has been asked, "Does medical journalism advance *pari passu* with medical progress?" We answer yes. As intimated above, the medical journal is the real exponent of its environment, and is influenced and modified in its growth and development by surrounding conditions. It is but the crystallization of thought and aspiration; the embodiment and revealer of purpose and aim; a luminant condensing light to scatter; a means of professional intercommunication for the dissemination of medical facts and theories; a channel to convey the products of prior conceptions.

According to the rules of differentiation, medical journals may be classified as local and national, or general. Some are maintained as "house organs," to adroitly advertise the products of the proprietor, or issued by publishers to announce their works; others are owned and edited by physicians supplementary to their practice, while not a few are conducted in favor of schools and other institutions. A limited number are independent in their management.

The publisher of a medical journal has a dual relationship to conserve, as represented by reader and advertiser, and between these there should be no incongruity. Their interests are so manifestly mutual and responsive that the healthy condition of the one promotes the welfare of the other. A generous advertising patronage is a powerful incentive to the publisher, enabling him to place at the disposal of the reader foremost facilities at a price commensurate with the cost of production, which otherwise would be altogether impracticable. It is true that the advertising columns of medical journals are sometimes marred by irrelevant matter, but there are compensating and self-adjusting influences which bring about favorable reaction, and through the process of expurgation the unworthy is cast aside.

The value of the medical journal, as viewed from the standpoint of the individual physician, depends foremost upon the relationship which that particular journal sustains to the practitioner's own field of activity. While every progressive physician is constantly expanding the horizon of his acquirements through access to journals both local and general, yet it it is the royal prerogative and bounden duty of every loyal Aesculapius to cooperate primarily with his home medical publication, for it is to this source that he must look most expectantly for the advancement of his monetary as well as scientific interests.

On this very point we have the testimony of several leading physicians of the city and State, who today are enjoying lucrative practice, to the effect that their work has been largely augmented and scientifically advanced through co-operation and identification with their local journal. In contrast with this spirit of grateful recognition, there are signs of disparagement to overcome. For instance, a subscriber recently came into the office with the request that his journal be discontinued, on the ground that he could get another from a distant State at the same price that contained more reading matter. Here was a lack of discrimination which indicated the absence both of loyalty to home interests and of judgment to employ facilities for the promotion of personal and professional welfare.

When its comprehensiveness is taken into consideration, the indispensable characteristics of the local journal are most strongly emphasized. In this connection we cannot do better than to quote from a recent article in the *American Medical Journalist*, by Dr. E. R. Axtell, as showing the wonderful possibilities of the local medium. "Personally," says the

writer, "I have strong opinions on the functions of the local medical journal. I regard its primary function to be a record-keeper of the local medical history of its section; to publish the minutes or a report of the minutes of the local medical society or societies; all resolutions of local medical bodies; death notices of medical men or contributors to hospital or local medical libraries; news items; addresses delivered before medical and semi-medical bodies; all the papers dealing with original work in its section. It should be the medium of the local physician to say what he thinks about the county society, about the board of censors of any particular society, about matters of hygiene, sanitation, public health service, or quarantine, which affect his section of the country. It should contain notes of all good work by local men; carefully prepared reviews of books written by local medical men. It should have editorials on local matters; all the necessary news items on which to build a medical history of the section. Such items would include historical sketches of societies, not only medical, but allied sciences. It should be the medium whereby any enterprise of the medical men in the way of entertainments or official gatherings should be brought to the attention of the entire local medical profession. It should support the various health boards and commissioners of education in all things leading to the further advancement of their work. It should protest against needless and harmful legislation by foolish legislators. It should have a column or a page devoted to medical progress. All instruments and apparatus invented or improved by local medical men should have a place in the local medical journal, and, as the occasion demands, half-tones of the prominent medical men. I remember the time when a half-tone in a medical journal was the only likeness that could be obtained of a prominent local practitioner. It should seek to lead the local profession to a high standard of fellowship, and should be progressive enough to condemn local matters that need righting. To say what a local medical journal should not do is, in my judgment, a harder task than to say what it should do. A local medical journal ought to be a local journal. It can hardly be both a local and a national publication. It cannot possibly be a leader in all lines, and if it does its local work, it has enough to do."

Gentlemen, this practically is the function and aim of the MARYLAND MEDICAL JOURNAL. It is for you to determine whether its ideal is capable of attainment. Quoting again the words of that eminent member who long ago preceded us: "Of ourselves we can do nothing. With the hearty co-operation of the profession, we fear nothing." The JOURNAL is really and truly the asset of the profession of this State. Enhance it as you may. As it grows in efficiency and stability it cannot but reflect dignity and honor in its mission as enlightener, and contribute to the individual welfare of all who are susceptible to its elevating, enriching and benign influences.

A REVIEW OF THE OPERATIVE PROCEDURES FOR THE REDUCTION OF CHRONIC INVERSION OF THE UTERUS.

By B. Bernard Browne, M.D.,

Professor of Gynecology, Woman's Medical College.

ABSTRACT OF REMARKS MADE AT THE SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT FREDERICK, NOVEMBER 16-17, 1898.

HE spoke of the frequency of inversion in ancient times as evidenced by the careful description of it by Hippocrates and the method adopted by him of inverting the patient in its reduction.

Although spontaneous reinversion had been known to occur in some few instances, amputation of the organ was the operation most frequently resorted to before 1847. In this year, however, Valentine de Vitry, by putting the patient under the influence of ether, succeeded in reducing an inversion of sixteen months' duration, and from that time up to the present a very large number of cases have been cured and numerous operations and procedures have been devised

and brought to the attention of the profession, viz.:

1. Central taxis, where the force is applied to the center of the uterus.

2. Peripheral taxis, where the palm of the hand grasps the fundus of the uterus, and after some compression an attempt is made to return it by making the part which comes out first the last to return.

3. Taxis on the sides of the uterus and attempting to return one horn of the uterus and then indenting and returning the other. This procedure, although commonly known as Noeggerath's plan and performed by him in 1858 and 1862, was antedated by Deleurye, who was successful in reducing a case by this method in 1787.

4. Prolonged taxis by relays of assistants.

5. White's method of a plug attached to a spiral spring.

6. Rectal counter-pressure, as in the methods of Courty, Chauval and Dawson.

7. Tate's (of Cincinnati) method: One index finger inserted into the rectum and one into the bladder and both passed into the inverted cone; then counter-pressure with both thumbs against the fundus in the vagina.

8. Emmet's method of partial reinversion, then maintaining the reduction gained by passing a silver suture through the cervix, the operation to be again continued in a few days.

9. Thomas' method of making an abdominal section, then passing a dilator into the constricted cervix from above.

10. The colpeurynter inflated with air, as the Gariel, or filled with water, as the Wetterlein method.

11. The stem and cup, as in the Barnes or Aveling method.

12. Byrnes' method: The uterus pressed up with a cap and stem in the vagina and a plug pressed down through the abdominal walls into the inverted cone.

13. Watts' method of constricting the inverted fundus with a rubber band, thus reducing its size.

14. Barsong's method of packing pads of iodoform gauze tightly around the fundus while it was held firmly in one position and the water colpeurynter inserted.

15. Knock's method: A globe-funnel tampon of rubber exerts pressure upon the inverted organ both by lateral and axial pressure simultaneously.

16. Küster's method: An opening is made into Douglas' cul-de-sac, one finger is inserted through the opening into the inversion-funnel, incising the posterior wall of the uterus from the mucous surface longitudinally, as near as possible in the median line, then passing the index finger into the inverted cone and pushing up the fundus with the thumb of the same hand, then suturing the wound in the uterus on the peritoneal surface with deep and superficial sutures, and finally suturing Douglas' cul-de-sac.

17. Browne's method: The inverted fundus is pulled entirely outside the vulva with strong, flat forceps, the openings of both Fallopian tubes are brought plainly into view, an incision one inch and a half in length is made through the posterior portion of the uterus (avoiding the Fallopian tubes and larger vessels at the sides of the uterus); through this incision Sims' large dilator is passed up into the cervix and expanded to the fullest extent; the rigid tissues of the cervix are then relaxed; Hank's hard-rubber dilator Nos. 2 and 3 (three-quarter and one inch in diameter) are then passed through the cervix; the incision in the uterus is then sewed up, and with slight manipulation the fundus is easily replaced through the passable constriction.

Dr. Browne related a case of chronic inversion of six years' duration, in which he suceeded by this method in completely restoring the uterus in the short period of thirty minutes after unsuccessful attempts with many of the previously-enumerated procedures.

He concluded by stating:

1. This latter operation is not proposed to supersede ordinary taxis in the reduction of chronic inversion of the uterus.

2. It is not more dangerous, but much more certain, than prolonged or rapid taxis.

3. We avoid the danger of bruising the tissues and rupturing the vagina.

4. As an operation for inversion it is less dangerous than laparotomy.

5. Unless there be adhesions (which rarely exist) we can always feel certain of reducing the inversion at one operation.

SALINE TRANSFUSION IN PUERPERAL ECLAMPSIA.

By L. E. Neale, M.D.,

Professor of Obstetrics, University of Maryland.

ABSTRACT OF REMARKS MADE AT THE SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT FREDERICK, NOVEMBER 16-17, 1898.

SINCE the work of Schmore in 1893 our knowledge of the pathology of eclampsia has been decidedly augmented, the practical outcome resulting in the adoption of a more rational therapeusis and a more positive surgical treatment.

The view regarding the peculiar toxemia of pregnancy as an important etiological factor in eclampsia, whether the production of the toxine can be accurately traced to the placenta or not, is the theory which is now supplanting all others, as thus far it rests upon more demonstrable pathological evidence, best explains the symptomatology of the disease and seems to rationally indicate the most reliable methods of treatment.

According to Edgar, in the pre-eclamptic or mild stage the well-known vascular, digestive, renal and nervous disturbances indicate the following prophylactic treatment:

"1. Reduce the amount of nitrogenous food to a minimum. (Milk diet.)

"2. Limit the production and absorption of toxic materials in the intestines and tissues of the body, and assist in their elimination by improving the action of the bowels, kidneys, liver, skin, lungs.

"3. If necessary, remove the source of fetal metabolism and of peripheral irritation in the uterus by emptying that organ.

"4. Treat special symptoms as they arise."

According to the same author the graver symptoms showing a more pronounced effect of the poison upon the central nervous system and indicating an impending attack, such as "restlessness, twitchings, jactitations, insomnia, visual disturbances, severe frontal headache, nausea, vomiting," etc., suggest the following curative treatment:

1. To sedate the nerve centers and thereby control the convulsions.

2. To empty the uterus and remove the existing causes of the attack.

3. To aid the elimination of toxines by stimulating the emunctory organs.

Without describing in this connection the more generally adopted and well-known therapeutic measures of eliminating toxines by diuretic, diaphoretic and saline purgative treatment, it is especially important to remember that in saline transfusion, either with or without blood-letting as indicated, we have a very simple, easy and most efficient resource in the management of puerperal eclampsia. With regard to bleeding: As it can be demonstrated that the poison producing eclampsia circulates in the blood, it is evident that by the removal of a certain amount of blood we also remove a certain amount of the poison.

Venesection at any time, or bleeding from the placental site during the third stage of labor, both afford very simple methods of accomplishing this end.

Just here it is important to note that as the vaso-motor centers may be decidedly influenced by the presence of the poison, it is wrong to wait for the classical indications for blood-letting in this disease, for, as a matter of fact, a slow, weak or even irregular pulse of low tension in a non-plethoric patient often improves in a most surprising manner during the abstraction of the poisoned blood.

But it is by means of saline transfusion, either with or without blood-letting as indicated, that the most markedly beneficial results are often obtained. It directly raises arterial tension and acts as a most certain cardiac stimulant; it stimulates the emunctory organs, especially the kidneys; it dilutes and dissipates the poison, thereby favoring its elimination and relieving the oppressed nerve centers. Indeed, its general salutary influence can be easily observed both upon the mother and unborn fetus.

It is a simple, easy of administration and practically harmless measure, that may be employed either as prophylactic or partly curative at any stage of the disease, either before, during or after the attack, at any period of pregnancy, parturition or puerpery, whether the patient be conscious or comatose.

Transfusion into the loose cellular tissue under the mammary glands (Kelly and Clark) is the preferable method. A special apparatus is useful, but not necessary; a vessel to hold the water (pitcher or bucket), a gum tube about six feet long to syphon it, and a medium-sized aspirating needle will answer every purpose.

The ordinary sterile, normal salt solution (six grams to the liter) is employed, and antiseptic precautions should, of course, be observed. As a rule, each breast will hold a liter if injected (by gravity) slowly, but the amount should be regulated to suit the individual case.

Out of several, only three cases are cited in illustration.

Case I.—L. M., colored; multipara; twenty-three years; eight months pregnant. Admitted to hospital in coma after having had several convulsions during seventeen hours outside. Patient very edematous. Treatment: Chloroform; cervix slightly incised and dilated; internal podalic version and extraction performed; child asphyxiated; still-born. Post-partum hemorrhage, chiefly from cervix. Uterus tamponed. Immediate transfusion of 1000 c.c. normal salt solution, and 1400 c.c. more given nine hours after delivery. Transfusions also on second and third puerperal days, patient taking in all 5200 c.c. There was marked improvement in pulse after each injection; respiration was decidedly less embarrassed; coma soon disappeared and mental condition rapidly cleared on second and third day. Albuminuria disappeared in five days, and amount of urine voided in twenty-four hours increased from eighteen ounces on admission to 130 six days afterwards. By the third day urea had increased to 32.95 grammes in twenty-four hours. There were no convulsions after delivery. During the treatment patient also received croton oil, magnesia sulphate, diuretics, and was kept on exclusive milk diet. The highest temperature was 100° F. Discharged well on twenty-first day.

Case II.—A. B., colored; primipara; eighteen years; eight months pregnant. Admitted to hospital in coma after having had four convulsions outside. Patient very edematous. Treatment: Chloroform; cervix slightly incised and dilated; internal podalic version and extraction performed; child asphyxiated, but revived and is still living. Post-partum hemorrhage, chiefly from cervix. Uterus tamponed. Half hour after delivery transfusion of 600 c.c. normal salt solution, and 1200 c.c. more given six hours after delivery. Transfusions also on second and third puerperal days, patient taking in all 4600 c.c. Similar improvement in pulse, respiration and mental condition as in Case I. Albuminuria disappeared in four days, and amount of urine voided in twenty-four hours increased from fourteen ounces on admission to 126 four days afterwards. Urea eliminated in twenty-four hours increased from 5.47 grammes on first day to 47.09 grammes on fourth day. On same day that albuminuria disappeared (fourth) granular casts were found in the urine. Same general treatment and diet as in Case I. Highest temperature was 101° F. Patient out of danger by fourth day, but still in the hospital.

Case III.—J. S., colored; primipara; eighteen years; eight months and one week pregnant. Admitted to hospital in coma after having had six convulsions in four hours outside; after admission patient had two more convulsions within a half hour, before delivery. There was marked general edema and pulmonary edema; respiration bad; temperature 97° F. Treatment: Chloroform; cervix dilated manually; high forceps applied and child delivered alive, but had many convulsions and died within ten hours, although it was permitted to bleed from the umbilicus and was given several saline transfusions. As there was no uterine hemorrhage in this case the woman was bled twice from the arm, twenty-six and one-half ounces of blood being removed. Fifteen minutes after delivery

transfusion of 1100 c.c. normal salt solution. Pulse at time of transfusion was 130, weak; pulse fifteen minutes after transfusion was 104, better; pulse thirty minutes after transfusion was 93, strong. Patient had two more convulsions after delivery. A second transfusion was given two hours p. p. of 700 c.c., making in all 1800 c.c. Same general treatment as in Cases I and II. Similar improvement as in other cases. Highest temperature 101° F. Patient doing well, but still in hospital.

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

SEMI-ANNUAL MEETING HELD AT FREDERICK, NOVEMBER 16 AND 17, 1898.

A BODY of members of the State Faculty from Baltimore and other points met at Frederick Wednesday morning, November 17, where they were greeted by the profession of Frederick and escorted to the City Hotel. From here a beautiful trolley ride was taken far out into the country to the top of Braddock's Hill. On returning, dinner was taken, and immediately after that Dr. S. C. Chew, the president, called the meeting to order, and Dr. J. Williams Lord was secretary.

Dr. William H. Baltzell, president of the Frederick County Medical Society, then welcomed the visiting members in fitting words. He said it was not only pleasant to make the personal acquaintance of so many of his colleagues from Baltimore and other parts of Maryland, but it was a privilege to listen to the intelligent discussions of medical topics. He regretted very much that the visit was so brief that the local society would be debarred from extending any social attentions. He spoke of the formation of the Frederick County Medical Society, which has just been organized, and of its good effects on the profession of that county, and thought that the meeting of the Faculty just at this time was a good augury for the future usefulness and success of that county society.

Dr. S. C. Chew, in reply, extended the heartiest thanks of the visiting members for the cordial reception given. He spoke of the high standing of the medical profession of Frederick county, and spoke of the prosperity of the medical profession in Western Maryland, of the rich and fertile fields stretched about Frederick and of the general prosperous condition of the whole community.

Dr. John C. Hemmeter then read a paper "Concerning the Diagnosis of Cancer of the Stomach," in which he said that the mortality from cancer was increasing out of all proportion to the increase of population, and then gave a number of figures to prove this point. The mortality from this disease is four and one-half times greater than it was not a great many years ago. The improved methods of diagnosis did not altogether account for this increase, because while cases which were not suspected to be cancer were found to be that trouble, many other cases which were thought to be cancer were by our more modern methods of diagnosis found to be some other disease, and hence improved methods do not account for the increased mortality. No attempt is made to prevent it, as is done in tuberculosis. It should be investigated. The statistics show that almost one-half of the cases occur in the stomach. The surgeon really does the work. The physician can do nothing. The diagnosis should be made early. There are two important factors which are usually neglected. The first is the factor of age. About three-fourths of the cases occur after fifty. The symptoms are usually local at first. This age limit should not be considered too closely. From 2 to 4 per cent. occur in the first three decades. People younger are getting it. In this trouble there are large quantities of blood lost. In 20 per cent. of the cases there is constipation and in 5 per cent. there is diarrhea. There is usually emaciation and cachexia. There is, too, a decided change in the gastric functions. The hydrochloric acid in developing cancer becomes less and less and finally disappears. The test should be repeated to prove this. The mucous membrane of the stomach does not secrete hydrochloric acid all over. The middle portion does. The location of the cancer differs in the stomach. Often it is at the

pyloric orifices, and in a few cases the hydrochloric acid may continue until the end of life. It is often absent, too, in catarrhal jaundice. Lactic acid was present in ninety-six cases. In three it was present before the diagnosis could be made by other symptoms. He did not think we could make an early diagnosis by it. Uffelmann's test for lactic acid was a good one and easily carried out by anyone.

Dr. William Osler said that this communication of Dr. Hemmeter's was a very important one. In the nine years of the Johns Hopkins Hospital there had been 150 cases of cancer of the stomach, which was a large proportion of the number of cases treated there. Most of them died. Most of these cases came from outside of the State. Cancer of the stomach has increased in frequency, and we recognize it more readily. The age may have something to do with the diagnosis, but he had noticed also that it was occurring in younger persons. Several had occurred under thirty years of age, and two cases were twenty-one and twenty-two. A large number of cases was made out by palpation, which Dr. Hemmeter had not mentioned. Palpation is very important. One hundred and fifteen of these cases showed a definite tumor by palpation. Cases of chronic gastritis and progressive anemia are very puzzling and are often taken for gastric cancer.

Dr. Hemmeter said that he had not forgotten the method of palpation, but that by this method we recognize the trouble too late for operation. We may examine bits of tissue brought up by the stomach tube or in the vomitus, or an experimental laparotomy is justifiable.

Dr. B. B. Browne then read a paper on "A Review of the Operative Procedures for the Reduction of Chronic Inversion of the Uterus" (see page 106).

Dr. L. E. Neale said that he has had no experience with chronic inversion of the uterus. As to the cause of acute inversion he might have something to say. He called attention to the fact that acute inversion of the uterus may be caused by improper management of the third stage of labor. The placenta should be expressed only when the uterus is contracted, and then the entire fundus should be grasped in the hand; the organ should not be punched in one spot, especially when in a state of more or less relaxation, neither should it be ceaselessly irritated by the external hand, and, above all, traction on the cord should never be made until the placenta is known to lie loose in the vagina. Uterine contraction and retraction are necessary for the severance of the placental attachments, and no amount of pressure will force the organ out until these conditions have occurred. Needless manipulations may cause irregular contractions or produce atony of the uterus, both of which dispose the organ to inversion.

Dr. Browne said, in conclusion, that the inversion often began by a paralysis of a part of the uterus. Inversion, also, may take place after the woman gets up, and it may happen a long time afterward, and then it may be mistaken for a fibroid tumor.

Dr. L. E. Neale then made some remarks on Saline Transfusion in Puerperal Eclampsia (see page 108).

Dr. B. B. Browne related a similar case.

Dr. Stewart Paton then read a paper on "The More Recent Advances in the Study of the Nerve Cell," in which he briefly spoke of the anatomy of the nerve cell and how our ideas as to its formation had changed in the last year, and showed some beautiful drawings of nerve cells to illustrate his points.

Dr. John H. Jamar then made a report of "Several Interesting Cases in Surgery," the first of which was eight cases of fistula and treated without surgical means, except in the incomplete cases, when ischial abscesses were formed when presented. They were opened and then treated as the chronic complete cases were. His mode of treating them was to give a laxative the evening before taking the cases in hand. The next morning he flushed the bowel out well with tepid water, then washed out the fistulous tract up to the depth of the same with bichloride solution, 1 to 5000. Then, either with or without ether, just as it proved to be a nervous, sensitive patient, intolerant of pain, he introduced a probe or grooved director up to the rectal open-

ing and scratched and irritated the walls of the tract in every direction in case it was tortuous or had side channels, until he thought the surfaces were freshened sufficiently to light up adhesive inflammatory action. He then began the use of suppositories of opium, one grain; bellad., one-half grain, which were kept up every night and morning, if required, to keep the bowels locked up for a week, in the meantime nourishing patient exclusively upon liquid diet, such as milk and soups. At the end of that time, if not entirely well, he again washed out the bowel and continued the use of the suppositories until a cure was established. Three of these cases were colored; five of them white—all male. (He wanted to inquire if any of the members had treated a case of this kind in female. He had not, and thinks them rare.)

The reasons which commend this mode of treatment are:

1. There is less pain and suffering compared with laying open the parts with a bistoury and director and subsequent granulative stage.

2. Cure is more rapid, and in some cases need not confine the patient to bed.

3. Cardinal reason for trying this before the heroic plan, it spares the sphincter muscle and does away with possible leakage and loss of control of the lower bowel.

4. Patients will submit to this treatment who, from holy dread of the knife, would prefer "to bear the ills they have than fly to those they know not of."

He was desirous to have the members adopt this mode of treatment and report results in the future, also to inquire what number of female cases had come under their care and mode of treatment. He had never seen one.

Dr. William Osler then made some remarks on the "Diagnosis of Gall Stones," in which he referred to four points of interest in connection with this subject:

1. Cases of acute infectious cholecystitis, the symptoms of which were sometimes very like those of gall-stones.

2. To the cases of recurring attacks of colic over a long period of years, without jaundice; in women such cases are often mistaken for gastralgia.

3. To the cases in which the attack of gall-stones had been confounded with appendicitis and operation for that condition performed.

4. To cases in which the diagnosis of kidney colic had been made.

Cases illustrating the errors in diagnosis were narrated.

Dr. Horace M. Simmons then read a paper entitled "Medical Journalism in Maryland" (see page 101).

Dr. B. Bernard Browne: In looking over the histories of the thirteen medical journals which had been published in Baltimore he was struck with the fact that many of them, though ably conducted, only served as mediums for the publication of medical papers; none of them had shown any evidence of being leaders of medical opinion. They should not be mere followers. This accounts for the short period of existence of many of them.

A medical journal must necessarily be a reformer, must keep in advance of medical opinion, and must not be disappointed if its suggestions are sometimes not acceptable to the profession, as interested parties will always be ready to form cliques to prejudice the minds of those who have not given the matter due consideration.

A medical journal should be supported by the local medical profession, as it is more useful to them in many ways than a journal from outside the State. Members of the profession in Boston, New York and other cities frequently speak of the MARYLAND MEDICAL JOURNAL in the most complimentary terms, and are frequent contributors to its pages.

Dr. W. C. Boteler said he wished to express approbation of this excellent paper. He had had an experience of sixteen years in publishing and editing a medical journal, and he appreciated the difficulties. The essential point in the whole thing is to get a good bank account.

Dr. William Osler said he was very much pleased with this paper. It was important to have contributors to a medical journal, and the journal should have enough money to carry on its work and a liberal support in its community. More capital was needed in this work, and cap-

ital from outside of the profession, as Dr. Boteler suggested. We should have a good representative medical journal in the State, and we could have one if the profession would do its duty.

Dr. William B. Canfield said that he had slipped into the editorial chair several years ago more through an accident than through any special fitness, by buying some of the stock of the company and taking a very active interest in it. His experience was that too many physicians ran down the journal and did not help it, when they should remember that a poor journal does not so much reflect on the journal as on the community and on the profession to which it belongs. The medical journal is an index of the ability and intelligence of its professional surroundings. It had made great progress and had made money, but the tendency in Baltimore and Maryland was too often to run down and belittle a home product, when that same object, viewed away from home, would be highly prized.

Dr. E. N. Brush said that the editor should really edit articles and not publish everything that was sent in. Many of the articles published were badly written and badly expressed. The editor should not trust to the reader to transpose sentences, but he should arrange the matter carefully himself.

Dr. S. C. Chew said that he thought that Dr. Simmons had omitted to mention the journal edited by Drs. Hammond, Van Bibber and McCaw, which was published for both Maryland and Virginia.

Dr. Simmons expressed great satisfaction that his paper had brought forth so much discussion. In reference to Dr. Chew's remarks he would say that he omitted that journal because it was not strictly a State journal, but mentioned it in the time it appeared in Maryland.

Dr. T. Caspar Gilchrist then read a paper on the "Treatment of Acne Rosacea," in which he went over thoroughly the salient points of this skin affection, its diagnosis and treatment.

After the adjournment of the first day's session the members visited friends and walked over the beautiful and neat city of Frederick, and at 8 o'clock assembled in the foyer of the City Hotel and marched from there into the dining-room, where a sumptuous banquet was spread, which was a subscription affair, but the wines were kindly furnished by the local physicians.

(*To be continued.*)

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY.

MEETING HELD MONDAY, NOVEMBER 21, 1898.

(ABSTRACT REPORT.)

EXHIBITION OF SURGICAL CASES.

CASE 1.—Dr. Bloodgood exhibited a case of vesical calculus of large size in a child only two years old, and stated that in this part of the country such a condition was very rare. A suprapubic operation was performed, and after making an incision in the abdomen, instead of trying to grasp the stone with forceps he put his hand into the abdomen behind the bladder and pushed the stone up into the opening. The wound in the bladder was closed immediately without drainage, and although no catheter was used after the operation the child made a rapid recovery and had no difficulty in voiding urine.

Case 2 was that of an elderly gentleman who had been twice operated upon for hernia. As his condition was such as to contraindicate the use of a general anesthetic, both operations were performed under cocaine.

Case 3 was that of a young man with hernia, who had been operated upon under cocaine with so little discomfort that Dr. Bloodgood stated if he had a hernia himself he would choose to be operated upon under cocaine rather than to take a general anesthetic.

Case 4 was one of gangrenous strangulated hernia upon which Dr. Bloodgood had operated, doing a primary resection, with immediate end-to-end suture. Dr. Bloodgood stated that a consideration of the cases treated at the Johns Hopkins Hospital would lead him to say that, as a rule, where the gut is gangrenous, one should not attempt to resect and suture, but that now and then one might be fortunate enough to see a case early and in sufficiently good condition to warrant the operation.

In considering the use of the local anesthetic he credited Dr. Cushing with being the first one to demonstrate that we could explore strangulated hernias under cocaine as well as under general anesthesia. Considering the mortality as well as the additional risk from the general anesthetic, he considered the local anesthetic to be well adapted to these cases.

DISCUSSION.

In referring to the first case Dr. Finney reviewed the discussion that is now going on concerning the best means for operating for stone in the bladder, especially in children, and stated that he considered the suprapubic operation the best. He objected to the crushing operation, on the ground that one cannot be sure that the bladder is thoroughly emptied of all fragments of the stone; if small particles are left they may form nuclei for subsequent stones. In the last five cases of stone in the bladder upon which he had operated he had done an immediate suture of the bladder wound.

With reference to the question of anesthesia he stated that he believed cocaine would now be used more and more in major operations and particularly in the class of cases referred to by Dr. Bloodgood.

Dr. Cushing read "A Report of Four Cases of Typhoid Perforation Operated Upon at the Johns Hopkins Hospital."

DISCUSSION.

Dr. Osler congratulated Dr. Cushing upon his good results, which he said were better than could be accomplished on the medical side of the institution. He referred to the extreme difficulty in making a positive diagnosis in some cases of perforative peritonitis, and announced his belief that when there are many typhoid cases in the hospital the house surgeon and house physician should regularly make the round of the wards together.

Dr. Thayer also referred to the difficulty in diagnosis in some of these cases, and particularly referred to the behavior of the leucocytes at the time of the shock accompanying perforation.

Dr. Finney regarded the subject of leucocytosis in this connection as one of extreme importance and from which they had hoped to derive much help, but he considered that the value of the blood count remains yet to be determined. He had operated upon four cases himself, one of which offered almost as many difficulties as the one upon which Dr. Cushing did three laparotomies. A recent study of the literature and a collection of 100 cases operated upon led him to believe that the mortality was somewhere about 25 per cent. He considered an early operation as the main point, and endorsed Dr. Osler's suggestion that the physician and surgeon should study these cases together.

Dr. Young read a paper entitled "The Treatment of Hypertrophied Prostate, with Reports of Four Cases of Total Excision."

DISCUSSION.

Dr. Osler thought that Dr. Young had taken too gloomy a view of the life of those patients who are compelled to use the catheter for many years, and he referred to some cases that, after long continuous use of the catheter, seemed to be quite happy.

Dr. Bloodgood thought that Dr. Young's very excellent results would encourage surgeons to carefully select their cases and attempt prostatectomy. He believed, however, that we should not overlook the fact that the great majority of patients who seek relief for this condition are not in the best condition to undergo a major operation. He felt that if we could get hold of these patients early, while they are in good physical condition, the mortality would be very low and the result might be as good as those reported.

ABDOMINAL MASSAGE IN CARDIAC DISEASES.—M. Huchard (American Journal of the Medical Sciences), reporting upon the paper of Cambru, recognizes the fact that in these diseases there exists a statis in the mesenteric veins and in all the abdominal venous system. Often this plethora exists for a long time before the outbreak of the accidents of asystole. If, then, the intra-abdominal circulation is improved by massage, the renal tension can be increased and the blood-current quickened. Under these conditions an abundant diuresis, analogous to that of digitalis, can be obtained.

Medical Progress.

WHITE BREAD OR BROWN BREAD?—Drs. Lauder Brunton and Tunnicliffe are quoted in the British Medical Journal in an instructive communication on the relative digestibility of white and brown bread. On the strength of certain experiments, which they describe in full, they feel justified in concluding that the higher nutritive value which might on purely chemical grounds be ascribed to brown bread cannot be maintained from the physiological side. With regard to fats and mineral constituents on the other hand, distinctly less of the nutritive materials actually get into the blood in the case of brown than of white bread. White bread is, weight for weight, more nutritious than brown. It thus would appear that the preference given by operatives in large towns to white bread has, to a certain extent, a sound physiological basis. In the case of people with irritable intestines white bread is to be preferred to brown. In the case of people with sluggish bowels brown bread may be preferable to white, as it tends to maintain peristalsis and insures regular evacuation of the bowels. If the proportion of mineral ingredients, and especially of lime salts, in other articles of food or drink be insufficient, brown bread is preferable to white. It is possible that in the case of operatives living chiefly upon bread and tea, the preference for white bread which prevails may be responsible, in part at least, for the early decay of the teeth. An abundant supply of mineral constituents is especially required in pregnant and suckling women and in growing children, in order to supply material for the nutrition of the fetus, for the constituents of the milk and for the growth of the tissues, especially the bones. In such cases, if mineral salts, especially those of calcium, be supplied by other foodstuffs, drinks, or medicines, brown bread is preferable to white. Lastly, Drs. Brunton and Tunnicliffe are of opinion that if the dietary be insufficient in fat, or if the patient be unable to digest fat readily in other forms, brown bread may possibly be preferable to white. The authors rightly dwell on the absurdity of taking the more chemical composition of a foodstuff as an index of its nutritive value. "A stick of charcoal, the atmospheric air, a little water and some sea salt contain all the elements of a typical diet, and in ample quantity." Hence, it is not always a question of what a foodstuff contains, but how it contains it.

* * *

DIAGNOSTIC AND THERAPEUTIC USES OF TUBERCULIN.—Dr. Charles W. Aitkin in an article in the Denver Medical Times on the above subject draws the following conclusions:

1. That tuberculin is of inestimable value in diagnosing tuberculosis in early stages.
2. It is of equal value in discriminating between this affection and others which closely simulate it.
3. In some cases of beginning tuberculosis it is a remedy which possesses curative powers.
4. In tuberculous glands and in local skin tuberculosis the diseased condition is at once usually relieved. Its greatest value at this time I believe to be is its use as a diagnostic means.

I have endeavored in this to refer only to matters of practical value, and to leave theorizing for those who have more time for theory than for practice.

* * *

SERUM TREATMENT OF SYPHILIS.—Charmeil (British Medical Journal) gives the result of his researches. He employed heifer's serum because bovines are not susceptible to the disease, and hence he thought the serum might possess antisyphilitic properties. He began with 150 c. cm., and obtained an energetic reaction, the temperature rising to 104° F., and taking twenty-four to thirty-six hours to return to normal. As a rule, there were no bad after-effects, but in a few cases there were slight pulmonary signs, which soon disappeared. Charmeil also tried horse's serum with less active results. All patients improved rapidly without any mercurial treatment. He is of opinion that the results are due to the fever induced rather than to any specific action.

MARYLAND

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WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, DECEMBER 3, 1898.

Medical Journalism in Maryland.

The history of the progress of medical journalism in Maryland is one which should be of great interest to the physicians of Maryland. Of late years the history of medicine has been receiving more attention than it ever received before, and nothing is more fitting than that the local history of medicine should be familiar to all before that of other places and countries is taken up.

Medical editors and publishers in the early days had no sinecure, and the lack of encouragement in so many cases is truly pathetic. At the present day, however, there is more cause for encouragement, but, as Dr. Simmons so well shows in his elaborate and well-written article, physicians of Maryland lack a certain *esprit de corps*—a certain patriotism, as it were —in supporting their home journal; and yet, as is so well known, this very journal has been the means of bringing many a young man to prominent notice who has since gained a wide reputation and no small amount of this world's goods.

Every trade and every profession has its organ, and the prosperity of that trade or profession is usually mirrored in the writings of their respective organ. The MARYLAND MEDICAL JOURNAL is the index of the profession of Maryland, and the profession of Maryland should not fail to give it their hearty support. A journal becomes successful by the ability of its contributors more than by the power of its editor. A medical journal is just what its community makes it, and each physician is responsible for the welfare of the journal which is published near him. The MARYLAND MEDICAL JOURNAL is the only independent medical journal in Maryland and the only weekly medical journal south of Philadelphia, and as such it should be the pride of every physician in the State. The discussion on Dr. Simmons' paper showed what many physicians thought of medical journals. The medical journal is an asset of the profession, and its prosperity mirrors the prosperity of the profession. The physician who refuses to write for any journal on the plea of lack of time too often means that he has lack of ability. The really busy man rarely complains of lack of time.

* * *

Charities and Corrections.

It is astonishing what rapid strides Maryland has made in organized charity and caring for the poor and needy. The second annual meeting of the Maryland Conference of Charities and Correction, which has just closed its sessions, is a powerful organization, which should receive the hearty support of all good citizens.

To the student of sociology nothing is more interesting than active work in one of these organized charitable institutions. Their whole object is not to give alms, but to help those who are down, and, much more than that, how to help them to help themselves, and it is a species of education which gives excellent results.

Such work has for its object the elevating of the people, the lessening of crime, the abolishing of poverty, and it helps the taxpayer by decreasing taxes. The work is a good one and one with which physicians should co-operate in their work among the poor.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending November 26, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	12
Phthisis Pulmonalis	1	25
Measles	2	..
Whooping Cough	..	..
Pseudo-Membranous Croup and Diphtheria.	80	10
Mumps	..	..
Scarlet Fever	8	..
Varioloid	..	..
Varicella	2	.
Typhoid Fever	13	4

The new annex of the Presbyterian Eye, Ear and Throat Charity Hospital was formally opened last Tuesday night.

Treatment by so-called Christian science is attracting a great deal of attention at the present time.

A Railroad Young Men's Christian Association Hospital was opened last Monday in Hagerstown. Dr. J. McPherson Scott delivered the address.

Dr. Boardman Reed, formerly of Atlantic City, has removed to Philadelphia and has taken editorial charge of the *International Medical Magazine.*

The Indiana Medical College building was almost totally destroyed by fire last week, and Dr. Norman Shobe was so badly burned that he will die.

Dr. Albert J. Phillips, who died last week in Paterson, N. J., was a native of Baltimore and a graduate of the Baltimore Medical College and Jefferson Medical College of Philadelphia. He was forty-three years old.

Dr. W. H. Baker, a prominent physician of Lynchburg, Va., died last week after a short illness. He was a prominent eye and ear specialist and had established a large practice in that section of the country. He was a graduate of the University of Maryland in 1881.

North Carolina, South Carolina and Virginia have formed a tri-State medical society, with Dr. W. H. H. Cobb of Goldsboro, N. C., as chairman; Dr. H. H. Dodson of Milton, N. C., treasurer, and Dr. Paulus A. Irving of Richmond as secretary. The first meeting will be held in Raleigh or Charlotte, N. C.

At a meeting of the board of trustees of the endowment fund of the University of Maryland School of Medicine last week Judge Henry D. Harlan and Dr. Thomas A. Ashby were elected to fill vacancies caused by the death of Mr. Richard McSherry and Dr. J. E. Michael. Dr. C. G. W. Macgill was elected in place of Dr. Henry M. Wilson, resigned.

The following officers of the American Electro-Therapeutic Association were elected for the following year: President, Dr. Francis B. Bishop, Washington, D. C.; first vice-president, Dr. Ernest Wende, Buffalo, N. Y.; second vice-president, Dr. W. H. White, Boston, Mass.; secretary, Dr. John Gerin, Auburn, N. Y.; treasurer, Dr. Richard J. Nunn, Savannah, Ga.

Physicians of Carroll county met in the new Firemen's Building, at Westminster, and organized a medical society. The meeting was well attended. It was called to order by Dr. Joseph T. Hering of Westminster. Dr. Frank T. Shaw of Westminster was made temporary chairman. The permanent officers were elected as follows: President, Dr. Clotworthy Birnie of Taneytown; vice-presidents, Drs. R. C. Wells of Hampstead, John S. Ziegler of Melrose, S. L. Moores of Finksburg, Daniel B. Sprecher of Sykesville, John A. Buffington of New Windsor, James H. Billingslea of Westminster, Harry F. Baer of Tannery, Frank T. Shaw of Westminster, Milton M. Norris of Union Bridge, Luther Kemp of Uniontown, Jacob Rinehart of Frizzlesburg, J. J. Stewart of Union Mills and Edward D. Cronk of Winfield. Dr. Joseph T. Hering was elected secretary-treasurer. The chairman appointed Drs. Joseph T. Hering, Luther Kemp, Charles R. Foutz and John A. Buffington as a committee on constitution and by-laws, who will report at the next meeting of the organization at Westminster on December 22. The members of the organization not included in the list of officers and committees are as follows: Drs. Joshua W. Hering, Thomas J. Coonan, John S. Mathias, M. L. Bott and J. H. Gardner of Westminster; Lewis A. Aldredge, George H. Brown, A. T. Cronk, C. H. Diller, Silas N. Gorsuch, George T. Motter, Thomas J. Shreeve, Columbus N. Brown, Charles Thomson and George H. Rohé.

Washington Notes.

So far as the Marine Hospital Service investigation and experimentation goes the use of Sanarelli's amerylic serum as a curative agent in yellow fever is by no means successful.

The mortality of the past week was 120—a death rate of 22.26 per 1000. There were six fatal cases of typhoid fever, eleven of diphtheria and one of yellow fever. There are 110 cases of diphtheria and 116 cases of scarlet fever in isolation.

At the Society Wednesday evening Dr. W. W. Johnston read a paper "On the Differential Diagnosis of Diseases Characterized by Regular Intermittent Fever;" Dr. Prentiss reported a case of "Syphilitic Fever," and Dr. Mauss reported case, with specimen, "Calculous Pyelonephritis and Calculi in Gall Bladder, with Intermittent Fever."

The following order has been issued as a preliminary step in preventing yellow fever: "By direction of the Secretary of War, Acting Assistant Surgeon Aristides Agramonte, U. S. A., will proceed from this city to Havana, Cuba, on official business pertaining to the pursuance of his studies with reference to the cause and prevention of yellow fever, under instructions from the surgeon-general of the army and under the immediate direction of the chief surgeon at Havana, Cuba."

An incorporated concern calling itself "The Co-operative Medical Association" has opened its office at the Pacific Building. Its purpose will be understood from the following quotation taken from its advertising sheet, in which it put forth its subject and manner of operation, mingled with a few "Health Hints" and old jokes: "The members are divided into two classes, regular and associate. The regular members pay twenty-five cents per week, and receive therefor unlimited medical attendance, both at their homes and at the offices of the association. All medicines free of charge, and, in case of death, a suitable casket, a hearse and four carriages. The associate members pay thirteen cents per week, and receive unlimited medical attendance at the offices of the association, twelve visits annually at their homes, their medicines at reasonable rates (less than one-half the charges of regular druggists), and, in case of death, a suitable casket, a hearse and two carriages."

Book Reviews.

Lectures on Tumors. By John B. Hamilton, M.D., LL.D., Professor of Surgery, Rush Medical College and Chicago Polyclinic; Surgeon to Presbyterian Hospital; Consulting Surgeon to St. Joseph's Hospital, etc. Third edition; twenty-one illustrations. Price $1.25 net. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut street. 1898.

The lectures of Dr. Hamilton on tumors have been revised and are now presented as a third edition to the public. The work is intended "to serve as a recitation book on the pathology and clinical history of tumors," according to the author's preface. It consists of seven lectures, in which the whole subject of tumors is considered. As a part of a course of lectures in the college curriculum it may be considered fairly satisfactory, but as a separate treatise on this important branch it will hardly take a high rank. As a ready means of refreshing one's memory for an examination it will prove useful.

REPRINTS, ETC., RECEIVED.

Diseases of the Lachrymal Passages; Their Causes and Management. By Leartus Connor, A.M., M.D. Reprint from the *Journal.*

The Surgical Treatment of Uterine Myomata. By Henry O. Marcy, M.D., LL.D. Reprint from the *Journal.*

Exercise in Exophthalmic Goiter. By Henry Waldo Coe, M.D. Reprint from the *Western Medical Review.*

Acute Chloral Dementia Simulating Paretic Dementia. By Henry Waldo Coe, M.D. Reprint from *Medicine.*

The Use of Thyroid. By William E. Moseley, M.D., Baltimore. Reprint from the *Medical News.*

The Prevention of Diseases Now Preying Upon the Medical Profession. By Leartus Connor, A.M., M.D. Reprint from the *Bulletin of the American Academy of Medicine.*

Some of the Disadvantages of Vaginal Drainage for Pelvic Abscess. By Charles P. Noble, M.D. Reprint from the *American Gynecological and Obstetrical Journal.*

Recent Therapeutical Application of the Valerianates, of Creosote and Guaiacol. By J. W. Wainwright, M.D. Reprint from the *Journal.*

MARYLAND MEDICAL JOURNAL

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Original Articles.

SOME REMARKS ON ACNE ROSACEA WITH ESPECIAL REFERENCE TO TREATMENT.

By T. Caspar Gilchrist, M.D.,

Clinical Professor of Dermatology, Johns Hopkins University, and Clinical Professor of Dermatology, University of Maryland.

READ BEFORE THE SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND AT FREDERICK, NOVEMBER 16, 1898.

Duhring has defined acne rosacea as "a chronic hyperemic or inflammatory disease of the face, more particularly of the nose and cheeks, characterized by redness, dilatation and enlargement of the blood-vessels, hypertrophy and more or less acne."

The disease first appears as a transitory flushing of the nose and cheeks, especially after a hearty meal or after drinking hot fluids or stimulants. As the redness gradually becomes more frequent the affected region assumes a greasy appearance. Even when the redness is quite marked the absence of any inflammation is easily detected by the sense of touch. This constitutes the first stage of the disease. As the redness becomes more permanent the cutaneous capillaries increase in size, so that one sees in this, the second stage of the disease, dilated, tortuous blood-vessels, which are quite visible to the naked eye. As time advances there gradually supervenes the third stage, which is characterized by the presence of large numbers of dilated blood-vessels, the presence of acne papules and pustules, hypertrophy of the skin, enlargement of the sebaceous glands and widening of the mouths.

Acne rosacea does not always follow this specified description, but some cases only show dilated cutaneous blood-vessels, with an ill-defined reddish patch. In other cases, especially those due to stimulants, the nose may become very much hypertrophied and reach an enormous size. In some patients only the first stage is noticed when they apply for treatment, but it is usually in the second or third stage when advice is sought.

Diagnosis.—I have met with three cases of lupus erythematosus which were diagnosed as acne rosacea. The distribution is somewhat similar in both diseases, but in lupus erythematosus there is a well-defined patch, markedly thickened, especially at the edge, characterized by the presence of adherent scales, which show on removal pedicles projecting from the under surface of the scale (the pedicles dip into the mouths of the sebaceous glands), often atrophic scars in the central portion of the patch, but never any papules or pustules. Acne rosacea, on the contrary, is characterized by the presence of acne papules, pustules, dilated blood-vessels, and the edge is ill-defined.

I have also seen three cases of syphilis, with patches on the forehead which simulated acne rosacea very closely. The patches consisted of a network of tortuous dilated blood-vessels on a reddened patch which was ill-defined, but there were no acne papules, pustules nor any hypertrophy; the patches did not present the usual appearance of an acne rosacea. There were other symptoms of syphilis, and under the usual treatment the lesions on the forehead disappeared fairly rapidly.

The usual lesions of syphilis which are mistaken for acne rosacea are of the tubercular variety, in which small punched-out ulcers are nearly always present, covered by scabs. One never sees these ulcers in acne rosacea. The tubercles or large papules have no special relation to the sebaceous glands, whereas in acne rosacea the papules alway show a "blackhead" or "whitehead" in the center.

The color in syphilitic lesions is more of a raw ham color, whereas in acne rosacea the color is of a bright or venous red.

In ordinary acne vulgaris one sees numerous "blackhead" papules and pustules, with blackheads in the center, but no red patches, dilated tortuous vessels or hypertrophy of the skin.

Etiology.—With reference to the etiology, I have found the disease much more prevalent comparatively in private than in dispensary practice. In the cases which I have seen in Baltimore (over 150) dyspepsia was the commonest cause in one form or another, together with irregularity of the bowels. Menstrual difficulties I rarely found to be present, and in many of my cases no cause could be discovered. More women were affected than men, but the latter suffered more severely. Spirituous liquors, as is well known, afford a common cause, yet it was remarkable what a large proportion of my private patients were teetotalers. Out of thirty-seven cases in private practice in only four or five could the disease be attributed to the use of stimulants, and even in those cases alcohol was not taken very immoderately. The disease is believed to be a vaso-motor angioneurosis of reflex origin.

Treatment.—This is divided into constitutional and local. In women any menstrual disorder should be corrected as far as possible. All alcoholic stimulants should be stopped.

Diet.—Good, plain diet should be taken, and the patient should be told to avoid all forms of pork, pickles, salads, especially salad dressings, highly-seasoned foods, rich gravies, sauces, cheese, pastry, candies, cakes, boiled coffee, strong or long-drawn tea and very hot liquids. The use of sugar and tobacco should not be too liberal. Fresh fruits and green vegetables are to be recommended.

Laxatives.—For the constipation fluid extract of cascara sagrada has proved to be the most useful, and it is usually ordered to be taken at night; in some cases Hunyadi water taken in the morning is more efficacious.

Dyspeptic symptoms are often corrected by the attention to diet and the use of the laxatives. If the tongue is very coated an alkaline bitter tonic should be ordered.

Malcolm Morris speaks very highly of the use of ichthyol internally for the flatulent forms of dyspepsia in five-grain doses, morning and evening.

This attention to diet and correction of constipation will improve the condition, but will not cure the disease, especially in its second or third stage, so that local treatment is always necessary. This consists in the use of the proper kind of soap, the application of local remedies, scarification, or the use of the electric needle.

Soap.—When the skin is much thickened, and there are many acne papules and pustules, the German green soap is the best, used with hot water and a piece of white flannel every night, until the skin begins to peel considerably. In the less severe cases white castile soap is very good. I have found 5 per cent. resorcin soap (Eichoff's) very efficacious in aiding the treatment.

Lotions and Ointments.—The chief constituent of these is precipitated sulphur. Speaking generally, lotions are more applicable in the summer months or when the skin is greasy, whereas ointments are more useful in the winter. With the precipitated sulphur, which is made up with lanolin, one can use salicylic acid, 2-7 per cent., when the skin is hypertrophied. Sweet almond oil should be added to give a soft consistency to the mixture (dr. i-oz. i). A prescription for an ointment would be as follows:

R. Sulph. precip., dr. i-dr. iv.
Acid salicyl., grs. x-xxx.
Ol. amygdal. dulcis, dr. i.
Lanoline, oz. i.

(The salve should not be gritty, but perfectly smooth.)

S. Apply at night after washing.

As a lotion Kummerfeld's solution, used in varying strength according to the severity of the case, will be found to be very efficacious, especially in connection with scarification.

R. Sulph. precip., dr. i-dr. iii.
Pulv. camph., grs. v.
Pulv. tragacanth., grs. x.
Aquae calcis, oz. i.
Aquae rosae, oz. i.

S. Apply after washing at night.

Unna's mercurial and carbolic acid plaster mulls are sometimes of much value in the early stages of the disease.

These local remedies are very good, but yet they rarely cure the disease of themselves. Scarification or the application of the electric needle is a very necessary adjunct to the treatment.

Scarification can be done in three ways:

1st. By linear scarification.

2d. By slitting up the dilated cutaneous blood-vessels.

3d. By puncturing rapidly.

I began this form of treatment by using the first method, which was introduced by Hebra, but soon gave it up as too unsightly, and now use a less unattractive plan. Linear scarification consists in making a number of closely aggregated linear parallel cuts into the skin about one-sixteenth of an inch deep, and, after the bleeding has been stopped by using absorbent cotton, tinct. ferri perchlor. is applied. This treatment results in the formation of microscopical scars and the disapppearance of the dilated blood-vessels by atrophy. A scarifier is a small double-edged instrument shaped like a small arrow-head. I would not recommend this plan, as other less unsightly and just as efficacious methods can be adopted. The second method presents the same objection.

The third plan is the best. I have used this very extensively, and it is applicable in all stages of the disease, but especially when there are no very large vessels which can be treated with the electric needle.

The bleeding which ensues from the rapid puncturing is sometimes profuse, but it soon stops on applying absorbent cotton. In puncturing, the best plan is to stretch the skin and then puncture perpendicular to the surface of the skin about one-sixteenth of an inch in depth. After a little practice one can soon puncture quite rapidly, and after a longer trial of this method it will be found that one can make nearly 500 punctures per minute, so that the nose, for example, could be scarified in about ten to fifteen seconds. This plan of treatment is carried out once or twice a week, according to the severity of the case. It will be observed very noticeably how much less severe the bleeding is as the case improves. If similar scarification is done on normal skin very little bleeding ensues—in fact, only a few drops will ooze out of the punctures.

Women, as one would suppose, bear this treatment much better than men, and they appear to stand the scarification very well.

In nervous patients one can benumb the skin by using an ether spray on the skin or ethyl chloride. This form of scarification is never followed by scars. All sebaceous plugs should be expressed, and all acne papules and pustules should be opened.

The advantage of this plan is, the patients look no worse after leaving the office than when they entered, so that there is no transient disfigurement, as in the linear scarification.

Lassar has invented an electric motor attached to a puncturing machine with 100 points, which thus allows of greater rapidity of action.

Electric Treatment.—This method is especially efficacious for the destruction of the dilated blood-vessels. The galvanic battery is used, and the patient holds the positive pole, with a moistened sponge attached, in the hand, while the doctor uses a fine platinum needle attached to the negative pole.

I use from four to eight cells of a dry silver cell battery. The needle is inserted into a blood-vessel, the circuit is made by the patient grasping the sponge, and if the needle has entered the vessels bubbles are seen to arise in it, the skin around becomes whitish and the vessel disappears. Only a few seconds are required to produce this result. Each visible vessel is thus treated. No scars are left.

For redness alone the application of both sponges of negative and positive poles over the patch and moving them about for fifteen to twenty minutes produces good results. A similar strength of current is used in this method.

In summing up the treatment, this consists, then, of strict attention to diet, correction of any dyspepsia, constipation, menstrual troubles, avoiding the use of stimulants, washing the face in hot water every night, after which a sulphur ointment or lotion is applied, local treatment by scarification for the redness, and the application of the electric needle when any blood-vessels are visible.

The prognosis is very good—in fact, all cases are practically curable.

For the greatly hypertrophied condition that is sometimes seen on the nose surgical interference is necessary.

OCULAR MANIFESTATIONS OF DIABETES.

By H. O. Reik, M.D.,

Assistant in Ophthalmology and Otology, Johns Hopkins University.

READ AT THE SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT FREDERICK, NOVEMBER 16-17, 1898.

In calling attention to the ocular manifestations of diabetes, I have no intention of reviewing all of the diseased conditions of the eye that may attend, or result from this disease, for all of the ocular tissues, including the lens, cornea, sclera, iris, choroid, retina and blood vessels may at times be affected, but I only desire to speak of several points which are of common interest to the ophthalmologist and the general practitioner. These are, first, the fact that the tendency of ophthalmologists, like other specialists, to specialize too closely may lead them to overlook the systemic causative factor in a diseased condition that is apparently purely local; secondly, that the general systemic disease may occasionally be detected and diagnosed by an examination of the eye, and, thirdly, I would emphasize the importance of great care in deciding on the presence or absence of diabetes by urinary analysis.

The abnormal increase of sugar in the urine may continue for a long time without giving rise to any eye symptoms, and, ordinarily, these symptoms do not appear in mild cases. It is in the severe forms of the disease that the organ of sight is most often affected, and this feature renders it all the more important that the eye symptoms be recognized promptly in those cases where they precede any of the general symptoms that would lead to a diagnosis.

The frequent development of cataract in the course of this disease is well known, and such cases are perhaps always readily recognized, but when the other tissues become affected, as, for instance, the cornea, the sclera or the uveal tract, diabetes is not at once suspected, because such inflammations are much more commonly due to other causes. In view, however, of Hirschberg's experience, he having found diabetes in 1 per cent. of all his private patients, I think it becomes the duty of the physician, and especially of the oculist, to make the necessary examinations for sugar in the urine and blood in every case of cataract, paralysis of the eye muscles and disordered states of the vision in which there is doubt as to the cause. At this juncture I would like to add that I believe every physician should be able to use the ophthalmoscope. It is not expected, in fact, it is not possible, that the busy practitioner should be an expert in the use of this instrument, but it is perfectly possible for him to use it sufficiently well to be able to recognize the existence of an abnormal intra-ocular condition, and even to assist himself very materially in the diagnosis of diseases of the general system. The prognosis of diabetes, as well as of its eye complications, depends almost entirely upon the stage the disease may have reached before its recognition. That such recognition, and, consequently, the prognosis, may rest upon a careful examination of the eyes, is well illustrated in the following case:

Mr. F., a farmer, consulted me on account of failing vision. He had always been a particularly healthy individual, and, so far as he knew, was at the time in good physical condition. His statement was that two months previously he be-

came aware that his vision was failing, not only for reading and close work, but that he could not distinguish the farm employes at as great distance as he had been accustomed to. For a short period of time, perhaps only a few days, he was troubled by double vision, and when this passed away he was unable to properly gauge distances; for instance, in attempting to pour out a glass of milk, he would pour the fluid into his plate instead of into the glass. At no time did he have any pain or discomfort in the eyes. His physician advised him to consult an oculist at once, but instead of so doing he visited an optician, who promptly furnished him with a pair of glasses. After two weeks' use of them he threw them away.

On examination by ophthalmoscope I found the right eye normal, but the left eye showed an abnormal condition. The optic disc and vessels were of normal appearance. The macular region was occupied by a somewhat rounded, white patch, crossed by branches of the superior temporal branch of the retinal artery, and nearby this patch were three small hemorrhages. Between the disc and the macula, and especially near the disc margin, were a number of small yellowish-white dots. His central vision in that eye amounted to ability to count fingers at two feet.

Diabetic retinitis is a very rare condition, and, as it frequently happens that albuminuria occurs in combination with glycosuria, the ophthalmoscopic appearances might be mistaken for albuminuric retinitis. There can be no doubt, however, that this is a pure case of the former, as it meets all the requirements laid down by Hirschberg.

Mr. F. had not been the subject of frequent micturition, and was not aware that the total amount of urine passed daily had shown any increase. He furnished me a specimen, however, and examination showed specific gravity, 1015; color, light brownish yellow; reaction slightly acid, no trace of albumen, but a little less than 2 per cent. of sugar. A drop of blood was taken from the lobe of the right ear, and the Bremer test produced a positive reaction, indicating the presence of sugar in the blood in abnormal amount.

This patient had evidently been the subject of diabetes for many months, but no suspicion of his serious condition existed until the eye examination was made.

I am afraid it is a very common habit to make a hasty examination of the urine with Fehling's solutions, and, not getting a positive reaction, to conclude that there is no sugar present. That this test is not always accurate is not the only objection to this plan, for it may happen that there is an abnormal amount of sugar in the blood, and yet it may be temporarily absent from the urine. It is claimed for Bremer's test of the blood that it meets just this difficulty, in that it will always indicate the presence of sugar in the blood, even when the most delicate tests of the urine of a diabetic subject are negative. In the cases in which I have had the opportunity to use it, this test has been very satisfactory, and in one of these cases, a colored boy with diabetic cataract, Bremer's claim was sustained, as he had periods when no trace of sugar could be found in the urine, and yet during such times the blood test was positive. One such case, of course, would not warrant one in saying that the test is thoroughly reliable.

Dr. Futcher published in the *Philadelphia Medical Journal* of February 12, 1898, a report on his experience with this test in the Johns Hopkins Hospital, and he was not inclined to think it absolutely reliable. Since, however, it affords us a means of diagnosis in doubtful cases, and is of value in some, if not in all, instances, it should be given further trial. For testing the urine, too, I think I have found the picric acid and the indigo-carmine tests more satisfactory than the Fehling's solutions.

Gonorrhea in Women.—P. Broese and H. Schiller conclude, in Medicine, that the diagnosis of gonorrhea in women may be made from a simultaneous involvement of several parts of the genital tract, and that chronic urethritis points to chronic gonorrhea. The finding of the gonococcus is not necessary to the diagnosis.

A NOTE ON THYROIDISM.

By George J. Preston, M.D.,
Professor of Neurology, College of Physicians and Surgeons, Baltimore.

SINCE the discovery of the distinct value of the thyroid extract in myxedema and certain cretinoid affections, it has been used empirically in many diseases. Theoretically we should limit its use to those conditions in which we suppose the secretion of the thyroid gland to be deficient. This, however, has not been the case, and the thyroid extract has been used in melancholia, neurasthenia and many other affections which theoretically could in no manner be benefited by the employment of this remedy. This indiscriminate and senseless use of the thyroid extract has at times occasioned symptoms which we should expect if the physiological findings are in any measure correct. If a deficient amount of the secretion of this gland occasions certain well-marked symptoms, *per contra* an increased secretion should give certain indisputable signs.

Chief among these should be the symptoms of exophthalmic goitre, or Graves' disease. In this affection the thyroid is enlarged and supposed to secrete a larger amount of the special product of this gland than occurs during health. Of course, there are certain objections to this hypothesis. As a rule, when an organ becomes pathologically enlarged its secreting power becomes diminished either in quantity, in quality or in both.

To illustrate this condition of thyroidism I will briefly mention two cases, one taken from a German journal, the other occurring in my own practice. Nothaft (*Centralb. f. Inn. Med.*, 1898, No. 15) relates the case of a man who took very large doses of the thyroid extract for the relief of obesity. He began with tablets of five grains, of which he took three daily. He gradually increased the dose, until he was taking as many as thirty of the tablets a day. When he reached this dose his neck began to swell, he had palpitation of the heart, and was unable to sleep. He developed a distinctly marked exophthalmos, presented Graefe's sign, and had moderate tremor. After discontinuing the use of the thyroid, with no medication other than some simple sedative, the symptoms gradually began to disappear. The tremor, insomnia and palpitation disappeared in four weeks, but the ophthalmos lasted for half a year.

My own case was as follows: Mrs. D., a widow, with no children. For fifteen years she has had a slight enlargement of the thyroid, which never gave any inconvenience. The small tumor is probably cystic in nature. Some one seeing the tumor advised her to take thyroid extract, and she took daily five-grain tablets for something over three months. After some weeks' medication she began to notice some trouble about her heart. When she consulted me she had a pulse of 140. The heart sounds were perfectly normal, and there was no enlargement of the organ. She showed the characteristic fine tremor of Graves' disease.

I saw the patient first on April 4. The thyroid extract was at once discontinued, and she was put upon some simple sedative. I saw her again on April 11, and the pulse had dropped from 140 to 110 and the tremor was distinctly less. By April 19 the tremor had entirely disappeared and the patient had no further trouble, though her pulse kept up about to 100. In this case the administration of the thyroid in a patient with a slight enlargement of the gland induced most of the symptoms of Graves' disease, except the exophthalmos.

It has been claimed by several observers that thyroid extract will occasionally benefit simple thyroid enlargement, but the case just related shows that this agent may bring about very undesirable symptoms. There is no doubt that thyroid extract when properly made is a drug of decided potency, and it is to be hoped that it will not be employed in the empirical and often reckless manner that has characterized its use for the past year.

ABORTION DUE TO QUININE.—Balagapal (New York Medical Journal) records the case of a woman of twenty-one who in the third month of pregnancy aborted after taking the fourth dose of a mixture containing two grains of quinine to the dose.

Society Reports.

(Continued from page 113.)

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

SEMI-ANNUAL MEETING HELD AT FREDERICK, NOVEMBER 16 AND 17, 1898.

THURSDAY, NOVEMBER 17—SECOND DAY.

Dr. T. A. Ashby then read a paper on "Intestinal Complications in Connection with Abdominal Operations, with Report of Cases," in which he pointed out the graver forms of intestinal lesions requiring resection of the bowel. In any operation within the abdomen the surgeon must be prepared to deal with intestinal lesions. Adhesions frequently attach the bowel walls to adjacent organs and structures, and in course of separation the bowel may be so seriously wounded as to require surgical treatment. These adhesions may be friable and easily separated or so dense that the bowel cannot be liberated from its attachments without serious danger to the walls of the bowel. In such cases, when possible, a portion of the sac-wall should be left attached to the bowel.

Small wounds in the bowel should be closed in with suture. An effort should be made in every case to preserve the integrity of the bowel wall and to leave it in such condition that subsequent sloughing and leakage will not occur. Intestinal obstruction or septic peritonitis will occur from bowel lesions improperly treated at the time of an abdominal section.

Much incomplete work has been done in abdominal surgery through oversight in not looking for bowel lesions, through fear of injuring the bowel in removing intra-abdominal tumors and through failure to deal in a radical way with infected portions of the intestine.

Pus sacs not infrequently open into the bowel and form intimate attachments at the seat of perforation. Areas of the intestine are infected at these points of union, and unless complete resection of the infected bowel is made and the area removed with the pus sacs death is almost sure to follow in this class of cases. Injuries to the bowel may likewise occur in course of an operation which may necessitate a resection of the damaged tissues. It may likewise become necessary to resect a portion of the bowel to remove an intra-abdominal tumor in which the bowel is incarcerated. The operator is either forced to abandon the operation or to remove a section of the bowel with the tumor mass.

Dr. Ashby advocated this latter procedure, and reported a case of a broad ligament cyst in which five inches of the ileum was removed with the tumor, followed by a recovery of the case.

Five cases of resection of the ileum were reported by Dr. Ashby in which from five to twenty-six inches of the bowel were removed. Of these five cases four recovered and one died. The death in one case was due to septic peritonitis and sloughing of the bowel wall at the seat of approximation. The case was one of large pus sacs, which had broken into the bowel at several points, and infection had set in before the operation.

In all of these cases the end-to-end approximation was made with the Murphy button, the button coming away from the resection from eighteen to thirty-five days after the operation in the four cases which recovered. Resection was not done as a primary operation, but was made necessary in connection with other conditions within the abdomen.

The advantage of the Murphy button in this class of operations is that the resection can be done in from five to ten minutes, which is an important item after a long and tedious operation. The intra-abdominal condition should be removed before the resection is made. In primary operations for resection the end-to-end anastomosis with suture is the ideal operation. It requires a higher degree of surgical skill and a far more elaborate technique, and can be employed to best advantage in cases in which the resection is the proposed procedure and not an accidental complication growing out of other intra-abdominal conditions.

In the four cases of recovery reported by Dr. Ashby no subsequent complications have so far been traced to the use of the Murphy button.

Dr. Randolph Winslow said in his opinion the Murphy button should always be

surrounded by a row of sutures, when practicable, as in this manner leakage into the peritoneal cavity would be prevented.

Dr. Walter B. Platt said Dr. Ashby's paper is very instructive in showing the uses and, perhaps, some of the limitations of the Murphy button. To add to the shock of a tedious abdominal operation an intestinal suture after a total resection might mean the loss of the patient. It is in cases like this, where the element of time is an important one, that we are especially willing to use the Murphy button rather than to suture. One point not brought out in his remarks upon this mechanical substitute for needle and thread is the danger of using too large a button, one that greatly stretches the intestine. I recall an instance where I saw this error made by a good surgeon. The patient died from gangrene of the intestine, due to pressure of the circumference of the button.

Whatever may be the limitations of the Murphy button, there is no doubt in my mind that it has saved a number of lives which would have been lost had another method of joining the intestine been employed.

Dr. Charles H. Medders read a paper entitled "Corneal Inflammation."

Dr. Hiram Woods said that any study of diseases of the cornea should include the possibility of extension of inflammation to the iris. There is a close connection between diseases of the two structures. The hypopyon accompanying corneal ulceration, secondary iritis, the deposits on the posterior surface of the cornea in iritis and cyclitis are examples. In any case of corneal disease a close watch should be kept on the iris. It may become seriously involved, while the surgeon may attribute the pain and defective sight to the corneal lesion.

Dr. Hugh H. Young read a paper entitled "The Treatment of Hypertrophied Prostate, with Report of Four Cases of Total Excision."

Dr. Platt said Dr. Young is to be congratulated upon the brilliant results he has achieved in these four cases—brilliant for both patient and surgeon. Not only has he removed four huge prostate glands, which are here before us, but the patients are all able to go about and almost entirely free from their distressing symptoms. What is almost as important in their eyes, and is very remarkable in the light of our present views of the function of the prostate, is the fact that two of these patients are able to ejaculate semen, which in one instance is shown to have contained actively motile spermatozooa. I had the pleasure of seeing the last case reported immediately after the operation and several times subsequently. It seems proven that Dr. Young's operation is a great advance over the so-called prostatectomies as usually practiced, as well as over castration, which is so uncertain in its effect, not to mention other reasons which can never render it popular even with the oldest of men. It will be noted that the hemorrhage in each of these cases was so considerable as to necessitate a saline subcutaneous transfusion. In any case the condition of the patient in the end seems to have been eminently satisfactory.

Dr. Randolph Winslow said we are greatly indebted to Dr. Young for the presentation of this subject. This operation does away with the necessity of castration in this class of cases, an operation which is a revolting one and ought to be performed only as a last resort. It is easy to remove testicles, but impossible to replace them, and a man without testicles is humiliated. This is not necessarily so in the case of women, who have had their ovaries removed. A young woman from whom he had removed the ovaries, tubes and uterus declared that her sexual sensations and desires were entirely normal and agreeable, and she experienced no change whatever in consequence of the loss of these organs.

Dr. H. O. Reik then read a paper entitled "Ocular Manifestations of Diabetes" (see page 122).

Dr. Hiram Woods said that he had not seen a case of retinitis in diabetes uncomplicated with albuminuria. He asked Dr. Reik if dietetic treatment had any effect on the retinitis or on the acuity of vision, or if the disease was a degeneration of the nerve elements of the retina, and, like albuminuric retinitis, caused permanent defect in vision.

(*To be continued.*)

COLLEGE OF PHYSICIANS OF PHILADELPHIA—SECTION ON OPHTHALMOLOGY.

MEETING HELD NOVEMBER 15, 1898.

MEETING November 15, 1898, Dr. George C. Harlan, chairman, in the chair.

Rupture of the Iris and Choroid.—Dr. B. A. Randall reported the case of a boy struck in the eye by a stone three days before, in which there was partial paresis of the iris above and a pupillary nick below, and in the choroid near the disc three nearly parallel linear lesions. These streaks seemed not real ruptures of the coat, but torsion injuries comparable to those reported by him in 1887. There was neither extravasation nor uncovering of the sclera in the affected areas, but merely yellow streaks that will doubtless undergo atrophy and pigment degeneration and present the appearance of total rupture. The macula was uninjured and V. nearly normal. Each lens showed a tiny extranuclear opacity, more pronounced on the uninjured side. They were probably congenital, but might probably be ascribed to the injury, and hence from a medico-legal point of view assume considerable importance. (The patient has since been seen, twenty-six days after injury, and already shows nearly the typical appearances of choroidal rupture, with pigmentation of the margins.)

Dr. R. R. Tybout read, by invitation, a "Report on the Value of Pilocarpine in the Treatment of Diseases of the Interior of the Eye." The speaker detailed a case of violent iridocyclitis in a man thirty-one years of age who had general ciliary injection, contracted pupils, extensive posterior synechiae and deposits on the posterior surface of the cornea. T.+1. V. R. 6/60, L. 6/24. The patient had been infected with syphilis five years before and had been treated with mercury and iodides. Vision still further declined under a continuance of these remedies. After twenty-one hypodermic injections of gr. $\frac{1}{8}$ of pilocarpine muriate, extending over seven weeks, and gr. 60 potassium iodide daily, with mercury occasionally, improvement was rapid and pronounced. V. increased to R. 6/24, L. 6/15. There were no relapses, tension became normal and the exudation was promptly absorbed. Six months later V. had increased to R. 6/9, L. 6/6, with —.50° Ax. 90°.

Also two cases of episcleritis, both having received pilocarpine locally and one internally. In the first case, a woman, aged thirty-one, the inflammation had persisted for four weeks, and recovery ensued under pilocarpine sweats in two weeks. She had no relapses during the following month that she continued under observation. In the second case, a woman, aged twenty-seven, the pain and signs of inflammation which had continued for eight weeks yielded to salol internally and pilocarpine locally much less promptly.

Toxic Chromatoxia and Toxic Hysteria. Dr. de Schweinitz related the history of a patient, aged fifty-one, who asserted that his left eye had always been defective in vision and had practically been blind for eleven years, and whose right eye for eight weeks previous to examination had been affected with marked xanthopsia in the form of clouds of orange-colored smoke, which passed constantly before it. With the exception of catarrh of the stomach, the patient presented no constitutional ailments, but had always been an excessive smoker and for part of his life a chewer of tobacco. He did not use spirits in any form. There was a typical relative central scotoma in the right eye, and in the left, or supposed blind eye, a scotoma for white could also be demonstrated in the center of the light-field, which in its periphery was normal, just as the form-field in its periphery was normal on the other side. Under a regimen which consisted in abstinence from tobacco, full doses of iodide of potassium and strychnia the patient improved, and in six weeks returned with the vision of the right eye normal, the chromatopsia gone and the scotoma no longer demonstrable, or, at least, only a slight depreciation of color-sense in the old scotomatous area. Tests for feigned monocular blindness were now perfectly successful, and by all ordinary methods it was positively shown that the patient read as well with his left as with his right eye. There had never been any ophthalmoscopic changes of gross disease, probably only

a slight flushing of the optic discs. There was also partial hemi-anesthesia of the face.

Dr. Wm. Campbell Posey contributed "A Clinical Study of 287 Cases of Hyperphoria." The author endeavors to measure the deviation which the eye undergoes when it is screened off in the ordinary refraction test, whilst the other eye fixes the test-card sharply in the endeavor to obtain the best visual acuity. To accomplish this the vision of the right eye is first obtained, the left eye being obscured by an opaque metallic disc. This done, the right eye is obscured by the disc and the left eye made to regard the chart. So soon as the vision of this eye has been obtained, instead of removing the shield from before the right eye and permitting the patient to bring the eyes into a state of parallelism by the unconscious desire for fusion consequent upon binocular vision, the patient is told to regard a bright electric light placed on a level with the line of test letters which he has just read and but a few inches from it, the right eye still being covered. The Maddox rod is then lowered before the left eye, the patient's attention called to the streak, the disc quickly removed from before the right eye and the patient requested to give the relative positions of the light and the streak; the deviations, lateral or vertical, are at once measured by means of the rotary prisms which are in position before the eyes.

As a result of his observations, which extended over 2300 private cases of refraction, he deduced the following conclusions:

(1) Hyperphoria of 1° or more exists in about 13 per cent. of all cases of refraction, and as regards its frequency is independent of associated exophoria, esophoria or lateral orthophoria. Hyperphoria occurred most frequently to the extent of 2°. (2) In general the degree of hyperphoria seems to bear a close relationship to the degree of esophoria and exophoria in any case, increasing or diminishing in proportion as the lateral muscular deviation increases or diminishes, but a high degree of esophoria or exophoria does not necessarily imply the presence of hyperphoria. (3) In like manner high degrees of ametropia need not be accompanied by hyperphoria, for the author found an equal number of cases of both M. and H. of high degree in which hyperphoria was absent. In these latter cases, however, it was noted that there was but a slight deviation in the lateral muscles, while, on the other hand, it was found that high degrees of ametropia associated with high degrees of lateral heterophoria were almost always attended with hyperphoria. (4) In anisometropia, on the other hand, hyperphoria is present in all cases where the difference in refraction between the eyes is at all marked, even when associated with a moderate degree of esophoria or exophoria. When there is lateral orthophoria, or but little difference in refraction between the eyes, hyperphoria is rarely present. (5) Strabismus, both convergent and divergent, is invariably accompanied by hyperphoria, of which at least one-fourth of its total amount is latent. (6) Latent hyperphoria is common, and occurs independently of the state of the lateral muscles, although it is more frequent in exophoria (2 per cent.) than esophoria (1 67-100 per cent.), or in lateral orthophoria ($1\frac{1}{3}$ per cent.). (7) Unlike latent H., latent hyperphoria develops quite independently of age. (8) The correction of errors of refraction is not sufficient in the majority of cases to bring about a disappearance of any existing hyperphoria, as the author has found that hyperphoria becomes more manifest the longer glasses are worn, whether vertical prisms have been incorporated into the formula or not. (9) Supra-orbital headache is the most frequent symptom. In the small proportion of cases it will be unilateral, usually on the same side as the eye with the lower vision. Typical attacks of migraine may be expected in about 5 per cent. of all cases of hyperphoria. A symptom of frequent occurrence and of great value in directing the attention to the existence of hyperphoria consists in an associated reflex in the supply of the facial nerve. This may manifest itself either in a unilateral twitching of the lids, as in nictitation, or more rarely by pronounced blepharospasm. HOWARD F. HANSELL,

Clerk of Section.

Medical Progress.

Ankylostomum Duodenale.—In the Berliner Klinische Wochenschrift and quoted in the Lancet, Dr. W. Ginn and Dr. Martin Jacoby published certain observations which they had made on the presence of the ankylostomum duodenale and other parasites in the intestines of natives of India, and they arrived at two main conclusions: (1) When the ankylostomum has gained a hold amongst a native tribe of India it spreads with great rapidly amongst the members of the tribe, and (2) it appears very probable that a person may have the ankylostoma in his intestine without being the subject of ankylostomiasis. In the summer of this year, 1898, the same observers had opportunities of examining the stools of several natives. Of the feces of eight natives of Ceylon, in eight the ova of ankylostomum duodenale were found, in seven those of the trichocephalus dispar, and in six those of the ascaris. In the stools of six natives of Madras, in six were observed the ova of ankylostomum duodenale, in six those of trichocephalus dispar, and in five those of ascaris, and in two of the Madras natives the larvae of anguillula intestinalis appeared. The first of the above proportions was therefore corroborated by the new investigations. As supporting the second of their conclusions, Dr. Ginn and Dr. Jacoby found that a large number of Asiatics and Africans in whose stools the ova of the ankylostomum were found exhibited no signs of anemia. Amongst certain tribes there seemed to exist a certain immunity from ankylostomiasis, but the immunity was limited and by no means absolute.

* * *

County Physicians and the Local Society.—The following from an exchange shows the relation all eligible physicians in the counties owe to their local medical society: "At this time it is desired to present the duty of every physician in a county to unite with his local society, regardless of its condition, for the ultimate purpose of placing his chosen calling in the place it should occupy. The reasons for this are manifest. To secure the proper position of the profession requires a unification of the profession. And unification can only be brought about by efficient organization, which, in turn, must be preceded by the enrolling of those who are to be organized. It ought to be made very clear that that man ,or woman who, being legally admitted to practice medicine, does not unite with the local society places himself or herself in the same relation to the medical profession that a bush-whacker does to an army, or a bandit to a community. That man who manifests no interest in his profession will, in the last analysis, be very apt to forget the proprieties to be exercised toward the individual physician with whom he may come in contact."

* * *

The Palmo-Plantar Sign in Typhoid Fever.—Quentin (Medical Fortnightly) draws attention to a sign which he considers to be of considerable use in the diagnosis of typhoid fever, and one which has hitherto not received much notice. It consists in a peculiar yellow coloration of the palms of the hands and the soles of the feet. During convalescence these same regions show marked desquamation. The writer points out that in a long series of cases of febrile affections collected by him he has remarked the presence of a slight yellow tinge in some cases of acute articular rheumatism and tuberculosis, but that in typhoid this coloration is much more intense. The explanation is obscure, but that offered is that the epidermic tissues undergo a special nutritive change in the presence of typhoid fever, probably due to elimination of toxic products through the skin.

* * *

Quinine Bisulphate Preferable to Quinine Sulphate.—A writer in a Southern journal (Pennsylvania Medical Journal) is authority for the statement that obscure and obstinate cases of malarial fevers that resist the action of quinine sulphate yield readily to the bisulphate. The latter salt (official like the sulphate) is declared to be better borne by the stomach, and is much more soluble in water and consequently better absorbed.

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BALTIMORE, DECEMBER 10, 1898.

Cheyne-Stokes Breathing.

THIS perverted form of respiration, so striking when first seen in its complete development, very strangely eluded exact clinical description until the present generation came upon the scene. In recent years it has received much attention, and it is now thoroughly described and differentiated.

A complete cycle of this peculiar phenomenon occupies from thirty to 100 seconds—absence of respiratory movement from about five to forty seconds; rise, acme and decline of respiratory movement from about fifteen to seventy seconds. Although there are such considerable variations in the duration of its component parts, and although various muscular (voluntary, as of face, and involuntary, as of pupil) movements may be added or wanting, and although the arterial tension, consciousness, etc., are different in different cases, yet the regularly recurring cycle of rest, slowly increasing inspirations, respiratory effort in excess of the normal and slow decline, constitute a distinct clinical phenomenon. It should not be confounded with "meningitic respiration," in which series of slow, superficial respirations and rapid, deep respirations occur without periodicity and are irregularly interspersed with pauses, preceded or followed by sighs, nor with "diabetic dyspnea," where long, profound chest-expanding inspirations are followed by short pauses in the inspiratory effort and by short, sighing expirations. A number of rare disorders of respiration have been described, of interest only in cases which will not fit into these more familiar categories. These are briefly referred to in the able review by Messrs. Levy and Kaeppelin of this whole subject in the *Gazette des Hôpitaux*, No. 112.

It is alleged that Cheyne-Stokes has been observed in normal sleep, but most often it is a late symptom of fatal disease, as uremia, heart diseases, tubercular meningitis. Many theories have been advanced to explain it, none of them perfectly satisfactory. Though usually a warning that death will occur in a few days, exceptions have been noted, as a case in which it lasted three months in typical form.

In most cases, moribund, no treatment is called for. Bulbar excitants, strychnia and electricity, have failed where treatment seemed justifiable, as well as oxygen, amyl nitrite and blisters to the nucha. Morphia seems best, with great caution. It may disappear of itself before death and credit be given to a drug.

* * *

Are Doctors Truthful?

IT has always been supposed that the monopoly of twisting the truth belongs to the lawyers, but that this is hardly so must be evident to one who has much to do with physicians. Fortunately, this does not apply to every physician, but only to the man who has little to do and pretends to be overworked.

The really busy man attends to his work systematically, has some spare time for recreation and rarely acts hurriedly, while the one who talks about his business is usually unsystematic and takes a long time to do very little. Such a man takes great pains to study his visiting list, loaded down with names of deadheads, in the presence of others; he talks of having so much to do, and usually refuses all invitations of a social nature, or even to write a paper, on the plea that he is "rushed to death" and hardly has time to sleep.

If such a man would study his list of cash receipts in public the truth might be told. Such men may at times deceive the public, but rarely a brother physician, who knows full well that a busy life may consist of dispensary work, free hospital work and seeing a few cases which pay little or nothing.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending December 3, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	.	25
Phthisis Pulmonalis	1	25
Measles	5	..
Whooping Cough	7	..
Pseudo-Membranous Croup and Diphtheria.	55	11
Mumps	..	..
Scarlet Fever	8	..
Varioloid	..	..
Varicella	7	.
Typhoid Fever	4	6

Sanarelli has been offered the chair of hygiene in the University of Bologna.

The monument to Charcot was unveiled last Sunday in Paris.

Some real estate men of Baltimore are considering the feasibility of erecting an office building in Baltimore for physicians.

Dr. Herman M. Biggs has succeeded the late Dr. O'Dwyer as visiting physician to St. Vincent's Hospital, New York.

Dr. Chr. Sihler, at one time connected with the Johns Hopkins University, is trying to arouse sufficient interest in the physicians of Cleveland to erect a hydratic hospital there.

Dr. Thomas S. Cullen of Baltimore has nearly completed his book on "Cancer of the Uterus." It will be published by the Appletons and contain about 300 illustrations.

The resolution to appropriate $60,000 for an infectious hospital for Baltimore has passed both branches of the city council and awaits the approval of the proper committee and the mayor's signature.

Dr. Charles Lee, at one time a practicing physician of Baltimore, died last week at Mt. Hope Retreat, where he had been for the past twenty-five years. He was a cousin of the late Dr. William Lee of Baltimore. He leaves one son, Dr. Charles Lee of Huntsville, Ala.

Dr. C. Morris Cheston, a prominent physician of Anne Arundel county, Maryland, and treasurer of that county, died at his home last week at Owensville, near West River, aged forty-nine years. Dr. Cheston was a graduate of the University of Pennsylvania in 1871. He is succeeded in his political position by Dr. Benjamin R. Davidson of Davidsonville, a graduate of the University of Maryland in 1867.

The Baltimore County Medical Association at its last meeting at Towson passed a resolution requesting and urging the board of county commissioners to instruct the secretary of the county board of health to employ and put into operation at the earliest date possible the laws passed by the last legislature in regard to the registration of births and deaths and the notification of infectious diseases.

The Tri-State Medical Association of Western Maryland, West Virginia and Western Pennsylvania will hold its next meeting at Cumberland December 15. Dr. T. A. Ashby of Baltimore, Dr. E. O. Crossman of Markleton, Pa.; Dr. O. H. Hoffman of Thomas, W. Va.; Dr. T. A. Harris of Parkersburg, W. Va., and Dr. E. T. Duke of Cumberland are announced to read papers.

The president of the board of managers of Craig Colony offers a prize of $100 for the best contribution to the pathology and treatment of epilepsy, originality being the main condition. The prize is open to universal competion, but all manuscripts must be submitted in English. All papers will be passed upon by a committee to consist of three members of the New York Neurological Society, and the award will be made at the annual meeting of the board of managers of Craig Colony, October 10, 1899. Each essay must be accompanied by a sealed envelope containing the name and address of the author and bearing on the outside the motto or device which is inscribed upon the essay. The successful essay becomes the property of the Craig Colony for publication in its Annual Medical Report. Manuscripts should be sent to Dr. Frederick Peterson, 4 West Fiftieth street, New York city, on or before September 1, 1899.

It is probable that some extensive improvements will be made at the College of Physicians and Surgeons, Calvert and Saratoga streets, at the close of the present session, some time in April or May of next year. Plans for the complete rebuilding of parts of the present structure are being held under advisement by the faculty, but it is not probable that a decision will be reached until the middle of February. At present the building will not properly accommodate the growing classes.

Washington Notes.

Maj. Lewis A. La Garde, surgeon, is ordered from Fort Robinson, Neb., to Soldiers' Home, this city.

Col. Charles R. Greenleaf of General Miles' staff has been ordered to report to the surgeon-general in this city for assignment of duty.

Col. W. H. Forwood, assistant surgeon-general, has been transferred from duty at the United States Soldiers' Home to San Francisco as chief surgeon of the Department of California.

Dr. Calmette of the Pasteur Institute at Lille has discovered an antivenomous serum which is curative if injected within four hours after the person has been bitten. This information came to the Department of State through General Skinner at Marseilles, France.

Dr. W. W. Granger, formerly of this city, died recently at Fairmont, W. Va. He was a veteran of the Civil War and was employed for a number of years in the Treasury Department. During the war he was assistant surgeon in the Union army, attached to a Missouri regiment, and served in the Southwest.

Dr. Rossneau, federal quarantine officer at the port of San Francisco, will in a few days reach this city and be made bacteriologist in the hygienic department of the Marine Hospital Service. He expects to visit Cuba and Porto Rico to study the diseases prevalent in those islands.

The mortality dropped 23 per cent. during the last week, total number of deaths being ninety-two. Twenty-seven were under five years of age and twenty-five over sixty. There were seven fatal cases of diphtheria and four of typhoid fever. There are now in the city 128 cases of diphtheria and 117 cases of scarlet fever.

The milk combine is formed, with a capital of $1,600,000. The building and plant is to cost about $250,000, including the ground, and the operating expenses will be about $70,000 a year. The milk is to be tested daily, and every herd of cows will be inspected at frequent intervals, and all will be conducted according to sanitary requirements. The milk after being delivered to the plant will be run into porcelain vats, then drawn and bottled automatically, the bottles hermetically sealed and placed in cases ready for delivery.

Book Reviews.

Pathology and Morbid Anatomy. By T. Henry Green, M.D., Lecturer on Pathology and Morbid Anatomy at Charing-Cross Hospital Medical School, London. New (eighth) American from the eighth and revised English Edition. In one very handsome Royal Octavo Volume of 600 pages, with 215 Engravings, many being new, and a Colored Plate. Cloth, $2.50 net. Philadelphia and New York: Lea Bros. & Co.

Green's Pathology has always been a favorite, and a new edition has been needed for some time. While there is some change in the order of the text, there is little else that distinguishes it from the former edition. There are some new illustrations which have been added to elucidate some portions of the text. As this work is recommended by many medical schools, it will receive a hearty welcome, and as the latest editions of such works are so necessary, the author is sure of selling many books at this time.

REPRINTS, ETC., RECEIVED.

Die Behandlung der Lungentuberculose mit Ichthyol. By Dr. L. Guido Scarpa. Reprint from the *Therapeutische Wochenschrift.*

Manifestations of Syphilis in the Mouth. By L. Duncan Bulkley, A.M., M.D. Reprint from *Dental Cosmos.*

Notes on Malaria in Connection with Meteorological Conditions at Sierra Leone. By Surgeon-Major E. M. Wilson, C.M.G. London: H. K. Lewis. Price, one shilling.

Das Ichthyol in Seiner Verwendbarkeit für die Schiffs- und Tropen-Praxis. By Dr. Leo Leistikow. Reprint from the *Archiv für Schiffs- und Tropen-Hygiene.*

Ueber die Anwendung des Ichthyols in Augenkrankheiten. By Dr. M. Eberson. Reprint from the *Klinisch-Therapeutische Wochenschrift.*

The Dangers of Specialism in Medicine. By L. Duncan Bulkley, A.M., M.D. Reprint from the *Bulletin of the American Academy of Medicine.*

Operation for the Restoration of the Urethra and for the Closure of a Vesico-Vaginal Fistula Involving the Neck of the Bladder. By Charles P. Noble, M.D. Reprint from the *American Journal of Obstetrics.*

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Original Articles.

GLIOMA RETINAE.

By George A. Fleming, M.D.,
Surgeon to the Presbyterian Eye, Ear and Throat Charity Hospital, Baltimore, Md.

READ AT THE SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT FREDERICK, NOVEMBER 16-17, 1898.

On June 4, 1897, Violet M., aged eleven months, was brought to my office from Five Forks, Pa., for consultation regarding her left eye.

She was of American parentage, the youngest of three children in the family, the other two having always enjoyed excellent health. She had gone through none of the common affections of childhood, save a very light form of measles when three months old. Her skin was pale and blue, her face pinched and general appearance very anemic. Appetite and digestion poor. The health of her parents had always been excellent, as is usually the case with farmers, and the family history showed absence of all hereditary taints, eye disease having been unknown for generations. Also mental condition perfect in parents and their respective family histories.

When four months old her mother had noticed that the left eye looked hazy and the pupil seemed larger than the right, but the baby seemed to see just as well out of either eye as far as the mother could tell. This appearance continued until about two months before I saw her, when the eye became irritated and the lids very much swollen. Hot water was kept constantly applied, when, the mother states, the swelling and redness subsided and the child seemed comfortable, but the eye seemed to squint.

The parents now began to notice a peculiar shining reflection from the depths of the eye. While not always noticeable, it became apparent at once with certain positions of the head, and was quite marked enough to be observed as a matter of curiosity by relatives and friends of the family. The other eye was perfectly healthy and vision seemed to be excellent.

Examination showed that vision of the left eye had gone completely. The ball protruded a little, but hardly enough to appear as a deformity. The lids were somewhat edematous; the tension of the eyeball increased. By focal illumination the corneal parenchyma was entirely clear; the anterior chamber shallow; the pupil somewhat hazy and having the characteristic reflex of glioma retinae. The comparison between it and the peculiar glowing of the pupil of the cat in the darkness was so striking that, without any knowledge of its clinical value, the parents had unconsciously noticed the strange resemblance.

The occurrence of the sign in this case made the diagnosis almost a certainty, the only doubt being in the fact that (quite rarely) this peculiar reflection may be occasioned by other conditions, although in a less characteristic form.

My advice to the parents was immediate enucleation of the affected eyeball, and, on their consenting, the operation was performed by me that afternoon at the Presbyterian Hospital, with resection of the optic nerve as far back as possible. The orbital fat seemed normal everywhere, and the optic nerve showed no visible change in thickness.

These facts caused me to hope for a

permanent cure and to express myself to that effect to the parents, without, however, omitting the proper warning. As a possible period of relapse, I gave twelve months, adding that I considered the child reasonably safe if no recurrence should take place within eighteen to twenty-four months.

The wound healed in the usual way without suppuration or other unpleasant accident, and the child was taken home two weeks after the operation greatly improved in every way. It was bright and lively, color good, appetite excellent, and, as the parents expressed it, a new baby.

I never saw the patient again, but the father writes me that this improvement continued for about ten months, when the baby was taken very sick and died on May 28, 1898, (almost one year after the operation) from an abscess of the liver. This was probably caused by metastasis through the blood from the growth in the eye, as the father states that the socket appeared to be refilling and the lids were very much swollen. He felt sure also that the right eye was beginning to show the same peculiar reflex seen in the other eye. I am sorry I could not procure the same for examination.

The enucleated eyeball was turned over to my friend, Dr. H. O. Reik, for examination, and the specimen I show you today has been beautifully mounted by him. He took it to the Johns Hopkins Laboratory, where the eye was carefully examined by Dr. William H. Welch, Dr. Simon Flexner and Dr. Thomas S. Cullen, and his report is as follows:

"Dear Dr. Fleming—The eye which you sent me for examination has proven to be a very interesting specimen.

"The tumor is a glioma retinae, which has in its course of progress involved all the tissues of the eye and invaded the orbit.

"After splitting the globe in two I preserved one-half in glycerine jelly, and it presents the following macroscopical appearances:

"The eyeball is of about normal size and is quite solid. Near the optic nerve entrance, external to but attached to the sclera, is an oblong, hard, whitish tumor twelve mm. long, six mm. wide and five mm. thick, apparently an extension outward of the retinal tumor. The cornea is clear, anterior chamber obliterated, iris rests upon the anterior capsule of the lens and the latter appears as a small white disc, contracted so that it occupies only about four-fifths of its space within the capsule. The intra-ocular tumor springs from the retina near the optic papilla and fills about one-third of the posterior chamber. The vitreous humor, converted into a solid mass by inflammatory exudates, has undergone calcareous degeneration.

"The remaining half of the globe was hardened in formaline, embedded in celloidin and cut in sections. Owing to the large amount of calcareous material it was exceedingly difficult to cut thin sections.

"Microscopical examination shows the tumor to consist of a great mass of small, round cells, with very large nuclei and an interstitial young connective tissue, through which run numerous capillary blood-vessels. The growth of these cells is most extensive, invading, as they do, the entire retina, choriod, ciliary body, iris vitreous humor and sclera. The small tumor attached to the eyeball is continuous through the sclera with the new growth of the retina and has the same histological structure.

"Very truly yours,

"H. O. Reik."

In looking over the latest authorities on this subject we find that these gliomata retinae are malignant intra-ocular tumors found in infancy, which start from the retina and after a period of intra-ocular growth lead, through increased pressure, to ectasia (less frequently to iridocyclitic processes, with temporary shrinkage of the eyeball), piercing the eyeball, with a constant tendency to local relapses and metastases, until they finally kill the patient in from two to three years' time.

Virchow was the first, in 1853, to describe the formation of these tumors. It was then that he inaugurated the doctrine of the neuroglia. Although such a cementing substance had been previously described by Reil, Villars and Kouffl, it was thought to be a fibrous tissue. Virchow's glia, which is now recognized by

probably all histologists, is a semi-fluid, granular cementing substance, with nuclei.

Diffuse hyperplasia of the neuroglia produces hypertrophy of the organ concerned, while circumscribed, tumor-like hyperplasia, according to Virchow, forms gliomata. Hirschberg, in 1869, emphasized the fact that the malignant intraocular tumors of childhood were almost always gliomata and started from the retina. He had the rare opportunity to examine specimens of the classical growths of old times, preserved by Johannes Müller in the Berlin Museum, besides having a large material from von Graefe's clinic and his own practice. Even as far back as 1809 Wardrop described the origin of these growths as in the granular layers of the retina.

The tumor grows very rapidly after once piercing the eyeball, spreading from tissue to tissue with which it comes in contact. It may spread forward through the cornea or the episclera and form an anterior extra-bulbar mass, involving the conjunctiva, the eyelids and their surroundings by continuity, generally reaching the size of a man's fist or that of half of an infant's head or more before death ends its progress.

I have seen two such cases. A propagation of glioma from one eye to the other by continuity through the optic nerves and chiasm does not seem to happen. After removal of the glioma local relapses are common, their occurrence being the more likely the later the operation has been performed.

The metastases of glioma, which are sometimes found, are produced by the agency of the blood-vessels. Glioma cells have been found by Bizzozen, Thalberg and others in the liver, the parotid and submaxillary glands, in the bones of the skull, in the sternum, in the ribs, the ovaries and in the kidneys. Death, which is inevitable if not interfered with, results from marasmus or septicemia caused by the septic products of the neoplasm or from loss of blood, cerebral disturbances or some intercurrent disease. A number of cases of bilateral gloma retinae have been reported by Noyes, Collins, Nettleship and others, and I had the pleasure, about the first of this month, of assisting my friend, Dr. Hiram Woods, in removing both eyes at one time from a child sixteen months old for this trouble. In these cases the two growths are probably two primary tumors of independent origin and not extensions through the optic nerves. In quite a number of cases operated on for glioma the patients have been seen alive and well, in good health and without the least sign of recurrent growth after an interval of more than three years from the date of removal either of one or both eyes.

It will no doubt occur to many that, granting it is possible to save life by the removal of the two eyes, would it not be better to allow the disease to run its course? Would it not be better to let the patient die of the disease than to grow up handicapped from the very outset of life by the complete loss of sight? This is an ethical question upon which we cannot decide, but life can be saved in this way. In such cases we should point out to the parents of the child this fact and leave them to decide for themselves what shall be done.

A CASE OF PARALYSIS AGITANS.—CURE.

By Nathan Herman, M.D.,

Baltimore.

READ AT THE SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT FREDERICK, NOVEMBER 16-17, 1898.

THE following case and its successful termination is reported to this Faculty and to the profession to call attention to a therapeutic agent which has not yet obtained the favor which its importance demands.

About four years ago a youth, aged sixteen, attempted to board a cable car in Cleveland. He slipped and fell. The car stopped and backed a short distance, coming in contact with the patient's right hip. It was thought that he was seriously injured. He was taken to a hospital. No fracture or dislocation being detected, however, he was soon discharged.

But, although he had sustained no somatic injury, his nervous system had re-

ceived a shock which apparently manifested itself chiefly in a continuous tremor of the right leg. It trembled when he stood, it continued its vibrations when he sat, and when he walked it shook—in fact, it was about as good an illustration of perpetual motion as a physician would care to see, incarnated, as it was, in a poor, homeless orphan boy.

His condition was at first not so bad as to interfere with his assuming the duties of a grocer's clerk, which he discharged for several months. But the trembling becoming worse, he was forced to resign this position and to seek medical aid. He visited several hospitals in different cities, and was subjected to various courses of treatment for upwards of three years, but without avail.

He finally, on the 15th of last March, came to the Hebrew Hospital of Baltimore. The treatment here also resulted negatively, and on May 20 the physician in charge presented him at a meeting of the Clinical Society of Maryland. He was very pale and emaciated and extremely nervous. His right leg was in such violent agitation that he could not use it at all in walking, and had to be half carried by the attendant from the carriage in which he was brought from the hospital to the meeting hall of the society. His treatment was detailed, which consisted principally of the administration of bromides, and later of the application of the faradic current and the actual cautery. He continued to grow worse, however, with rapid impairment of appetite, digestion and sleep, and increase of nervousness, and especially of the leg tremor, which had finally resulted in loss of function. It was stated by the attending physician that the further treatment of the case would probably be surgical, and, in any event, he gave a very unfavorable prognosis.

I had the privilege of criticising the treatment, of which I availed myself as mildly as possible, with the result that the case was finally turned over to me. On the 8th of June I began treatment. I saw him at noon. I had him sit on the edge of the bed, with toes resting on the floor. In this position it was impossible for him to bring the heel down to the floor owing to violent clonic spasm of the gastrocnemius, soleus and plantaris. When the heel was brought down forcibly by the exercise of considerable pressure upon the knee the patient complained of great pain in the knee-joint. In fact, he was sensitive about his leg and could not bear anyone to touch it.

He was then laid flat on his back in bed and attempts at hypnotization begun by having him gaze fixedly at the tips of two of my fingers. He soon complained of nausea, however, which the attendant stated was not unusual after meals, frequently resulting in regurgitation of the ingesta. As he had shortly before partaken of a meal, further treatment was abstained from to avoid the threatened emesis.

On the next day I saw him at 9.30 P. M., and succeeded in producing a very light hypnosis with anesthesia by persistent passes, accompanied by suggestions; and, although scalp friction was also successfully employed to deepen the hypnosis, he could not be kept asleep for more than ten minutes at a time. He always awoke spontaneously.

During the short naps suggestions were given calculated to cause abeyance of pain and tenderness in the affected leg. As an experiment, I suggested that the tremor would be transferred to the other leg on the morrow. Catalepsy could not be produced.

On the third day I saw the patient at about the same hour. The attendant reported considerable improvement, the appetite having improved and no nausea having occurred. The hyperesthesia of the leg had also greatly abated. The patient said the other leg felt as if it were trembling. I recognized this as the result of my experimental suggestion of the preceding night, and paid no more attention to it, allowing it to wear off.

I began operations by having the patient "fix" two finger-tips, as on the first day. He soon complained of pain, which, on examination, was found due to a swollen inguinal gland. This was soon relieved by simple suggestion and hypnosis was then accomplished by optic fixation. This time he awakened only once on the entrance of a nurse, but im-

mediately dropped to sleep again on command.

For the first time a suggestion tending to cessation of tremor was given. Attempts to produce cataleptic rigidity were again ineffective.

When seen on the following night the hyperesthetic condition of the leg had almost entirely disappeared and the tremor was much less. He was hypnotized by fixation and passes, and catalepsy was produced for the first time, but with considerable difficulty.

The patient was now under such good control that the night visits were discontinued, and he was seen only during the day for the balance of the treatment. A simple command now sufficed to throw him immediately into a deep hypnotic state. But, although this was so easily accomplished by me, a single suggestion had immunized him against all hypnotic influence proceeding from others, no matter how hard they tried. This was frequently tested.

Once in the hypnotic state he was commanded to keep his leg still. The first time this command was successfully obeyed was June 13, on which occasion the leg remained at rest several times on command for about thirty seconds each time.

I should probably have stated before that the leg had been observed at rest while the patient slept even before I began treatment. It had never been observed at rest, however, while the patient was awake, and this was the first time I had succeeded in arresting its constant movement in hypnosis.

On the next day I was informed that the patient had had several fainting spells the preceding night. The patient himself told me that he could not ride in a car or carriage without getting sick, and that on the night of his visit to the Clinical Society of Maryland he had left the supper which he had eaten in the carriage. I then hypnotized him in the usual way by ordering him to go to sleep, in which state I had him repeat the following after me:

"My leg is going to stop trembling; it is getting nice and warm. I will enjoy a car ride; it will do my stomach good. I will not have any more fainting spells."

This he was required to memorize. On awaking he remembered nothing of it. But the next day, on being hypnotized, he repeated the formula from memory.

This was the treatment for several days, with the result of a constant and gradual abatement of tremor, both in the hypnotic and the waking states. It stopped completely in the hypnotic state, first, while sitting, then while standing, and, finally, while walking. Then, in the waking state, while sitting, the leg was observed at rest. But it still persisted in its oscillations while standing, and especially while walking.

One day he said to me that he frequently thinks of the cable-car accident, and it always makes him nervous. Then the following was appended to the therapeutic suggestions which he had already hypnotically memorized: "I will think of that cable-car accident and will not get nervous."

He did not accept this suggestion very readily; always saying "I will not think," etc. But he was persistently corrected each time, until one day he repeated it correctly himself without being prompted. On the next day, which was July 11, the tremor had completely ceased. The other symptoms having been corrected long before, he was declared cured, and shortly afterwards discharged.

Other aids to the treatment were occasional suggestions of bowel action *pro re nata,* which were generally effective; stretching of the sciatic nerve of the affected leg, which was done several times in hypnosis, the extended leg being flexed upon the trunk; change from the bromides to tonic medication, and a judicious employment of exercise, consisting of well-selected calisthenics, boxing and wrestling in both the waking and the hypnotic states. But although all these agencies were used in the course of the treatment, the real curative work was undoubtedly done by hypnotic suggestion.

To those who might ask why I did not confine myself entirely to hypnotism in the treatment of this case, thus giving a more striking proof of its value, I would reply, first, that hypnotism is past the experimental stage and that its efficacy is questioned only by the ultra-conservative

and the uninformed, and, second, that all patients are entitled to the advantage of any and all means within our power to alleviate their suffering or effect their cure, *cito, tuto et jucunde*.

In conclusion, I would refer to the effect of the last therapeutic suggestion, "I will think of that cable-car accident and will not get nervous," in finally restoring nervous equilibrium, as an indication that the tremor, which acquired its greatest expression in the right leg, was indissolubly connected with, and, in fact, founded upon a profound psychical disturbance resulting from the shock of the accident upon a highly sensitive, nervous organization, and for this reason I think I am justified in claiming that no method of treatment could have any promise of success which would not aim at restoring psychical harmony. This the hypnotic treatment alone of all others was capable of accomplishing in this case.

This claim is also greatly strengthened by the ineffectiveness of all other treatment for nearly three years and a-half.

I should like to place the following propositions before this Faculty. They may serve to give direction to the discussion with which I hope this paper may be honored, while their adoption, in my humble opinion, would serve to shed additional luster on our progressive organization:

1. Hypnotism is a powerful therapeutic agent.

a. As an adjuvant to other methods in the cure of diseases, especially such as are characterized by considerable nervous involvement.

b. As our principal reliance, all other means unaided by it proving useless.

2. No branch of medicine is of more importance, and, consequently,

3. No medical school is doing justice to its mission which does not give its students a thorough course of instruction in the science and methods of hypnotism.

A New Golden Rule.—Professor Albert has changed the phraseology of the golden rule to read: "Castrate others as ye would that others should castrate you."

NOTES ON RECENT SCIENTIFIC LITERATURE.

By William Lee Howard, M.D.,
Baltimore.

I.

The great increase of books appertaining to the different collateral branches of medicine has imposed an onerous duty on the practitioner if he earnestly desires a reading acquaintance with the trend of modern scientific thought. Works dealing with the recent researches in psychology are now founded on physiological investigation. The metaphysics of the philosophers no longer hold sway, and what has heretofore been neglected in the realm of brain function, the mind, must now be understood in all its principles by every practicing physician.

The history of medicine is now receiving attention that has too long been neglected, and able minds have turned to giving us a general and comprehensive idea of the growths, struggles, failures and successes of the various departments in medicine, and an insight into the noble lives of those who have made medical history possible.

Sociology and criminology are now congeners of the science of medicine, and books scientifically dealing with these branches should be read by all progressive and sincere medical men. Various valuable works dealing with modern investigations and studies in somatic and psychic atavism and degeneration are being put forth for the doctor, but which, unfortunately, are mostly read by the specialist. This should not be so; but the cause is not difficult of comprehension. The busy practitioner should, and can, find time to keep in touch with contemporaneous thought; but to ask him to read over the mass of material produced monthly is to discourage him to such an extent as to prevent him from reading books, and chapters of books, which he ought to read did he desire avoidance of becoming a mere medical ruminant.

The Journal will undertake the laborious task to read for the busy general

practitioner, and to point out to him the principal books and their comparative value in the contemporary literature connatural with his profession. No attempt at criticism, as literary criticism is generally understood, will be made, but nonvaluable material and surplusage will be ignored, and only those works, and the parts of works, which the writer thinks will be interesting and instructing to the practitioner will be indicated and explained. Text-books will not be considered in this department. Books concerning medico-legal questions, however, will be noticed.

Every practitioner can find time to broaden his mental horizon and look upon the scientific progress which accompanies and often governs the movements of the practice of medicine. Any man who cannot find time for such reading is a poor master to himself, and a worse adviser to others. Too often the excuse of want of time is only an acknowledgment of the want of education and the complete submergence of an embryonic ambition. The lack of facilities in obtaining information regarding the continuous output of scientific books correlated to the science of medicine has been a legitimate excuse in many quarters for not being familiar with such works, but the JOURNAL will hereafter try to eliminate that excuse. No reader of the JOURNAL henceforward will have reason to exclaim with Siegfried: "Was ihr mir nützet weiss ich nicht!"

This department will be utilized as occasion demands, the plan being to keep the physician *en rapport* with the literature of the day applicable to his vocation. To the country practitioner, far from medical libraries, this department will give him an insight into the daily progress of scientific and medical thought and ideas, thus enabling him to purchase his books after he receives an idea as to their value to him in promoting mental and material advancement.

One of the most important additions to the Faculty Library is Dr. William Hirsch's "Genius and Degeneration," Appleton. When Nordau put forth his lucid lucubrations in "Degeneration," it was at once evident to the psychologist and psychiatrist that Nordau was, first of all, a literary man; his psychiatric knowledge being subordinate to his literary acumen and technique. Dr. Hirsch is, above all things, a psychiatrist. This latter author scientifically takes Nordau's errors from the mass of mystic material and holds them up to the clear light of calm reasoning. He diagnoses and analyses the real mental condition of Nordau. Those who have read "Degeneration"—and who has not?—will profit by reading the rational reply of Dr. Hirsch to this book.

The chapters on Art and Insanity, Richard Wagner and Psychopathology, which consume a large portion of the book, may well be neglected by the reader who only wishes to grasp the ideas of the psychiatrist so far as they are opposed to the Lombroso-Nordau school. "The mental work of the 'upper ten thousand,' who are now supposed to be in a state of degeneration, has certainly not been so monstrously increased as many are disposed to think. Besides, mere work does not wear out the nervous system nearly so much as the agitations of the emotions connected with the intensification of the battle of life. These things have, as I have elsewhere shown, an important influence upon the bodily functions, especially those of the vascular system, and thus upon the entire work of nutrition." P. 327.

"The Man of Genius," Scribner. This work is by Lombroso, and is of value to the medical man so far as its chapters on the influence of climate and atmosphere, the alternations in physiological rhythms and environment deal with the somatic existence of man. Its discussions concerning the proven or alleged insanity of certain individuals of powerful mental force are decidedly interesting and ably put forth. The facts, in figures, showing the influence atmospheric conditions exert on the physical and psychical organization of man is of practical value to the physician. This portion of the book can be gone over in a half-hour's sojourn in the Faculty Library.

Society Reports.

(*Continued from page 126.*)

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

SEMI-ANNUAL MEETING HELD AT FREDERICK, NOVEMBER 16 AND 17, 1898.

THURSDAY, NOVEMBER 17—SECOND DAY.

Dr. Nathan Herman then read a paper entitled "A Case of Paralysis Agitans—Cure" (see page 135).

Dr. Edward N. Brush: I would say that the case described by Dr. Herman is excellently diagnosed in the latter part of the paper, more so than in the title perhaps. The tremor being confined to one leg, I hardly think it can be called a case of paralysis agitans. I think traumatic hysteria would have been a better designation. I can hardly agree with Dr. Herman when he says that hypnotism is past its experimental stage. I have tried hypnotism myself in cases of psychical disturbance, and while I admit some temporary relief following its use, I cannot say that my cases were permanently benefited or that their development was materially changed from what it would have been without the employment of hypnotism. I think the usefulness of hypnotism is quite limited, but think it excellent in just such cases as the one Dr. Herman describes.

Dr. Herman: While thanking Dr. Brush for his kind remarks, I would state that criticism of the title is just what I expected. In the first place, the tremor was not confined to the leg, but, as expressed in the paper, "reached its greatest expression in the leg." The various authorities who have written about paralysis agitans or Parkinson's disease do not agree as to the peculiar kind of tremor nor as to its location or limitation. They do all agree, however, in denying any distinguishing etiology or pathology to the disease. They are also particular to inform us that paralysis does not necessarily mean loss of function in this disease, but only an inability to keep the limb or limbs at rest, while the case under discussion even went as far as loss of function. I think I am fully justified in diagnosing the case paralysis agitans. As for the suggestion that I call the case one of traumatic hysteria, I would call attention to the fact that hysteria is a still less definite term; in fact, the least definite of any used in medicine. It is used to designate almost any functional derangement to which we can ascribe no adequate cause. I think we should avoid its use as much as possible. As to my statement that hypnotism is past the experimental stage, I did not wish it to be taken as literally, as Dr. Brush seems to have done. There is hardly any medical procedure or any drug which has entirely passed the experimental stage, but all are still more or less experimented with both in hospital and laboratory. What I wished to convey was that the therapeutic value of hypnotism was no longer dependent upon experimental demonstration, but was generally recognized. Its application in purely psychical cases has not been marked with very great success, however, although Voisin reports benefit in fully 10 per cent. of the cases in which he tried it, and also a considerable number of cures.

Dr. George A. Fleming then read a paper entitled "Glioma Retinae" (see page 133).

Dr. H. O. Reik: Through the kindness of Dr. Fleming I had the pleasure of preparing and studying these specimens, and they were to me exceedingly interesting. I have not before seen a glioma so large as this, nor a case in which all the tissues of the eye were so thoroughly invaded. At first I was somewhat in doubt whether it was a true glioma or whether we had to deal with a sarcoma, and I submitted the matter to Drs. Cullen, Flexner and Welch, in turn for their opinions. Owing to the large amount of calcareous matter in the degenerated areas we experienced much difficulty in cutting sections, and only one good one was obtained. This prevented us from trying any variety of special stains. After a careful study of this specimen, however, we arrived at the conclusion that it was a glioma. As Dr. Cullen has just said, there are areas which bear a strong resemblance to sarcoma, but I think a careful study of the tumor would lead anyone to the conclusion already stated.

Dr. Hiram Woods said the accepted principle in treatment of glioma is to make the diagnosis as early as possible and enucleate as soon as possible thereafter. Generally the diagnosis should be easy. Barring the inexcusable mistake of confounding the growth with lens opacity, there is but one condition apt to be taken for glioma. This is the so-called "pseudo-glioma," or inflammatory deposit in the vitreous. The pseudo-glioma is a purulent or suppurative chorioiditis. It is usually described as metastatic, the eye trouble being secondary to an acute infectious disease, generally cerebrospinal meningitis. In his address before this Faculty last April Dr. Councilman said that at least in epidemic cerebrospinal meningitis the suppurative chorio-ido-iritis was not metastatic, but the result of direct extension. In this disease of the chorioid there is a history of the infectious malady, together with certain appearances of the eye. The periphery of the iris is retracted, the pupil small and irregular on account of the posterior synechiae, caused by iritis, while the anterior aspect of the vitreous mass is a dirty white or yellow, with an irregular concave surface. In glioma there are no evidences of antecedent inflammation and no history of infection. The pupil is dilated and round, and in it is seen, deep in the vitreous chamber, a convex, white mass. Sight is destroyed. It may not be totally destroyed in the inflammatory condition, but usually is. Tension is apt to be increased in glioma.

The point that Dr. Cullen has raised, regarding our course when both eyes are affected, is a difficult one, but looked at from a strictly professional point of view, admits, it seems to me, of decision different from that advocated by him. I am inclined to think that most parents would prefer to lose a child by death than have both its eyes removed, if the question were submitted in an abstract matter. I recently had this question in my practice. I saw last March a child, a year old, in whose left eye the mother had noticed a white spot. On examination there was found a growth in the left fundus, over which retinal vessels could be traced. No history of preceding disease was obtainable, nor was there evidence of ocular inflammation. I found a similar growth in the left eye. The case will be reported in full later, and it will suffice to say now that from this time, when the baby had sight, as shown by her running after playthings and reaching for objects, the growth in each eye advanced, sight was destroyed, tension increased, and there developed typical symptoms of glioma. The little sufferer was the daughter of a medical friend, and he declined to consider the question of operative interference when the diagnosis was first made. I sent the child to my friend, Dr. Harlan, who agreed in the diagnosis. I am free to confess that last spring I regarded the father's decision as natural and probably correct. But as the case developed, and it became evident that the baby was incurably blind and would meet a painful death, the duty of giving the child every possible chance for its life pressed itself more and more forcibly. Last month I took the baby to my friend, Dr. Samuel Theobald, and he agreed with Dr. Harlan and myself that there were present all the clinical symptoms of glioma. With the parents' consent I then removed the left eye, opened it, found the tumor and enucleated the right immediately. I have not heard yet from Dr. Flexner, who is examining the eye histologically. The chances of saving life are slight, but the baby is now in good health. The number of blind persons who have become useful members of society is too large to justify withholding efforts to save life because we know that the individual will be blind. Besides, is not the question of its character without the pale of professional opinion when there is a chance to save life?

Dr. Frank Martin then read a paper entitled "A Report of Cases of Fracture of the Skull, Accompanied with Serious Intracranial Hemorrhage, Operated Upon and Recovered."

The following papers were read by title: Dr. L. M. Tiffany, "Cure of Rectal Stricture by Operation;" Dr. George J. Preston, "The Borderland of Insanity;" Dr. Edward Anderson, "Salicylate of Sodium; Its Therapeutical Uses;" Dr. J. M. T. Finney, "Two Cases of Pylorectomy;"

Dr. Franklin Buchanan Smith, "Some Suggestions for Decreasing Mortality of Railroad Accidents;" Dr. Charles G. Hill, "Some Practical Suggestions on Auto-Intoxication;" Dr. John C. Hemmeter, "Further Contributions to Our Knowledge of Gastric Hyperacidity," and Dr. William F. Lockwood, "Diseases of the Liver, Clinical and Anatomical Notes."

The Faculty then adjourned, after passing a vote of thanks to the Frederick County Medical Society and the profession of Frederick for the hearty reception and kind treatment.

Medical Progress.

The Maryland Medical College.—At the opening session of the Maryland Medical College Dr. G. Milton Linthicum made a manly and eloquent address to the students, who listened with marked attention. The reference, however, to the National Temperance Hospital, connected with this new school, was very brief and the main point of the hospital was barely noticed. He said: "In connection with the college we have the National Temperance Hospital, which, for want of time to erect a suitable building, we have been compelled to quarter temporarily in this building, with accommodations for about thirty patients. But we hope in a short time to begin the erection of a commodious hospital. This is the first hospital to be opened and run on a strictly temperance plan of treatment in the East, there being one in Chicago. Professor Branham is the father of this idea, having seen it successfully carried out in London. We all believe that in the treatment of disease alcoholic stimulants can be dispensed with in the vast per cent. of cases, depending upon the alkaloidal stimulants, and a strong, nourishing diet to carry the sick over the critical period; and as the name of our hospital indicates, this will be our manner of treatment, thereby saving our conscience the sting of making good and sober men oftentimes inebriates. We feel and hope that the good people of this land will support us morally and help us financially in this innovation of a long-established precedent in the treatment of disease, thereby assisting in demonstrating to the world that disease can be treated just as successfully without the use of alcohol as with it. In training our students without the use of alcoholic stimulants in the treatment of disease, we send out our disciples to all the lands to carry and apply the same ideas."

In commenting on this project the Charlotte (N. C.) Medical Journal refers to it as a school of hypocrisy, and hints that the school is attempting to gain notoriety and students by currying favor with the temperance element and pretending to do what it really does not do.

* * *

Toothache.—Aching teeth usually need the dentist's attention, but there are times when the physician is called on in an emergency to stop a severe toothache. Dr. Frederick C. Coley, in the Practitioner, says that few toothaches can be cured permanently without extraction of the offending tooth. This is an extreme measure. Applications of carbolic acid, creosote, cocaine, etc., on the gum, or in the tooth, if it is a hollow one, will give temporary ease. Such remedies may be abused in the hands of the patient. Sometimes tire and worry, with loss of sleep, will cause a facial or dental neuralgia; then the following is suggested:

R. Quinin. sulphat., gr. ii.
Acid hydrobrom., m. xv.
Tinct. gelsem., m. xv.
Syrup., dr. iss.
Aquae q. s., ad. oz. i.

This is to be taken three times a day. Phenacetine, acetanilid, exalgin and salicylate of sodium have all been used with benefit. When the pain is started from "taking cold," fifteen grains of the salicylate of sodium, to which fifteen minims of belladonna tincture have been added, will often stop the aching in one dose, which may have to be repeated.

* * *

Changes in the Organs Due to Bicycling. — Regnaud and Bianchi (University Medical Magazine) examined the organs of three bicycle riders by means of the phonendoscope. They found that during the course of the race the size of the liver, spleen and stomach

diminished, also the quantity of subcutaneous fat. These changes were due to insufficient ingestion of food and to a considerable loss of energy, augmented by the heat, to loss of sleep and to emotion. The thoracic organs were not diminished in consequence of an afflux of blood produced by the labor. The continual movement of the limbs and pelvis, joined with the stooping attitude, elevated all the abdominal organs to a distance of from two to four centimeters. This caused an approach of the heart to the neck of from two to five centimeters. This may point to the therapeutic use of the bicycle in ptosis of the abdominal organs, in pleurisy and in exaggerated vertical position of the stomach.

* * *

A New Method of Disinfection of Dwellings.—Before the Berliner Medicinische Gesellschaft, meeting of March 9, 1898, Dr. Schlossmann described in detail his method of house disinfection, which is abstracted in the Medical Record. He uses formaldehyde in his apparatus, formaldehyde being the antiseptic most frequently employed during the last decade in the new experiments on this subject. In the apparatus is placed a mixture of water, glycerine and formaldehyde, which mixture is then boiled; in this wise not only the vapor of formaldehyde, but also water gas are generated in the room, and there is reason to believe that the glycerine enters into chemical combination with the formaldehyde, thus enhancing the effect of the latter. By this method and with this apparatus it has been possible to sterilize in three hours six or eight layers of gauze thoroughly soaked in pus; similar experiments with other infected material have been made, always with good results. It is not necessary to seal either windows or doors. The atomization causes a heavy, dense smell. Guinea-pigs left in the vapor die of pneumonia. This effect can be prevented by leaving some liquid ammonia in the room.

* * *

Inhalation Pneumonia.—In the New York Medical Journal Dr. Charles O'Donovan of Baltimore relates an interesting case of pneumonia and bronchitis caused by the inhalation of the filling of a tooth broken in extraction. The patient, a woman, had apparently, during gas anesthesia, swallowed the amalgam filling of the tooth in the dentist's chair and developed symptoms which were at first extremely puzzling from the fact that the symptoms and signs were those of acute pneumonia, and yet the temperature was not excessively high, and later phthisis was suspected, and yet no bacilli could be found, and also the patient grew stouter. Finally, more than fifteen weeks after the accident, during a severe paroxysm of coughing, she brought up the offending substance, and after that went on to complete recovery, although the excavation in the lung from the tooth filling was a long time clearing up.

* * *

Hints to Authors.—Ruskin, as quoted in the Medical Record, says: "Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them, and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way, and we want downright facts at present more than anything else."

* * *

An Aid to Digestion.—According to the Journal of Medicine and Science, Chomel knew what he was talking about when he said that a man digests as much with his legs as with his stomach, for we know that exercise facilitates nutrition, increases the elimination of waste products, promotes appetite, and under proper conditions is an aid to digestion.

* * *

The Treatment of Diabetes.—Every week some journal advocates a new or modified treatment for diabetes. In the Medical Record Dr. Abraham Mayer makes a preliminary report of his success with the use of mercury bichloride in this disease, and records a number of cases both improved and cured. He urges the profession to give it a trial.

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BALTIMORE, DECEMBER 17, 1898.

Looking Backward.

THE public gets at truths by running fads. Now one theme is taken up, now another, and tremendous enthusiasm is excited concerning it. Results more or less valuable are attained; then another theme becomes the rage, and the last is forgotten by all except a few plodders until, if it be unusually interesting, its time comes round again.

At present the public, in its more fashionable set, is making an amateur study in heredity. A large portion of the said public being unmarried, and having therefore little interest in its granchild, has suddenly remembered that it must have had a grandfather, and, indeed, co-relatives of the past in various degrees of propinquity.

The excitement which has followed this important discovery is most extraordinary. Not satisfied, as of old, in hanging its housewalls with more or less accurate portraits of alleged ancestors, the public has suddenly become intent on unearthing the private biographies of the deceased, regardless of the fact that the German phrase, "the blessed dead," is an euphemistic term not always historically exact. The biographer-historian is, of course, delighted, the humorist gets many a sly laugh at the public's unexpected finds, while the cynic insists that snobbery is on the increase and that the money spent in this resurrection business and on clubhouses for its promotion might better be devoted to the needy poor who never had a chance to have any ancestors at all, and to other necessities of the present hour.

The medical man deems it all very interesting, and hopes that a deeper respect for the laws of heredity and a graver sense of the responsibilities of ancestry to progeny will be left when the fad blows over.

The charity organizer has already found that not poverty, but persistence in vice, is the progenitor of that morally, mentally and physically degenerate, called pauperism. The public is now learning the complemental fact that piety, industry, self-culture, self-control, which unite in the true gentleman, can be traced down the blood-stream for many generations.

* * *

The Value of a Practice.

IN looking over the advertisements of a medical journal there is seen not infrequently notices that the practice of a certain doctor is for sale, with a description of the good-will and the more tangible property. The tangible property of anyone usually has some recognized value, but the good-will is too often worth nothing at all, or perhaps so little that it can hardly be estimated. In a city such a thing as transferring the good-will from one person to another is almost impossible, unless the physician who made the practice and accumulated the good-will trains up an assistant or successor and transfers the good-will while it is actually of value. The physician looking for a good thing had better beware of those who sell practices, and such transactions should not be closed until a fair trial has been given.

There are many instances in which the father or relative so gradually passes his practice, case by case, to his son or other relative that in the transfer no great change is noted. At the same time such a natural successor must be possessed of a certain amount of skill and intelligence to be able to take what is given him. The choice of a physician depends on many things, and strange as it may seem, evidences of professional ability do not seem to rank as high in the eyes of the public as ability to please in many little ways. This means that the successful physician must have skill, but much more should he be tactful and a close student of human nature.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending December 10, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	.	36
Phthisis Pulmonalis	2	13
Measles	3	..
Whooping Cough	1	..
Pseudo-Membranous Croup and Diphtheria.	54	11
Mumps	..	..
Scarlet Fever	6	..
Varioloid	..	..
Varicella	1	.
Typhoid Fever	13	1

The American Chemical Society will hold its next meeting in New York on December 27.

Dr. Grubi, the eccentric Hungarian physician, died in Paris recently, aged eighty-nine.

The Mary Washington Hospital is soon to be built at Fredericksburg, Va.

Mrs. Augustus D. Julliard has given $32,000 for another floating hospital for New York. Last summer 61,000 mothers and children were given an outing by the St. John's Guild.

Dr. Henry Campbell Doughty of Augusta, Ga., died in the twenty-sixth year of his age from tuberculosis contracted from inhaling the bacilli in the laboratory.

Dr. Harry G. Beck, 829 East Chase street, Baltimore, has been appointed vaccine physician for the eighth ward, vice Dr. H. F. Cassidy, resigned.

Dr. T. B. Huzza, a prominent physician of Atlanta, died last week in New York after an operation for appendicitis.

The members of the Boston Medical Library are making plans to raise money to erect a new building.

A Protestant clergyman near the Rhine has started a mud cure, according to which he makes his patients wallow and sleep in the loamy clay and then walk about stark naked. It is needless to say that he has a large number of followers.

At the last annual meeting of the Medico-Legal Society of New York Dr. William Lee Howard of Baltimore was re-elected one of the vice-presidents. Dr. Howard represents the State of Maryland in the society, and will shortly address the society on the "Legal Responsibilities in Alternating Personalities."

Sir William Jenner, physician in ordinary to the Queen of England, died last Monday. He was born in 1815, and was president of the Royal College of Physicians from 1881 to 1889. He had written much on typhus and typhoid fevers, and first made a clear distinction between the two diseases.

The Berlin government has appointed a number of school doctors, whose duty it is to examine into the mental and physical condition of the pupils, see what they can stand and if they are free from disease. A periodical visit to the homes of the pupils is also necessary.

The International Medical Congress will open in Paris August 2, 1900, and will close August 9. The entrance fee is $5. The congress is divided into five sections. Two general meetings will be held, one on the opening day and one on the closing day. French is the official language, but English and German may be used.

The State Board of Health of Connecticut has issued a circular for public information on "Consumption—Its Cause and Means of Prevention." The board, believing that any effort to restrict and control the prevalence of consumption will be a failure without the hearty and intelligent co-operation of the public, hopes that the information which it gives will awaken an interest which will bring practical results.

The Baltimore County Medical Association met last Thursday at the Baltimore Medical College. Dr. S. K. Merrick made an address on "Some Observations and Foreign Bodies in the Upper Air Passages," and Dr. J. D. Blake spoke on "Some Recent Work in Operative Surgery." The executive committee has arranged to have the meetings during the winter months at the various medical colleges in Baltimore, and interesting programmes have been arranged, with a view of increasing the attendance. Dr. Charles G. Hill is president of the association, and Dr. L. Gibbons Smart, secretary.

Washington Notes.

Dr. E. Oliver Belt has removed to No. 922 Seventeenth street N. W., Farragut Square.

Diphtheria has made its appearance at the German Orphan Asylum.

Dr. S. Clifford Cox, assistant surgeon First D. C. I. U. S. V., has passed the required examination and will be commissioned surgeon of the naval battalion.

At the Homeopathic Medical meeting last week Dr. J. B. C. Custis criticised Dr. C. L. Bliss for reading a paper upon "Antistreptococcus Serum" before the society. He insisted that such subjects were out of place at a meeting of the Homeopathic Society.

At the sixth meeting of the Washington Academy of Science, Wednesday evening, Dr. Samuel C. Busey, president of the Medical Society, delivered the annual address. His subject was "The History and Progress of Sanitation of the City of Washington, and the Efforts of the Medical Profession in Relation Thereto."

At the American Chemical Society meeting last week a paper was read entitled "The Estimation of Nicotine." The paper was prepared by E. A. De Schweinitz, J. A. Emory and F. K. Cameron. Dr. De Schweinitz read a report on his experiments with serums for hog cholera.

Mrs. Eliza Dashiell, a resident of Washington for the past sixty years, celebrated her 100th anniversary Saturday afternoon. She is a daughter of John Hopkins of Somerset county, Maryland, and was born in Baltimore December 10, 1798. Though somewhat weak physically, her mental faculties are unimpaired. Her hearing is slightly affected, but she is still able to read without glasses.

The following nominations have been sent to the Senate to be assistant surgeons in the army: Clyde S. Ford of West Virginia, J. H. Ford of District of Columbia, P. M. Ashburn of Ohio, E. A. Dean of Tennessee, Walter Cox of Maryland, R. B. Westredge of Iowa, F. M. C. Usher of Kentucky, G. L. Steer of Pennsylvania, W. F. Fruby of Pennsylvania, F. F. Russell of New York, E. P. Wolfe of New York, E. W. Pinkham of Massachusetts, D. P. Williamson of Missouri and C. E. Morrow of Virginia.

Book Reviews.

A Text-Book of Materia Medica, Therapeutics and Pharmacology. By George F. Butler, Ph.G., M.D., Professor of Materia Medica and of Clinical Medicine in the College of Physicians and Surgeons, Chicago. Second Edition, thoroughly revised. Handsome Octavo Volume of 860 pages, illustrated. Prices, cloth, $4 net; sheep, $5 net. Philadelphia: W. B. Saunders. 1898.

The appearance of a second edition of this work shows that it has created a demand, in spite of the many works on the subject and the difficulty of investing any originality in such a work. It is divided in a convenient manner for study and reference. The newer branches of therapeutics are taken up: serum therapy is thoroughly considered, and the therapeutics of nuclein are fully explained. The book is up to the times and is a valuable aid to the physician. It contains also a very full list of all the newer remedies, which is very important. The more difficult words are accented to show their proper pronunciation. The book is a handy little guide, and will receive the welcome of the first edition.

REPRINTS, ETC., RECEIVED.

Present Status of Serum Therapy. By Geo. W. Cox, M.D. Reprint from the *Journal.*

Illustrated Announcement of the Harvey Medical College, Chicago. 1898-1899.

The Use of Quinine in Malarial Hemoglobinuria. By Albert Woldert, Ph.G., M.D. Reprint from the *Medical News.*

The Use and Dangers of Cocaine. By W. Scheppegrell, A.M., M.D. Reprint from the *Medical News.*

Golf from a Neurological View-point. By Irving C. Rosse, A.M., M.D., F.R.G.S., Washington, D. C. Reprint from the *New York Medical Journal.*

Kryofine. Observations made at the Clinic of Professor Eichhorst in Zurich. By Eugenie Back. Reprint from the *New England Medical Monthly.*

Favorable Results of Koch's Tuberculin Treatment in Tubercular Affections that are not Pulmonary. By Charles Denison, A.M., M.D. Reprint from the *New York Medical Journal.*

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Original Articles.

CASES OF MASTOID DISEASE

By Hiram Woods, Jr., M.D.,

Clinical Professor of Eye and Ear Diseases at the University of Maryland; Surgeon at Presbyterian Eye, Ear and Throat Charity Hospital, Baltimore, Md.

REPORTED AT THE MEETING OF THE CLINICAL SOCIETY OF MARYLAND, NOVEMBER 4, 1898.

In a general way diseases of the mastoid region may be divided into external and internal mastoiditis, involving the outer cortex or periosteum, primarily or secondarily, or causing destructive lesions in the pneumatic cells of the process. Again, the latter must, for purposes of study or proper treatment, be viewed from the standpoint of the tympanitic disease which has caused the mastoid trouble. Its acuteness or chronicity, the condition of the tympanum, age of the patient, action of former methods of treatment, enter, among other factors, in determining therapeutic means. Of all varieties the most important and interesting are the suppurative processes occurring in the pneumatic cells during an acute or chronic suppurative otitis media. Of these my hospital associates, Drs. Crouch and McConachie, will speak presently and show illustrative cases. I want to report four cases, which are interesting partly from their rarity and partly from the symptoms which accompanied the mastoid changes:

Case 1—Primary Periostitis of the Mastoid Cortex.—Miss R., aged twenty-four, a healthy girl, came to my office June 16, 1897, for relief from earache on the left side of one week's duration. In infancy Miss R. had suffered from otorrhea of the right ear, the drumhead of which was cicatricial from old perforations. Hearing for the watch in this ear was *nil*. It was normal in the left, or painful, ear, tests and examination failing to show any sign of otitis media. There was, however, on the posterior wall of the canal, near the junction with the superior and at about the termination of the cartilagenous meatus, what looked like a feruncular swelling. It was incised with a sterilized knife, but no pus was obtained, nor was there relief from pain. Aristol ointment was applied. Miss R. saw me early the next morning. She had passed a bad night. The temperature was 101°—half a degree higher than on the previous day, and pain severe. The auricle was now pushed forward, the canal partly closed by swelling of the post-superior wall, the mastoid cuticle reddened, and along the junction of the auricle there was a suspicion of fluctuation. In view of the exclusion of middle-ear disease the previous day, diagnosis of external periostitis was readily made.

It might not have been so easy had the case now been seen for the first time. The same afternoon, at the patient's home, I incised the posterior canal wall, under ether, and cut along the mastoid from tip to near top of auricle, following the auricular attachment. The mastoid cortex was examined and nothing found save a roughness of the anterior surface leading from the mastoid plane into the canal. Here the periosteum was detached. I am inclined to regard this periostitis of the mastoid as the primary trouble and the supposed furuncle in the canal as secondary—an effort of nature, possibly, to drain through the canal. It is very improbable that so much misfortune could follow so quickly the incision

of a simple furuncle. Again, the painful symptoms had lasted a week and the incision brought no pus. This was against the diagnosis of furuncle. On the other hand, an extensive redness of the post-superior wall could have easily escaped notice behind the "furuncle." There was no history of injury, and the cause of the periostitis I was not able to make out. Recovery after operation was prompt.

Case 2—Acute Suppurative Otitis Media, Supra-Cortical—Collection of Pus (Dissecting Tympano-Mastoid Abscess), Evacuation of Pus, Without Entering the Pneumatic Cells—Recovery of Both Mastoid Abscess and Otorrhea.—Early in June last a female child, three years old, was brought to my clinic at the University Hospital with acute suppuration in the left middle ear of a few days' standing. My assistant, Dr. Edward E. Gibbons, found a small perforation in the upper and posterior angle of the drumhead. The otorrhea was not profuse. Two days later swelling of the superior canal wall was noted. There was not much pain. In two more days (the child being "nursed along" for my clinic) a large post-auricular fluctuating swelling was present. I found a scanty otorrhea, swollen superior canal wall, mastoid swelling, the size of a large walnut, and protruding auricle. View of the drum membrane was unobtainable. Under chloroform this swelling was incised, giving vent to two drachms or more of pus. The external wound was continued from the tip to above the auricle. The cortex was carefully examined. No carious point or fistulous opening into the cells was found. The abscess cavity lay along the superior posterior wall of the canal and the mastoid plane. With no other treatment save warm-water syringing the abscess and otorrhea recovered.

Before stating my reasons for classifying this case as belonging probably to the dissecting tympano-mastoid variety, it may be well to say a word about this form of mastoid disease. So far as I know it was first described by the late Dr. Sexton of New York. In his work, "The Ear and Its Diseases," published in 1888, he says:

"In acute inflammation of the attic, unless a regressive course is established, the secretions are liable to become imprisoned by closure of the outlets; this, together with extension of periosteal inflammation outwardly along the roof of the adjacent canal, is attended by infiltration or suppuration, the membrana flacida and adjacent integument becoming red and tumefied. * * * The secretions now seek an outlet from the attic in this direction, distending the tumor more and more. There is not the tendency to rupture of the sac thus formed as when the lower portion of the drumhead is distended, since the former is not only much thicker, but, being loosely attached, permits secretions to easily burrow underneath."

The liberated secretions now dissect their way out, first along the osseous wall of the canal and then over the temporal bone in various directions, most frequently, however, posteriorily. In this manner the formation of what is known as a dissecting tympano-mastoid abscess takes place. These dissecting abscesses, in the writer's own experience, occur most frequently in young children, as would be expected, when the loose attachment of the drumhead to the auditory plate at this age is considered. In such cases the canal and the periauricular region sometimes swell up rapidly and subside again as quickly without abscess formation. The nearest approach to this description which I have been able to find in other authors is the following from Dench, "Diseases of the Ear:"

"In children the presence of pus beneath the integument in the post-aural region does not of necessity indicate a perforation through the cortex. In these young subjects a collection of fluid within the tympanic vault frequently makes its way along the superior wall of the canal, gaining exit from the cavity through the Rivinian segment by dissecting the soft parts away from the bone in this location. In very young infants this is by no means uncommon, while in children over ten years of age it is occasionally met with."

I do not think that this pathology of post-aural collections of pus, without lesion of the mastoid cortex, during the course of acute suppurative otitis media,

is as generally accepted as is the explanation that infection reaches the soft parts over the cortex through the lymph channels, perforating the cortex from the cells. (Since reporting at the Clinical Society on November 4 I have written Dr. Dench about this class of cases, and he replies that while recognizing the pathology of the dissecting abscess, he looks on any post-aural collection of pus in acute otitis media suppurativa as indicating the operation of opening the cells to the antrum, on account of the impossibility of knowing that they are not diseased and the great probability that they are.)

My reasons for considering the abscess a dissecting one, then, were the high perforation noted by Dr. Gibbons, the subsequent swelling of the superior wall, and collection of pus on the mastoid, the site of the abscess on the mastoid plane and the post-superior wall of the canal, and the absence of a sinus in the cortex. The cortex in children of that age is very thin, and usually breaks down if there is inflammation in the cells. Sexton's description seems to refer chiefly to the course before perforation of the drumhead; but the cause, as he gives it, is "closure of the outlets." This may occur as well after an otorrhea has been established as before. Hence, I did not attach importance to the presence of otorrhea before the mastoid abscess. My patient recovered with simple drainage of the abscess. Dr. Sexton told me some years ago, when I met him in New York, that he thought such abscesses in children usually recovered without more operative treatment than I have described. Dr. Dench, in his letter to me, gives a strong argument for more radical procedures. We cannot say what is the condition of the cells until they are opened, and a post-aural collection of pus is very suggestive.

But the case I have mentioned is not an isolated one. I have seen many of them in my own and Professor Chisolm's practice, and it has been the exception for them not to recover. I have twice seen these tympanic exudates creeping along the superior wall from the attic in adults, with evidence unmistakable of attic catarrh, and cured them by early incision in the canal near the drumhead. There is plenty of clinical evidence that in many cases simple evacuation cures. The convalescence is much shorter than if the cells are opened. Provided the case can be kept under observation, and there is as much reason to think as there seemed to be in the case I have cited, that the course of infection is outside, I have never been able to convince myself that it is wrong to operate upon young children as indicated; being prepared to go farther on the first indication. Continued elevation of temperature, pain, or even delay in recovery, would indicate the need of radical procedures.

Regarding the extent of our operation in acute mastoiditis, while no tissue manifestly diseased should be left, there is a class of cases in which it is at least a question as to whether or not the antrum should be entered. I mean the pus accumulation in the vertical portion of the mastoid, which, according to Politzer, usually finds its way to the surface by a depression or opening in the cortex "three-quarters to 1 cm. behind the osseous meatus and about one cm. above the lower point of the mastoid." According to my own limited experience, one finds these abscesses chiefly among children. After evacuation of the pus outside the cortex the probe finds a depressed spot, and this leads into a cavity of necrotic tissue, which yields readily to the spoon. Soon the tissue becomes more resistent. Should we only clean the abscess cavity, or go on to the antrum?

We are to bear in mind that the mastoid antrum is affected in practically all cases of suppurative otitis media, but that only a small number require special treatment. Speaking of his own experience, Politzer says:

"Almost without exception there was no communication between the abscess and the mastoid antrum in the large number of cases operated on by me. The establishment of an opening between the two is not wished in any case of acute middle-ear suppuration, as the wound, which is disinfected after scraping, would become infected by the pus from the antrum."

I believe that the present prevailing opinion on mastoid surgery is that anything short of establishing a free communication between the mastoid abscess and the antrum, even in acute mastoiditis, is insufficient. I am not prepared to accept this as a general surgical principle. The physiology of the ear must be, and we know is, affected by extensive operation. If vital indications are present, as they sometimes are in acute, and frequently are in chronic mastoiditis, we cannot hesitate. But in their absence, if an operation which does not enter the tympanic cavity is enough to cure the mastoid complications and the otorrhea, it is all that is necessary.

(Dr. Woods also reported two cases of sclerosing mastoiditis, with somewhat unusual symptoms. As the discussion at the Clinical Society following his paper and the presentation of cases by Drs. Crouch and McConachie, was confined to suppurative mastoiditis the publication of the sclerosing cases is postponed to a later issue.)

ON THE USE OF POULTICES FOR THE RELIEF OF PAIN IN PLEURO-PNEUMONIA.

By Charles O'Donovan, A.M., M.D.,
Baltimore.

Many cases of pneumonia run their course with little or no pain, while others cause great suffering from pain alone: cases in which the pain is the only thing complained of, obscuring the fever, the cough, even the oppression of respiration. This pain is always pleuritic in its origin, and is described as extremely severe, of a cutting or stabbing quality and is very difficult to relieve. Large doses of anodynes are not always desirable, nor are any of the coal-tar products to be used hastily; counter-irritation, though sometimes efficient, frequently fails to relieve; changes in posture rarely give much comfort, rather increasing than decreasing the pain.

Though it is decried by many reporters as unscientific and to be avoided, yet considerable experience enables me to state that I have found more comfort follow the use of a hot poultice, frequently changed as it cools, in such cases than any of a number of different remedies that I have tried and discarded. I cannot say how the soothing action is exerted, whether directly or by reflex action, but I have used the poultice too often, with the happiest results, not to be able to recognize it as a serviceable remedy, readily attainable and efficient in action.

I do not speak now of any effect upon the progress of the pneumonia, but solely of its action in relieving the sharp pleuritic pain that is so often a concomitant. Thus, on February 2, 1897, I attended a young woman, aged twenty-five years, who had pneumonia in the right lung, with a temperature running from 103° to 104 1-5° and a pulse rate of about 120 throughout the attack, which involved only the upper half of the lung. With it she had a most agonizing pain just above the right breast, where the pleura was involved.

I gave her several hypodermics of morphia, which eased her only for a few hours, but did not break up the pain, and it was not until she was told to apply a succession of hot poultices of flaxseed meal that she succeeded in obtaining satisfactory rest. The morphia made her constipated and nauseated her, interfering much with the course of her illness; the poultice, on the other hand, relieved her equally without any such ill-effect.

In another instance a young man of nineteen years developed pneumonia in his left lung, accompanied by an extremely severe pain just below the region of the heart, which made it impossible for him to sleep or even lie down flat in bed. He obtained almost entire cessation of pain after the first application of the poultice, and although the pneumonia ran a very slow and obstinate course, with successive developments of pleuritic pain in various places, yet he invariably obtained relief from the use of poultices.

These are but single instances of similar cases, of which I have notes, whose recurrence must convince one that there is more good to be had from the simple, old-fashioned remedy than modern reporters are willing to admit. Against the

poultice is urged the likelihood of its growing cold and chilling the surface, but this must be the care of the nurse; also that it is clumsy and uncomfortable to the patient from its bulk, but this is not true, for the sufferer desires above everything at that time to be relieved from the pain which every breath gives him, and welcomes the soothing warmth of the poultice, not because it is esthetic or thoroughly scientific, but because it gives him ease and enables him to breathe.

I have been led to present this paper from a similar experience that has just fallen under my observation. A young man, aged eighteen years, had an acute pneumonia affecting the whole left lung, and with it an amount of suffering that was most trying. The pain was greatest just below his left nipple, and, being near his heart, naturally caused him intense uneasiness. He showed no heart involvement whatever, either endocardial or pericardial, but a dry friction sound with inspiration could be detected. He had considerable fever also, averaging 103°; so acetanilid and quinine were given him when he was first seen, but it had no effect whatever upon the pain, which grew much worse during the day.

In the evening, finding him tossing restless and in agony, and with no prospect of sleep, I ordered one-quarter grain of morphia in solution, to be repeated in the night if it should be required. He had some relief, and slept fairly well, but all the next day he was vomiting so that several teaspoonfuls of blood were mixed with the mucus ejected. As the effect of the morphia wore off the pain returned in full severity, cutting him severely with each inspiration. Hot poultices were then applied, and no anodynes were allowed, giving rapid relief, so that he slept the next night far more comfortably and had no more nausea. From that time he progressed favorably and made a good recovery.

These few cases could be increased by others from my notes, but they should be sufficient to convince one of the great utility of poulticing in properly-selected cases. If it is correctly made and spread between cloths a poultice is neither clumsy nor dirty; it can be removed readily when the fresh one is to be applied, and if covered with oiled silk and an external covering of flannel be used it will retain its heat for four or five hours without renewal.

NOTES ON RECENT SCIENTIFIC LITERATURE.

By William Lee Howard, M.D.,
Baltimore.

II.

Degeneracy: Its Signs, Causes and Results. By Eugene S. Talbot, M.D., D.D.S. Contemporary Science Series. Charles Scribner's Sons.

It is a relief to get away from the Lombroso-Nordau school of degeneracy that we considered last week and find we have a new book on degeneracy in which scientific accuracy is its *motif*.

Since Morel wrote his book there has been no systematic work on degeneracy, the books on this subject which of late have attracted so much attention having teemed with psychical fancies and toyed with physiological facts. Whether Wagner was a psychopath, with abnormal sexual tendencies, or Goethe a dreaming philosopher, ever on the hunt for confiding virgins, or Schopenhauer suffered from *folie de doute*, is but of passing interest to the busy medical man. With the fads, fancies and foibles of the ever-changing "upper ten thousand" he has but little time to devote, and it is of no scientific value to him whether Huysman is a decadent, or Ibsen's mental attitude is determined by three fundamental ideas of Christianity. But of such puerile personalities and psychical peculiarities have we had to read, and after all this to find a fresh, systematic, accurate work, founded on anatomical and physiological bases, such as Dr. Talbot has given us, is indeed a profitable satisfaction.

There is not a page or chapter in this book that the physician can afford to slight. Its conciseness, its clearness in expression and systematic arrangement of subjects allows the reader to absorb

its facts and principles without waste of time.

Among the chapters of special interest are those on heredity and atavism, on consanguineous and neurotic marriages, school strain, degeneracy of the teeth and jaws and degeneracy of the brain.

Without going into further details of this valuable work a study of the following exhibit will give the reader an idea of the ground covered by Dr. Talbot. The following gives the chief expression of degeneracy classified according to the system affected:

Ethical.—Crime and vice; prostitution and sexual degeneracy; moral insanity, pauperism and inebriety.

Cerebral — Intellectual.— Paranoia; hebephrenia; periodical insanity; insane tendencies; epileptic insanity; hysteria; neuroticism; one-sided genius; idiocy and imbecility.

Sensory.— Congenital eye deformity; deaf mutism; smell anomalies.

Spinal Degeneracy.— Hereditary and congenital disorders.

Nutritive Degeneracy. — Exophthalmic goiter; lymphoid abnormality; acromegaly; tissue instability; adenoids; ichthyosis; myxedema; plural births; bleeders; cancer; excessive fecundity; gout and allied states; early lipomatosis.

Reversional Tendencies.— Jaw abnormality; cleft palate; hare lip; teeth abnormality; organ abnormality; primitive uteri and allied male states; cloaca and allied male states; kidney abnormalities; liver abnormalities; amelia, polymelia, club-foot, etc.; muscular and bony abnormalities.

Lombroso states in his work, "The Man of Genius," that yellow is the color most affected by insane artists and writers. It is well to remember that his studies were made before the advent of "yellow journalism."

Amyl Nitrite in Diabetes Insipidus.—Dr. Ernest F. Clowes, house physician of the Royal County Hospital, Winchester, reports in the Medical Record the successful treatment of diabetes insipidus with this drug. There was a gain of ten pounds in weight.

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD NOVEMBER 4, 1898.

The meeting was called to order by the president, Dr. J. W. Lord.

Dr. Randolph Winslow reported a case of "Gastro-Enterostomy." This man has been suffering with malignant trouble of the stomach, and I performed the operation of gastro-enterostomy upon him. He had been suffering for fifteen months before I saw him. Had not much pain, but vomited after the ingestion of food, sometimes for several hours, and, as a consequence, became reduced to a skeleton. He is not corpulent at present, but compared with his previous condition is now quite fat. There was a considerable growth to be felt in the epigastrium. There is nothing extraordinary in the case, except that it shows the good result of a conservative operation.

You will remember that in a carcinomatous condition of the pylorus this entrance becomes closed, so that no food passes through it. In consequence the food which is taken into the stomach accumulates there and after some hours is regurgitated, the stomach usually becoming after a while considerably dilated. Of course, in these conditions the patient emaciates very rapidly, has pain, vomiting and marked constipation.

I opened the abdomen five weeks ago for the purpose of doing a gastro-enterostomy, or of excising the growth, as the case might be. Finding the growth too far advanced to remove it, I did the first operation. The growth involved a considerable portion of the stomach, so the jejunum was taken from the point where it crosses the spinal column, and a loop of it was brought up and attached to the stomach. The original operation was to seize the first loop of the intestine that came to hand and attach that, but it was subsequently found that the piece pulled up might not infrequently be almost as far down as the ileo-cecal valve, and by pressure upon the colon would produce a gangrene. To modify that Van Hoeffer, the second assistant at Billroth's clinic, proposed to make an opening

through the mesocolon and attach the loop of intestine to the posterior part of the stomach. That is what I did in this case. Placing one row of sutures, I introduced a Murphy button and enclosed that with another row of sutures. The button remained in situ for some time and was passed per anum on the 23d day.

His vomiting ceased immediately. He took food by mouth on the third or fourth day, and in a short time was taking solid food. He now eats anything he chooses and digests it. The cancer is still there, and the man will die after awhile, but in the meantime he will have a certain length of comfortable existence.

Dr. Pearce Kintzing: I had a very interesting case of cancer of the stomach pass away two weeks ago tonight. The growth was over the cardiac orifice and extended up six or eight inches into the esophagus. It looked like and felt like an inverted funnel. The man was at work and felt no inconvenience up to three weeks before he died. He came to me one week later, and in attempting to wash out the stomach I felt the growth. After his death I obtained the pathological specimen and still have it. A peculiarity of the case was the extreme smallness of all the organs of the body. The heart was the smallest I have ever seen, although he was a man of more than six feet. The other organs were likewise small, and there were metastases in the liver and spleen.

Concerning the Murphy button, Dr. Trimble and I introduced one in a patient on the 12th of August, and it has not been passed yet, although the patient has been carefully watched.

Mr. John R. Cary made some remarks on "An Effort to Furnish Proper Diet to the Sick Poor." I am very much obliged for the opportunity of introducing this subject tonight. I have a recollection that at some time or other a doctor told me that in dealing with a special disease he dealt generally with the patient to restore him to good general health, and it is in that way I shall treat this subject. This afternoon a paper came to our office, written by a doctor, who had a patient whom he believed to be in destitute circumstances, and requested him sent to the police station. I hope the day is past when sick people shall be referred to the police.

I want to tell you that the Association for the Improvement of the Poor, though forty-nine years old, has been treated to the operation of blood-letting, some old blood being let out and some new taken in, and we are prepared to receive and answer such requests as the above. It will be done, too, without any hesitation or any fuss.

The particular matter I wish to call to your attention is the matter of diet for persons in extreme illness and who are too poor to obtain it themselves. A number of times our attention has been called to cases where there was great difficulty in procuring proper diet, and to meet that need I spent some time this summer in ascertaining how it was done in Boston. I believe I can tell you how it can be done without the great cost of the Boston Diet Kitchen. We shall furnish directly from the wagon of the Filston Farm the best milk furnished directly to the cases that we are justified in so supplying. It shall be the best milk of this dairy, the same they furnish to my house or to yours, and two quarts daily will be delivered, the order to be renewed as long as necessary. The reason I ask your attention to the matter is that we hope you will assist us in getting hold of the cases that need help. I know there are very few physicians that do not have a great deal of work to do among the poor, and you probably all meet with cases where, if you were sure that good milk and eggs could be delivered to them, you would feel more certain of their ultimate recovery. It is not difficult for us to get hold of the chronic poor and the beggars, but what we want to get hold of is the shrinking, retiring and deserving poor that are always neglected by the police department.

Our telephone number will be 3384, or you may address a postal card to No. 4 West Saratoga street, simply telling us that there is a case at such and such a place, and we shall be glad to attend to the order promptly, and, if you wish it, we will report to you what has been done

in the matter. If the case turns out to be a fraudulent one you should be advised of it, and if it is a worthy case you will be glad to hear that it is getting attention. We want to do the best work that can be done and want to reach the people that are not easily reached except with the aid of the physicians, and we have confidence in doing this that you will not impose upon us. Our special efforts shall be to feed the sick and the convalescent, but not to continue feeding poor people.

Of course, we do not do this sort of thing without expense, and we have no magic means of coining money; so when you are dealing with patients that are able to pay and are interested in such a charity if you can induce them to co-operate with us by contributing to the cause it would help us very much.

Dr. Lord: I am sure we all feel very much indebted to Mr. Cary for the information he has given us and for the assistance he offers the profession in their work amongst the poor.

Dr. Herman: Mr. President, I move a vote of thanks to Mr. Cary for his kindness in presenting this subject to the Clinical Society.

The vote was unanimously passed.

Dr. Hiram Woods then made some remarks on "The Mastoid Operation" (see page 147).

Dr. J. Frank Crouch spoke of "The Mastoid Operation, with Exhibition of Patients."

Dr. A. D. McConachie also spoke of "The Mastoid Operation, with Exhibition of Patient." I have a patient here that exhibits some peculiarities—a young man, about seventeen years of age, who had had a discharge from the ear since childhood. He came to me on August 29 with the history of having had a chronic otorrhea which had existed for a long time. The tympanic membrane was entirely gone and the external canal was partially filled with cholesteatomatous matter. I removed the malleus and incus under cocaine. He went home and back to school. There was no evidence of redness or swelling over the mastoid, but there was some tenderness. I hoped that the cavity would drain itself and that he would remain comfortable. After staying at school for some time, however, he was taken suddenly with pain in the ear, and on the 5th of October came to the city again, with a temperature of 105.5°. On admission to the hospital he had no phenomena pointing to mastoid abscess. There was very slight redness, very little tenderness, but below the mastoid, in the neck, there was evidence of pus, which was gravitating down the neck and possibly had produced metastases elsewhere. Antiphlogistic measures were adopted, but as his condition had not improved by the next day he was prepared for operation. The usual procedures were gone through with and the mastoid was opened. On the evening after the operation the temperature was 101°, and it remained low for one week, when it suddenly shot up again. The cause of this was that no opening into the neck region had been made. The reason why this was not done was that I found the bone perfectly dense and no communication between the mastoid and the exterior. I opened into the lateral sinus which had been exposed by the morbid process, and there was considerable hemorrhage, which was not easily controlled and which delayed further operation. I also opened a vein in the mastoid which communicates with the lateral sinus and which is said not to exist in all cases. The field of operation was cleansed, the wound packed with gauze and left until the next day.

When the dressing was removed there was evidence of pus still coming from the region of the lateral sinus. When the temperature went up at the end of a week the incision was extended downwards into the neck, the sterno-cleido-mastoid muscle was separated from the mastoid tip, the latter removed, and the temperature next morning was down to normal. He is now gaining in flesh and seems perfectly comfortable. The discharge from the ear has almost stopped and his hearing is as good as when I first saw him.

Drs. Woods and Crouch have gone over the operation as regards its pathology. We can have external mastoiditis or internal mastoiditis, and as we differ-

entiate between these our methods of treatment must differ according to the location of the disease. I think the symptoms that point to the involvement of the mastoid are not much swelling, edema or redness, but the phenomena we most depend upon are pain as spoken of by the patient and pain as elicited by pressure localized over the region of the mastoid antrum, sometimes by pressure upon tip of the mastoid. I had a talk with Dr. Macewen some years ago, when he laid great stress upon the point of pain on pressure over the tip and especially over the region of the antrum. The temperature may vary. This boy had a high one, but it may run from 99° to 105°.

A suppurating ear presenting itself to any doctor, with the history of mastoid tenderness, especially marked on percussion—never mind the temperature—the discharge at first frequent and then stopping, I should unhesitatingly say should have an opening made into the antrum and further if necessary. If the tip is necrotic, remove it. If I found the antrum or atticus diseased I should go into the middle ear and remove the ossicles, as Dr. Crouch did in his case, and I would also remove any carious material in the walls of the tympanum.

At the Manhattan Hospital in New York fifteen years ago they did ten mastoid operations during the year. In 1896 they performed 135, and last year a great many more. That means that by the improved methods of operating many lives are now being saved that were formerly allowed to be lost. It behooves us to recognize these cases and operate early.

Dr. Herbert Harlan: Upon the general question of conservative treatment this is like every important subject—there are two sides to it, and numerous cases might be cited for either side. I should like to mention one case to show how extensive may be the disease and yet the individual continue to do fairly well. Some time ago I saw a boy whose ear was discharging very freely and who had a large opening over the mastoid, with a free discharge of pus. I sent him to the operating-room, and without enlarging the external opening I pulled out with a pair of dressing forceps four pieces of bone and washed out the wound. The fluid passed freely through the mastoid opening to the external canal. One of the pieces of bone was quite large and showed a cast of the petrous portion of the temporal bone. Another was a cast like the bone from around the carotid canal, and from the inner edge of that there were evidences that every portion of the petrous part of the temporal bone was carious. This boy had had a discharging ear for a year or two. He came back to the hospital only once later, but I heard from him again that he was doing very well. He was playing about as usual and the family would not bother to have anything more done to it.

Dr. R. L. Randolph: I have been much interested in this series of cases, and I have little, if anything, to add to that which has already been said in connection with the clinical aspect of mastoid affections. This has been gone over thoroughly by the speakers. I might venture to say, however, that the operator who knows most thoroughly the anatomical conditions of the mastoid will, in the long run, get the best results. While cleanliness will cover up or compensate for many shortcomings in one's knowledge of the surgical anatomy of this region, still ignorance of the finer minuter details in the anatomy of the mastoid might, to say the least, render a surgical procedure fruitless. Often the mastoid is opened and nothing abnormal, or, at least, intelligible, is revealed to our eyes, not because the trouble is not there, but because it lurks in the secret places, so to speak, the unfamiliar places, and fortunate it is if in such cases we can ward off a serious infection. To know how to locate the lateral sinus is useful knowledge as far as it goes, but it is not everything by any means. My remarks apply only to that class of cases where acute inflammatory symptoms are absent, to that class known as sclerosing mastoiditis, two of which variety Dr. Woods has reported. Dr. Crouch spoke of the use of chromic acid as an application to the base of a polyp. I have abandoned the use of this agent, because I regard it as unsafe. Its action cannot be controlled as that of nitrate of silver can,

and I have not unfrequently seen intense irritative symptoms follow its use.

Dr. William Green: Dr. Crouch spoke of the extreme rarity of these cases, and that they were brought forward only in 1884. It happened to be my fortune to see two cases operated upon within a week in Brooklyn as far back as 1859.

Dr. H. Friedenwald: I would like to say a few words in regard to Dr. Woods' remarks. He stated that when he finds the surface of the mastoid normal he is inclined to go no further, and bases that opinion upon a case in which he found a periosteal abscess and which recovered after a simple Wilde's incision. I think that of all the surgical procedures the otologists have brought to light the Wilde's incision is the very worst. If I should care to make a rule as to whether those cases of mastoid disease are to be opened in which we find a fistulous opening on the surface of the bone, or in those cases in which the surface is apparently normal, I should say, open the latter.

I am quite sure that one or two cases of death which I saw following mastoid disease in which the Wilde incision had been made were due to the fact that the operation was incomplete. I have seen one case in which a simple opening of the pereosteal abscess resulted in perfect cure, but there was no involvement of the middle ear, the mastoid disease was apparently primary, and I am not quite sure if the mastoid was involved, for I did not open it. I can only say the case resulted in cure. If there had been better circumstances surrounding the case I should have opened it.

In regard to opening the antrum in acute mastoiditis, I am fully convinced that in a large number of cases it is essential, but there is a class of cases, especially in the very young child, in which the simple opening of the mastoid abscess will result in cure.

In chronic mastoid affections the absence of an external sinus is of frequent occurrence. The surface of the mastoid in these cases is almost always normal, and if we guided ourselves by that we would in most cases make an error. The reason we can make an exception in certain forms of acute mastoiditis is this, that the affection tends, under proper therapeutic means, to run a short course and to end in recovery unless there be some complications, such as an abscess in the mastoid, to prevent it, and a relieving of the mastoid abscess in those cases will naturally be followed by cure of the affection. In chronic cases, however, this is never the case. The only question in my mind is to what extent shall we open. I am inclined to think the simple opening of the antrum and going no further in those cases in which the antrum is not diseased and the region about seems all right is sufficient, but where the antrum is found to be diseased you cannot clean it out too thoroughly. Since the middle ear has some function left, to what extent shall we jeopardize it? When we open the whole into one cavity we produce a very extensive change in the anatomical condition of the middle ear, and this must naturally be followed by a high degree of impairment of function. I should say that in most of the cases a large and free opening into the antrum is sufficient. In those cases, on the other hand, where there is facial paralysis or any cerebral symptoms whatever, or chills indicating an involvement of the sinus, we ought to open the middle ear fully. Ten days ago I opened a mastoid in that way for a child about fourteen who had had convulsions and very definite cerebral signs of infection. All the symptoms disappeared after a free opening of the middle ear.

There is one other point I must mention—that of taking away the tip. It is certain that it is very frequently affected, and I am never satisfied if it is not freely opened; but I cannot see any advantage in taking it away and exposing the tissues of the neck when we can get the same exposure of its structure by removing the anterior surface of the tip and scraping its inner substance.

Dr. Woods: I want to be perfectly clear on this matter brought up by Dr. Friedenwald. I no more believe in leaving diseased tissue in the cells than anyone else does. He says that if he had to make his choice between making an opening in a mastoid cortex which was sound and one with a fistulous opening he would always go into the former. I should say it de-

pends on the age of the patient, the time the abscess has been on the mastoid and the acuteness of the middle-ear suppuration. The case of the child in my rereport of this evening is a fair example of those in which, it seems to me, there is clinical evidence to prove that they recover without other treatment than draining the external abscess. The abscess develops rapidly during an acute suppurative otitis media in a young child, usually under five years of age; there is not much pain or fever; one evacuates by incision a large amount of pus from between the skin and cortex; finds an abscess cavity leading back over the mastoid plane toward the canal; the cortex is carefully bared and examined, and no soft point is found. This is, I believe, the condition known as the "dissecting tympano-mastoid abscess," first described, so far as I know, by the late Dr. Samuel Sexton of New York. Should that collection of pus on the mastoid cortex be considered an invariable indication for opening the cells to the antrum? I know that unless this is done there is no certainty that the cells are not seriously involved. But the cortex of a child of that age is usually very thin, and so is apt to show signs of cell disease. If one recognizes this method of involvement of the external mastoid region from the tympanum he may, in the condition described, hesitate (I think without subjecting himself to a just charge of insufficient surgery) to enter the cells. I know that I have seen case after case of this kind go on to recovery from the abscess and the otorrhea. The convalescence takes about as many days as that of the routine cell operation does weeks. I have had to operate a second time in two cases, as I recall. I should keep the case under daily observation. If I felt there was doubt of my ability to do this I should enter the cells at once. What I wish to emphasize is that there is a class of mastoid abscesses which do not require for their cure and relief from the acute suppuration in the tympanum any operation involving the mastoid cells. My quotation from Politzer referred to the acute suppuration in the vertical mastoid cells, sometimes seen in acute suppurative otitis media. One finds a small carious spot on the cortex, with the spoon gets into a cavity, which he curettes, and soon finds himself scraping tissue which has a very different feel from that first encountered. It is, I think, this class of acute cases which Politzer has in mind when he advises against going on to the antrum. I know I have seen a number of them get well without farther operation than cleaning the abscess cavity. The man shown tonight by Dr. Crouch, and operated on most skilfully by him at the Eye and Ear Hospital, does not belong to the class at all. His whole process was diseased, and nothing short of what was done would have sufficed.

The principle for which I am contending is this: If our object is to cure the patient with as little interference with the ear structure as possible it is not necessary, certainly in acute cases, to invariably go into the antrum, or, in a special class of cases, to even enter the cells. The modern mastoid operation is probably as safe as any radical surgical procedure can be. I confess that one always feels more comfortable if the cells have been explored. These things are to have their full consideration. But, with such conditions as described above, provided the case can be kept under observation, I believe a second operation will rarely be necessary. I agree with Dr. Friedenwald that you should never do a Wilde's incision unless you are prepared to go further.

In reference to Dr. Randolph's experience with chromic acid, I want to say that I have used it for years, but doubt if I shall do so again after my experience with this child. I have used it fused on the end of a probe, and it never got away with me before.

I agree with what Dr. Friedenwald said about the tip of the mastoid process.

Dr. Crouch: I have nothing to say in concluding, except that what Drs. Friedenwald and Woods have said has been my idea of removing the tip—removing the outer wall and cells and leaving the inner wall, of course, unless it is diseased.

Dr. Friedenwald: The operation of removing the tip, as I understand it is being done in New York today, is actually taking away the whole tip, and I thought that was what Dr. Crouch meant.

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BALTIMORE, DECEMBER 24, 1898.

The Visiting Nurses' Association—A Boon to the Medical Profession.

SO MANY new schemes and short-lived fads are being forced upon the physician's notice that he grows skeptical of all and soon throws them aside without looking into their merits. Again, every physician receives such piles of advertisements, both medical and otherwise, that to attempt their perusal would be not only time taking, but time lost. Occasionally a good thing is thus overlooked, and no apology is, therefore, offered for drawing the especial attention of the profession to a most useful adjunct in their daily labors.

All agree that the trained nurse is of untold value in her sphere, and, further, that her remuneration is none too great for the amount of work she accomplishes, and yet there are many who cannot afford the necessary expense and must needs go without proper nursing. It is just this niche that the Visiting Nurses' Association aimed to fill, and over a year's experience fully attests the great benefit accruing from this form of nursing.

A nurse may be called at any hour of the day for the small fee of fifty cents an hour. Such service is of great help to the busy practitioner, as he can send the nurse to catheterize a patient, give him or her a bath and make them comfortable for the day, or, in cases of typhoid fever, leave the regulation of the cold baths or packs to her care. Such service will rarely take over one or two hours a day, and the cost will accordingly amount to fifty cents or a dollar instead of the regular charge of three dollars a day. Again, it is not necessary to furnish board or lodging for the nurse, as is incumbent when the nurse is employed by the day or the week. This method of nursing is particularly appreciated by those doing gynecological work, and the nurse can be engaged to come to the doctor's house during his office hours, but in no place is her value more evident than at operations in private houses. It is only necessary for the surgeon to telephone the nurse to repair to such and such a house and prepare for operation. Accordingly when he arrives the room is in order, plenty of hot and cold water on hand and the patient in a cheerful state of mind as a result of the comforting treatment of the nurse.

A few points only have been mentioned concerning their work, but sufficient to show the great assistance they can render the medical men, and we congratulate the profession in Baltimore on having such an association in their midst.

The authorities of the Johns Hopkins Nurses' Club, 219½ East North avenue, have kindly arranged that all messages sent there will reach the proper parties at once. Telephone 2330.

* * *

Epidemic Influenza Again.

ONCE more the epidemic influenza or grippe is passing over the land, and many are the persons prostrated by it. The grippe has been very thoroughly studied in the past few years and has been described in its various forms, but it always strikes consternation, and by its fearful grip on the whole nervous system causes the strongest man to yield, and too often by its complications death is the result. The cause in many places is undoubtedly the melting snow, with the damp and penetrating cold, while the exciting cause is the specific organism, which seems to thrive under the circumstances named. Whether the disease is contagious or not is still a matter of doubt, which the daily papers do not hesitate to discuss. It should be treated promptly and vigorously, and the complications should be warned against.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending December 17, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	40
Phthisis Pulmonalis	..	17
Measles	13	..
Whooping Cough	1	..
Pseudo-Membranous Croup and Diphtheria.	47	5
Mumps	..	..
Scarlet Fever	13	..
Varioloid	..	..
Varicella	5	..
Typhoid Fever	*5	..

*1 Imported.

An addition has been built to the Hôpital St. Antoine at Paris.

The Rush Hospital for Consumptives in Philadelphia is to be enlarged.

Petersburg, Va., is alarmed at a case of smallpox which has been found there.

The Prince of Wales is taking active interest in a movement in Great Britain to stamp out tuberculosis.

There have been many cases of smallpox in Bedford county. Pennsylvania. No deaths have been reported.

The town of Havre, France, is about to build a sanatorium for the isolation and treatment of cases of tuberculosis.

At the last meeting of the New York Neurological Society Drs. H. M. Thomas and L. F. Barker read papers.

The General Hospital of Vienna, which was closed and quarantined after the outbreak of plague there, has been reopened.

Virchow was again elected by an overwhelming majority to the German Parliament. He is a member of the liberal party.

Illinois is to have a hospital for consumptives at Dunning. A number of prominent physicians of Chicago are on the staff.

The Sanatory Club of Buffalo presents monthly a very attractive programme which is discussed by the large number of members.

The kinetoscope will in future years be of great use to the lecturers at medical schools in describing an operation and its various procedures.

Acting-assistant surgeons who were not examined in the haste of preparing for war will now be examined to see if they are fit to stay in the service.

By the will of the late Daniel Miller of Baltimore the Presbyterian Eye, Ear and Throat Charity Hospital and the Nursery and Childs' Hospital each receives $500.

A Frenchman has come to this country with a new fad, called "frigotherapy," according to which the body is immersed in extreme cold, which is said to drive out disease.

The late Harold Frederic, whose death from so-called Christian Science treatment has been given such full notice, was himself no friend of physicians, as some of his writings show.

Dr. James E. Whiteford of Baltimore died suddenly last Tuesday night. He was born in Harford county, Maryland, and received his degree at the College of Physicians and Surgeons in 1874. Dr. Whiteford was a member of the State Society.

Dr. J. A. Walter Wegefarth, formerly of Baltimore, died a few days ago at El Paso, Texas, in his thirty-fourth year. Dr. Wegefarth was born in Pennsylvania and studied in Baltimore, receiving his degree at the College of Physicians and Surgeons in 1886. He then went to Savannah, where he was appointed quarantine physician, and he took up general practice. He was the brother of Drs. George C. and Arthur Wegefarth of Baltimore.

The Richard Gundry Home, Catonsville, Md., has introduced educational gymnastics as a part of the restorative and moral treatment of its mental and nervous patients. This is in accord with the improved hygienic care bestowed upon the insane in modern institutions. Systematic drills have now been engaged in by a majority of the patients for the past two months and with increasing interest on their part. Such exercises come as a great relief to the listless inactivity so characteristic of much institution life. This new departure is under the immediate supervision of Dr. Edward M. Schaeffer of Baltimore, who will visit the Home as physical director during the coming year.

Washington Notes.

An epidemic of influenza is prevalent in all parts of the city.

The Health Department is again crippled by the appropriation running short. For the past two months the department has had no funds for fumigating purposes.

At the annual meeting of the directors of the Washington Hospital of Foundling the following medical staff was elected: Drs. Z. T. Sowers, D. K. Shute, C. W. Richardson, M. F. Cuthbert, R. W. Barker, S. S. Adams and J. R. Wellington.

Among the 107 applicants for positions in the medical corps of the army several were graduates from the Columbian Medical College, who went through with flying colors. The two most prominent were Robert Church, of the Rough Riders, and J. H. Ford, who received the highest mark.

There were 119 deaths in the District last week—a death rate of 22.08 per 1000. Of these deaths eleven were from heart diseases, seven from consumption, nine from typhoid fever, eight from diphtheria and one from whooping cough. There are 122 cases of diphtheria and 129 cases of scarlet fever under treatment.

Surgeon-General Sternberg, before the House Committee on Military Affairs, said that the medical branch of the army at no time had been adequate, even in time of peace. He urged that the most essential need of the medical corps was to have experienced men quickly available for emergencies. Referring to the Santiago campaign, General Sternberg said the military situation was responsible for what occurred.

In his address before the Washington Academy of Science Dr. Busey gave the history of sanitation in the city, and concluded as follows: "In the foregoing *résumé* of the history of sanitation of this city, covering a period of 107 years, I have given credit where credit is due. Many incidents, circumstances and data have been omitted, but the record is sufficiently full to show the magnitude of the work accomplished and in progress, to the end that with the completion of the system of sewage disposal and adequate extension and purification of the water supply this city will be among the foremost of the most favored cities of the world in all that pertains to the prevention of avoidable diseases."

Book Reviews.

Applied Physiology. By Frank Overton, M.D.—Advanced Grade. 432 pages. American Book Company, New York, Cincinnati, Chicago.

Dr. Overton has produced a notably good book, full of interesting facts, clearly and effectively presented. The illustrations are worthy of especial mention, many of them being entirely new, having been sketched by the author from actual specimens. The demonstrations are within the range of any well-informed teacher, and there is abundant evidence of the work being the outgrowth of a practical and successful instructor.

The effects of alcohol and narcotics are stated judicially rather than dogmatically, but we miss any reference under "Tobacco" to the influence upon growth as shown by careful tests of college students.

The United States government examinations of "cigarettes" failed to show evidence of the use of opium in their manufacture.

REPRINTS, ETC., RECEIVED.

The Johns Hopkins Medical School. Sixth Annual Announcement, 1898-99.

Rheumatic Pharyngitis. By Lewis S. Somers, M.D. Reprint from the *Medical News.*

Progress in Neurology. By C. H. Hughes, M.D. Reprint from the *Alienist and Neurologist.*

Medical Service and Medical Fees. By C. H. Hughes, M.D. Reprint from the *Alienist and Neurologist.*

The Tuberculin Test in Cervical Adenitis. By Edward O. Otis, M.D. Reprint from the *Medical News.*

Formalin in the Treatment of Purulent Ophthalmia. By E. Oliver Belt, M.D. Reprint from the *Medical News.*

The Sanitary Salvage of Our Soldiers in Cuba. By Major Charles H. Hughes. Reprint from the *Alienist and Neurologist.*

Injuries from "Live" Electric-light and Trolley Wires. By J. J. Brownson, M.D. Reprint from the *Tri-State Medical Journal and Practitioner.*

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Original Articles.

THE HEMORRHAGIC STATE IN A NEW-BORN TWIN.

By A. K. Bond, M.D.,

Clinical Professor of Diseases of Children, Baltimore Medical College.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, NOVEMBER 18, 1898.

THE patient was born in the lying-in hospital of the college on February 16 after a normal labor. Its twin was at birth and continued while under observation wholly normal in its appearance and behavior. The father of the patient has been known to the mother for four years. He has cough, and is said by the doctors to have consumption (a rather uncertain testimony in this class of citizens). Since she has known him he has lost no hair, had no rash or skin lumps, no rheumatic pains, no angina of moment, and so presumably has no secondary form of syphilis.

The mother of the patient has had no miscarriages, no loss of hair, no rashes nor other syphilitic history. The mother knows of no history of hemophilia in her family. She has not had malarial fever, although she spent last summer in a malarial district, and had then an attack of hematuria lasting three weeks, the nature of which was verified by her doctor. She had three children previous to this, the eldest dying at thirteen months of "cholera infantum," without any noticeable amount of blood in the stools; the second at three months, of vomiting; the third of stomach cramps—neither having any hemorrhage.

The mother denied having been subjected to poor diet or other scorbutic cause in this present pregnancy. Her temperature was normal at delivery, and on the third day a degree below normal, at which time she felt well, except slight limb pains; had normal, slightly pale, gums and tongue and no dyspnea.

On the second day after birth the child developed nose-bleed on sucking and when laid on its face, sufficient to wet a considerable portion of the mother's dress. It bled also slightly from the navel, and a hematoma over the squamous portion of the right temporal bone appeared. There had been no caput, although its twin had one.

On the third day the wrists and ankles oozed blood from spontaneous cracks at the skin flexures. The patient appeared much more pale than its twin brother, but the lips had a fairly good color and the cry was still strong. There did not seem to be any signs of general sepsis. Its blood upon examination showed red corpuscles, 1,712,500; white corpuscles, 13,416, or 1-128. Hemoglobin very deficient—not exactly estimated; blood very watery; no plasmodia; no pigmentation of leucocytes; slight poikilocytosis shown by variation in size of red corpuscles and by a slight ameboid movement. By differential staining with Ehrlich's triacid mixture the colorless corpuscles are seen to consist mainly of polymorphonuclear neutrophiles, few mononuclears or eosinophiles; the nucleated red corpuscles were not as numerous as in normal infant's blood.

At the post-mortem a few days later there was found a cephalhematoma over the squamous bone and a blood extravasation beneath in the brain tissue. There were no other changes of remark, nor

were any signs of syphilis found in the organs and tissues.

The hemorrhagic state in the newly-born is apparently not often met with in the upper walks of practice, but its death rate is so great, and the need for therapeutic action so urgent, that every practitioner should be acquainted with its literature. Although my title refers rather to spontaneous hemorrhages after birth, it is a question whether cerebral and like hemorrhages from trauma during labor are not most frequently based upon the same predisposing conditions which underlie the spontaneous bleeding after birth. If this is true there will be the less need for making a distinction between the two classes of hemorrhage.

The cases of spontaneous hemorrhage after birth have been referred to a number of definite categories—hereditary syphilis, sepsis, Buhl's disease and Winckel's disease—but many remain confessedly unclassified, even a shadowy "hemorrhagic disease of the new-born" being suggested by some writers. Strange to say, hereditary hemophilia, which is not a very infrequent cause of hemorrhage in children over one year of age, seems to have very rarely been traced in the cases of hemorrhage in the newly-born, although its possible causative influence is usually mentioned by writers on the subject. Nor does a scorbutic state of the mother appear prominently among the causes. The ground taken by Lewis, that this general hemorrhagic state may be due to irritation of a hemorrhagic center in the medulla, seems quite unreasonable.

Very interesting studies of the cases ascribed to hereditary syphilis have been recently made. Infiltrations and degenerative processes in the liver and other organs whose diseases affect the blood and circulation in adults are frequently found in the hereditarily syphilitic. Moreover, the syphilitic state in the new-born is one of profound anemia; yet the retaining walls of the blood-vessels do not seem to be usually diseased in this hemorrhagic state in the syphilitic, and several observers have found in the blood of the syphilitic new-born dead of hemorrhage septic organisms, as the bacillus pyocyaneus, staphylococcus pyogenes aureus and albus, as well as forms of streptococcus. It is, therefore, now questioned whether the syphilis or the micro-organism invasion is the immdiate cause of the bleeding. Or, as Welch has pointed out in J. Lewis Smith's "Diseases of Children," p. 231, it is pretty certain that most of the clinical symptoms of syphilis—its eruptions, etc.—are due partly to the infection of syphilis as a silent partner, and partly to the more obtrusive pyogenic and septic organisms which travel with it.

This leads naturally to the consideration of sepsis as a cause of the hemorrhagic state. Already known to be causative in the majority of cases, recent investigations tend to make it more and more prominent—at least in the fatal cases—many conditions, such as syphilis, whether outbreaking or latent, anemia, general debility, birth injuries, etc., rendering the infant liable to the inroads of septic germs and poisons. The portal of entry may be a skin surface injured or bare of its epithelium, as at the umbilicus, or some portion of the digestive tract. The time of infection may be as early as before the onset of labor, infectious fevers or other diseases of the mother extending to the fetus. There seems to be, however, no intimate association between epidemics of puerperal fever and the hemorrhagic state. The agents may be the organisms above mentioned, or, perhaps, as some have claimed, organisms peculiar to this state, though this supposition, in view of the unexpected connection disclosed by recent researches between obscure septic conditions and familiar septic germs, seems hardly necessary.

The hemorrhage of the newly-born may be in any amount, from any surface or into any tissue. It is not apt to begin before the second day of extra-uterine life, and, remarkable though the fact be, ceases in nearly all cases before the beginning of the third week, the baby who bled excessively on the slightest abrasion or from apparently healthy skin surfaces during the first and second weeks suffering circumcision or other considerable operations in the following weeks without any abnormal blood loss or after-oozing. The most familiar sites of hemorrhage, often multiple, are the cord site,

the nasal fossae, the bowel tract and the creases of the skin of the extremities. There is also described an insignificant local bleeding of the bowel near the anus and of the vagina, which lasts a few days only, and is ascribed to simple overfulness of the pelvic veins. Next in importance to the umbilical hemorrhage, which, though often fatal, is satisfactorily discussed in all text-books, is that from the digestive and posterior nasal tracts, which, under the title of melena, urgently demands further investigation, being extremely fatal and yet amenable to improved treatment. In this condition the baby, which may have been evidently below par or may have seemed robust and healthy, begins usually on the second day to vomit blood. This may excite little apprehension or may be so sudden and abundant as to cause alarm. The vomiting of blood may become less frequent, but next day bloody stools are passed, first of black, tarry clots, mixed with the dark meconium (and so often escaping notice), and, later, of fresher, liquid red blood, the large stools consisting, perhaps, wholly of blood. In the more severe cases the baby is at once brought into collapse with blanched, cold surface, sunken fontanelle, breathlessness, faint, wailing cry, extreme restlessness, convulsions, respiratory failure. If the hemorrhages cease spontaneously, as seems to be the tendency, or in consequence of treatment the baby, if not moribund, may either quickly return to health or enter upon a very slow convalescence, with lasting anemia.

In Buhl's disease there is added to the hemorrhagic symptoms an apparently causeless asphyxia at birth, and some of those who survive the hemorrhage exhibit cyanosis for some time afterward. Some have general edema. Most of them die inside of two weeks. The condition is said to have been found in new-born domestic animals.

Winckel's disease occurs epidemically, beginning usually on the fourth day of life. It has cyanosis (with jaundice, a symptom often found in the hemorrhagic state) and hemoglobinuria, sometimes diarrhea. Both of these conditions are associated with fatty degeneration of the inward organs. Further observations are needed to determine the claims of these two conditions to entity as definite diseases.

The hemorrhagic state of the newly-born must be differentiated from severe traumatic bleedings and from the discharge of blood swallowed by the child from womb hemorrhage before or during labor or from a bleeding nipple; also from certain local bleedings, as the precocious menstruation which is said to begin in a few days after birth. Moderate bowel hemorrhages, mixed with the dark meconium, are very apt to escape notice. The means of detecting blood in the urine are well known. In Winckel's disease the urine contains no blood cells (only hemoglobin) and is not red, but smoky, from the dark blood pigment.

The methods for combatting the syphilitic element which exists in many of the new-born attacked by hemorrhage are fully set forth in the text-books. Sepsis, now so frequent, will doubtless become less so as the principles of hygiene and asepsis are more thoroughly applied to the pregnant mother and her newly-born child. How the ingestion of staphylococcus germs in breast milk, which is alleged to occur in many cases, even though the mother is apparently healthy and the breast is covered with antiseptic dressings, can be met is a problem.

The self-limitation of the hemorrhagic state to the two weeks following birth very strongly suggests that whatever the underlying causes, the actual escape of the blood from the vessels (veins or capillaries, arteries seldom bursting in the newly-born) is intimately associated with the circulation changes of birth. As a very frequent fault in this adaptation of the circulation to the new phase of life is associated with imperfect expansion of the lower half of the lungs, which persists, wholly unsuspected in many cases, even for weeks or longer, it is highly probable that systematic daily artificial respiratory movements, carefully yet thoroughly done by the physician, would aid in the control of the hemorrhagic state. Hypodermoclysis, intracellular or intravenous, would necessitate a new wound, but its remarkable benefits in hemorrhage of the adult would indicate that it ought to aid those infants who are collapsed from

blood-loss. Though cold may be of value locally, the frailty of the infant demands that artificial warmth should also be used for keeping up the general body heat. Ergotine in half-grain doses, hypodermically, has been used by some. Absolute quiet is important.

In the course of a somewhat extensive review of the domestic and foreign literature of the past two years upon this subject I have been particularly impressed with the importance of determining the exact seat of the hemorrhage in melena. It is not intimately associated with ulceration of the bowel. Usually its source has escaped observation, yet it is rather rash to suppose that it is a mere capillary oozing (leaving no post-mortem trace) in the cases where large amounts of blood are suddenly poured out, causing rapid collapse of the child. This suggests, on the contrary, rupture of a vein of considerable size. Fenwick ("Disorders of Digestion in Infancy," p. 312) saw a case in which post-mortem examination failed to show any source for the bleeding, but on injection the fluid poured freely from a ruptured vein in the stomach previously closed by the contracting mucous membrane.

An extremely important report is given by Hochsinger (*Wiener Medicinische Presse*, 1897, 38, 557), which deserves extensive notice. The amniotic fluid was remarkably blood-tinged. Immediately after birth the infant passed dark masses and blood clots from the bowel, soaking eight or nine napkins, without pure meconium. The babe was wasted and short-breathed, with half-open eyelids. The use of the thermometer in the rectum, showing a temperature of 35.8° (96.4° F.), was followed by a stool of pure blood. There were no signs of bleeding on the anterior parts of the nose and mouth. Having read shortly before an article by Swoboda, Dr. Hochsinger inspected the throat, and down the posterior pharyngeal wall he saw a little stream of blood trickling. Desiring to determine its exact source, he passed a cotton-wound probe into each nostril. From the left it returned unstained, but on the right blood was shown at a distance of about two centimeters. He packed snugly with a roll of absorbent cotton soaked in 1 per cent. alum solution, carried to a depth of three centimeters, and cleaned away the pharyngeal blood. The hemorrhage at once ceased and was not repeated, although the nurse removed the tampon after three hours to soothe the cries of the child. Next day the stools became normal, and seven weeks later the child was looking healthy. Dr. Hochsinger thinks the postnasal hemorrhage was caused by intrauterine pressure, and had stained the amniotic fluid before the membranes broke. The blood may have been washed from the anterior nares by the waters on the bath.

It is very certain that in the hands of most physicians such a case would have been labeled "melena" and treated by stomach-dosing or enemata, ending, probably, in death. The success of Dr. Hochsinger will lead every conscientious reader hereafter to inspect the throat and examine the nostrils of all melena cases or cases of blood-vomiting, whether there be nose-bleed or not. The fact of an undrlying predisposition to hemorrhage, or that it bleeds slightly from external surfaces also, does not warrant him in letting it die of posterior nose-bleed which might at once be checked by anterior or posterior tampon. The recovery of many infants from the hemorrhagic state and its spontaneous discontinuance after about two weeks would lead us to believe either that the sepsis present is slight in very many cases or that the whole cause of the bleeding is in these instances local and results merely from an overfulness of the veins associated with birth-pressure or circulation changes of the new phase of life. In such cases not only life, but health may be saved by local measures.

When the bleeding is from the stomach or bowel walls the familiar use of styptics is justified. Tannin preparations, alum water, liquor ferri sesquichloride, one-third drop in mucilage, ice-pellets, turpentine, one minim, etc., may be used, but care should be exercised lest injury be done to the delicate stomach walls by the drug.

As to the case which I report (which was not under my therapeutic care), the special interest lies in the fact that it was one of two twins, the other of which was

healthy. This would eliminate any cause which applied alike to both. It belongs to the number of those cases the causes of which are unknown.

GLEANINGS IN THE COURSE OF A LONG PRACTICE.

By Jackson Piper, M.D.

READ BEFORE THE BALTIMORE COUNTY MEDICAL ASSOCIATION, NOVEMBER 23, 1898.

Physicians during their professional careers acquire the knowledge of facts which are of value to them professionally and which may not be known to the profession at large. I propose to group in this paper some—to me—interesting experiences which have come to me and which are in matter too brief to deal with in separate articles.

Bronchitis.—There is a form of bronchitis, occasionally met with, presenting the following symptoms: Fever, quick pulse, dry skin, respiration quick, a constant hard, dry cough, little or no expectoration, except that now and then a small quantity of extremely viscid mucus is voided, mingled occasionally with small quantities of albuminoid serum, and floating on this a highly aerated sputa, resembling the white of eggs beaten into whips. There is present dyspnea, anxious expression of countenance, sibilant and sonorous rales, diminished respiratory murmur and percussion sounds heightened.

As the disease progresses copious night sweats ensue, with great sensibility to cold, and the above dry sounds become intermingled with a symptomatic endocarditis. The urine is high-colored with uric acid and urates of lime and soda, or, if the earthy phosphates are in excess, with deposits of brick-dust sediment.

The symptoms most strikingly characteristic of the acute variety of this form of bronchitis are the dryness of the chest sounds, a constant and paroxysmal cough, attended with little or no expectoration, its persistent obstinacy, its profuse, irregular sweats, the extraordinary sensibility to cold, the supervention, if neglected or improperly treated, of cardiac lesions, and its power of resisting the ordinary bronchitic remedies. This form of bronchitis may be acute, subacute or chronic. It is generally idiopathic, often symptomatic and is of infrequent occurrence.

I saw several cases of this form of bronchitis in the Baltimore City and County Almshouse Hospital in 1854-55, and have treated eight cases in my private practice. It is not a catarrhal or mucous bronchitis, but is confined to the fibrous tissue of the bronchi and is unquestionably rheumatic in character. The symptoms detailed above point to its distinctive character in idiopathic cases, and if it is symptomatic you can always get a history of rheumatism at the time of the bronchial attack or at some anterior period of the patient's life. An attack of rheumatism may supervene directly on the bronchitis, or it may alternate with it, under the old doctrine of metastasis. We all know that rheumatism attacks by preference the fibrous or cartilaginous structures of the body.

There is no reason why these structures in the bronchi should not be liable to the same disease. The fibrous tissues, being the subject of attack, would account for the dryness of the cough and the presence alone of the sibilant and sonorous rales. As soon as the ordinary treatment for bronchitis is conjoined with the rheumatic treatment the patient recovers. This, no doubt, is the secret of the success of the use of alkalies in the treatment of bronchitis and pneumonia under their supposed efficacy of destroying viscid mucus, but which, in reality, had for their origin the rheumatic element.

We often find in practice cases of valvular and other structural diseases of the heart without a plain history of rheumatism. It would prove interesting to ask persons thus afflicted if at some period of their lives they had not suffered from attacks of bronchitis similar to the kind I have described. The treatment is essentially that for rheumatism, and I shall only briefly refer to it. If uric acid and its compounds are present in the urine alkalies would be indicated; if earthy phosphates, use acids. These medicines should be the basis of treatment, with others to meet special indications, such

as colchicum, digitalis, cimicifuga racemosa, the salicylates, salol, etc.

Let us see for a moment what our medical books have to say. Dr. Wood (1849) mentions a case of bronchitis in a patient of a gouty diathesis, and remarks: "I think it not improbable that such cases are often gout affecting the respiratory passages." He also says, in his article in chronic bronchitis: "There is a peculiarity, moreover, of constitution which predisposes certain individuals to chronic bronchitis, and such a peculiarity often exists in persons of a rheumatic or gouty habit of system."

Wilson and Clymer (1845) say: "Erratic gout may manifest itself in the form of bronchitis, which may be dangerous if the attack is sudden. In general the bronchitis vanishes on the appearance of gout in the extremities." Aitken (1868) says: "Bronchitis is not infrequently associated with rheumatism." Riegel (1876) briefly says: "Catarrh is frequently developed in rheumatic subjects." German Sée (1885) says: "While recognizing the rareness of true inflammation of the lungs of rheumatic origin, the reality of this cause in a certain number of carefully observed facts must be admitted." Barthez thinks it a frequent cause of pneumonia. Pepper (1894), while making no allusion to rheumatism as a cause of bronchitis, has given a most perfect picture of the symptoms of fibro-bronchitis, which he calls dry catarrh—the 'catarrhe sec' of Laennec." Dr. Hy. U. Lyman, in his article on rheumatism, published in Dr. Pepper's book, says: "Rheumatic invasion of the laryngeal structures is sometimes experienced, involving the mucous membrane, the muscles, nerves and articulations of the laryngeal cartilages. The trachea and bronchi are also associated with acute articular rheumatism, and may be relieved by therapeutic measures." Osler (1898) merely states "that the bronchitis of Bright's disease, gout and heart disease is usually a chronic form." Anders (1898) gives rheumatism as one of the causes of bronchitis.

While these and other writers have given but a passing notice to the possibility of rheumatism being an element in the causation of bronchitis, not one of them has advised rheumatic remedies, except, possibly, Dr. Lyman. It remained for a distinguished citizen of Maryland to be the first to give the etiology, symptoms, pathology and treatment of this interesting disease.

Dr. Thomas H. Buckler of Baltimore in 1858 published a book entitled "Fibro-bronchitis and Rheumatic Pneumonia." It was this book that first called my attention to this disease, and I would respectfully urge the members of this association to a perusal of its valuable pages.

Fecal Impaction.—Fecal impaction, or obstruction of the bowels from masses of fecal matter, is of sufficient frequency to demand the serious consideration of the physician. It is sometimes difficult to diagnose. If the obstruction occupies the lower bowel it may generally be detected with the finger, probe or bougie, but when it is located higher up you may find it difficult to ascertain its precise character. When the obstruction is very great it may sometimes be detected through the abdomen. But even in this case the abdominal tenderness is so excessive that in order to make a thorough examination it may be necessary to resort to an anesthetic.

I have seen a case of obstruction of the bowel diagnosed by the attending physician as peritonitis. There was a peritonitis, but is was caused by the obstruction. When this was removed the peritonitis quickly disappeared. The symptoms are so much similar to other conditions of the bowels, such as hernia, stricture from carcinoma, intussusception, appendicitis and peritonitis, that it would require too much space here to differentiate them. What I particularly wish to emphasize is the treatment. In many cases the use of purgatives, injections and opium are worse than useless. The very best treatment is melted lard, with fluid extract of belladonna. I have treated eight cases by this method with perfect success, some of the patients being desperately ill unto death. I will take the chance of giving what you may already know the history of the origin of this treatment.

Dr. Thomas H. Buckler, years ago, was called on to perform an operation at Monkton. While preparing his patient and arranging his instruments the farm-

er's son entered the room with the news that the old cow had the wind colic again. The father told the boy to give the animal the usual remedy. The doctor, on being told it was melted lard, determined to witness the operation. The cow's head was elevated by a halter, and bottle after bottle of melted lard was drenched into her by the mouth, until she had taken an immense quantity, when a loud report of bottled-up wind made the rafters of the old barn shake, followed instantly by a copious discharge of fecal matter and the end of her troubles.

Dr. Buckler, possessing a wise mind, studied the rationale of the treatment and had an opportunity shortly after of testing its merits on a human being.

There happened a case at Barnum's Hotel which had defied the efforts of several eminent men in the profession, and the patient seemed nearing death. Mr. Riggin, a worthy and influential citizen of Baltimore, who believed he had discovered evidences of genius in young Buckler, asked that he be sent for. This was acceded to. The case happened to be one of fecal impaction; the lard was administered, and the patient was relieved. Buckler forthwith started on his way to fame, and his brother, Dr. John Buckler, named his second son after Mr. Riggin in appreciation of the services he rendered Dr. Thomas H. Buckler on that occasion.

One surprising effect of the lard is its quality of allaying nausea. I have seen patients who rejected everything given retain lard almost at once. I commence with teaspoonful doses, given every few minutes, and as soon as the patient's antipathy is overcome I increase the dose to a tablespoonful every ten to fifteen minutes, with one to two drops of the fluid extract of belladonna every half to two hours, until the pupils begin to dilate. This treatment is to be continued until the bowels are moved, which generally requires from six to twelve hours. I believe I have given from two to three pints in some cases.

It appears to act not only by its bulk, but also by its lubricating power of insinuating itself into the interstices of the hardened fecal matter and thus disintegrating the mass. I am aware that olive oil has been substituted for the lard, but the latter is always to be had and it possesses the great virtue of cheapness. The belladonna is given for its relaxing influence in obstinate constipation, but I do not think it is essential, for when I happened not to have it I have succeeded equally well without it. It is a dangerous drug to be used thus rapidly, and the physician should watch with a wary eye its first indication of its peculiar effect on the pupils.

(To be continued.)

THE TREATMENT OF HERNIA BY INJECTION.

By William C. Kloman, M.D.,
Baltimore.

After an experience of nearly seven years in the use of injections in the treatment of hernia I think it desirable to lay before the profession some of my results. There are two cases of complete scrotal hernia which have been cured and have worn no truss or other support of any kind for more than six years. One does daily, hard labor, lifting heavy weights; the other, an apothecary, is constantly on his feet. The latter had his hernia, shortly previous to being treated, incarcerated, and his physician was several hours in reducing it by taxis. Neither has experienced since their cure the slightest return of any protrusion.

There are numerous cures of herniae of shorter date and of many varieties, but all of the indirect inguinal species; that is to say, the protrusion came through the internal ring and down the canal. When the canal is entirely obliterated, in direct hernia, I do not think a cure possible.

The best results I have ever seen in these cases has been the perfect closure of the external ring, and by wearing a truss, with a moderate amount of pressure, the patient continues to be quite comfortable, but the continual wearing of a truss is a necessity. I have had a patient of this kind who had double rupture, direct, on both sides and of immense size each. He was a city fireman,

but did active service, and after wearing his truss more than two years after treatment, went before the surgeon to be examined for reappointment. The surgeon passed him, and asked why he wore a truss. Whether this question of the surgeon or weariness of wearing a truss caused him to leave it off I cannot say; at any rate he returned some months afterward for treatment, and has since worn his truss with perfect comfort as to the herniae.

As to the age of the patient, I have treated a very delicate baby of three months, with cure and great benefit to its general health, children of all ages and adults up to eighty years of age; and I have noticed several times that the old men have done better than the young; they live more regular lives.

The injection method, like all other remedies, acts with different force upon different constitutions. And the injections alone are not able to bring about a cure; a perfectly-fitting and good truss must be worn during the treatment. The truss is to the hernia what the splint is to the fractured bone. Any protrusion from the internal ring into the canal will vitiate the treatment. And here is the difficulty in the treatment—some persons have extraordinarily slippery herniae, it is very difficult to hold, and they require, beside perfect adjustment of the truss, also a considerable amount of pressure, and this some are unable, others unwilling, to bear. Then those with great amount of adipose tissue will require more pressure, and, having very often delicate skins, they suffer greatly from abrasions, etc.

The fluid I prefer for making injections is a solution of chemically pure sulphate of zinc, sixteen grains to the ounce, the solvent being distilled extract of witch hazel, slightly colored with arnica tincture and 1 per cent. of cocaine muriate added. This fluid will produce an actual proliferation of the connective tissue and will do so at any point. I have made injections into the thigh of the rabbit, deeply into the muscles, and have produced nodules, which consisted of connective tissue. I allowed the rabbit to live a month after the injection. I have read of injections causing an outpour of lymph, and this becoming organized. This I do not believe.

The instruments used are an ordinary hypodermic syringe, with a gold needle. The needle should be about two inches long and a little stouter than the common one. The gold needle with iridium point will neither corrode nor break.

The technique of the operation is simple. The patient, being recumbent, the forefinger of the right hand invaginates the scrotum and feels for the external ring; when found the forefinger of the left hand carefully feels for the invaginating finger and holds the spot; the right hand now inserts the needle into the external ring, and the needle is pushed into the canal, along which it glides easily; you next feel for the margin of the internal ring and inject ten to fifteen minims of the fluid slowly. The needle is then withdrawn, slight massage is made over the point of injection, and your patient is allowed to get up, after putting on his truss, and go about his business.

The injection is repeated in five to seven days, and six to twelve injections are generally required, until, upon trial, without a truss, you find that the utmost straining and coughing will no longer cause any appearance of protrusion. Your patient is cured, but it will be advisable for him to wear his truss for several months afterward.

My experience shows me that 90 per cent. of uncomplicated, reducible, indirect inguinal herniae are curable by this method. There is no loss of time, very slight pain and no possible danger to life under this treatment.

Dr. Thomas H. Manley, N. Y., in his book on "Hernia," 1893, writing of the injection cure of hernia, p. 128, says: "With those desirous of a cure of their hernia without a mutilation, when this is an indirect inguinal of small volume, and the sac, with the viscera, can be wholly returned, it is certainly rational to assume that, used in conjunction with other measures, it may succeed. Indeed, there are too many well-authenticated cases in which it has effected permanent cures to dispute its claims."

Society Reports.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY.

MEETING HELD MONDAY, DECEMBER 5, 1898.

(ABSTRACT REPORT.)

Dr. Ernest Stokes made an "Exhibition of Gynecological Cases."

Case 1—Peritonitis, with Intestinal Adhesions, Acute Perisalpinx and Right Salpingitis.—The patient was admitted to the medical ward on the 9th of October, with a temperature of 104°, and afterwards the temperature rose at least once a day one to two degrees above normal. Examination under ether disclosed a mass on the left side, and a culture taken from the vagina produced the intracellular bacillus. She stated that six days before coming to the hospital she had suffered such severe pain in the abdomen that she was compelled to take to bed, but after a rest of a few days was able to attend to her work. On the fifth day, however, she was again attacked with pain, which persisted until admission. There was more or less abdominal tenderness. She was operated upon on the 28th day of October. An acute peritonitis, with extensive intestinal adhesions, was found, and the appendages were so adherent that both tubes and one ovary had to be removed. The patient recovered perfectly.

Case 2—Ovarian Papillo-cystoma.—On entrance the patient gave no definite complaint. Her menstrual history had been normal to within a few years. Her present illness began two years ago, following, as she supposed, a fall from a wagon. Pain in the side had been constant since the accident, but she had suffered similar pains at her menstrual periods for some time past. On examination the uterus was found acutely retroflexed, and through the vagina the examiner could feel something that felt like beans in a bag. The abdomen was opened, both tubes and ovaries were removed, and a supra-vaginal amputation of the uterus was performed. The patient made an uneventful recovery.

At the time of operation the growth was thought to be carcinomatous, but a microscopic examination showed it to be a papillo-cystoma, with calcareous deposits.

Case 3—Subperitoneal Cyst, with Adhesions.—This patient's menstrual history was perfectly normal, and she dated her trouble from a miscarriage of two years ago, which was attended by considerable hemorrhage. After the fetus came away she had a very hard chill, and another followed three days later which was much more severe. She was in bed for three weeks with fever, but after this felt well for two months, when she began to have backache, with a dull, heavy pain in the left side. The pains were paroxysmal, and extended down the legs and over the lower abdomen. On opening the abdomen the appendages were found densely adherent to a large cyst lying upon the anterior surface of the uterus. There were also adhesions between the cyst and the bladder. With considerable difficulty the adhesions were broken up and the tubes and ovaries were removed. As a large, raw surface remained on the anterior surface of the fundus uteri a V-shaped piece was taken out, the wound was closed, and one edge of the round ligament bared and brought over the wound to prevent the possibility of intestinal adhesion. The retroflexion was corrected, and the patient made a good recovery.

Case 4—A Fibroma of the Anterior Vaginal Wall.—The tumor originated in the fascia of the transversalis muscle. It was first noticed by the patient about a year and one-half ago, when it was about the size of an egg, and it continued to grow until it attained the size of the fetal head. Examination showed on the right side, extending from the anterior superior spine to within 3 cm. of the median line, a hard mass directly over the course of the right ligament. The mass was movable from above downwards and from side to side, but not to any distance from the superior spine. At the operation such dense adhesions were found that four or five cm. of the peritoneum had to be sacrificed.

The patient is making a good recovery.

Case 5—Myoma of the Bladder.—The patient was admitted October 29, 1898. Her main symptom was excruciating pain in the lower abdomen, the pains be-

ing described like those of labor. At intervals of fifteen or twenty minutes paroxysms of pain would recur, the woman would bear down, and a mass in the urethra would be everted. Within a few hours after her entrance to the hospital she showed very distinctive signs of acute mania. An operation was performed five days later, an incision being made in the bladder, and a tumor was removed, with a slight amount of the vesical mucosa adherent. She made a good recovery from the operation, but her mental condition did not improve, and she returned home in a state of acute excitement.

Case 6—Chronic Appendicitis, with Acute Pyosolpinx.—Up to seven months ago the patient had perfectly good health, when she began to have pain in the abdomen, back and both sides, which required the administration of morphia. She remained in bed from this attack over a month. Pain in the right groin persisted and was increased on walking. A second attack occurred three months afterwards, but, as her menstrual period was due at the time, she attributed it to that cause. When she entered the hospital her temperature was above normal, her pulse very feeble, and she was extremely weak. On opening the abdomen the cecum, with the vermiform appendix, was found adherent to the bladder and intestines, shutting off the pelvis so that the pelvic structure could not be seen. After some of the adhesions were broken up the appendix was found to be also adherent to the tube and ovary, so that the tube had to be removed with the appendix.

Dr. Harrison showed "The Value of Drawing and Modeling in the Study of Osteology."

He said that in beginning the study of anatomy the medical student is confronted with a great many uninteresting descriptive details and a long list of names which are entirely unfamiliar to him and which he naturally has great difficulty in remembering. In his trouble he memorizes the descriptions of the books, and hopes he is learning anatomy; but, while he becomes able in this way to repeat long lists of names, to give the attachment of a muscle, to describe a bone or to name the branches of a given artery at the base of the skull, he cannot demonstrate these things upon a subject. In the study of anatomy, as in the study of any branch of natural science, you should study nature herself and learn to observe systematically and carefully and to remember what is observed, thus making memory of great importance in anatomy, but not as the memory of words, but the memory of form.

In order to cultivate the habit of systematic observation and memory for form he recommended modeling or drawing the object of study. He thought it essential that the student should reproduce the natural object in order to be able to recall the form to his mind. He spoke of the study of books or the dissection of a part in the laboratory as an analytical process, while the making of a model or a drawing was synthetical, and said that not until the student has made such a synthesis can he be sure that he has grasped all the details in their proper relation.

To the possible objection that this method would be limited to those who can draw well, he stated his belief that everyone can draw well enough to profit much from his work, and offered in evidence models and drawings which had been made by the members of the first year class. With but one exception no student in this class had received any special training in drawing, and yet the work of all is very creditable and in some cases wonderfully accurate.

DISCUSSION.

Dr. Welch endorsed all that Dr. Harrison had said, and added further that those who had to teach these students after the first year would have reason to be thankful for their having received such training. He considered it one of the most important points in medical training to train the powers of observation, and felt that the method adopted would not only be of immense advantage in the study of anatomy, but would be of great use to the students in their other work.

Medical Progress.

JACK HORNER AND OTHERS.—It is related of Mr. Jack Horner, the celebrated hero of the nursery tale, that while one day sitting in the corner regaling himself with a Christmas pie, being moved by an uncontrollable spirit of investigation, he plunged in his thumb and pulled out a plum, and that as a result of this valiant exploit the conclusion arrived at by the experimenter, he being a bit of a philosopher as well as an ardent seeker after truth, was, "Oh, what a big boy am I!"

Here, indeed, says the Journal of Medicine and Science, we have an irresistible spirit of investigation, attended by remarkable results, and a most wonderful conclusion drawn from the whole simple proceeding.

Since that Christmas day, Jack Horner, pseudo-investigator and philosopher, has had many followers, and at the present time his disciples seem to be especially rampant in the medical profession.

By arguing from a few cases to generalities certain medical men, after as meager a plan of scientific investigation as that of the aforesaid Horner, have come to fully as astonishing conclusions.

So-called medical literature teems with pamphlets and reprints in which certain doctors recount with wearying verbosity how they have treated a series of cases with a certain drug or a certain preparation with most happy results, and then these Horner-like investigators straightway proceed to draw most astounding inferences from their brief experiences. Another class of pamphleteers, who have studied science after the Jack Horner method, have been able to find a certain proprietary medicine of great use in a great variety of diseased conditions, though the conclusions formulated have heretofore been unheard of and unsuspected, are founded on insufficient evidence and an entire disregard of physiologic action, and the whole business seems to be pervaded by a spirit thirsting for notoriety rather than an earnest desire to elucidate truth.

Woe be to the author and woe be to the cause of medical science if a physician, in reading a paper, shall be so indiscreet as to mention any proprietary preparation as being of use in treatment, for the hustling proprietor of the remedy is almost sure to order thousands of reprints, got up in pleasing and elaborate style, and inflict them broadcast upon the members of a long-suffering and much-enduring profession.

Judging by what we read in these *literae virorum obscurorum* certain pharmaceutical preparations now on the market are very nearly as great cure-alls and capable of as extended and as universal application as secret nostrums are claimed to be, and we wonder that any business man should have the effrontery to reprint and distribute to medical men some of these articles, for the very extravagance of many of the claims put forth is sufficient to make the whole thing so ridiculous that it entirely fails to accomplish the purpose for which it was designed. Indeed, a quite extensive inquiry among the practitioners of our own State has assured us that this form of advertising now very much in vogue—by circulation of reprints, pamphlets and pseudo-medical journals, not all of which are bad and some of which are very good—entirely fails in its purpose of reaching the profession, for a majority of physicians have informed us that they have become very much disgusted with the whole plan that they at once consign such medical literature to the waste-basket unnoticed and unread.

The light of all the facts seems to warrant the conclusion that much of this pamphleteering is neither a credit to the present status of medicine nor to the business sagacity of commercial houses, and that the best way to interest the members of the medical profession in a good product is by means of advertisements in medical journals, aided, perhaps, by simple delivery of samples, unaccompanied by learned-by-rote, pseudo-scientific lectures delivered by fallow young men who have only just advanced beyond that period of development which the late lamented Mr. Carlyle so graphically described as "the fool age."

MARYLAND

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The Past and the Future.

THE past year has been an eventful one in the history of this great country. The year 1898 has truly been one of prosperity, and the financial condition of the country has never been firmer than it is now. It is rare that the JOURNAL says much about itself, but at this turning point it is meet to utter a few words.

The MARYLAND MEDICAL JOURNAL has always been free and independent. the organ of no party, of no institution, of no school, and it has tried to act with fairness to all. In the past year the JOURNAL has made advances, and with the help of its collaborators and supporters there has been a decided improvement in the character of every page. The business of the JOURNAL has been good, and the number of subscribers has been largely augmented over that of a year ago.

For the future many changes are proposed. The staff of collaborators has been enlarged and strengthened, and some of the best talent will be employed to support each part of the JOURNAL. There will be no material change in the general make-up, but there will be an increase in the number of pages, and the endeavor will be as far as practicable to use short, original articles and to increase the amount of items of medical and surgical progress and of news; and the endeavor will be to present to the readers a publication of which each one may be justly proud. The list of collaborators for 1899 will be published very soon.

The management have refrained from the self-praise which is so characteristic of some journals. The increase in the number of subscribers, and the hearty financial and literary support given during the past year encourage the JOURNAL to make advances worthy of its supporters, and in this work, which can be completed only with the help of the profession of the State, the hearty co-operation of all physicians is asked.

* * *

Dr. John B. Hamilton.

THE death of Dr. John B. Hamilton deprives the profession of this country of one of the most conspicuous figures in medicine. Dr. Hamilton was born in Illinois in 1847, and received his medical degree at the Rush Medical College. From this time on he always occupied a prominent position and never failed to make his influence felt.

His career in the army and also in the Marine Hospital service is known to all. He is best known to the general profession as the editor of the *Journal of the American Medical Association*. In this position he worked untiringly, and not only advanced the literary character of that journal, but by constant soliciting and appealing to the profession he greatly increased the number of subscribers to the *Journal*, and in that way added to the ranks of the Medical Association.

In addition to his other duties, he was of late years superintendent of the Illinois State Insane Asylum at Elgin, near Chicago. His editorial position will undoubtedly be sought after by many physicians, and much canvassing will be done by the various aspirants. Fortunately, there are several men in Chicago who have served on the editorial staff of the *Journal*, and who are quite capable of accepting this charge. Dr. Hamilton's personality will be missed and his loss will be felt by the profession.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending December 24, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	43
Phthisis Pulmonalis	1	24
Measles	3	..
Whooping Cough	..	..
Pseudo-Membranous Croup and Diphtheria.	40	8
Mumps	..	..
Scarlet Fever	10	..
Varioloid	..	..
Varicella	4	.
Typhoid Fever	*2	4
La Grippe	..	9

* Both Imported.

Dr. John G. Jay has removed his offices from 927 McCulloh street to 869 Park avenue.

The statement that the Queen of Portugal was studying medicine is said to be false.

Roentgen, of *x*-rays fame, has been called from Würzburg to accept the chair of physics at Leipsic. It is said that he will not leave Würzburg.

The Italian government is taking care that bubonic plague is not brought into its boundary, and strict quarantine against this disease is maintained.

Dr. T. C. Bussey has been appointed physician to the Baltimore County Almshouse, and Dr. James H. Jarrett, physician to the Baltimore County Jail.

The O'Dwyer Scholarship in the College of Physicians and Surgeons of New York is a very fitting tribute to the work of such a modest man as Dr. O'Dwyer.

Dr. S. S. Adams of Washington delivered a lecture on fevers in children before the University and Bellevue Hospital Medical College, New York, December 20.

Edward Cecil Guinness, of the well-known brewer family and now Lord Iveagh, has given to the Jenner Institute $1,250,000 in aid of scientific research in bacteriology and pathology.

According to Dr. John S. Fulton, secretary of the State Board of Health of Maryland, there is danger of smallpox breaking out in this State, and it would be well to have a thorough vaccination.

In addition to all the private institutions in New York for the treatment and care of tuberculous cases, that State is considering the erection of a State sanitarium, probably somewhere in the Adirondacks.

An enterprising bacteriologist, who attempted to bring a lot of cultures of the plague bacillus into Victoria, Australia, had his whole outfit confiscated and destroyed on the plea that it was detrimental to the health of the people of Victoria.

The number of students enrolled at the Medical School in Paris is 4495. The Faculty includes 351 male foreign students, of whom sixteen are Swiss, fifteen Germans, sixty Roumanians, sixty-seven Ottomans and sixty-six Russians. There are also eighty-seven female foreign students, of whom eighty-three are Russians.

The death of Professor Laboulbene at the age of seventy-three years is announced. He had held the chair of historical medicine at the Faculty of Paris since April, 1879; was physician to the hospitals and a member of the Academy of Medicine. His clinical knowledge was unrivalled, and he was also an expert naturalist, so much that he could have held a chair of entomology or parasitology with as much distinction as he did that of history of medicine.

The death of Dr. Kemp Battle Batchelor of Baltimore last Saturday took from the profession of Baltimore one of the most prominent physicians of the younger set. Dr. Batchelor received his degree at the University of Maryland in 1889, and after a service in the University Hospital and in the lying-in department, began his practice, first, as the assistant of Dr. I. E. Atkinson, and later he married and took an office of his own, where he soon built up a choice and paying practice among persons who appreciated such a man. Devoted to duty and anxious to relieve the ills of others, Dr. Batchelor put aside his own suffering and literally died in the harness. His death was from double pneumonia, brought on by exposure after an attack of grippe. Dr. Batchelor was a member of all the principal medical societies and was associate professor of clinical medicine at the Woman's Medical College.

Washington Notes.

A new home for nurses has been opened in connection with the Central Dispensary and Emergency Hospital.

Acting Assistant Surgeon L. G. Anderson, U. S. A., at Fort Myer, will be assigned for duty on the hospital train.

There were 118 deaths last week, of which fifteen were from pneumonia, seven from diphtheria and one from typhoid fever. There are 116 cases of diphtheria and 127 cases of scarlet fever in isolation.

A bill has passed the House which enables the Secretary of Agriculture to inspect and analyze any article imported from foreign countries that he believes to be dangerous to the health of the people of the United States.

On being shown through the rooms occupied by the "Co-operative Medical Association" (the company that furnishes doctors, medicines, coffins, hearses and carriages for twenty-five cents a week), the doctor, after a deep expansion and a look of pride, said: "This is our operation room. We are going to have it made into a glass room, just like the Johns Hopkins' operation room at Harvard."

The Alpha Medical Association has been organized to treat the people of the District for $5 a year. Five dollars is the fee for the head of the family, and twenty-five cents is added for each member of the family. The company "will employ the best physicians of both schools, homeopathic and allopathic," and "the best medicines and appliances will be used." If the subjects of this company die, they will have to bury themselves.

A Pure Food and Drug Congress will be held in the city January 18, 19, 20 and 21, 1899, and from the interest now manifest will be a largely-attended meeting. The government departments will be well represented by prominent delegates, among them Drs. Geo. W. Sternberg, W. K. Van Reypen and Walter Wyman. The Commissioners of Pharmacy are to be represented by Drs. John G. Winter, W. P. Carr and H. A. Johnson; the chemical societies by Profs. W. D. Bigelow and E. A. de Schwenitz; the Medical Society by Drs. Z. T. Sowers, W. W. Johnston, C. H. A. Kleinschmidt, G. L. Magruder and G. M. Kober.

Book Reviews.

Blood Charts. Designed by J. C. Da Costa, Jr., M.D. Philadelphia: J. B. Lippincott Co. 1898.

These are very convenient blood charts and are large enough to be used to the satisfaction of those who may wish to note every detail. The price is not stated.

Atlas and Epitome of Operative Surgery. By Dr. Otto Zuckerkandl, Privatdocent in the University of Vienna. Authorized translation from the German. Edited by J. Chalmers DaCosta, M.D., Clinical Professor of Surgery in Jefferson Medical College, Philadelphia; Surgeon to the Philadelphia Hospital, etc. With 24 colored plates and 217 illustrations in the text. Philadelphia: W. B. Saunders, 925 Walnut street. 1898. Price $3 net.

The author states in his preface that "this epitome of operative surgery is intended as an elementary work for students," and with this understanding, it can be commended as a faithful and useful guide to operative surgery. It is entirely too abbreviated and incomplete to be useful as a general text-boox on operative surgery for surgeons. The typical operations of surgery, such as amputations, resections and ligations are very well described and illustrated, but one looks in vain for many of the most common typical operations, especially those employed in abdominal work. On Page 376 is an illustration which is identical with one in the Johns Hopkins Hospital Bulletin of February-March, 1896, which is supposed to be an original illustration of a case operated on by Dr. Howard Kelly. No credit is given by either writer to any other author, but the picture is certainly the same.

The *Journal of Scientific Medicine* is a new journal, probably a monthly, although it is not stated, which is edited by a Dr. Gustavus M. Blech, who has written several editorials and the first original article in a very attractive style. He invites contributions of matter and money, and announces that, able to read several languages, he will give choice abstracts. In one very sensible note he "roasts" the examining board for their absurd questions, and later on he upholds American as compared to foreign proprietary products. His journal has a "go" about it that is very attractive and deserves success. It is one dollar a year.

// MARYLAND
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Original Articles.

HYSTERIA IN CHILDREN.

By N. P. Barnes, M.D.,
Washington, D. C.

READ BEFORE THE WASHINGTON MEDICAL AND SURGICAL SOCIETY, DECEMBER 5, 1898.

This subject a century ago would have aroused considerable unfavorable comment, if not decided ridicule, from the learned profession, and even at this date is looked upon by some physicians with suspicion.

Hysteria as regarded by the ancients, an affection resulting from the mobility of the sterile uterus, could hardly be expected to be found in children and men, and, in fact, the condition was so regarded and linked with Pluto's agents direct from the region of the damned that for a long time it was a thing separate and apart from scientific medicine, and served for the wonder-working of charlatans.

Going back to the writings of Moses we find the practice of medicine confined to the Egyptian priests, whose occupation consisted in impressing upon the ignorant, superstitious and infantile minds the power they had over nature. The more expert these men were in working the charms or of evoking spirits the greater the doctor. A Herman or Kellar in those days would have been the same as a Halsted or Kelly in these days.

With our present understanding of the etiological factors of this nervous condition the name hysteria is most unsuitable and inappropriate, but custom makes people do ridiculous things even in medicine, and while neurosis or neurotica would be a better term, it will necessarily be a long time before the name hysteria is dropped from the medical vocabulary.

Among the first to recognize the condition in men was Dr. Thomas Sydenham of London. In a letter written in 1680 he mentions an important symptom not brought out in all of our modern works. "Among all the symptoms," he says, "that accompany this disease this is the most proper and almost inseparable, viz., an urine as clear as rock water, and this hysterick women evacuate plentifully, which I find by enquiry is in almost all the pathognomonick signs of this disease which we call hysterick in women and hypochondriack in men." In another place he speaks of the disease in "young virgins that have the green sickness."

In this country hysteria for a time was associated to a greater or less extent with witchery and spiritual manifestations, and was, therefore, out of the domain of medicine. The first mention of the condition in children was in a New England paper in 1688, mentioned in Dr. Hammond's work on spiritualism and quoted as follows:

"Four children of John Goodwin of Boston, remarkable for their piety, honesty and industry, were in the year 1688 made the subjects of witchcraft. The eldest, a girl about thirteen years old, had a dispute about some linen that was missing with a laundress, whose mother, a scandalous Irishwoman of the neighborhood, applied some abusive language to the child. The latter was at once taken with 'odd' fits, which carried in them something diabolical. Soon afterward the other children, a girl and two boys, became similarly affected. Sometimes

they were deaf, sometimes they were blind, sometimes dumb, and sometimes all of these. Their tongues would be drawn down their throats and then pulled out on their chins to a prodigious length. Their mouths were often open to such an extent that their jaws were distorted and were then suddenly closed with a snap like that of a spring lock. The like took place with their shoulders, elbows, wrists and other joints. They would then lie in a benumbed condition and be drawn together like those tied neck and heels, and presently be stretched out and then be drawn back enormously. They made piteous outcries that they were cut with knives and struck blows, and the plain prints of the wounds were seen upon them. At times their necks were rendered so limber that the bones could not be felt, and again they were so stiff that they could not be bent by any degree of force."

The next mentioning of this condition in children was by Rev. Davidson, the cases occurring at the Kentucky camp-meetings in 1800. He related that "small children had taken part in the religious ceremonies, which consisted in part in the following feats: Simple jerking of the arms from the elbow downward. The head was thrown backward with a celerity that alarmed spectators, causing the hair, if it was long, to crack and snap like the lash of a whip. The children would bounce from place to place like a football, or hop round with head, limbs and trunk twitching and jolting in every direction. Sometimes the head would be twitched right and left to a half-round with such velocity that not a feature could be discerned."

Rev. John Wilkenson deplored the manner of these religious ceremonies, and reported to the *Philadelphia Medical and Physical Journal* in 1805 the epidemics that were occurring in these emotional forms of worship. He writes as follows:

"This disease made its appearance early in the summer of 1803, and increased in its effects with astonishing rapidity until the latter end of that season. I have known some persons as young as six or seven years of age and others, I think, upward of sixty affected. There is scarcely one girl in ten between the age of ten to twenty that has not had, or now has, the exercise. The paroxysms continued from a half to an hour and upward. The agitation consisted in twitching, retching, groaning, jerking and laughing. Premonitory symptoms were: Compression or weight in the chest or about the heart. The motion gives relief. No other complaints of corporeal pains are made. They all agree in asserting that during these exercises the senses remain in full vigor, and that even in their silent exercises they know everything that is passing about them. They also say that their mental faculties during the paroxysms are preternaturally active and strong. When a person is in the silent exercise if a needle or pin be introduced through the skin it will cause no emotion or complaint, but will produce the sensation of pain."

Dr. Edward C. Mann, in his manual of "Psychological Medicine," published 1883, says "nervous affections, and especially hysterical disorders, are very contagious," and cites the following case by way of illustration:

"The inland market town of Pledran, in France, has inhabitants who lead a very primitive mode of life and who are very ignorant, credulous and simple. Any unusual occurrence is attributed to an occult influence. They are under the exclusive control of their curé. Near this town live the Marcet family, in which were seven children a few months ago, said to be 'possessed by spirits.' February 23, 1882, Marie Marcet had a nervous attack, with pain in the head and sickness and hysterical paralysis, lasting four days, and chorea-like movements. They soon ceased and did not appear again until the 21st of April. On the 22d of April the third child, Pierre, aged eleven years, was suddenly attacked, and his attack lasted four hours. Twelve days after he had a second hysterical fit, and since then he has been very nervous, excitable and irritable. On the 23d of April the second daughter, aged thirteen years, had a nervous attack resembling in all points that of her sister. On the 24th the fifth child, aged six years, had an attack of unconsciousness. On the 28th still another, of

four years, showed hysterical symptoms, and finally another child suffered from unmistakable hysteria. This is a very remarkable instance of the contagiousness of nervous affections, as this hysteria major evidently appeared in this family as a small epidemic."

This form of contagious hysteria is seen frequently and is the most common form in children. The sight of a hysterical person will frequently produce the same symptoms in another person of susceptible nervous organization and has a tendency to involve other hysterical persons around. This form has been known to go through a whole ward in a hospital, and may account for many attacks in childhood.

As to the etiological factors, the writer believes heredity plays an important part, regardless of the fact that most of the late writings on the subject are to the contrary. Not that a child inherits hysteria, but that it can inherit a weak, nervous system, one that is excitable, irritable and given to profound nervous impression. There can be no doubt that children of the insane, habitual drunkards and neurotic inherit a weak, nervous organization, and there is such a condition as family degeneration, frequently seen in the last descendants of some celebrities, who are marked with beardless faces, stammering tongues and feeble minds. The degeneracy to struma, cretinism and deafmutism is met with daily. And stigmata and anomalies in generations past frequently make their appearance in today's offspring. Then is it not reasonable that the child will inherit a weak constitution who is born to an anemic, neurotic, broken-down society belle and nervous clubman? It is a well-known fact that emotional or intoxicated parents do affect their offspring.

Location as an etiological factor in hysteria is not often mentioned, but it is generally understood that city life is productive of nervous conditions, and in no city is it so noticeable as in this nation's capital. Here it is more than the active, busy life, as but few are actively engaged; more than the city noises, for they are comparatively few; but far above these in importance is the location of the city and the atmosphere that is hanging over it—an element most changeable, therefore, most irritating to the nervous system and nearly always depressing instead of invigorating. The condition, however, is not so bad as that district in Ireland mentioned in a paper by Dr. P. M. Luffan, read before the British Medical Association in 1896. He describes the district as about four square miles in extent, having a population of 300, belonging to sixty families, thirty of which have one or more insane, idiotic or neurotic. There are in all twenty-nine insane, seven weak-minded and many neurotic. Heredity and locality here are undoubtedly etiological factors. The doctor further states that in portions of this district cattle fed on the product of these lands lose their horns, horses lose their hoofs, birds have defective bills or none, and the most curious of all is that bread made from corn grown on the land causes the hair and nails of those that eat it to fall.

Mental and physical disturbances are prominent causes of nervous disorders and have their beginning with the existence of the child both intra- and extra-uterine. The unhygienic conditions surrounding the child and especially the deoxygenized atmosphere the city-born has to breathe, together with the street noises and door-bells, are enough to keep the child irritated. But, to add to this, every relative and friend must dangle the child in the air and poke it in the ribs to keep it from becoming stupified. The anemic mother, or more often the mother who does not want to be bothered, will find it necessary to feed the child unnaturally, and then begins a long course of indigestion and malnutrition. The child manages to get through teething, but the indigestion is kept up with an excess of starches or other bad feeding. The effect upon the nervous system now asserts itself in an irritable and uncontrollable disposition, for which the child is told stories of policemen and evil spirits to frighten him into submission. The child believes everything to be true, and goes to bed frightened with the nurse's ghost stories and fairy tales, only to dream and im-

agine that all sorts of horrid beasts and devils are about him. It is time that these sensational and exciting fables are banished from the nursery. This is the age of inquiry and experiment, a time when the brain is receiving everything as truth; then why not give the child something substantial and useful instead of simply doing something to keep him out of mischief.

Next comes the illy-ventilated and overcrowded schoolroom, with its single standard of teaching, causing an alarming morbidity. With this comes additional duties in music, painting, elocution, the evening parties, the sensational theatricals and other unhealthy mannerisms. Not that the child should be kept out of school, for the want of occupation is productive of more disorders by far; but change the system of teaching to suit the child. No person has ever yet been injured by proper mental and physical labor.

From the preceding it would seem that very few children have a chance to grow strong and healthy, and, indeed, very few escape such conditions as chorea, diabetes, urticaria, hysteria, spasmodic troubles and other nervous disorders.

The symptoms, as in adults, are varied and may simulate any organic lesion of any part of the body. They are mental, sensory-motor, vaso-motor and visceral. These hysterical children usually have a bright appearance, keen imagination and intelligence, are self-conscious and endeavor to attract attention. They are impressionable, laugh and cry readily and exaggerate their sufferings. Boys are usually effeminate, timid, blush readily and prefer feminine games. A child may have a capricious humor or an irritable temper, with screaming fits and destructive tendency. They frequently have hallucinations and night terrors. As to the sensory symptoms, hyperesthesia is more common than anesthesia. Pains or tender spots are generally found on the head, along the spine or joints, but may be found all over the body. The pain may simulate rheumatism or multiple neuritis. Hysterical blindness and deafness have been met with; in several instances always cured by suggestion or hypnotism. Most any form of paralysis may be met with. It comes on suddenly or gradually or follows traumatism, and may, therefore, be difficult to understand.

It is well to remember that in recent cases the nutrition and electrical reaction of the muscles is normal, that in hemiplegia the tongue is usually spared, that the deformity is greater when being examined, that the muscles atrophy only in long-standing cases from disuse, that under anesthesia the deformity disappears and there is no joint enlargement, no swelling of the soft parts, no signs of inflammation. Tremors, rhythmical movements, local spasms, chorea or convussions are the forms of clonic contractions, and the latter is a frequent manifestation of hysteria in childhood, and are distinguished from epilepsy on account of the consciousness not being lost, the child being guided by what is said or done in the room. The visceral symptoms are also prominent in children, the globis hystericus, dysphragia, gastralgia, anorexia being met with frequently. The hysterical cough and hiccough are frequent in children, especially the former.

There are many ideas suggested regarding the pathology of hysteria. Dr. Samuel Wilks of Guy's Hospital says: "The explosion of nerve force by an hysterical attack acts as a kind of safety valve, protecting the internal machinery from danger," giving as example the fits of Napoleon, and Byron's observation of how women pour their troubles into their pocket handkerchiefs, while a man slams a door, or, if of better sense, takes a walk (or a drink) and thus gets rid of his extra nerve force. Niemeyer came nearer the right when he said: "There is no doubt but that the morbid excitement of the motor nerves which give rise to hysterical spasms proceeds from the spinal marrow and medulla oblongata." The theory of the movement of the neurons, or rather their protoplasmic processes, the dendrites, seems to account most readily for the nervous phenomena of hysteria.

Applying Ohm's law of the electric current $\text{C.S.} = \frac{\text{E.M.F.}}{\text{R.}}$ to nerve current, $\text{N.C.} = \frac{\text{N.F.}}{\text{R.}}$ we would have similar conditions to remember in each instance. That so long as the battery is in working order, the

zinc, carbon and fluid in good condition, the wire thoroughly insulated and the connections clear and perfect the current passes along readily, but the moment these conditions are unfavorable the current becomes weak or stops. Likewise with the nerve current.

Take from the cell its oxygen, the current stops; let the myaline sheath be worn off, and the current is side-tracked or grounded; injure or corrode the terminal trees, and no peripheral impulse can be received, and cause the dendrites to retract their processes, and impulses are lost in the first cell. In conditions of hysterical paralysis the neures in the cortex governing the paralyzed part simply retract their processes, so that the end tufts in the cord no longer have normal relation with the spinal neurons. In short, the connection between the cells is broken. Now, as the result of suggestion the paralysis disappears by the reestablishment of the nerve current. In the condition of spasm we have simply a form of motion accounted for by the action of motor cells in any portion, and should these spasms be localized the same law of localization would be applicable as in condition of paralysis.

These convulsive movements can be accounted for, then, by the spasmodic action of the neurons, the inhibiting power of the cortex being lost and the motor cells having no governing power over them, simply run riot until exhausted, then retract their processes, leaving the patient in a state of exhaustion or coma.

In regard to treatment, here, again, is prophylaxes of the most importance. In order that the rising generation may have a more perfect type of nervous organization, see that the mothers are educated in the principles of physiology and psychology; that the children may be placed under proper hygienic conditions, that they may have perfect tranquillity for the development of the mind and body; that physical development be carried along hand in hand with mental development; that all excitement, overpressure and stimulants be avoided; that they keep regular hours and habits and not be made the center of attraction, with the impression that callers are being entertained by their brightness; that they be disciplined not to yield to emotional impulses, and taught independence. In instances of attack all sympathizing friends should be removed and the child cared for by a nurse of firmness and command. Such tonics and anti-spasmodics may be given as are indicated.

For paralysis the surprise treatment makes miraculous cures or no cures at all, and suggestion and hypnotism are better methods. Gentle and firm commands, gradually using the affected parts more and more each day, has been successful in most cases. Terrin reported eighteen cases, eight of which were under four years of age. He had marked success with hypnotic suggestions, but was obliged to give it up on account of the superstition of the people. Dr. Stone reported an interesting case last year, which in short is as follows: Girl strong and healthy up to eleven years; grew nervous and emaciated; had symptoms of spinal disease; menstruated at thirteen; had dysmenorrhea and neurasthemia and hiccough; finally a jerking of the abdominal muscles, with loss of strength and loss of mobility of back and larger joints. Her ovaries were enlarged and uterus retroflexed. By mere accident she escaped a double oophorectomy, and came to the doctor in a forlorn condition. After numerous consultations the doctor decided to do a mock operation, and while under the anesthetic the joints were masséd; the patient on awakening was warned not to jerk the abdominal muscles or the stitches would be broken. By gentle and firm commands in the form of suggestion, with massage, the girl was able to walk in ten days and made a complete recovery.

So that in short the treatment would be summed up in the following few words: Hygienic surroundings and proper management of the child, rest and isolation, suggestion and hypnotism, drugs as indicated. The earlier the diagnosis and treatment the more favorable the chances for recovery.

GLEANINGS IN THE COURSE OF A LONG PRACTICE.

By Jackson Piper, M.D.

READ BEFORE THE BALTIMORE COUNTY MEDICAL ASSOCIATION, NOVEMBER 23, 1898.

(*Continued from page 167.*)

Intermittent Malarial Fever.—While practicing medicine in Taneytown, Md., a man consulted me for recurrent attacks of intermittent malarial fever. His history was that he had followed boating on the Mississippi river until his health had become so impaired by the chills and fever as to force him to return to his home. For a number of years he had been thus affected and had had many doctors and taken many drugs in vain. "As I was just out of an hospital, did I not know of some new remedy?" I answered no, and as he got up to go I recollected of reading in a little book, just then published (1854), an interesting article on the treatment of intermittent fever by diuretics. The title of the book was "Urinary Deposits," by Dr. Golding Bird of London, England. He discovered that in treating rheumatism, complicated with malarial fever, by diuretics that the latter was not only relieved, but cured.

I took the book from its shelf and read him the following: "In ague nothing is more easy than to check the paroxysms by means of antipyretics, especially quinine, and in many cases the patient is really cured by the remedy.

"But anyone who has had an opportunity of seeing much of the effects of marsh miasmata is perfectly well aware that if a patient has been long exposed to their influence, although paroxysms of ague may be for a time checked with quinine or arsenic, the unhealthy state of the blood is not removed.

"The sallow aspect, the depressed health, the visceral engorgement, all indicate that the poison remains in the system and is continuing its work, although its influence has been blunted by our remedies.

"After a time, however, imperfect paroxysms, the 'dumb ague,' as they are often graphically called by the patient, appear again and again, requiring the antiperiodic to check their further development. This is a common history, and many persons are thus not really absolutely freed from miasmatic poisons for months and years.

"I do not claim," continues Dr. Bird, "for the acetate of potash the virtues of an antiperiodic, but I do unhesitatingly declare it will effect that which quinine and its allies cannot do.

"It will enter the blood, and as a nascent carbonate (possessing a far higher state of chemical tendency than ready-formed carbonate of potash) in the capillary network of the body aids the metamorphosis and excretion of the unhealthy elements of the blood and their consequent elimination by the kidneys.

"When to a person suffering from marsh malaria this drug has been administered to the extent of two drachms in the course of twenty-four hours, largely diluted, and continued for two or three weeks, not only is no injury effected by the remedy, but the most marked benefits are observed to result.

"The patient's skin becomes less dusky, the expression of the face more healthy, the dull aspect of the eyes changed for one of cheerfulness, the engorgement of the liver and spleen lessens and the paroxysms of 'dumb ague' disappear or merely require a few doses of arsenic for their complete cure and thus to effect the complete restoration of the patient.

"Even in recent tertian ague, in which the paroxysms are well marked and even violent, I have hardly ever administered the acetate of potash without observing a diminution in the intensity of the attacks and a considerable prolongation of the intermissions.

"Indeed, when quinine has been administered for the purpose of checking the ague fit the subsequent administration of the acetate will not only prevent a relapse, but greatly improve the patient's general health."

I put up this medicine for the man, giving him a solution containing thirty grains to the dose, to be taken in a tumbler of water and more if he would drink it, and this dose to be repeated every three hours (four doses per day) for three

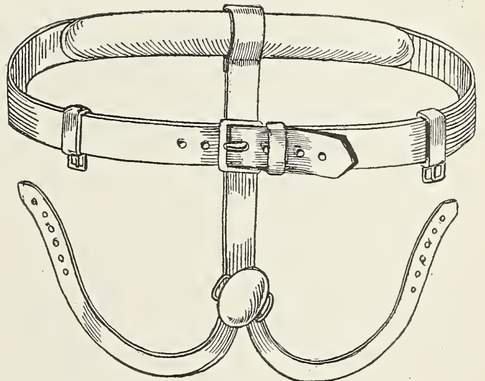
weeks. In three months the man was well, in six months he had gained thirty pounds, and a year after he told me his attacks had not returned.

This case made a profound impression on me, and I have since used it in hundreds of cases with unvarying success. I recollect giving it many years ago to Bishop Penick of the Episcopal Mission in Africa. It resulted in curing him—a man thoroughly broken in health by malaria, and when he returned to his work in that pestilential country he took a large supply of the acetate with him. Of course, if the patient is subject to fresh infection he may have a new attack, but never a recurrence of the old.

A Pad for the Treatment of Seminal Weakness.—For many years I have been using a contrivance for the cure of seminal emissions caused by masturbation. The success obtained has been so marked that I desire to call the attention of this association to it. It consists of a padded leather belt, which is fastened around the waist and held in position by a buckle in front. The padded side is, of course, next to the body, and the padding extends from either side of the spine to a short distance beyond the ossa ilii (the hips). From this waistband at the spine falls a perpendicular strap, which strap is made to move freely on the band by a loop made by the strap being doubled on itself. This strap, which I will call the perineal strap, is divided into two parts after it passes the perineum, which parts meet the waistband on either side of the abdomen, and each end is fastened to it by a buckle. These buckles are attached to loops which move easily over the waistband in front. The center or perineal strap is supplied with a pad to which is attached a loop on its back, so as to move easily over the perineal strap. The waistband should be two inches wide. The perineal band, one and one-half inches wide and its divisions after it leaves the perineum, would, of course, be three-quarters of an inch each in width. The pad should be two inches wide by one and one-half inches long. Its upper or perineal surface must be padded firm and hard and made slightly concave. The length of the waistband and the perineal strap must be determined by actual measurement for the patient for whom it is made.

When in position the pad must fit over the perineum, just at the commencement of the scrotum and between this and the anus. The appliance must be worn continuously and well tightened to keep up a firm pressure by the pad on the perineum. Wherever the appliance hurts the patient the pressure must be eased by wads of raw cotton.

The object of this pressure is to cut off the blood supply to the penis, which supply is often of itself the incentive to self-indulgence, or, if the patient is asleep, this pressure prevents an involuntary emission. The pad also acts, by pressure, as a tonic on the already weakened vesiculae seminalis and the vas deferens, which together constitute the ejaculatory duct. This apparatus, simple in construction, simple in application and simple in action, does away with other treatment, save, possibly, the use of tonics and nervines, for a constitution already impaired. It absolutely destroys the consummation of erotic desires and tones up the parts and also imparts hope and will power to the patient. I have used it in many cases with perfect success. The apparatus should be worn for months—in fact, until the patient is cured and feels able to trust himself. I claim no originality here, having seen the invention in an ancient number of Braithwait's "Retrospect."



Intussusception of the Bowel.—Some years ago, in the family of Judge Richard Grason, a hearty, stout and active young

girl was taken with what I supposed to be an attack of colic. Her suffering was so intense as to require the aid of several persons to keep her in bed. The vomiting and pain increasing, notwithstanding the use of large doses of morphine, I found on further examination a localized pain in the duodenum. I then pronounced her condition invagination or intussusception of the bowel. Early in the morning Dr. Tiffany was summoned. While waiting for him she grew rapidly worse.

I left the house to look for a pair of bellows, which I luckily found. I introduced a rectal tube some fourteen inches and inserted into the tube the nozzle of the bellows. I pumped in air until she was seized with a sudden desire to defecate. A large operation followed and she was relieved.

The fecal matter voided was firm, and, what was most interesting, there was completely encircling it a narrow ring of blood and mucus, showing, to my mind, the evidence of the stricture.

Dr. Tiffany arrived a short time after. I showed him first the action, and then asked him to examine the patient and locate for me the intussusception. His finger rested on the spot I had marked out.

Another interesting case of a similar character was that of W. H. E. of Towson, a patient of Dr. Massenberg. He had diagnosed the case intussusception, but wished to consult me as to the possibility of sending him to a city hospital for an operation, his condition being one of extreme prostration. He was, when I saw him, having stercoraceous vomiting. We applied the bellows with success. The same uncontrollable desire for an action ensued, but as the fecal matter was soft I saw no evidence of blood and mucus. This was a bad case and made worse by the intemperate habits of the patient.

The rationale of this treatment is that the enforced air acts as a lever or wedge, forcing the dip of the intestine upwards and in position. I will say, in passing, that the question has been raised by an eminent scientist—no less a man than Dr. Robert Koch of Berlin—as to the possibility of forcing air through the ileocecal valve. I wished to ascertain from Dr. Koch the per centum of the sulphur dioxide necessary to destroy the bacillus of cholera. Dr. Sternberg, now the eminent surgeon-general, U. S. army, kindly interviewed him for me and mentioned my proposed treatment of this disease by injecting this gas (sufficiently diluted with atmospheric air) per rectum, so as to reach the habitat of the bacilli in the small intestines. While he approved of the treatment, he thought the valve would prove an insuperable obstacle. I told Dr. Sternberg that in the Grason case I had demonstrated by the sight and by percussion the presence of air in the stomach and intestines and by the happy result of the operation.

Strangulated Hernia.—I acted on one occasion with success on a hint obtained from a characteristic story I heard illustrating the resourceful originality of Dr. Thos. H. Buckler.

For many years he resided in Paris, and, while by the laws of France, he was not admitted to general practice, visiting Americans gladly sought and obtained his professional services.

On one occasion he was invited by several distinguished French surgeons to witness an operation for strangulated hernia. By courtesy he was politely asked to examine the patient, which he did. He then remarked, "If you gentlemen will allow me, I think I can relieve your patient without an operation." They credulously consented. He immediately had summoned two stout men from the street and directed them to seize the patient by either foot and dangle him in the air, head down.

The French doctors protested, but Buckler was firm. The man was elevated, a sudden snap of noise followed, and the bowel "flopped" into position, much to the astonishment of the French gentlemen on the brilliant success of the sturdy, rugged American doctor. I repeated this experiment on a colored youth nineteen years old, living at Banesville. I had used taxis and ice and failed. I then had him suspended. I heard the click of the returning bowel and its succeeding "flop" into the restful bosom of its companions in the darkey's abdomen.

Laryngismus Stridulus.—Laryngismus stridulus, or spasm of the glottis, is a disease of infancy. It most frequently comes on suddenly. There is a complete arrest of respiration. The chest is fixed; the head thrown back; the face, at first pale, quickly becomes cyanotic; the eyes are wide open and staring; muscular twitchings, carpo-pedal spasms; convulsions, and, in severe cases, death. In a book on diseases of children published by Chas. D. Meigs in 1850 he claims as his idea the use of ice applied to the epigastrium and moved over the arch of the hypochondium. I met with a case at Hampton, a very severe one, which yielded promptly to this simple remedy. This treatment is mentioned in our later works, and I merely refer to it in this paper as a device worth remembering.

Cyanosis.—I will briefly refer to cyanosis, depending upon the non-closure of the foramen ovale. From the ingenious theory advanced by Dr. Meigs in the work referred to, of the admixture of venous and arterial blood through this valve, I have obtained most excellent results by resorting to his method of placing and keeping the child on its right side, at an angle of 30° or more.

I know this view has been hotly contested by subsequent authors, but as seeing is believing I would advise my professional brothers to give Dr. Meigs' method a fair trial until they are satisfied that there exists some cause other than an imperfect foramen.

Interstitial or Chronic Pneumonia.—In conclusion, I will briefly refer to the treatment of interstitial or chronic pneumonia.

When resolution of the lungs is suspended a condition of chronic hepatization remains, which is difficult to remove and which invariably sets up some intercurrent disease, such as tuberculosis, if the patient imbibes its germ, or gangrene of the lung, or the patient succumbs from non-aeration of blood, or the consolidated lung acts as a foreign body.

The free use of iodide of potassium, the syrup of the iodide of iron, cod-liver oil, stimulants, a generous diet and the repeated application of large fly blisters to the affected side will bring about a cure when nothing else will.

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD DECEMBER 2, 1898.

The meeting was called to order by the vice-president, Dr. B. B. Browne.

Dr. W. T. Watson exhibited a "Case of Cured Pulmonary Tuberculosis."

Through the kindness of my former patron, Mr. Knecht, who is good enough to come here this evening, I am able to present to you a case of pulmonary tuberculosis that was cured by a brief residence in Colorado.

In the spring of 1896 Mr. Knecht had an attack of pneumonia which confined him to the house for a month. He was comparatively well after that until the spring of 1897, when he contracted grippe, the acute symptoms of which lasted for about a week. From this time on he always had a little cough, and in the latter part of July when I saw him he was having a little fever, night sweats and was losing flesh rapidly. An examination of the chest showed a small area of consolidation at the left apex. The sputum was examined by the city bacteriologist, Dr. Stokes, and he reported that it contained tubercle bacilli. I advised the young man to go to Colorado, but, not wishing to assume the full responsibility for this, I had Dr. Chambers see him in consultation, and, as he agreed with me, the patient started in the fall of 1897.

In Denver he put himself in the care of Dr. Axtell, and he found in addition to the consolidation in the left lung a smaller area in the right. Mr. Knecht spent a month in Denver, then a month in Greely, and finally went to a ranch a few miles south of Denver. He began to do light work about this 4000-acre ranch, such as running errands, doing chores, and, as he became stronger, took up garden work. At the end of four months he had gotten so well that the proprietor of the ranch stopped charging him board and gave him his keep for the work he did, and later added small sums of money to this. In August of this year he went on a thirty days' camping expedition in the Rocky mountains.

On the advice of Dr. Axtell and myself he has lived out of doors as much as possible, and as you see him tonight he does not look much like a consumptive. I have looked him over carefully and cannot find an abnormal sound in the chest. There is no sign of consolidation, and he produces no sputum for examination. He weighed 135 pounds when he left here, and now weighs 150—not a very great gain. He is going back next week to Denver, where he has a position as bookkeeper in a large store.

The consolidation in one lung was found by Dr. Chambers and myself, and later in both lungs by Dr. Axtell, and the bacilli were demonstrated by Dr. Stokes.

I have now on the same ranch that Mr. Knecht came from another young man of nineteen, who came to me on the 22d day of last August after he had been ill for over a year and with a history that his father had died within a few years of tuberculosis. I found quite a large consolidation in the left lung and numerous bacilli in the sputum. He also was having fever and night sweats, and was losing flesh rapidly. He worked for a large transportation company here, and the president had sent him to sea on one of their vessels, but he felt that the trip had done him some harm.

I told him what he had, and that if he could go to Colorado he would probably get well. He replied that he had no means to take such a trip nor to stay there. I knew the gentleman he worked for, and knowing him to be a philanthropist I wrote him a note stating the conditions. He secured transportation for his clerk to Colorado, agreed to continue his salary for six months, and told him to advise him at the end of that time as to his condition. Mr. Knecht reports that he is doing well, and that during the last week of his stay this young man had no night sweats at all, his cough was much better and he seemed to be on the road to health. Dr. Axtell also examined him, and reports to me by letter that he thinks he is going to recover.

The point I want to bring out is this: The young man who is now in Colorado was a poor boy. He had been under the care of a very reputable physician for the space of a year, and had been told that he had a cold that would wear away in the course of time. I do not for a moment think that the physician did not understand the condition, but he assumed that the boy had no means of going to Colorado and could not be cured. I think we have no right to assume such a thing, but should do everything in our power to secure for such patients the opportunity to visit Colorado or some such health-giving place. I think usually a way to do this will be found if the physicians will bring the case before the patient's friends. Mr. Knecht was a comparatively poor boy, but he managed to go, and has been cured. The expense of the trip to Colorado is something which most of us do not think of, so I have asked Mr. Knecht for a brief statement of it. He states that the fare to Denver, second class, is $42.50, and west of the Mississippi river that entitles them to a reclining chair, which, with a pillow, makes a comfortable resting place at night. The meals from here to Denver cost $5. His board in Denver for four weeks cost $18, in Greely four weeks $12, and on the ranch four months $56. While in Denver he had a small laundry bill, but on the ranch laundry amounted to very little, as they wear neglige shirts. His tour in the mountains cost $15 as his share of the camping outfit. His total expenses were $107—a very trifling amount to give for one man's life. Counting at the rates above given, it would cost $220 to go and stay a year, and I think a great many young men who have tuberculosis and not much money can raise that amount in some way. Perhaps some wealthy men could be found who would loan them the money on the proper agreement to pay it back with interest, and they would thus secure their health, whereas here they must die.

Dr. Horace M. Simmons then read a paper entitled "Medical Journalism in Maryland (see page 101).

Dr. William Lee Howard: I have been quite interested in this paper, for I have had more or less experience in journalism. Journals stand as the signs of the enterprise and homogeneity of the community. I think it is the duty and it

ought to be the personal pride of every man in the State to take the MARYLAND MEDICAL JOURNAL. Just as sure as every man takes the JOURNAL it will improve.

Dr. W. J. Todd: Every man in Maryland should be a subscriber to his State paper. There are many advantages that may accrue to the subscriber from reading his local paper, for the chances are that he knows the authors of the articles therein and they are more valuable on that account. Then, too, he learns what the different medical men are doing, and can keep track of the changes that are taking place in his State. I would appeal for the support of all medical men for their home journal as a matter of personal pride.

Dr. A. K. Bond then said: I have given my views to the editor a number of times when we were discussing these questions. The first point that interests us is that of personal subscription. The JOURNAL is much better now than when I was editor of it, and I think we ought to try to get our friends to take an interest in it. The second matter is that of contributions to its columns. A journal of that size ought not to have long articles spread out page after page, but we should send them short papers, so that they can have three or four original articles in each issue. If a man has anything to say he can say it in a few minutes, and such a paper wants short articles and a lot of them.

Dr. J. D. Blake: I imagine that the reading of this paper will not accomplish what is wanted, because my impression is that the profession of this State is in a hypnotic condition. I am interested in the MARYLAND MEDICAL JOURNAL, and I endorse all that has been said here. I have sometimes blushed for shame for Maryland. A few years ago we had the American Medical Association here, and the finance committee went to ask our wealthy men to contribute or to open their houses so that we could invite our friends in, but they said no, we cannot do it. We then went to the hotel-keepers, and even the small street-car companies, and made them give us contributions. When we went to Atlanta, Ga., the next year we found the rich men were throwing open their houses to us all day, and the same thing occurred this year in Denver, where, in a town of only 60,000 people, the profession alone raised $140,000. The MARYLAND MEDICAL JOURNAL is a first-class journal, and we ought to appreciate its merits.

Dr. W. B. Canfield: While, of course, we are always glad to have subscribers who pay for the JOURNAL when they get it, we also want literary supporters. The great trouble in Baltimore is that men are too busy to write; why, they will not even answer your letters. I send out twenty letters to physicians in Baltimore and get perhaps two replies, and I send twenty letters to busy men elsewhere, and get at least nineteen replies.

Dr. Todd: If the subscribers when they write to advertisers would mention the fact that they read the advertisement in the JOURNAL it would make an impression in favor of the JOURNAL that would perhaps secure it a page ad. in next issue.

Dr. A. D. McConachie: I happen to hold a small amount of stock in the MARYLAND MEDICAL JOURNAL. The JOURNAL requires support. Where will it get it? The men who manage the JOURNAL should make it a part of their business to seek subscribers and to secure good articles for the paper, and these should be had even if they have to pay for them. As a usual thing it is a worthless article that comes gratis.

Dr. Chambers: It is decidedly the best local journal I know of. It has been constantly improving for ten years past, and is equal to any other journal except those backed by large corporations. I think the JOURNAL ought to have reports of all the society meetings, and, though it may cost them something, I believe it would pay. Probably they should have hospital reports. If they would send some one to the resident physicians they could get short, accurate reports of the work going on in the hospitals, and these would be of value to the local profession. The part of the JOURNAL I most enjoy is the local column. There is always something interesting there, and the editor should make more of it. Another feature that might be worth something would consist of short articles from the different counties in the State.

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MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets,
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, JANUARY 7, 1899.

Dyspepsia of the Tubercular.

IN that excellent journal, the *Gazette des Hôpitaux* (Nos. 111 and 113), is a very thoughtful lecture by M. Mathieu, in which this subject is considered. Taking the ground that, in the tubercular, hygiene, including alimentation, is now considered more important than drug medication, he proceeds to consider in order the emesis of the tubercular, their early and later dyspepsias, their want of appetite and the treatment for these conditions.

Finding constantly in dyspeptics who cough only after eating, till they vomit, a sensitiveness on pressure upon the solar plexus (at the point where a line between the ninth ribs crosses the linea alba), he reasoned that this cough is a reflex carried from the stomach by an oversensitive solar plexus up the pneumogastric to the nerves of the respiratory tract. He attempted to lessen this sensitiveness of the stomach nerves by causing pellets of ice to be swallowed whole at intervals for half an hour after meals, by the use of chloroform water, bromoform water or menthol, in broken doses after meals. By one or other of these agents he checks the cough and its resultant vomiting.

It is always to be remembered that the doctor may himself promote the tuberculosis by giving drugs which gradually disorder the stomach; also, that a strong appetite may occur with feeble or unwholesome digestion.

A tuberculosis may conceal itself for a considerable time under its dyspeptic phenomena, which in turn, by lowering the nutrition of the patient, accelerate the progress of the tuberculosis. This dyspepsia gives uncertain chemical tests, and is associated not with ulceration, but with change and atrophy of the digestive glands of the stomach, and either tardy propulsion of the food or dilatation may be present. It demands the usual treatment for such conditions, with the caution that, while irritation of the stomach by wrong feeding is to be avoided, the tubercular patient needs nutriment more than the mere dyspeptic—digestible amounts of nutritious articles at two or three hours' interval.

Want of appetite is a consequence, as well as a cause, of insufficient nutrition, and does not necessarily indicate feeble digestive powers. A careful exposition of this fact may lead some patients to very abundant ingestion of milk, egg, meat powder, etc. In others, life in the open air, or calumba and gentian tinctures with hydrochloric acid an hour after meals, may improve the appetite, or tube-feeding may be necessary. The invigorated body may conquer the disease.

* * *

Vaccination.

TOO MUCH stress cannot be laid at this time on the necessity of seeing that all the unprotected are properly protected by vaccination. Not only have cases of virulent smallpox been reported sporadically in parts of many States, but the disease has been quite a menace in some of our newly-acquired territory. When a dangerous disease breaks out in any community the short-sighted usually wish to keep the fact secret on the plea that it will hurt business, when it should be seen that an epidemic may follow which would do incalculable harm, besides causing a large mortality. In smallpox, however, no secrecy should be observed under any circumstances, for if all unprotected are vaccinated early the disease dies out through want of material. The physician should see to it that vaccination is done, and the vaccine physicians should actually do their work and protect the poor and others who would not help themselves.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending December 31, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
La Grippe	3	36
Pneumonia	..	55
Phthisis Pulmonalis	1	17
Measles	4	..
Whooping Cough	..	1
Pseudo-Membranous Croup and Diphtheria.	41	9
Mumps	..	..
Scarlet Fever	6	..
Varioloid	..	..
Varicella	11	.
Typhoid Fever	*2	1

* Both Imported.

There is no vacancy in the medical staff of the navy.

Newport News, Va., will have compulsory vaccination.

The public baths in New York are nearly self-supporting.

Dr. Henry B. Thomas has moved his offices to 1007 Cathedral street.

Some physicians advocate charging a fee for referring cases to a specialist.

The United Presbyterian Women's Association intends to erect a hospital at Allegheny, Pa.

Dr. Asa W. Graves of Wolftown, Madison county, Virginia, is dead at the age of seventy-nine.

Epidemic influenza, which has been working such havoc in New York, is causing some trouble in Baltimore.

The New York Board of Health proposes to prosecute those druggists who may be detected of substituting in prescriptions.

There is an attempt being made in New York to give the drug clerk shorter hours and a ventilated bedroom away from the odor of drugs.

The faculty of the College of Physicians and Surgeons is thinking of establishing a training school for nurses in connection with the hospital.

Dr. J. G. MacPherson of Brunswick, Md., died suddenly last Wednesday in Baltimore. He was graduated from the University of Maryland in 1880.

Dr. Charles D. Aaron of Detroit gives notice that the next annual meeting of the American Gastro-enterological Association will be held in Washington in May, 1899.

The *x*-rays have been recently suggested as a means of detecting smugglers, and now it is proposed to use these same means to examine the body in cases of trance, to avoid premature burial.

Professor Behring, together with a Dr. Ruppel, has applied for a German patent for a tuberculosis serum. His claim is: "A method for producing a highly poisonous and immunifying substance from tubercle bacilli or from cultures of tubercle bacilli."

Dr. René du Bois-Reymond, son of the late distinguished physiologist, intends to publish his father's lectures on "The Physics of Organic Metabolism," which have never been printed. Through the newspapers Dr. du Bois-Reymond appeals to former students who have full notes, and particularly those who have shorthand notes, of the course, to place them at his disposal for a time.

According to the Medical News, it has been found that fat people burn more easily than thin, and women who have died in childbirth are most easily cremated, while persons who have died of consumption require more time and more fuel than any other class of cases. These observations were made in Japan, where the fuel used is firewood, placed directly in contact with the body. On an average about seventy-five pounds of wood is required for each complete cremation.

The Third International Congress of Gynecology and Obstetrics will be held at Amsterdam from August 8 to 12, 1899. The following are the questions proposed for discussion; Surgical treatment of fibromyomata, the parts respectively played by antisepsis and perfected technique in the results of modern operative gynecology, the influence of position on the form and dimensions of the pelvis, comparative study of the indications for Cesarean section, symphysiotomy, craniotomy and artificial premature labor.

Washington Notes.

Dr. Isaac W. Brewer, acting assistant surgeon at Washington Barracks, has been ordered to accompany the Twenty-second U. S. I. to Manila.

Maj. Victor C. Vaughn and Maj. Edward I. Shakspeare have been assigned to duty in this city for three months to complete the report of the board of medical officers.

Dr. H. L. E. Johnson will attend the meeting of the board of trustees of the American Medical Association to be held at Chicago next Wednesday. There is strong probability that Dr. Johnson will be elected editor of the journal.

A large number of officers appointed for the Spanish war are still carried on the rolls, but will be gradually dropped, and will all be retired by May 1. Since the peace protocol the Department has discharged 116 passed assistant surgeons and thirty-nine assistant surgeons.

There is a general demand for warm street cars by the citizens of the District, and there is no doubt that much of our grip and pulmonary troubles are the result of exposure in the unheated and open cars. A summer car is about as much out of place in a zero temperature as a crash suit would be on an arctic expedition.

There were 161 deaths in the District the past week—an annual death rate of 29.82 per 1000. There were thirty-eight deaths from acute lung complaints, of which twenty-five were pneumonia. The mortality from la grippe was 20, typhoid fever 2 and diphtheria 4. There are seventy-nine cases of diphtheria and 130 cases of scarlet fever in quarantine.

The annual report of Dr. Woodward, the health officer, shows that during the year there were 5415 deaths in the District. Of the decedents, 2973 were white and 2442 colored, the rate being 15.53 per 1000 for whites and 27.51 for colored, a total of 19.32 for entire population—the lowest death-rate ever recorded in the District. It is gratifying to note the decrease in number of deaths from diarrheal diseases. The death-rate for 1895-96 was 2.78; 1896-97, 2.00; 1897-98, 1.75. The death-rate from tubercular diseases was 3.42, the number of deaths being 959. There were 437 cases of scarlet fever. Of all cases, 2.9 per cent. died—of the white 2.7 per cent., and of the colored 5.9 per cent. The number of cases of diphtheria was 700, of which 494 were among the whites, and of these 67 died, showing a morbidity rate of 2.52 per 1000, and a percentage of fatal cases amounting to 13.5. Among the colored there were 206 cases, with 64 deaths, percentage of fatal cases being 31.1, the mortality of all cases, then, being 18.17 per cent. There were 4909 births, 2737 white and 1972 colored. Of the children born, 2444 were males and 2265 females. Six hundred and fourteen were illegitimate, 96 white and 518 colored. Twins were born in 54 cases, 32 white and 22 colored.

Book Reviews.

A Manual of Modern Surgery, General and Operative. By John Chalmers DaCosta, M.D., Clinical Professor of Surgery, Jefferson Medical College, Philadelphia; Surgeon to the Philadelphia Hospital, etc. With 336 illustrations. Philadelphia: W. B. Saunders, 925 Walnut street. 1898.

In 1894 Dr. DaCosta published a manual of surgery, which, according to his preface, was intended to occupy a position intermediate "between the complete but cumbrous text-book and the incomplete but concentrated compend." This little book appears to have met with a favorable reception, as a second and much more complete edition has recently come from the press. The present edition has been much altered from the first, many new sections having been introduced and others rewritten; indeed, the subject-matter is very fresh and has been brought quite up to date. The book is in no sense a compend, though it is condensed, as it is impossible to treat exhaustively the whole subject of surgery in 900 rather small pages. Beginning with bacteriology, asepsis and antisepsis, the student is prepared for the study of inflammation and its complications, infections, wounds, tumors and the various injuries and diseases of the different organs and regions of the body. The various operative and mechanical methods of treatment are also described. In short, we believe the book to be a reliable and safe, but not exhaustive, treatise on surgery, and as such can commend it to students and practitioners. Price, cloth $4; half morocco, $5 net.

MARYLAND
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Original Articles.

GONOCOCCUS NEISSER.

By Henry Alfred Robbins, M.D.,
President of the Washington Microscopical Society.

READ BEFORE THE SOCIETY ON DECEMBER 13, 1898.

Sir Samuel Wilks, president of the Royal College of Physicians, England, in a lecture on "Medical Treatment," delivered many years ago, made a statement that new inventions always led to new discoveries. Sir Samuel was indeed a prophet and most properly named. With great modesty the president of the Royal College of Physicians stated recently that there had been only three great men of the name of Samuel, viz., the prophet, Dr. Samuel Johnson and Samuel Weller, Jr.

It was in 1859 that Virchow, with a lens of low power, detected in the muscles of the human body the trichina spiralis. According to Hebra the acarus scabeiei vel sarcoptes hominis was discovered by Danielssen and Boeck of Norway. Dr. Anderson gives the credit to a maker of microscopical preparations in Paris, named Bourgogne. The French give the credit to M. Languetin, a student of St. Louis Hospital, Paris. The Germans give the credit to both Kraemer and Eichstadt.

For many years the microscope was used to detect urinary casts, pus cells and blood corpuscles, and but comparatively few medical men possessed one. In this country you might say that the microscope was a toy until men like Colonel Woodward of the army became interested in the subject. I do not know whether General Sternberg, the honored head of the Medical Department, U. S. A., was a co-laborer of Dr. Woodward or not, but we all know that the science of bacteriology has been as much advanced by him as anyone, perhaps, excepting Robert Koch.

It was not until the immersion lens was invented that we heard of the bacteriologist, with his culture tubes and staining fluids. Then discovery after discovery was announced, and we began to realize that almost every disease is of germ origin. It would take more time and space than I am allowed to go over the whole subject. In this country General Sternberg has the credit of being the first to discover the micro-organism of croupous pneumonia. We are all familiar with the work of Lord Lister and Robert Koch, Klebs and Loeffler, Eberth, Laveran and many others who are devoting their time to the science of bacteriology.

Professor Neisser of Breslau, following Koch's improved method of staining, discovered the specific microbe of gonorrhea in the year 1879, and now it is known all over the world by the name he gave it—gonococcus, or, rather, gonococcus Neisser. He described the micro-organism as a diplococcus which differed from the other varieties of this species of parasites in being always found in clumps of from ten to twenty, surrounded by a mucous envelope.

It is my purpose to present facts relating to the damage and death of innocent victims and also the vicious, caused by this microbe, which was brought to light by Neisser.

In 1881 Professor Haab demonstrated that the micro-organism found in gonorrheal pus and the secretion of purulent ophthalmia are identical. According to his observations they are always present in the secretions of purulent ophthalmia and that they are never found in the simple inflammatory or catarrhal form. Other prominent German ophthalmologists, including Sattler, Lebert and Hirschberg, recognize the gonococcus Neisser as the specific cause of gonorrhea and its identity with the coccus found in specific purulent ophthalmia.

Dr. Oppenheimer, in discussing a

paper of Dr. E. Adams on "Cases of Ophthalmia Neonatorum," read before the Alumni Society of the Charity Hospital February 10, 1897, stated with emphasis that "it was ignorance which caused most cases of ophthalmia neonatorum. It was often the ignorance of the midwife. He did not know of a paper that could have touched a subject of more vital importance than this, when we come to consider that in Germany and Austria a third of all the cases of blindness was traced to this source. In all Europe there were 300,000 blind, and something like 10 per cent. of the blindness was acknowledged to be caused by ophthalmia neonatorum." According to that there were 30,000 people who were blind from preventable causes, always, or nearly always, arising from ignorance of the parents or midwives.

Dr. Lucian Howe, superintendent of the Batavia School for the Blind, in a letter to the editor of the *New York Medical Journal*, February 19, 1896, states as follows:

"Sir—I notice in the *Journal* for February 8 I am quoted as saying that after a thorough examination of the inmates of the School for the Blind at Batavia it was found that 22 per cent. had no right to be there. As one or two have called my attention to this paragraph as a reflection upon one of the best institutions in the State, it is only right to say what was explained in the passage quoted, that this 22 per cent. represents the inmates of the school who are there because of having suffered from purulent ophthalmia of infancy. As this is now recognized as practically a preventable disease our committee, whose report seemed worthy of notice, simply wished to lay stress on the fact that so large a proportion of blind were at the school not because of any fault of the institution, but because of improper care which these inmates received in infancy, or, more probably, because of the lack of proper legislation then, which compels nurses now to report such cases promptly to a legally qualified practitioner."

Dr. Albert Edwards Wilson of Norfolk reports the case of a pious old gentleman who acquired gonorrheal ophthalmia by using a towel that had been previously used by his son, who had an uretheral inflammation. He also reported the case of a conductor on a railroad train, who got a cinder in his eye and gave himself gonorrheal ophthalmia from his fingers, which were smeared with his own gonorrheal pus. The same accident occurred to a wagon driver, who was a patient of his.

FLIES AS BEARERS OF INFECTION.

"All observant travelers in Egypt notice an immense amount of eye disease. Blind people abound, and all grades of trachoma and the results of communicable ophthalmia are exceedingly common. From August to November acute ophthalmia is most prevalent. In the conjunctival discharge both gonococci and bacilli occur, occasionally together in the same case. When the bacilli alone are present the disease is of a milder type. Besides the familiar causes—extreme filthiness and direct specific contact—an apparent means of dissemination of the disease is found in the myriads of flies which infest Egypt. These remain undisturbed upon the eyelids of children, feeding upon the conjunctival discharge, according to Fuchs, and then transmit the infection further, especially in the warm weather. Lucian Howe found that if such flies were allowed to walk over the surface of nutrient gelatine bacteria developed wherever their feet had gone. Hirschberg and some other physicians doubt that the flies are in any way the carriers of the infection. Yet the Bedouins of the desert region, where there are comparatively very few flies, present a smaller proportion of eye diseases."—*Wiener Klin. Woch.*, March 22, 1894, p. 211.

From the time of Moses the Egyptians have been cursed with plagues. If they pursue the custom of throwing their "clap rags" to the winds, as was done in this country a few years ago, it is no wonder that the hot climate would cause excellent cultures sufficiently gummy to stick to the feet of flies and all insects. To acquire gonorrheal ophthalmia in this way is no more remarkable than the way an English medical man acquired syphilis, an account of which was published

by the greatest English-speaking syphilographer, Jonathan Hutchinson. The initial lesion was caused by a wicked and utterly depraved flea, which, after biting and drawing blood from one who had constitutional syphilis, had the meanness to bite our *confrère* on the leg when he was riding in an omnibus.

CEREBRAL COMPLICATIONS IN THE COURSE OF GONORRHEA.

Pitres (*Gaz. Hebdom. de Médecine*) observed two instances of the coexistence of acute urethritis and hemiplegia in two patients, one of whom at least was at an age and in a condition of health which rendered very difficult the explanation of hemiplegia from the usual causes. I regret exceedingly that I have not been able to give a report of the cases.

ULCERATIVE GONORRHEAL ENDOCARDITIS.

Ghon and Schlagenhauser (*Wiener Klinische Wochenschrift*, 1898, No. 24; *Journal des Connaissances Médicales*, September 1; Bulletin of the Pasteur Institute, October) report the case of a girl who entered the hospital after having suffered for a month with pains in the limbs, accompanied by symptoms of influenza. Four days before entering the hospital she was seized with chills, which were still present at the time of her admission. Examination showed that she was affected with acute blenorrhagia and bartholinitis. She had intermittent febrile attacks. About the sixth day pain suddenly appeared in the right foot, which became cold and bluish, while sensitiveness was diminished in the whole limb. This lesion grew worse and five days later the foot was the seat of gangrene. The cardiac sounds, at first muffled, became more distinct, and a systolic murmur was heard at the base on the left of the sternum. The patient's condition became very bad, and death promptly occurred.

At the autopsy the following lesions were observed: An ulcerative endocarditis of the aortic valves, with abscesses in the substance of the myocardium; hypertrophy, and dilatation of the heart. The gangrene of the foot and leg was caused by embolism of the femoral artery. There was a focus of suppuration in the peritoneal covering of the posterior surface of the uterus. The gonococcic process had invaded the urethra, the vagina and the cervix. The liver was the seat of a parenchymatous degeneration; there were myocarditis and pulmonary edema. Gonococci were found in the cardiac lesions; this proved the gonococcic nature of the endocarditis. The authors noted the absence of splenomegalia and septic emboli, which usually accompany infectious endocarditis.

The gonococcus was isolated and cultivated; it could not be found in the embolus of the femoral artery, but was present in large numbers in the retro-uterine abscess.

The urethral canal exhibited numerous small, very vascular vegetations, developed at the expense of the connective tissue underlying the epithelium, which vegetations are often met with in subacute and chronic gonorrhea.

The authors could not find the channel of entrance of the pathogenic microbe into the circulation.

"At a meeting of the Society for Internal Medicine, in Berlin, Dr. Siegheim reported the following interesting case: A woman came to him complaining of great weakness and chills. On examination he found a mitral systolic murmur. The husband confessed to having contracted gonorrhea and cohabited with his wife before being completely cured. Dr. Siegheim made the diagnosis of endocarditis ulcerosa gonorrheica. Subsequent events proved the correctness of the diagnosis. The condition of the woman became worse and worse, the pulse became intermittent, murmurs developed over the aorta, blood and pus appeared in the urine, then collapse and death. Upon autopsy microscopical examination of the diseased tissue revealed the presence of gonococci."

A case of endocarditis due to gonorrhea came under the observation of Michaelis. A man, twenty-five years of age, in the third week of an attack of acute gonorrhea, was seized with severe rheumatic pains in the finger joints. The metacarpal-phalangeal joints of the third and fourth fingers became much swollen; temperature 102.4° F. After a few days a scraping, systolic murmur was heard

in the aortic region, and on the twelfth day after admission to the hospital the patient, with but a moderate fever, succumbed to a fatal syncope. On section a verrucous mass was found attached to the aortic valve, and beneath this was a rupture. Microscopical and bacteriological examinations revealed the presence of gonococci.—*Zeit. f. Klin. Med.*, 1896, Bd. 29.

Keller of Freiburg (*Deutsch. Archiv für Klin. Med.*, Bd. lvii, hefte 3 and 4) describes a case of malignant endocarditis affecting the valves of the pulmonary artery following gonorrhea. His *résumé* of the case is as follows: "Gonorrhea four weeks before the appearance of rheumatoid joint symptom in the lower extremities. At the time of entrance to the hospital, two weeks later, clinical manifestations of endocarditis at the pulmonary valves, with intermittent fever and splenic tumor; three weeks later hemorrhagic nephritis. Gradually-developing cardiac insufficiency; dropsical dyspnea; terminal pericarditis; death in six months after the appearance of gonorrhea. Autopsy: Verrucous endocarditis, with ulceration of the semilunar valves of the pulmonary artery; thrombi in the left ventricle; infarcts in the spleen and kidneys; emboli in several of the branches of the pulmonary arteries; hemorrhagic nephritis.

"Cultures and microscopical examination in this case revealed on the valves of the heart merely streptococci; no gonococci. The case, therefore, was looked upon as the product of a mixed infection with the streptococcus pyogenes and the gonococcus, the infection atrium being in the diseased mucous membrane."

Dr. Alfred Stengel read a paper on "Gonorrheal Endocarditis" before the College of Physicians of Philadelphia, May 6, 1896, and gave in detail the history of a young woman, aged twenty, who was admitted to the German Hospital on October 12, 1895, and was under the professional care of Dr. Lawrence Wolff, who kindly allowed him to publish the case. The autopsy was made six hours after death. Microscopical and bacteriological examinations revealed the presence of the cocci in the scrapings of the cardiac vegetations.

Dr. Stengel referred to two cases of gonorrheal endocarditis that were reported by Brandes in the *Gazette des Hôpitaux*, 1854, and then gave the following cases, which must have taken a vast amount of time to collect: Hervieux (1858), Lorin (1872), Tixier (1866), Voelker (1868), Lacasagne (1872), Marty (1876), Pfuhl (1878), Morel (1878), Trager (1880), Schedler and Leyden (1880 and 1882), Martin (1882), Derignac (1884), Frases (1885), von der Velden (1887), Weckerle (1886), Rothmund (1889), Genzinsery (1889), and reports of cases observed during life or postmortem, or discussed the question in a general manner. Interest, however, has recently been revived by the reports and dissertations of His (1892), Leyden, Wilms, Souplet, Councilman (1893), Fressel (1894), Litten (1895), Thayer and Blumer (1895) and Dauber and Borst (1896). He stated that several later cases have been added.

It is now generally acknowledged that many complications of gonorrhea, such as arthritis, tenosynovitis, bursitis, periostitis and pleuritis, are dependent upon the presence of gonococci, the organisms being carried from the point of local infection to distant parts.

Ahman (*Archiv für Dermatologie und Syphilogie*) gives the following: "Five days after the beginning of the gonorrhea the patient presented the signs of cystitis and an arthritis of the wrist and of the tibio-tarsal articulations, accompanied by a slight fever. Bacteriological examination of the fluid obtained by puncture of the tendon of the right anterior tibial muscle showed a pure culture of the gonococcus. Gonococci were also found in the blood and in the ascitic fluid. In order to verify the demonstration made with gonococci in blood serum culture the gonococci were injected into the urethra of a man who wished to undergo the experience of having gonorrhea. In a few days, as a result of that inoculation, the man gave evidence of a gonorrheal discharge from the urethra, and, in turn, synovitis of the tendons of the pedal muscles; the exudations from the synovitis also showed the gonococci present in pure culture, thus fulfilling all the postulates of Koch in the establishment of the existence of an infectious disease."

Wertheim (*Zeitschrift für Geburtshülf und Gynäkologie*, Band xxxv, Heft 1, 8), at a meeting of the Berlin Obstetrical and Gynecological Society, demonstrated a preparation from a case of gonorrheal cystitis which showed the capillary and precapillary veins filled with gonococci, a condition of gonorrheal thrombosis and thrombo-phlebitis. The cystitis was secondary to a gonorrheal vulvo-vaginitis and associated with infection of both ulnar joints.

The microscopical sections presented were made from a portion of mucous membrane excised during cystoscopic examination. A small portion of this excised mucous membrane was also placed in prepared blood serum, with the result that a pure culture of gonococci was gained. Wertheim says, regardless of the statements of Guyon and his school, Bumm, Sanger and others (that a gonorrheal infection of the bladder is always a mixed infection), the finding of gonococci alone in tissue and blood-vessels in this case proves beyond a doubt that pure gonorrheal cystitis, a gonorrheal thrombosis and thrombo-phlebitis has never before been demonstrated, and the writer believes this a step in advance and towards a better knowledge of this disease. He says it is useless to seek for gonococci except in the acute stage; that they very soon disappear. This patient was well after four weeks' treatment.

(*To be continued.*)

THE DIAZO-REACTION IN TYPHOID FEVER.

By E. T. Duke, M.D.,
Cumberland, Md.

READ BEFORE THE TRI-STATE MEDICAL ASSOCIATION OF WESTERN MARYLAND, WESTERN PENNSYLVANIA AND WEST VIRGINIA, DECEMBER 15, 1898.

The practical advantages of an early diagnosis in typhoid fever can hardly be overestimated. Without an examination of the blood it is difficult to arrive at a positive conclusion as to the true nature of a fever within the first few days of its onset, and it usually becomes necessary to wait for symptoms to develop that are in themselves diagnostic.

An easy test to determine or even aid in the disagnosis would be welcomed by all physicians, especially those who are without the advantages of laboratory facilities. In Ehrlich's diazo-reaction we have a simple method of determining the presence or absence of typhoid fever by an examination of the urine. The reaction depends upon the fact that if sulphanilic acid (amidosulphobenzol) be acted upon by nitrous acid diazosulphobenzol is formed, which unites with certain aromatic substances in the urine to form aniline colors. The following solutions are used to obtain the reaction:

No. 1. Acid sulphanilic, gr. iv.
Acid hydrochloric, dr. iss.
Aq. destill., oz. iv.
No. 2. Sodii nitrat., gr. v.
Aq. destill., oz. ii.
No. 3. Aq. ammonia.

Use one drop of No. 2 solution to forty drops of No. 1 in a test tube, add an equal quantity of urine to be examined, shake well, and add with a pipette a small quantity of aqua ammonia. If the reaction is present a bright red color will be seen at the point of contact of the solutions. The red color will be diffused and a tinted foam will be seen at the top if the test tube is shaken. This is positive evidence of the success of the reaction.

From the fourth to seventh day of typhoid fever and thereafter until convalescence is begun the reaction is present. In rare cases of phthisis it is occasionally found, but I have only seen it in one case out of a number, and that was in a patient with general tuberculosis.

I have found it eminently satisfactory in typhoid fever. In only one case did it fail to show itself, and that was for want of care in making the examination.

Sometimes the reaction is present immediately after the urine is passed, and is absent after twenty-four hours. At other times it is not present until the urine has stood for twenty-four or thirty-six hours. I preserved the urine in one case for three weeks, and the reaction was present at the end of that period. The second day is the earliest time at which the reaction was had in my cases. It is usually absent by the end of the third week.

Two physicians who had failed to agree in the diagnosis of a supposed case of typhoid fever submitted the patient's urine for examination. The absence of the reaction confirmed the diagnosis of the attending physician that the case was not typhoid.

Through the kindness of a number of physicians who furnished samples of urine of their patients I have made a large number of examinations, and am able to tabulate some of the results, which show the value of this test in typhoid fever.

Twenty cases of typhoid fever were examined. The reaction was present in all but three; two of these were convalescent patients; the examination in the third was faulty. In twenty-three examinations of fever cases where the diagnosis had not been made by the physicians the reaction was absent in all. Typhoid fever was suspected in some of these, but observation showed that the typhoid condition did not develop, and malaria was the subsequent diagnosis in the majority. Twelve cases of phthisis were examined, with negative results in all. The same result followed the examination of three cases of pneumonia, four of scarlet fever, two of jaundice, one each of remittent fever, paresis, gastritis, valvular disease of heart and cerebro-spinal meningitis.

Quite a number of examinations were made of normal urine, with absence of reaction in all.

The conclusion arrived at from these examinations is that the reaction is almost invariably present in the urine of typhoid patients between the fourth day and the end of the third week; that it is seldom found in other diseased conditions, the brown color being mistaken for scarlet, the hue of the true reaction. Faulty examination causes failure in some cases and care in securing the urine in others.

I append the following letter from Dr. Percival Lantz:

"Alaska, W. Va., December 9, 1898.

"Dear Doctor Duke—Complying with your recent request to report to you my observations upon the use of the diazo-reaction in typhoid fever, I desire to report briefly the following case now under my care: B. B., aged twenty-one years, was taken ill on Monday, November 7. He had a chill, followed by fever and the usual prodromic symptoms of typhoid fever, namely: Headache, loss of appetite, epistaxis, aching limbs, etc. He continued at work, however, being fireman of a saw-mill engine, until the following Sunday, when he came home, riding twelve miles horseback. On Monday, one week from the date of his attack, I was called to see him, and found him with considerable dullness over the lower lobe of both lungs, distinct crepitant rales and a painful cough. His temperature was 103.5° and pulse 100. He complained of acute pain in both sides, increased by coughing, headache and pain in the limbs. There was also tenderness on pressure in the right iliac region, gurgling and tympanites. I was inclined to think at first that I had a case of typhoid-pneumonia, with special reference to the pneumonia part, which ran a typical course, the regulation rusty expectoration being present and becoming towards the last of a prune-juice character. In about ten days resolution took place, the cough and pain subsided, the respiration became less frequent, etc., but the temperature still kept high, reaching 103° every evening, the tympanites, tenderness and gurgling in the right iliac region continued, and the patient was very delirious. The tongue had a brown coat, and there was sordes on the teeth. I was convinced then that I had a case of typhoid fever from the start, and that the pneumonia was a complication. At this juncture I decided to use the diazo-reaction, which I did, and obtained a decided red stratum, and upon agitation the whole mixture became pink. Whether this result could be obtained in an ordinary uncomplicated case of pneumonia I do not know, but the test was evidently correct in this case, as the patient has gone through a regular course of typhoid fever and is just now convalescing. I have used the reaction in four other cases of typhoid fever, but they were all typical cases and were considerably advanced at the time the test was made. I have not as yet employed it in the beginning of any case.

"If this brief and hurriedly-written re-

port will be of any use to you I shall be glad to have you make use of it.

"Yours very truly,

"PERCIVAL LANTZ."

DISEASE.	DAY.	REACTION.	NOTES.
Typhoid Fever	6	Present	Severe
Typhoid Fever	9	Present	Mild
Typhoid Fever	10	Present	Mild
Typhoid Fever	10	Present	Mild
Typhoid Fever	9	Present	Severe
Typhoid Fever	14	Present	Average
Typhoid Fever	15	Present	Average
Typhoid Fever	2	Present	Severe
Typhoid Fever	10	Present	Very severe
Typhoid Fever	8	Present	Average
Typhoid Fev r	10	Present	Mild
Typhoid Fever	7	Present	Severe
Typhoid Fever	6	Absent	Ex-faulty
Typhoid Fever	40	Absent	Convalescent
Typhoid Fever	20	Absent	Convalescent
Typhoid Fever	14	Present	Mild
Typhoid Fever	12	Present	Severe
Typhoid Fever	4	Present	
Typhoid Fever	12	Present	
Typhoid Fever	16	Present	
Doubtful Fever	3	Absent	Developed Malaria
Doubtful Fever	4	Absent	Developed Malaria
Doubtful Fever	2	Absent	Developed Malaria
Doubtful Fever	5	Absent	Developed Malaria
Doubtful Fever	5	bsent	Develop. Lumbago
Doubtful Fever	3	Absent	Developed nothing
Doubtful Fever	5	Absent	Developed nothing
Doubtful Fever	20	Absent	Not Typhiod
Doubiful Fever	6	Absent	Dev. Pneumonia
Doubtful Fever	2	Absent	Developed nothing
Doubtful Fever	3	Absent	Dev. Kidney dis.
Doubtful Fever	2	Absent	Developed Malaria
Doobtful Fever	4	Absent	Tubercular case
Doubtful Fever	7	Absent	Nothing
Doubtful Fever	6	Absent	Developed Malaria
Doubtful Fever	14	Absent	Developed Malaria
Doubtful Fever	15	Absent	Developed Malaria
Doubtful Fever	14	Absent	Developed Malaria
Doubtful Fever	2	Absent	U. S. Voluteer (Camp Meade)
Doubtful Fever	14	Absent	
Doubtful Fever	10	Absent	
Phthisis Pulmonalis	1 year	Absent	
Phthisis Pulmonalis	6 mo.	Absent	
Phthisis Pulmonalis	8 mo.	Absent	
Phthisis Pulmonalis		Absent	
Phthisis Pulmonalis		Absent	
Phthisis Pulmonalis		Absent	
Phthisis Pulmonalis	3 years	Absent	
Phthisis Pulmonalis	4 mo.	Absent	
Scarlet Fever	4 days	Absent	Severe
Scarlet Fever	2 days	Absent	Mild
Scarlet Fever	3 days	Absent	Mild
Scarlet Fever	12 days	Absent	Mild
Pneumonia	7 days	Absent	Following Typhoid Fever
Pneumonia	3 days	Absent	
Jaundice	6 weeks	Absent	U. S. V. (Santiago)
Jaundice	3 weeks	Absent	
Remittent Fever	3 weeks	Absent	
Gastritis	1 week	Absent	
Malarial Fever	3 days	Absent	
Paresis	15 days	Absent	Died in 3 weeks
General Tuberculosis	2 mo.	Present	Died in 1 month

THE CONSCIENCE CLAUSE AND VACCINATION.—The conscience clause in the vaccination act of Great Britain has prevented about one-third of the children in England and Wales from being vaccinated. This is a very serious matter and what the results will be the future alone can reveal. Meanwhile physicians are powerless in the face of such an important law.

MORPHINISM IN NEURASTHENIA.

By E. O. Crossman, M.D.,

Markleton Sanitarium, Markleton, Somerset County, Pa.

READ BEFORE THE TRI-STATE MEDICAL ASSOCIATION OF WESTERN MARYLAND, WESTERN PENNSYLVANIA AND WEST VIRGINIA, HELD AT CUMBERLAND, MD., DECEMBER 15, 1898.

MORPHINISM is an irresistible craving for morphia, with a gradual increase of the doses to meet the demands of the system. The habit is usually acquired by the administration of the drug by physicians for some painful malady. Heredity influences the formation of the habit.

Neurotic persons are apt to become its victims, and it is of this class that I desire to speak especially at this time. A nervous system that is susceptible to the formation of the morphia habit would also fall an easy victim to the habitual use of cocaine, alcohol, chloral or chloroform by inhalation. Not infrequently does this class of patients take more than one of the above narcotics at the same time. Frequently they alternate from one to the other under the delusion that they can thus overcome the previous habit and free themselves from the habitual use of drugs. Time and space will not permit me to speak in detail of the symptoms, diagnosis and routine treatment of morphinism.

I wish to speak briefly of the special neurasthenia cases that come under the observation of every general practitioner, who are nearly always unsuccessful in bringing about a recovery in consequence of the very delicate state of the nervous system of the patient.

The various methods at our disposal for treating morphinism are:

1. Burkarde's method by slow deprivation. This is the oldest and most unsatisfactory of all, the period of suffering being prolonged, and nearly all cases either relapsing openly or succumbing to the temptation of taking the drug secretly. I have entirely discarded it.

2. The Levinstein method seems to have met with favor with some members of the profession, though we certainly

are not warranted in the promiscuous recommendation of this plan of treatment, as the immediate withdrawal, in my experience, always causes maniacal delirium; it is apt to cause collapse, paralysis of the heart, and should not be recommended except in selected cases; at best it produces a great shock to the nervous system. But for the danger to the patient, this method, though not humane, would be satisfactory, as it helps the patient in the quickest possible way over the difficulty.

3. The Erlenmeyer method is the most rational, though not always practicable, for the class of cases under consideration who are anemic, dyspeptic or neurasthenic, as this method relieves the patient of the customary dose in from three to eight days. It is not safe, in this particular class of cases, to entirely withdraw the drug in so short a time.

The method that has proven most satisfactory in my hands in the sanitarium is something as follows: First, strict supervision and absolute control of the patient. The rapid reduction at first of one-half the dose each day until one grain or less is taken in twenty-four hours. At the end of a week or ten days, from the small dose make a little reduction each day until the patient is entirely free from the drug. This can usually be accomplished in from two to three weeks. The treatment must be subject to variation, according to the patient's condition from hour to hour, following the time of complete withdrawal by doses of codeine in sufficient quantity to control pain; bromide of caffeine in two-grain doses during the early part of the day for nervousness and depression, together with mild Turkish baths, electric and salt baths, according to the patient's condition. At night sulphonal, trional or bromide of ammonium may be used to produce sleep.

These patients do best under the complete or modified rest treatment. With this method many cases that have not been successfully treated by the routine methods have been restored to complete health. These cases should remain under treatment from six months to one year. Too much time and attention cannot be given patients at this critical period. His environments should be pleasant; his life regular, with much exercise; his diet supervised, and strict attention given to his moral and religious nature.

How can we prevent relapse? This passion is not unlike others. The patient must, if possible, be kept away from temptation, amid healthy surroundings, and the longer this can be accomplished the greater will be the guarantee against a relapse.

Zabaco said, with reference to preventive treatment: "I do not advise physicians no longer to make morphia injections, nor even to lessen the number of prescriptions of morphia. This would be to deprive ourselves of one of our best remedial agents in certain cases. But I believe there would be fewer morphomaniacs if, on one hand, physicians would always insist on themselves making hypodermic injections of morphia for their patients, never intrusting their syringe and morphia to anyone, and if, on the other hand, pharmacists would never fill a prescription for morphia except for the exact number of times indicated on the blank, and once only when there is nothing stated to the contrary.

"I am convinced that this very simple rule would virtually put an end to morphinism without depriving therapeutics of a precious remedy which is discredited indeed, though unjustly, because of the abuse that has been made of it."

Society Reports.

TRI-STATE MEDICAL ASSOCIATION OF WESTERN MARYLAND, WESTERN PENNSYLVANIA AND WEST VIRGINIA.

MEETING HELD DECEMBER 15, 1898.

The semi-annual meeting was called to order in the parlors of the Queen City Hotel, Cumberland, Md., Thursday, December 15, 1898. Dr. J. W. Johnston of Davis, W. Va., the president, was in the chair, and Drs. Lantz and Fochtman were at the secretary's desk. The minutes of the last meeting were read and approved. Resolutions of respect to the memory of the late Drs. M. A. R. F. Carr

and John A. Twigg, formerly of Cumberland, were read and adopted. Dr. E. O. Crossman of Markleton, Pa., was elected a member of the association. The reading of papers was then begun.

Dr. Edward O. Crossman of Markleton, Pa., read a paper on "Morphinism in Neurasthenia" (see page 21).

Dr. T. A. Ashby read a paper and gave an interesting talk on "The Diagnosis of Uterine Cancer in the Early Stages." Before reading his paper Dr. Ashby took occasion to congratulate the association on its progress and work, and dwelt at some length on the development of local medical societies throughout Maryland, which fact was due in a measure to the semi-annual meeting of the State Society. Dr. Ashby was elected an honorary member of the association and given a vote of thanks for his paper.

Drs. C. F. Hoffman of Keyser and *Richard Gerstell* of Cumberland participated in the discussion that followed Dr. Ashby's remarks.

Dr. E. T. Duke read a paper on "The Diazo-Reaction in Typhoid Fever" (see page 19).

Dr. J. M. Spear reported an operation for gunshot wound of the abdomen. The patient is now nearly well, but Dr. Spear thought best to postpone his detailed report until our next meeting.

An invitation was received to hold the summer meeting at the Markleton Sanatorium as guests of that institution. The invitation was accepted, and the meeting will be in June of the coming year.

Dr. O. H. Hoffman of Thomas, W. Va., related at considerable length his experience in the treatment of typhoid fever with antiseptics and antipyretics. He said he had used carbolic acid, iodine, salol, thymol, sulpho-carbolate of zinc and others. Thymol he considered very satisfactory. As it is irritating to the stomach, he suggested giving it with castile soap in capsules. He had used guaiacol in doses of three grains every three hours, and also locally rubbed into the thighs. He advocates the cold bath, but thinks sponging useless. Phenacetine in small doses, frequently repeated, he considers the best of all antipyretics.

DISCUSSION.

Dr. Spear opened the discussion with a brief review of the different treatments of the disease. He said, in substance, that carbolic acid began its career as an antiseptic about the same time he began his as a physician—about thirty years ago. At that time Dr. John Davis of Cincinnati was experimenting with the acid in typhoid fever, as it was being used for almost every other disease. It proved not to be a specific and had but little effect to divert the profession from the common treatment by turpentine and hydrochloric acid. Later Liebermeister's calomel purgative introduction, with 40-grain doses of quinine, had its run and gave satisfaction to the profession generally. Then the coal-tar products came in for a run and for a time seemed to be all that was desired. Woodbridge's treatment sprang into existence. He never adopted it, but compromised by selecting what he conceived to be the most potent ingredient, guaiacol carbonate, and gave it in larger doses at longer intervals—about five grains every two hours. For three years he has been using this treatment with satisfaction. After forty-eight hours of the use of the remedy it seems to lower the fever, quiet the delirium, check the diarrhea and put an altogether different phase upon the case. Yet when all these different treatments give about the same results, except the Brand treatment by cold baths, which is undoubtedly superior to all, and when we find one class of physicians starving their patients, another stuffing with liquids and stimulants, and yet another, including many of the prominent physicians of Pittsburg, feeding their patients solid food only and mostly that which they crave, it is questionable whether any treatment influences the course and whether they would not progress just as well without any treatment. He had no objection to find with Dr. Hoffman's treatment, but thought possibly he could leave off the phenacetine without detriment to his patient. He is still using the guaiacol treatment, but is likely to exchange it at any time for something newer. He believes in an initial purgative dose to sweep out of the

intestinal canal as many of the germs and their products as possible. He thought the ideal treatment would be an intestinal antiseptic that would destroy the bacteria or their toxines before they had time to be absorbed and set up the fever and other dependent symptoms.

Dr. Gerstell followed, condemning all medication, and thought that the great diversity of opinion on the subject of treatment was the best evidence that we have no treatment. He had treated cases through with one or two doses of medicine or none at all. He favored the bath, not for its effect upon the temperature, but for its tonic effect upon the nervous system. He said that possibly the fever was an advantage, and that the most fatal cases sometimes had a low or subnormal temperature. He condemned the use of the coal-tar products. He favored milk as a diet.

Dr. Wilson had given the antipyretics as Dr. Hoffman had with the most happy results, and gave a graphic description of the soothing and happy effects of turpentine and aromatic sulphuric acid upon the patients. He condemned baths in the severest terms, and referred to their disastrous effects twenty-five years ago in the hands of the physicians of this town. Upon the whole he endorsed the paper of Dr. Hoffman.

Dr. Charles Hoffman thought he once had a specific for typhoid fever, curing about 100 consecutive cases. Then of a sudden he lost several cases together, and had not put his faith in specifics since. At one time he put great faith in turpentine, but upon being made sick by a dose he took himself at the request of a patient he had never insisted upon a patient taking it since. He had seen good results from the coal-tar products. He believed in medicine, and that, too, in large doses.

Dr. Hodgson did not believe in any routine treatment, but believed in treating every case scientifically and symptomatically according to the conditions presented. He believed in treating the patient and not the disease. He did not go into detail, but closed by saying if a typhoid patient died it was from a blunder either of the physician or the nurse.

Dr. Ashby said he had not treated cases himself, but had been able to observe the hospital treatment as practiced in Baltimore, and knew that a great majority of the physicians in private practice supported that treatment, which was the cold-bath treatment. In 125 cases treated in the Maryland University Hospital the mortality was practically nothing, excluding four or five cases that were brought in moribund. Their plan was to take the temperature at intervals of two hours, and whenever the fever was above 102° they gave a bath. With it they used no medication, except to combat an occasional symptom, such as sleeplessness, pain, diarrhea, etc.

Dr. Hoffman, the writer of the paper, answered briefly some of the opponents to his practice, and claimed that high fever killed; that it led directly to death through producing fatty degeneration of the heart muscles. He believed the direct lowering of the fever through the agency of the antipyretics contributed to the safety of the patient. His mortality under the treatment has been 3 per cent.

At the close of the discussion the association adjourned.

Medical Progress.

A Histological Study of Typhoid Fever.—In the Journal of Experimental Medicine, Dr. F. B. Mallory of Harvard University has contributed a valuable work on the histological study of typhoid fever, in order to throw some light on the primary essential lesion of that disease and also on certain secondary lesions that result therefrom. His work is based on a study of nineteen cases of typhoid fever, lasting from ten days to four weeks. He examined the intestines, lymphatics, blood vessels, mesenteric lymph nodes, the spleen and liver, and from these he concluded that the typhoid bacillus produces a mild diffusible toxine, partly within the intestinal tract, partly within the blood and organs of the body.

This toxine produces proliferation of endothelial cells, which acquire for a certain length of time malignant properties.

The new-formed cells are epitheloid in character, have irregular, lightly-staining, eccentrically-situated nuclei, abun-

dant, sharply-defined acidophilic protoplasm, and are characterized by marked phagocytic properties.

These phagocytic cells are produced most abundantly along the line of absorption from the intestinal tract, both in the lymphatic apparatus and in the blood vessels.

They are also produced by distribution of the toxine through the general circulation, in greatest numbers where the circulation is slowest.

Finally, they are produced all over the body in the lymphatic spaces and vessels by absorption of the toxine eliminated from the blood vessels.

The swelling of the intestinal lymphoid tissue of the mesenteric lymph nodes and of the spleen is due almost entirely to the formation of phagocytic cells.

The necrosis of the intestinal lymphoid tissue is accidental in nature and is caused through occlusion of the veins and capillaries by fibrinous thrombi, which owe their origin to degeneration of phagocytic cells beneath the lining endothelium of the vessels.

Two varieties of focal lesions occur in the liver. One consists of the formation of phagocytic cells in the lymph spaces and vessels around the portal vessels under the action of the toxine absorbed by the lymphatics; the other is due to obstruction of liver capillaries by phagocytic cells derived in small part from the lining endothelium of the liver capillaries, but chiefly by embolism through the portal circulation of cells originating from the endothelium of the blood vessels of the intestine and spleen. The liver cells lying between the occluded capillaries undergo necrosis and disappear. Later the foci of cells degenerate and fibrin forms between them. Invasion with polymorphonuclear leucocytes is rare.

Many of the phagocytic cells pass through the liver and lungs and get into the general circulation. A few come from the abdominal lymphatics through the thoracic duct.

Focal lesions may arise in the kidneys by occlusion of the veins of the pyramids by emboli of these phagocytic cells.

Focal collections of phagocytic cells may occur in the heart and testicle by occlusion of lymph vessels.

The various sequelae of typhoid fever deserve more careful bacteriological examination, as shown by the study in one case of abscesses of the spleen where these seemed to arise in previously necrotic tissue, and of a case of pneumonia due to the pneumococcus, but complicated by the presence of the typhoid bacillus, in which great numbers of phagocytic cells were found in the exudation.

The thrombi which occur in the heart and in the veins of the lower extremities in the course of typhoid fever probably owe their origin to the same sort of lesions that cause occlusion of the vessels in the intestine.

Histologically, the typhoid process is proliferative and stands in close relationship to tuberculosis, but the lesions are diffuse and bear no intimate relation to the typhoid bacillus, while the tubercular process is focal and stands in the closest relation to the tubercle bacillus.

* * *

Car Sickness.—When a person who contemplates a journey details a history of car sickness Dr. W. M. Bemus, in the Medical Record, advises a dose of calomel at night and Epsom salts before breakfast the day of starting, since during the journey and often for a day or two after the trip the bowels are constipated. Light, digestible food is allowed. In an emergency case his usual treatment is to lay the patient down in as comfortable a position as possible, apply a bandage to the eyes with cold water, and give a tablet consisting of acetanilid, gr. iiiss.; sodium bicarbonate, gr. i.; sodium bromide, gr. 1-10; citrate of caffeine, gr. ss., and, if the heart's action seems weak, trinitrin, gr. 1-100.

* * *

Acute Urethritis in the Male.—From a specially-conducted experiment with potassium-permanganate irrigation Dr. James Pedersen, in the Medical Record, says: "I would conclude that while the duration of the discharge is thereby limited, and the evidences of the inflammation are rapidly reduced, the ultimate recovery of the mucous membrane is not only not hastened, but its course is not spared the usual disappointing relapse."

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BALTIMORE, JANUARY 14, 1899.

Manganese in Dysmenorrhea.

THAT manganese is efficacious in some forms of dysmenorrhea is no startling statement, but it is a relief to feel that such a serious symptom is amenable to drug treatment, and does not always call for the knife. Dr. Charles O'Donovan, in the *Journal of the American Medical Association*, noticed that even the athletic tendencies of the young woman of the present day did not prevent certain difficulties in menstruation, and that often the loosest clothing and hardiest outdoor exercise did not bring health.

At first the operative gynecologists thought ovaries should be removed, and they were removed in great numbers, but the results were not satisfactory. Some cases occur which improve under the use of iron, but Dr. O'Donovan describes cases in which iron seemed to exert no influence, and in which the young woman grew month by month worse, until finally he used manganese, when gradually improvement was noted and a cure was the result. In these cases there was no complaint between the periods, but at the time of each period the flow grew scantier and scantier, and often ceased in women who were neurotic and worn out.

This drug he used frequently in virgins whom it was not thought advisable to submit to a vaginal examination. Manganese alone and often combined with viburnum was very effective in this trouble, but his favorite combination was manganese, iron and hyoscyamus in pill form three times a day for a week before each period. The author finds that the black oxide in two-grain pills, either alone or in the combination above noted, may be kept up for a long time without harm, and certainly in a large number of cases brings about the happiest results without subjecting the young patient to an operation which she and her parents dread, and which may do harm.

It is well, in these days of the operating craze, not to forget our old friends of the pharmacopeia. An operation which involves so much should be the last resort.

* * *

Hospital Appropriations.

THE Board of Estimates, which, according to the new charter of Baltimore, considers the financial needs and resources of the city, has just accomplished its work for 1899, and has tried to do this work in a manner just to the city and to the beneficiary institutions.

The present tendency of the day is towards consolidation and centralization. The wish of many members of the City Council of Baltimore would be to have all the sick of the city cared for through one channel under the immediate supervision of the trustees of the poor, and bring Bay View Hospital up to such a point of perfection that all work may be concentrated there or in some of its branches to be situated at convenient points in Baltimore. This for the present may be considered ideal, but from the cutting down of some of the hospital and dispensary appropriations it is evident that the future may have some revelations for the various private institutions.

The Board of Estimates has done its work well, and the City Council should endorse its action.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending January, 7, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
La Grippe	2	55
Pneumonia	..	40
Phthisis Pulmonalis	1	15
Measles	4	..
Whooping Cough	1	..
Pseudo-Membranous Croup and Diphtheria.	20	4
Mumps	..	..
Scarlet Fever	9	..
Varioloid	..	..
Varicella	4	.
Typhoid Fever	6	2

Dr. John Ruhräh is trying to impress on the city the importance of decided improvements at the quarantine station at Baltimore, and especially at a time when there is so much traffic in the bay and when there is danger of smallpox.

Miss Jennie N. Browne, the daughter of Dr. B. B. Browne of Baltimore, and who has recently been appointed instructor in physiology at the Woman's Medical College of Baltimore, has just been elected professor of that branch to succeed the late Dr. Batechelor.

The Baltimore Medical and Surgical Association held its annual election and banquet last Monday night. The following were elected: President, Dr. C. Urban Smith; vice-presidents, Drs. A. K. Bond and M. B. Billingslea; secretary, Dr. Eugene Lee Crutchfield; treasurer, Dr. W. E. Wiegand; executive committee, Drs. J. I. Pennington, J. R. Abercrombie and D. Z. Dunott; committee of honor, Drs. George A. Fleming, S. T. Earle and C. H. Dixon.

At a meeting of the directors of the United Charities Hospital, held at Cambridge, Md., a constitution and by-laws were adopted. Drs. B. W. Goldsborough, John Mace and Guy Steele were appointed the local medical staff, with Dr. Goldsborough chief. Dr. Thomas S. Cullen of Baltimore was appointed gynecologist, and Dr. Nathan R. Gorter, surgeon. The following gentlemen were elected members of the hospital staff: George W. Woolford, Thos. Drennen, Dr. T. H. Williams, W. Irving Mace, Dr. P. E. Hines and I. Nelson.

At the annual meeting of the directors of the Hebrew Hospital of Baltimore the superintendent reported that 254 patients had been treated during the year, and of these 184 had been discharged cured, eighteen unimproved and twenty-four died, leaving twenty-eight in the hospital at the beginning of the year. A total of $4040 has been received during the past year from legacies and gifts. The staff consists of Drs. Joseph Blum, George Losekam, E. G. Tabet, J. W. Chambers, F. C. Bressler, I. E. Atkinson, T. S. Latimer, Aaron Friedenwald, Harry Friedenwald, E. J. Bernstein, W. T. Howard, Thomas Opie, Sylvan Likes, Charles G. Hill, George J. Preston, J. A. Seligman and B. Nyer.

Under the new charter of Baltimore the Board of Estimates, which recommends the amount of money to be spent by the city and the amount to be raised by taxation, has made the following recommendations of money to be appropriated to the various hospitals and dispensaries, and in some cases there has been a reduction in the amount apportioned. This will be submitted to the City Council, and some trimming may follow, but it is not likely that any one institution will receive more than this board recommends: Mount Hope Retreat, $39,000; Maryland Hospital for the Insane, $39,000; Second Hospital for the Insane (Springfield), $26,250; Montevue Hospital for the Insane, $150; Nursery and Child's Hospital, $3700; Hebrew Hospital, $1500; free baths, $750; Southern Homeopathic Free Dispensary, $500; Northeastern Free Dispensary, $1200; Eastern Free Dispensary, $1200; Baltimore General Free Dispensary, $1200; Southern Free Dispensary, $750; Baltimore Eye, Ear and Throat Charity Hospital Free Dispensary, $750; Evening Dispensary for Working Women and Girls, $750; College of Physicians and Surgeons' Hospital Free Dispensary, $1500; Baltimore Medical College Free Dispensary, $1200; Maryland Homeopathic Free Dispensary, $800; Woman's and Child's Hospital Free Dispensary, $500; Baltimore University Free Dispensary, $1000; University of Maryland Free Dispensary, $1000; Provident Hospital Free Dispensary, $800; Hospital for Crippled and Deformed Children, $3000, Hospital for Consumptives, $1500; hospitals under the supervision of the trustees of the poor (free beds), $55,000.

Washington Notes.

Dr. A. E. Gorman has been appointed resident physician at the Washington Asylum for a period of six months.

The report of the commissioners upon the bill providing for a municipal hospital is accompanied by some amendments, though the general features are approved.

At the last meeting of the committee on arrangements it was stated that 300 delegates, representing every section of the country, will participate in the second session of the pure food and drug congress, which meets here on the 18th inst.

Surgeon-General Sternberg is in Cuba inspecting the hospital facilities in the provinces of Havana and Matanzas. He was much displeased with the progress that is being made on the hospital at Savannah, Ga., and thinks it will be of little use this season.

At the meeting of the Washington Medical and Surgical Society Monday evening Dr. G. C. Clark read a paper entitled "True Gastralgia." An election of officers resulted as follows: N. P. Barnes, president; H. S. Medford, vice-president; Jesse Shoup, secretary; F. H. Miner, treasurer.

A bill has been introduced in the House appropriating $250,000 of the money paid into the Treasury by the Freedman's Bureau for the purpose of erecting modern buildings for the Freedman's Hospital. The hospital is to be managed by the board of trustees of the Howard University, and to be maintained by the government as a national hospital.

Surgeon J. R. Wagner has been ordered home. Past Assistant Surgeon Farenholt is ordered to the naval hospital at Cavite; Surgeon D. O. Lewis to Mare Island navy-yards, and Assistant Surgeon E. W. Armstrong is transferred from the Scorpion to the Charleston. Assistant Surgeon W. H. Bell, at the navy-yard, Washington, has been transferred to the Naval Hospital; Assistant Surgeons E. Thompson, of the Massachusetts, and C. D. Langhorne at the Naval Academy, and E. L. Benton at the Naval Hospital, Washington, have been assigned to duty on the Solace. P. M. Ashburn, acting assistant surgeon at Fort Thomas, Ky., has been ordered to accompany the Fourth Infantry to Manila.

Book Reviews.

The Medical News Visiting List for 1899. Weekly (dated for 30 patients); Monthly (undated for 120 patients per month); Perpetual (undated for 30 patients weekly per year), and Perpetual (undated for 600 patients weekly per year). The first three styles contain 32 pages of data and 160 pages of blanks. The 60-patient Perpetual consists of 256 pages of blanks. Each style is in one wallet-shaped book, with pocket, pencil and rubber. Seal grain leather, $1.25. Thumb-letter index, 25 cents extra. Philadelphia and New York: Lea Bros. & Co.

The Medical News Visiting List appears again this year in a very attractive form, and is sure to be a favorite. The list of drugs and doses has been revised and the new remedies are included. There is no material change in the pages from last year. The thumb index is a great convenience. The leather of the cover is good and durable. There is a tendency in these lists to attempt to put too much in the general directions and make the book almost too bulky for the pocket.

The Physician's Visiting List (Lindsay & Blakiston's) for 1899. Forty-eighth year of its publication. Sold by all booksellers and druggists. Philadelphia: P. Blakiston's Son & Co. 1898.

The Physician's Visiting List is like the one of last year, and is the oldest list published. It is made in a convenient form, and will probably not be changed so long as it is popular with physicians. It is much more convenient to carry than the list above mentioned, but the binding and pocket is much less durable and hardly strong enough for constant use. It is issued in sizes to suit all.

Dr. Edward Pynchon's Private Medical Recorder for Nose, Throat and Ear Work. By Edward Pynchon, M.D. $3.75 per hundred. Chicago: Published by the Clinic Publishing Co. 1898.

This is a very convenient record book, and has been compiled by Dr. Pynchon after examining all other records available. It is very full for a large private practice, but is so clear and definite that it will recommend itself to all specialists.

The *Medical Dial* is a new monthly published at Minneapolis under the editorial charge of Dr. J. W. MacDonald, with a large number of collaborators, to one dollar a year.

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Original Articles.

THE TREATMENT OF COMPLETE RUPTURE OF THE PERINEUM BY DISSECTING OUT THE SPHINCTER MUSCLE AND ITS DIRECT UNION BY BURIED SUTURES.

By Howard A. Kelly, M.D.,

Baltimore, Md.

THE results of the best methods of the treatment of complete tears of the perineum are not entirely satisfactory in a large percentage of cases. The control over liquid motions and flatus is, as a rule, not secured immediately, and it is usually necessary to encourage the patient by telling her that she "will have to learn to control the muscle in the course of time." Such a control, more or less perfect, is gained in the course of several months. This defect in our present procedures is due to a faulty approximation of the sphincter ends, which lie buried in a pit, and are, therefore, difficult to bring into accurate, firm apposition by sutures embracing a considerable quantity of tissue surrounding the sphincter ends. I have to propose, therefore, the deliberate dissection and freeing of the sphincter ends, drawing them out about one and one-half centimeters from the tissues, cutting off the scarred ends and effecting a direct union of the freshened ends by two or three buried catgut sutures.

I was led to do this operation by my experience in a case which had been operated upon six times, with a result which, judged by superficial appearances, was perfect, and yet the patient had no control over her bowel functions. I made a semi-lunar incision around the anterior periphery of the anus, and found the right sphincter end buried in scar tissue in the median line, while that of the left side was ectopic and attached out under the ischial tuberosity. The sphincter ends were united directly by buried catgut sutures, and the skin wound closed, and union took place *per primam.* In addition to these buried catgut sutures, a splinting suture of silkworm gut is passed through the middle of the sphincter, near the edges of the wound and on up through the septum, splinting the ends together and taking the tension off the catgut. I have since taken the hint given by this case and adopted a similar procedure in six cases of complete tear of the perineum due to confinement. Two additional cases were operated upon by Dr. W. W. Russell and one by Dr. Ramsay. In each instance there was a surprising difference between the new and older methods, noted at once in the earlier stages of the convalescence, and the patient was immediately conscious of perfect control of her functions. The bowels should never be locked up.

Great care must be taken not to leave any dead spaces in closing the remainder of the wound in the usual way, in order to avoid all risk of infecting the buried sutures.

I only recommend this operation to those who possess considerable skill in doing plastic operations and in securing a snug, accurate adaptation of the parts.

ROMAN FEVER.

By Charles C. Bombaugh, M.D.,
Baltimore.

STATEMENTS made by that accomplished *litterateur* and traveler, Mr. W. J. Stillman, in his recently-published book, "The Old Rome and the New," are entitled to more than a passing notice in view of the stereotyped allegation that Rome is an unhealthy place to live in. Mr. Stillman says that in a residence of nearly a dozen years in the aggregate, and extending over a period of nearly thirty years, he has never had in his famoily a single serious illness or a case of typhoid or malarial fever; that among his friends and acquaintances he has never known half a dozen cases of intermittent or remittent fever, and not one of any gravity, and that he has repeatedly stayed in Rome during the entire summer without any discomfort or inconvenience. He adds that he never saw a case of the pernicious form of malarial fever specifically named from the locality, and that Dr. Drummond and other physicians with whom he was well acquainted and who have practiced in Rome for many years never had a case, the malarial affections within the range of their knowledge and treatment being similar to the intermittents of the United States—annoying, but not dangerous.

These statements are strengthened and confirmed by the statistics of the sanitary department of the Italian government, which, Mr. Stillman says, are drawn up with the greatest care and exactitude for the purpose of improving the sanitary condition of the country and with no reference to publication or to foreign opinion. He was allowed access to the reports for the commune of Rome, including the Campagna and the outlying towns and villages, Ostia and its marshes, with all the malarial districts in the Ager Romanus. In these returns he found that out of a population of over 500,000 the total of deaths from malarial fevers in the year 1890 was 308. In 1897 this fractional ratio was reduced to 300. The narrow scope of this paper precludes citation from the monographs of such special writers on this subject as Sforza, Sarazin, Falcini, Bracci, Balestra and Torelli.

On one occasion the writer, with his family, visited the Eternal City in the month of June and the early part of July, and aside from obedience to the instructions of a very accomplished guide, took no unusual precautions. That worthy said: "Shut your bedroom windows after dark; look to the transoms over your doors for ventilation; do not let me hear of any sentimental trips to the Coliseum by moonlight; the danger of marsh miasm from the Campagna, if there is any danger, is after sunset; I do not believe in this fuss about swamp poison; it is absurdly exaggerated, but, anyhow, take the benefit of any doubt."

The Campagna di Roma extends from Civita Vecchia to Terracina, a length of more than ninety miles, and from the Mediterranean to the mountain ranges, a width of nearly thirty miles. Its southern portion embraces the Pontine Marshes. At the distance of thirty miles from these marshes Rome is in no more danger of paludal mischief from that source than it is from the northward district of Maremma, in Tuscany, the plague-spot of Italy. Hence Dr. Colin, surgeon-general of the French army thirty years ago, was quite safe in saying that the malaria of the Campagna is due less to effluvia from the marshes than "to exhalations from a soil very fertile and untilled under a sky of fiery heat during the daytime, from July to October, and comparatively very moist and cold during the night." (*Traités des Fièvres intermittentes.*)

Lanciani says: "The history of malaria in connection with Rome must be divided into five periods—the prehistoric, the republican, the imperial, the medieval and the modern, each one marking a distinct stage in the increase or in the decline of the plague, as well as a change in the means adopted by the inhabitants of the fever-stricken district to protect themselves from the evil."

In the traditional period, and the early part of the historic period, immunity was due to geological conditions. The hills which became the site of Rome, with the valleys or ravines between them, abound-

ed with small geysers, hot sulphur springs and jets of steam, which indicated considerable subterranean activity, while the neighboring volcanic Alban hills were in a constant state of eruption. With the disappearance of the mineral springs and the extinction of volcanic life came pestilential invasion. We have proof of its virulence in the large number of altars and shrines dedicated by the early inhabitants to the goddess of the Fever and kindred divinities.

In the course of time public measures were adopted for checking the deleterious influence of the miasmata. These were, according to Lanciani, the construction of drains, the construction of aqueducts, the multiplication of well-paved roads, the proper regulation of cemeteries, and the organization of medical help. To these were added the drainage and cultivation of the Campagna, with the resultant conversion of a barren, pestilence-breeding tract into a garden spot, with costly suburban villas, delightful rural retreats, productive farms, olive groves and vineyards, abundant water supply, fresh lakes in place of stagnant pools, fine roads and bridges, and noble works of art. These sanitary and industrial triumphs were rewarded by corresponding healthfulness and cheerfulness. For palace or villa or cottage there was not a more attractive spot in the known world.

What followed the incursions of the Goths and Vandals in the fifth and sixth centuries is well known to every reader of history—the demolition of Rome and the desolation of the Campagna. The one, to a considerable extent, was rebuilt; the other remains to this day an unwholesome and unfruitful waste. During the successive sieges of Rome the districts around the camps of the barbarian invaders were given up to merciless devastation. Abandonment was enforced by the insecurity of life, and protracted indefinitely by the universal destruction of property, of material values whose extent and character are attested by the ruins that are left in the midst of the silence and solitude. For centuries, owing to the indolence of the people and the poverty of the government, nothing in the way of reclamation was attempted. It remains for modern enterprise to redeem this vast acreage in the interest of agriculture and sanitation. The lowlands along the Alban hills, now regarded as hotbeds of infection, were once comparatively healthy. The Pontine region, Pliny tells us, was the abode of a dense and thriving population. Even in its present condition the Campagna is safe enough for human habitation during the daytime. It is the dampness that follows the sunset, the evening dew that falls heavy and chill, that is to be avoided. It is when the darkness sets in that Verminus, the god of microbes, as Lanciani puts it, and Cloacina, the goddess of typhoid, assert their malevolent sway. And if, as Mr. Stillman contends, the city of Rome maintains its healthfulness amid unhealthy surroundings—*salubris in regione pestilenti*—and the toxemia that is bred from neighboring swamps and marshes is not a malarial fever of the pernicious type, but an intermittent, manageable and responsive to judicious treatment, so much the better for gradual encroachment beyond the borders, and eventual restoration.

GONOCOCCUS NEISSER.

By Henry Alfred Robbins, M.D.,
President of the Washington Microscopical Society.

READ BEFORE THE SOCIETY ON DECEMBER 13, 1898.

(*Continued from page 19.*)

SUPPURATIVE INGUINAL ADENITIS WITH GONOCOCCI.

Hansteen (*Archiv für Dermatologie and Syphilis*, xxxviii; *Annales des Maladies des Organes Genito-Urinaires*, July, 1897) reports three cases of suppurating inguinal glands accompanying gonorrhea, in which a bacteriological examination of the pus showed the presence of gonococci in it. In one case, in which the abscess was opened with a bistoury, showing the pus, gave rise to a pure culture of typical gonococci, which, on being placed in the urethra of a healthy man, set up characteristic gonorrhea. In the two other cases, in which the abscess opened spontaneously, examination of the pus from the fistulous tract showed the pres-

ence of gonococci and streptococci. An attempt to cultivate the cocci on Wertheim's medium, made in one of these cases, failed.

ENLARGEMENTS OF EPIPHYSES AFTER GONORRHEA.

M. Paul Claisse relates in the *Lancet* the case of a girl, aged nineteen years, who showed a new and peculiar complication of gonorrhea. In the position of the costal cartilages persistent pain had occurred, which was increased by sudden movements of the thorax and still more by pressure. A series of nodosities developed on the cartilages meriting truly the name of gonorrheal rosary. Analogous swellings appeared at the superior epiphyseal junctions of the tibia. There was no affection of the joints or tendon sheaths. The patient was of small stature, which, with the form of her thorax, might suggest that the disease was a manifestation of rickets awakened by gonorrheal infection. But as the existence of gonorrheal osto-periostitis had been demonstrated by Fournier and others, M. Claisse thought that it was natural to attribute the lesions to the direct action of the gonococcus. He explained the special localization by the age of the patient, whose ossification was not yet completed.

ALBUMINURIA IN GONORRHEA.

Colombini (*British Medical Journal*) has made a study of this subject in 372 patients suffering from acute gonorrhea, seventy-two being complicated by epididymitis. In none of the cases had any drug been administered, and there was no evidence of cystitis or any disease likely to cause albuminuria. The pus was carefully filtered off and five different tests for albumen were applied to the filtered urine. Out of the 372 cases albuminuria lasting from four to thirty days was found in sixty-six, and of these forty-two had epididymitis, twenty-four simple gonorrhea. The author believes that an ascending nephritis could be excluded in his cases, as also the influence of any drug, and, on the whole, he considers that the albuminuria was due to a process of general blenorrhagic infection comparable to that which occurs in other infectious fevers.

Dr. Roswell Park, the professor of surgery of the University of Buffalo, as far back as 1888 reported several cases of gonorrheal pyemia in the *Journal of Cutaneous and Genito-Urinary Diseases*. I remember sending to him the report of a case of gonorrheal pyemia which was reported by my friend, Mr. Savory of St. Bartholomew Hospital, London, and having received a most courteous reply. Before presenting to you for your consideration the most important of all the dire results of the gonococcus Neisser—gonorrhea in married women—I will report that the toxine of the gonococcus has been isolated by Wassermann from the dead cocci. It is so very virulent that the smallest amount produces inflammation at the spot applied, fever and violent pain in the muscles and joints. This discovery explains the phenomena which occur in gonorrheal affections even after all the cocci have disappeared. The best medium for cultivating the gonococcus has been found to be albumen of animal serum. He prevents coagulation when heated, the principal difficulty hitherto, by the use of nutrose (casein, sodium phosphate). Fifteen c. cm. pig serum are mixed with thirty to fifty c. cm. water, two c. cm. glycerine and two grammes nutrose, added and sterilized over a spirit flame. This is enough for six or eight plates. He concludes by liquefying a few 25 per cent. agar tubes, and he has then a culture medium in which the gonococci thrive finely. He succeeded in isolating the toxine by adding peptone bouillon to the cultures and killing them after three days' growth.—*Deutsche Med. Woch.*, August 12, 1897.

GONORRHEA AS A CAUSE OF STERILITY.

In the *Centralblatt für Gynäkologie* for July 3 there is an abstract of an article by Dr. B. Vedeler, published in the *Norsk Magazin for Lagevidensken* in 1885. Vedeler analyzed the cases of 310 women who had been married for at least a year without becoming pregnant. Seventy-two of them had been married ten years or over and the rest three years on the average. He examined fifty of these women's husbands, and found that thirty-eight of them had had gonorrhea and thirty-four of them had infected their

wives. He infers that in the whole number of husbands there must have been 235 who had had gonorrhea, and that 210 of them must have infected their wives. He regards this inference as supported by the fact that in 198 of the women he found the same inflammatory lesions as in the thirty-four who were known to have contracted the disease from their husbands.

GONORRHEAL SALPINGITIS.

Walton (*Centralblatt für Gynäkologie*, No. 39, 1893), in a very complete monograph on this subject, refers to a latent form of gonorrhea, where the organism is saprosphytic, and which exists in the male as well as in the female. This latent organism, through an exciting cause, where a favorable culture medium is present, manifests itself, and thus it is that in the female the different uterine and adnexia inflammations are brought about. A pyosalpinx is commonly caused by a mixed infection of gonococci and pyogenic organisms, and this mixed infection can only be found early in the case, since the gonococci are later overpowered by pus cocci. The gonococci tend to migrate from the vaginia into the cervix and thence into the uterine cavity. The tubes are infected by uterine contraction or some therapeutic measure. German statistics show 23 to 28 per cent., and English and American 70 per cent. of all cases of adnexia disease due to gonorrhea. The inflammation always extends to the ovary, and may cause a variety of conditions, from oöphoritis to an abscess, and, also, salpingitis is always associated with perimetritis, i. e., the inflammation extends through the tube wall, causing perisalpingitis, or else direct through the tube (ostium abdominalis), infecting the peritoneum and at times causing general peritonitis. Usually the inflammation does not extend beyond the broad ligament, or where there is a pyosalpinx it may infiltrate between the two peritoneal layers of the same. The entire tube is never involved, but the inflammation is limited to the outer two-thirds, where the mucous membrane folds are more complex and the growth of the micro-organisms more favorable. Walton believes these cases should be treated antiphlogistically at the beginning, and later by hot irrigations (109⅗° to 113° F.), followed by an iodoform or ichthyol-glycerine tampon. He follows the operative technique of Lawson Tait, except where there are numerous adhesions. If hemorrhage or the pus has escaped into the abdominal cavity he irrigates with warm water at a temperature of 104° F., where Tait uses water at 98 3-5° F. In these cases he also uses a glass drainage tube.

At the fourth meeting of the German Gynecological Association, held at Bonn, 1891, Dr. Ernest Wertheim of Prague read a paper on gonorrhea, in which he made the following statements: "The idea of a mixed infection has been assumed for gonorrhea only because the gonococcus was said not to possess the power to penetrate deeper into the tissue and to excite inflammation there. It is remarkable, too, that it was never possible to discover in tubal pus any other pyogenous bacteria besides the gonococcus, though advanced inflammatory alterations were present in the tubes, ovaries and peritoneum. Altogether I can refer to sixteen cases in which I have been able to demonstrate the gonococci in tubal pus. In ten of these cases that proof was furnished by the microscope, in six by plate culture. I have never found any other bacteria than the gonococcus."

This fact, that tubal pus never contains other pyogenous microbes than the gonococcus, is more remarkable, because Bumm and Zweifel and others have asserted that preceding infection with gonococcus, even, predisposes to a secondary infection.

Several years ago my friend, Dr. Isaac S. Stone, invited me to be present at the Columbia Hospital to see him operate on a married woman for salpingitis. I remember that the left tube was full of pus and the oviary degenerated. I took the pathological specimen to Dr. Bromwell, the accomplished microscopist of the Naval Museum of Hygiene. The gonococci were abundant. I do not remember that any other organism was detected.

Dr. Joseph Price of Philadelphia, at the Southern Surgical Society, held at Richmond in 1891, stated: "It was less

important to confine a murderer than a man with gonorrhea or syphilis." He could relate three deaths from gonorrhea in medical students, and also stated he had operated on as many as 100 women, wives of men whom he had formerly treated for gonorrhea.

SUPPURATION OF THE MIDDLE EAR, COMPLICATIONS AND CONSEQUENCES, WITH REPORT OF ILLUSTRATIVE CASE.

By Dr. A. D. McConachie,

Surgeon to the Presbyterian Eye, Ear and Throat Charity Hospital, Ophthalmologist to Bay View Asylum, Baltimore, Maryland.

READ AT THE MONTHLY MEETING OF THE CECIL COUNTY MEDICAL SOCIETY, AT ELKTON, MARYLAND, JANUARY 11, 1899.

In order to appreciate fully the pathological processes and therapeutical indications in suppurative conditions of the middle ear a brief *résumé* of its anatomical relations may not be amiss.

The middle ear consists of (1) tympanum, tympanic cavity, with (2) ossicles, (3) the Eustachian tube and the mastoid process.

The tympanum is very irregular in shape, its greatest diameters extending antero-posteriorly and supero-inferiorly. The drumhead forms the greater part of the outer wall and lies at the inner extremity of the bony auditory canal, being almost horizontal in the infant, at birth, and gradually becoming more perpendicular in the adult. The drum receives the sound waves from the air and carries them by means of the ossicles to the labyrinth.

The membrana in the adult is placed obliquely with the long axis of the bony canal, so that the inferior and the anterior walls of the auditory canal are longer than the superior and posterior. This is to be remembered in the extraction of foreign bodies and in other instrumental manipulations. The drum is attached at its margin to a groove in the bony canal, called the sulcus tympanicus, which belongs to the tympanic ring. The normal drum is pearl or grayish in color, oval in shape and concave inward, the greatest concavity being at the umbo or extremity of the malleus. The short process of the malleus is the important landmark in an examination of the drumhead. Behind and in front of this process are two folds, which stand out prominently when the drum is drawn inward. Above and bounded by these is a triangular-shaped portion of the membrane, called the membrana flaccida, or Shrapnell's membrane, which is much thinner than the rest of the drum.

The superior wall, or roof, of the tympanum consists of a thin plate of bone, upon which the middle lobe of the brain rests. In the infant there is a suture (petroso-squamosal) in the roof, through which connective tissue and blood-vessels pass from the dura into the tympanum, a fact explaining why an acute inflammation of the middle ear, in an infant, often occasions more or less meningeal irritation. This is closed in the adult, with rare exceptions. The jugular fossa is in proximity to the middle ear, which explains the frequent complications of phlebitis and thrombosis, liable to follow inflammation of the tympanum.

The inner wall separates the middle ear from the labyrinth or inner ear. It has the following points: The promontory, or turn of cochlea; the fenestra ovalis which contains the footplate of the stapes and lies above and behind the promontory. Below it is the fenestra rotunda, closed by a membrane. Behind these are the cone-shaped projection for the stapedius muscle and the aqueduct Fallopii, which encloses the facial nerve, a slight ridge of bone lying along the upper and posterior part of the inner wall. The upper portion of tympanic cavity, which contains portions of the malleus and incus, is called the attic. This opens into the mastoid antrum, behind, while the antrum is the passage of communication between the mastoid cells and the middle ear.

In the anterior wall of the middle ear the bony Eustachian canal is situated. The carotid artery is in close proximity to the anterior wall, so that in cases of caries or necrosis fatal hemorrhage may occur.

The ossicles are the malleus, incus and stapes.

The lining membrane of the middle ear is continuous with that of the pharynx and Eustachian tube, which opens on the external wall of the naso-pharynx.

The mastoid process communicates with the posterior part of the tympanum by means of the antrum. No two mastoids are exactly alike, some being pneumatic, some diploetic and some a combination of the two. In the pneumatic variety numerous cellular spaces are found extending into the temporal bone in different directions—around the lateral sinus, down to the apex and backward to the occipital suture—a point to be remembered in opening the mastoid, for it is important to remove all diseased tissue in these cells. Infants have but one cell usually, the antrum and mastoid being but poorly developed. From birth the process slowly develops, extending downward, until at five years it is quite like the adult in respect to arrangement of cells and position of antrum, except that it is smaller and less dense. The antrum and cells are lined by mucous membrane continuous with the middle ear, filled with air. The upper wall of the antrum is thin bone and separates it from the dura mater. The lateral sinus is in close proximity to the mastoid cells and rests against the inner wall of the process, and occasionally runs out of its usual course; hence care in operations upon the mastoid is needed.

The outer surface of the mastoid may have a very thick or thin wall, or may be rounded or flattened; generally a thick wall means a thin tip and digastric fossa; and, further, when the mastoid tip, or protuberance, is small, with a well-defined digastric fossa, the lateral sinus is apt to encroach upon the antrum.

Suppurative conditions of the middle ear have their origin variously, and are most common in childhood, usually beginning with what is commonly called "earache." The larger proportion of earaches are inflammatory, rather than neuralgic in character and the result of subacute or acute catarrh of the middle ear, due to cold in the head, the eruptive fevers, as measles, scarlet fever, etc., influenza, diphtheria, sniffing cold fluids into the nose, bathing, or, as complications of acute infectious diseases, as bronchitis, pneumonia, whooping cough, tuberculosis, cerebro-spinal meningitis and syphilis, infection usually taking place by way of the naso-pharynx, through the Eustachian tube.

The pathological changes following infection are hyperemia of the lining membrane of the drum cavity, with proliferation of its epithelium, engorgement of vessels and an exudation of serum and mucus, causing the drum to be distended, reddened and bulging. This stage we term acute catarrhal inflammation, and may go on to resolution or to suppuration. If the latter, we have a perforation of the drum, if left to itself, and a discharge from the ear, giving rise to acute suppuration of the middle ear, and if this be not speedily arrested the purulent process continues its ravages and the tissues break down and the purulent matter may find its way into the mastoid antrum and cells.

Chronic suppuration is but a sequel of acute suppuration and full of import to the afflicted patient. While the laity, and unfortunately certain members of the medical profession who are not well informed upon the consequences of the disease, minimize its importance and advise that it be left alone and that children will outgrow it, the patient's life may pay the penalty of its neglect. The disease may outgrow the patient.

The close relation of the tympanic and cranial cavities should suggest to the mind of every thoughtful physician the importance of prompt and skillful interference with the progressive destructive ravages of the suppurative process. It is not self-limited, it does not tend toward resolution, but toward dissolution, and no trifling makeshift is pardonable. The whole tympanic cavity is usually affected, drum partially or wholly gone, lining membrane hypertrophied, reddened and granular. The ossicles become necrotic, epithelial formations accumulate and block up the cavity, forming what are known as cholesteatoma. Perforations in acute suppuration usually heal after cessation of the discharge; rarely so after chronic processes.

The disease may extend to the labyrinth—this is infrequent—more frequently extending to the mastoid antrum and cells. This is due to the recumbent position and pouring by gravitation of pus from the tympanum back through the aditus ad antrum to antrum. The interference with the exit of pus from the external auditory meatus, by the formation of granulations, and polypi facilitates this.

Caries of bone should be suspected when polypi and granulations are present. The carious process may encroach upon the facial canal, involving the facial nerve; hence facial paralysis. Hence, as an offspring of middle-ear suppuration, we may find mastoid suppuration, phlebitis, sinus thrombosis, meningitis, subdural abscess, pyemia and abscess of the brain, with its attendant phenomena.

(*To be continued.*)

Society Reports.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY.

MEETING HELD MONDAY, JANUARY 9, 1899.

ABSTRACT REPORT.

In the absence of the president, Dr. Finney, the meeting was called to order by Dr. Flexner.

EXHIBITION OF MEDICAL CASES.

Dr. Futcher: 1st. The Treatment of Aneurisms.—Dr. Futcher referred to the new method devised in Paris and published in the latter part of last year. It consists in injecting into the subcutaneous tissue of the thigh 250 c.c. of a 2 per cent. solution of gelatine in normal salt solution. It must, of course, be thoroughly sterilized and injected with proper aseptic precautions. The injections should be made at a considerable distance from the aneurism and repeated at intervals of from two to fifteen days. It is supposed that twenty injections are about the necessary number to produce a cure.

It has been suggested that a 1 per cent. solution of gelatine may be preferable, since great pain about the seat of injection has been complained of by some patients for several hours after the injection.

The beneficial effect of the treatment is supposed to be due to increased coagulability of the blood, but there is some doubt about this, for some experimenters claim that increased coagulability cannot be brought about in this way.

Dr. Futcher reported four cases of aneurism treated by this method.

Case 1.—J. B. two months ago had quite a distinct saccular aneurism of the arch of the aorta about the junction of the transverse and descending portions. He had received six injections, two of the 2 per cent. solution and, later, four of the 1 per cent. solution, because it was found that the stronger solution gave considerable pain. This pain was very intense and most severe about six hours after the injection. The patient appeared to be doing fairly well, when he was suddenly seized with an attack of dyspnea, with coughing and profuse hemorrhage, and died.

At the autopsy, in addition to the localized saccular dilatation spoken of above, there was found a general dilatation of the arch of the aorta, and at the point of pressure of the sac on the left bronchus there had been a perforation causing hemorrhage and death.

Case 2.—J. U. had an aneurism of the descending portion of the thoracic aorta. There was definite pulsation visible over the lower part of the thorax, accompanied with definite murmurs and intense pain at the seat of pulsation. He had received twenty-eight injections and as a result a very marked diminution in the amount of pain and in the pulsation. He had also gained nineteen pounds in weight during the treatment.

This was considered the most satisfactory of the four cases.

Case 3.—O. R. had a saccular abdominal aneurism. He received sixteen injections, with little or no evident improvement.

Case 4.—C. L., colored, presented a dilatation of the arch of the aorta. He had received twenty-one injections, and an examination of the blood in this case and in Case 2 had shown marked increase in its coagulability.

THE SCHOTT TREATMENT OF HEART DISEASE.

Dr. Futcher referred to a recent visit

to Bad Nauheim, where he had the opportunity, through the courtesy of Dr. Theodore Schott, of seeing the treatment applied. The essential factors of this treatment are thermal saline baths and the use of carefully-regulated muscular exercise. The treatment begins with a series of warm saline baths, followed by what is known as the carbon dioxide bath, and later regular exercise. The carbon dioxide, which is admitted into the water through tubes, comes into contact with the patient's body and produces a definite stimulating effect. The benefit of the bath treatment is believed to be the stimulation of the peripheral circulation, thus increasing the amount of blood in the skin and periphery and relieving the heart. The exercises are believed to act in the same way, and patients usually get the baths in the morning and the exercises in the afternoon. The baths are given at first for about six minutes, and the time is gradually increased until the patients are allowed to remain in the bath for about eighteen minutes.

Dr. Futcher saw a patient given his first bath. It was a case of myocarditis, in which the heart was very large, much dilated and its action extremely weak. Before he was put in the bath the area of cardiac dullness was carefully marked out on a piece of transparent paper. After the bath the cardiac dullness was again percussed out, the first diagram being placed over the second at definitely located points, and the change in the area of cardiac dullness was noted. In this instance the difference was a full finger's breadth. At first each diminution after the bath is not permanent, but eventually a gradual gain is made and a widely dilated heart may diminish to practically its normal size.

In order that these baths may be more widely used Dr. Theodore Schott has published his formulas, and during the past year a firm in New York, known as the Triton Company, has prepared the salts for sale. They furnish a box containing sodium bicarbonate and eight cakes of sodium bisulphate, the carbon dioxide being generated by the action of these two salts upon each other. Five pounds of salt are added to fifty gallons of water, the sodium bicarbonate is then put in and the cakes referred to are placed about the patient as follows: Two beneath the shoulders, two at each side of the body and two under the knees. In a few minutes there is a rapid generation of the gas.

Dr. Futcher then exhibited a patient who had been treated in this way. He had had no rheumatism, was not a heavy smoker or drinker, but was found on physical examination to have a dilated heart, with very feeble pulse. Charts were exhibited showing the area of relative cardiac dullness before and after treatment. Starting with an area 12 cm. outside the ordinary line the cardiac dullness had gradually diminished with each succeeding bath until at the present time it was practically normal.

DISCUSSION.

Dr. Welch: In discussing the treatment for aneurism he asked if any attention had been paid to other factors than the coagulation time, particularly as to whether there had been any increase in the number of platelets in the blood or any diminution in the number of red corpuscles. He stated that the coagula in aneurism are not the same as ordinary clots forming outside the body, but are thrombi, which consist largely of platelets, and considered that it was difficult to bring the occurrence of thrombi in the body into any relationship with the coagulability of the blood. He referred to the fact that diseases like rheumatism, where there is a quick coagulation time, are not characterized by thrombi, whereas in other diseases, like typhoid fever, there are thrombi, but a slow coagulation period. He stated that there are indications showing the connection of these thrombi with the number of platelets in the blood, and referred to chlorosis, where there are frequent thrombi, with numerous platelets in the blood, and to hemophilia, where there is an absence of platelets and where coagulation is unknown.

Dr. Flexner: In regard to the question of coagulation he called attention to the fact that in the fatal case referred to there was absence of coagulation in the saccular aneurism beyond a very superficial deposit of thrombus, which was only 1

or 2 mm. in thickness and which did not extend over the entire wall.

Dr. Futcher: In closing the discussion he stated that in none of the articles or discussions that had been reported from Paris had he seen an mention of the relationship between the number of platelets and the coagulation. He had noticed, however, that in the patient who had shown the most marked improvement during a short period when the coagulation time was extremely delayed, seventeen minutes instead of three or four, as normal, practically no platelets were found in the blood. As his coagulation time again came down to normal the platelets again became more numerous.

HEMORRHAGIC INFARCTION OF THE INTESTINE.

Dr. Welch exhibited the post-mortem specimens from a case of hemorrhagic infarction of the intestine. The patient was a man fifty-two years old, who had been repeatedly admitted to the hospital with symptoms of arterial sclerosis and cardiac insufficiency. The symptoms were, in general, severe dyspnea, occasionally paroxysmal and some edema of the lower extremities. He usually left the hospital after a variable length of time somewhat improved. He returned for the fifth time with the same general group of symptoms, and in the course of his last stay in the hospital developed acute abdominal symptoms, sharp, diffuse pain in the abdomen, with tenderness and great restlessness, and, in the course of thirty-six hours, died with symptoms of acute diffuse peritonitis, although no positive diagnosis was made. There had been no vomiting and no blood in the stools.

At the autopsy Dr. Flexner found a plug in the main trunk of the superior mesenteric artery completely occluding it, very recent and very slightly adherent to the walls of the vessel. Whether it was embolus or thrombus was not absolutely certain, but inasmuch as there was an affection of the heart, and thrombi were found both in the left auricle and left ventricle, the presumption was that the plug in the superior mesenteric artery was an embolus. There was a hemorrhagic infarction of the intestine, beginning in the lower part of the duodenum, affecting the whole extent of the small intestine and involving also the cecum and the ascending colon.

Dr. Welch stated that while this is the usual distribution of hemorrhagic infarction observed in experimental cases, not more than four or five cases have been observed in human beings of such extensive character.

Dr. Welch reviewed at some length the from time to time to explain the production of hemorrhagic infarction, and referred to the experimental work performed by Dr. Mall and himself and published in the "Transactions of the Association of American Physicians" several years ago. He considered the important factors to be, first, the blocking of a terminal arterial supply; second, the susceptability of the different having such a supply; third, that the blood which causes the infarction comes in through the anastomosing capillaries and arteries and not by reflux through the veins, and, fourth, that diapedesis occurs, not through injury to the walls of the vessels, but from the fact that arterial pressure is reduced to such a low point that there is practically no difference between that and the venous pressure, and the plasmic zone being obliterated the red corpuscles come into contact with the walls of the vessels and pass out through the lymph spaces, because that becomes the direction of least resistance.

He stated further that hemorrhagic infarction now belongs to the domain of surgery, for when the diagnosis can be made a laparotomy, with resection of the gut, affords an opportunity for recovery.

NEW METHOD OF EXTRACTING FOREIGN BODIES FROM THE NASAL FOSSAE IN CHILDREN.—The New York Medical Journal, in quoting from the Journal des Praticiens, relates a method of extracting foreign bodies from the nose in children, which M. Felizet has used with satisfactory results for five years. He injects through the sound nostril a current of warm salt water at a moderate pressure, which, returning by the posterior nares of the occluded nostril, forces the foreign body out, or at least allows of its being seized with forceps.

Medical Progress.

The Pretubercular Stage of Phthisis.—Dr. Henry P. Loomis naturally thinks the best way to cure phthisis is to prevent it, and he goes over, in the Medical Record, the various evidences of a vital condition which predisposes to the development of phthisis or actually makes the true pretubercular stage. He makes the following summary of his statements:

1. It is possible in many cases, especially in chloro-anemics, to diagnose phthisis previous to the appearance of physical signs or of tubercle bacilli in the sputum.

2. Weight, respiratory capacity and chest measurement have no value in establishing the possibilities of the development of phthisis in themselves, but must be considered in relation to the height of the person, when they furnish three important aids to diagnosis.

3. Corpulence is obtained by dividing the weight expressed in pounds by the height expressed in feet (in a normal man this should be 26; in a woman, 23).

4. Thoracic perimeter is found by taking two measurements of the circumference of the chest—one at the moment of forced expiration, the other at the end of a forced inspiration. The average of these two measurements should never be less than half the height.

5. Vital capacity is the amount of air expressed in cubic inches which can be exhaled after a full inspiration. Normally it should bear the relation to the height of 3 to 1 for a man and 2 to 1 for a woman (i. e., for every inch of height there should be three cubic inches of vital capacity).

6. Chloro-anemia and persistent and unexplained disturbances of the digestive system are symptoms of the pretuberculous stage of phthisis.

7. There are two characteristics of the pulse found in the pretuberculous and early stage of phthisis—change of position has practically no influence on its rhythm; relative feebleness of arterial pressure.

Medical Teaching in America.—An American physician, writing to the Clinical Review from Berlin of medical affairs, and particularly of the inferior position of American graduates as compared with those of Germany—due mainly, of course, to their longer courses and greater thoroughness—says: "Although America now is fast approaching the foreign standard of excellence and thoroughness in medical education, it will be some time before the slow-witted Teuton will admit that anything American is as good as the German article; but the quickest way to teach him the supremacy of America is not to keep sending over here our medical men to study in his schools after they have finished with ours. Give our doctors better facilities and advantages in our own large cities. * * * Let our professors become famous by original research and experimentation, by clever operating and brilliant diagnosis, and we will not see our students going abroad to finish their education and be snubbed by their German cousins."

* * *

Food Value of Edible Fungi.—Mushrooms are chiefly of interest as a condiment, and their food value has been much exaggerated. A number of edible varieties have been analyzed, and their digestibility determined by methods of artificial digestion. (American Journal of Physiology.) The true digestible protein ranged from about 5 to 10 per cent.; watery element from 74 to 92 per cent. "In this respect they resemble ordinary vegetables, and the term 'vegetable beefsteak,' which is often applied to them, is very erroneous. The carbohydrate content of the fungi is relatively high, but until more is known regarding the nature and digestibility of the carbohydrate constituents of various vegetable foods, it will be useless to draw comparisons. As dietetic accessories the edible fungi may play an important part, but investigation has demonstrated that they cannot be ranked with the essential foods."

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BALTIMORE, JANUARY 21, 1899.

The Faculty's Centennial.

THE committee having in charge the arrangements for the Centennial Anniversary of the State Faculty next April has issued a circular to the members and others interested calling attention to this important historical event, and asking for funds to meet the expenses of entertainment.

As the committee says, the Faculty during its long and eventful life has rendered invaluable service to the people of Maryland, and has given the highest standard and character to subjects of professional and scientific interest. The ablest men of the profession, representing its culture, talent and influence, have guided its work of usefulness with thought and wisdom. Its influence over the profession has been of an elevating and ennobling character. Its records bear testimony to a wise, pure and stimulating direction of medical opinion and to its enforcement of the principles of professional ethics.

It is proposed to make the Centennial Anniversary an occasion worthy of the events which it will recall by means of exercises of the most impressive and interesting character. The profession, both within and outside the State, will be invited to attend this meeting.

On the first night there will be the president's address and a reception by the Faculty.

On Wednesday evening Dr. W. W. Keen of Philadelphia will deliver the annual address, after which there will be private receptions. Thursday the annual dinner will be held.

At the scientific meetings it is proposed to invite prominent members of the profession from outside of the State to read papers.

From ten to two daily there will be demonstrations in the hospitals and the schools.

There will also be a loan collection of portraits and relics, and members are requested to make known to the committee of any relics, portraits or other objects which might be of interest in this collection. All such information should be sent to Miss Noyes at the Faculty Hall, 847 North Eutaw street. A liberal sum of money is needed to carry out these plans, and the members of the profession are invited to send contributions to Dr. William Osler, 1 West Franklin street, as soon as possible. The circulars sent to the members of the Faculty and to others contain cards to be sent to Dr. Osler.

This is a subject of which too much cannot be said. The physicians form an important part of the community, and they should not only make their influence felt, but at a time like this they should appeal to their wealthy patients and friends to help a profession which is doing so much for the sick and poor. The JOURNAL will from time to time give reports of progress of this work. It is expected that the responses will be prompt and liberal.

* * *

The Collaborators' Convention.

A JOINT conference of the collaborators of the MARYLAND MEDICAL JOURNAL was held last Tuesday night, and many new and excellent suggestions were made by those present. These suggestions will be put to practical use gradually throughout the year, and it will be the endeavor of all interested to draw from the best sources the most desirable material which the profession can produce.

With the corps of able men whose names appeared in the last issue, together with others who have since kindly agreed to assist in the work of editing, it is believed that the MARYLAND MEDICAL JOURNAL will make during this year advances worthy of the profession. Good, short, practical articles which contain useful hints are especially solicited, and criticisms are freely invited.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending January 14, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
La Grippe	1	35
Pneumonia	..	30
Phthisis Pulmonalis	1	22
Measles	6	1
Whooping Cough	1	..
Pseudo-Membranous Croup and Diphtheria.	36	9
Mumps	1	1
Scarlet Fever	7	..
Varioloid	..	..
Varicella	2	.
Typhoid Fever	6	

The Broca Hospital in Paris is in a very bad condition.

The Hospital for the Women of Maryland will shortly be enlarged.

Tennessee has just declared a prohibitive tax against the cigarette.

The University of Pennsylvania appeals to its alumni for aid in erecting a large laboratory building.

Dr. Oscar G. Mix, formerly of Charlottesville, Va., died at his home in Covesville, aged seventy-six.

Dr. William T. Councilman was entertained in Chicago recently by a large number of the prominent physicians there.

The City Hospital Training School for Nurses has been opened, and nurses will be taken on two months' probation.

The New York Board of Health is taking steps to examine all houses in which three or more cases of consumption have occurred since January 1.

The death is announced of Dr. Charles T. Hedges of Martinsburg, W. Va., aged seventy-five. Dr. Hedges had practiced his profession in Baltimore and Philadelphia.

At the annual meeting of the managers of the Baltimore General Dispensary the following physicians were elected: Drs. Henry M. Baxley, E. A. Munoz, S. G. Davis and Haughton Baxley.

Dr. Sidney O. Heiskell, for many years quarantine physician at the port of Baltimore, and later surgeon on the United States auxiliary cruiser Dixie during the war with Spain, has gone into business in the harbor as attendant physician to merchant ships.

A plan has been submitted to the City Council of Philadelphia for the construction of five filtration plants, with a total capacity of 270,000,000 gallons daily. The slow sand system is recommended for three of the plants, and mechanical filtration for the other two.

A bill has been drawn for introduction at the General Assembly at Albany which is to make provision for a board of control for the supervision and regulation of dispensaries, consisting of representatives from the medical societies and from the non-medical directors of dispensaries. The object is to prevent hospital and dispensary abuse.

Dr. Charles H. Richards, a prominent physician of Georgetown, Del., died at his home last week, aged seventy-one. Dr. Richards was born in Delaware, and received his medical degree at the University of Pennsylvania in 1851. For twenty years he was physician to the almshouse, and was twice president of the Delaware Medical Society.

At the annual meeting of the Richmond Academy of Medicine and Surgery the following were elected officers for the year 1899: President, Dr. Ernest C. Levy; vice-presidents, Drs. John Dunn, D. J. Coleman and J. W. Henson; secretary and recorder, Dr. Mark W. Peyser; assistant secretary, Dr. W. H. Parker; treasurer, Dr. J. Travis Taylor; librarian, Dr. M. E. Nuchols.

At the last annual meeting of the board of governors of the Presbyterian Eye, Ear and Throat Charity Hospital the following appointments were made: Drs. T. L. Savin, A. J. Bossyns and J. Frank Crouch were appointed additional assistant physicians in the eye department, and Drs. J. F. Jones, Charles G. Buck, H. Hardcastle, J. L. Spruill, R. H. Johnston and C. H. Teenken were also added to the medical staff. Dr. G. P. Crawford succeeds Dr. T. L. Savin as resident physician. Drs. Herbert Harlan, Hiram Woods and F. M. Chisolm were appointed as a medical executive committee. There were 10,320 new patients treated at the hospital during the past year. There were 33,502 visits made to the hospital by patients during the year.

Washington Notes.

Dr. Noble P. Barnes has been elected to the Chair of Diseases of Children in the Eastern Dispensary and Emergency Hospital.

At the Chemical Society meeting last week Prof. E. A. De Schweinitz read a paper upon "Curative Serum for Some Animal Diseases."

General Miles and other officers have recommended to Congress that medals of honor be awarded to nurses who have given meritorious services during the late war.

Dr. L. O. Howard delivered the address before the Washington Academy of Science Wednesday evening—subject, "Are Insects as a Class Injurious or Beneficial in Their Relations With Man?"

There were 130 deaths in the District last week, a death rate of 24.12 per 1000. There were twenty-three fatal cases of la grippe, four of diphtheria and two of typhoid fever. There are eighty-one cases of diphtheria and 130 cases of scarlet fever in quarantine.

Wednesday evening at the Medical Society Dr. John F. Moran reported a case of puerperal sepsis successfully treated with antispreptococcus serum, and a case of symphyseotomy. Dr. Lamb presented specimens—tuberculosis, tubercular vasa deferentia, tuberculósis in cattle.

At the last meeting of the board of directors of the Eastern Dispensary and Emergency Hospital the following changes were made in the staff: Dr. D. Olin Leech, transferred to General and Nervous Diseases, and Dr. N. P. Barnes, elected to the Chair of Diseases of Children. Dr. Wm. B. French was elected to the Chair of Pathology.

At the meeting of the Therapeutic Society Saturday evening Dr. Winter reviewed the progress in therapeutics during the last year. The election of officers resulted as follows: President, John F. Winter; vice-presidents, H. H. Barker and Louis Kolipinski; corresponding secretary, D. Olin Leech; recording secretary, N. P. Barnes; treasurer, J. S. McLain.

Acting Assistant Surgeon Arthur B. Smith, U. S. A., will accompany the Third United States Infantry to the Philippine Islands. Assistant Surgeon William F. Truby, U. S. A., has been ordered to Porto Rico. Acting Assistant Surgeon Baenstreet, U. S. A., will accompany the first detachment of the Seventh United States Cavalry to Cuba.

Book Reviews.

Human Anatomy. A complete systematic treatise by various authors, including a special section on surgical topographical anatomy. Edited by Henry Morris, M.A., M.B., London, Senior Surgeon to Middlesex Hospital, etc. Illustrated in by 790 wood-cuts, the greater part original and made expressly for this work by special artists, over 200 printed in colors. Second Edition revised and enlarged. Philadelphia: P. Blakiston's Son & Co. Price $6.00.

This large volume, after five years of use, now appears in a second edition with a complete revision. It is edited by Henry Morris, and special articles are written by a number of men skilled in their departments. It is evidently a formidable rival of Gray, which has been for so long a friend of the student and undergraduate. A rather interesting chapter is that on abnormal muscles, by Sutton. Other additions to this edition are chapters on the skin, on vestigial and abnormal structures, on morphology and embryology. There is no histology in the book. There are many illustrations, some new ones and most of them original. The work is a valuable one. The editors and collaborators are all English.

Nursing: Its Principles and Practice. For Hospital and Private Use. By Isabel Adams Hampton, Late Superintendent of Nurses and Principal of the Training School for Nurses, Johns Hopkins Hospital, Baltimore, etc. Revised and enlarged. Illustrated. Pp. 6 to 512. Philadelphia: W. B. Saunders. 1898.

The second edition of this excellent work, the first edition of which was noticed in these columns several years ago, has appeared, and is undoubtedly a great aid to the nurse. It is written by a woman who has proved every step of the way, and while her remarks on rules of hospital etiquette may seem to the inexperienced a little strained, they are the reflections of her own large and valuable experience. There is really no great change in this edition, except that the book is brought up to our present knowledge. There is added a chapter suggesting division of the nurse's work over three years instead of two, and a course of lectures for this extended time is mapped out. There are some new figures in the book. Drs. John Whitridge Williams, W. D. Booker and Edward Cushing are thanked for valuable suggestions and aid.

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Original Articles.

THE RELATION OF PUBLIC HEALTH OFFICERS TO PRACTICING PHYSICIANS.

By John S. Fulton, M.D.,

Professor of Clinical Medicine in the University of Maryland; Secretary of the State Board of Health.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, JANUARY 20, 1899.

WITH the growth of political interest in public health, medical men in increasing numbers are engaged in the public service, and between those public officials and the rest of the craft a mild antagonism may be discerned. The relations which private practitioners bear to sanitary law have never been, and are not likely soon to be, quite comfortably adjusted. Preventive medicine grows so fast, and law follows so rapidly, that the physician has scarcely fitted his galled withers to one regulation before another is about his neck. Vital statistics have been gathered in Baltimore for more than quarter of a century. The generation which growled about the bother of reporting births and deaths has passed away. The doctor of today manifests a kind of a-b-c interest in vital statistics, and occasionally consults them, when, if it happens that they do not show something or other which they were never meant to show, he draws the callow inference that the statistics are worthless.

We at present carry this light burden of reporting births and deaths rather comfortably, and it is, perhaps, not necessary to defend the practice, though it is worth while to allude to some points of more or less importance in the death certificate. We shall hear later in the evening something about the right of the State to exact these services, and about their relations outside of public health. Before all things, it must be remembered that a death certificate is a public document of great value. It may be needed at any time as evidence of any or all of the facts alleged therein. It must, therefore, contain in legible writing the facts obtained at the most favorable time and place. It must be brief, and no doctor will object to its brevity. Brevity is, however, not to be attained by the use of symbols. In the Health Department of Baltimore city are thousands of certificates indicating the color of deceased persons by the letter B or C, and the birthplace by the letters B. C. B may stand equally well for blue, brown or black, while B. C. may mean Baltimore City, British Columbit or brown chocolate. However obvious the interpretation of these symbols may seem, they are easily within the domain of what is called in legal parlance "reasonable doubt." Almost anything will do for a lawyer's punching bag. Courts very properly reject such certificates, and it is unlawful for the registration officers to give in the copies or transcripts of such records any translation of a symbol. The Health Commissioner, it seems to me, is fully justified in refusing to issue a burial permit upon a certificate containing any such abbreviation.

It is, perhaps, not necessary to offer the Clinical Society any advice as to correct entry under the cause of death. No one here really adheres to any obsolete pathology. But it is possible that someone may have a medical friend, not a member of the Clinical Society, who sometimes turns in a certificate of death from croup

or membranous laryngitis. It will give such a person comfort to be informed that certificates of death from croup go into the statistics as diphtheria, and are otherwise acted upon as cases of diphtheria, except that no one has yet been arrested for failure to notify such a case.

I have recently seen a certificate which gave for the primary cause of death "Parletic," and another, after the word Immediate, wrote "Yes; he died right off." In the discharge of these small public duties the grades of professional intelligence are apparent to the medical observer, and even to the inexpert the death certificates draw a broad distinction between the fit and the unfit to practice medicine. It seems to me that the attention of the profession has hardly dwelt upon the educational value of the death certificate. The responsibility of a written record should, and I believe does, stimulate the indolent and the indifferent to keep better step with advancing pathology. I am sure that the daily scrutiny of these little documents acquaints the registrar with most of the laggards and stragglers.

In the notification of infectious diseases the physician's private interests seem most opposed to his public duty. Their neglect of this ordinance is based upon the not wholly unreasonable belief that to report to the health authorities is to invite the displeasure of their patrons. In this matter the practicing physician is really in a dilemma, and it is worth while to inquire the way out of it.

Unless he reports a case of diphtheria, the responsibility of isolation and disinfection rests upon him. If, on the one hand, he neglects isolation and disinfection, he is untrue to the interests of his patients. If, on the other hand, he attempts to isolate and to disinfect, he assumes responsibilities for which he is not paid, and which he is incompetent to discharge. I am sure that no physician would object to report his infectious diseases if his clients desire it. The householders are the real obstructors, and if their views could be altered, the difficulties would vanish. It has always seemed to me a pity that the doctors should stand unwillingly in this breach between the people and the health officials. If the law would place the responsibility with the interests directly involved, the physicians would be measurably relieved. The householder has a right to be instantly informed when the physician has made a diagnosis. Physician and householder are equally interested in early diagnosis. In announcing a diagnosis of diphtheria the physician should expressly decline to be responsible for the safety of other persons within or without the house, and should speak in a confident manner of the ability and the readiness of a department of the city government to take charge of these matters. If proper reasons were tactfully given for the notification, and practicing physicians would secure, as they easily might, for the health officials the respect which their services deserve, popular aversion to official intervention would soon disappear. In communities older, but far less enlightened than ours, these services of the health officers are demanded by the people. Whether the notification of the authorities is rightly required of the physician or not, the law as it stands ought to be enforced. Certainly, the Health Department has more than a right, a need, to know where infection is, and if the information is not properly obtainable directly from the physician, lawmakers must find out how otherwise this essential knowledge may be rightly acquired.

Boards of health have lately made a new step which brings them into closer relations with practicing physicians. The public biological laboratories offer to physicians valuable aid in the diagnosis of certain infectious diseases, and in the Health Department of Baltimore city this has been done with far too little emphasis on the wider relations which the laboratory bears to public health. The advantage of this service to physicians is merely incidental and by no means intended as a gratuity. We are yet, I hope, very far from that sort of paternalism. The records of the city biological laboratory should in the course of time develop a value that cannot be reached by any private laboratory. Yet physicians object to answering a few—perhaps half a dozen—simple questions about their cases, and seem to think that specimens sent in any one of a hundred ways should answer all the legitimate purposes of the depart-

ment. The information which the Health Department asks to be returned with the specimens is not demanded by virtue of the general police power of the city, but is asked as a reasonable exchange for the service it offers. This information the department desires for its own purposes, and those who are unwilling to make the barter should be sent elsewhere for the assistance they desire. The laboratory, having been started on a one-sided basis, has at present no records of any value, save upon diphtheria. On this subject the records have by no means all the data which could easily have been obtained. The examinations for typhoid fever have been a free gift to the doctors, no advantage whatever having come to the department. Yet typhoid fever is a preventable disease of perennial importance.

Whenever the medical men of this city have spoken upon matters of general sanitation they have uttered sound views. But they cannot be said, as a body, to have exerted upon the sanitary government of the city anything like the influence which they possess. Measures of vital importance are constantly coming up in the City Council to receive the most befuddled consideration and futile treatment, while the citizens who can speak most authoritatively on these subjects make no public utterances. The press, usually ready to give fair treatment to public questions, nearly always able to make the right side win, and invariably eager to get the views of the best men, has access only to a few officials, whose statements are discounted as perfunctory. There can be no doubt that if the medical societies should give more consideration to public questions, and if the men whom we regard as leaders would grasp some of the passing opportunities to serve the city, we should be publicly and gratefully acknowledged as the beneficent brotherhood which we really are. Certain it is that the silence of medical men during those public agitations gives the color of justice equally to the alternative inferences either that physicians possess, as a class, narrow intlligence, or that the questions at issue are of small importance.

Perhaps nothing tries the public health officer quite as much as the very diluted interest in preventive medicine manifested by his fellow-craftsman who is absorbed in cases. We are quite sure that the prevention of disease is the very highest branch of therapeutics, though human gratitude will, perhaps, never respond to it as to the touch of healing. The success of the medical officer of health depends no less than that of the consulting specialist upon the good-will of his fellows. So much does the medical officer feel this need that he will, I believe, welcome the criticism of that enlightened part of the community when observations are most worth consideration. It is the purpose of this paper to invite the sort of discussion that will lead to mutually helpful relations.

THE HEALTH DEPARTMENT AND DIPHTHERIA.

BEING A REPORT OF THE WORK OF THE HEALTH DEPARTMENT AGAINST DIPHTHERIA DURING THE LAST SIX MONTHS OF 1898.

By C. Hampson Jones, M.D.,
Health Commissioner of Baltimore.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, JANUARY 20, 1899.

GENTLEMEN—I have to apologize for not submitting to you a written paper upon this subject. I can only offer as my excuse the fact that we have been in the throes of preparing our annual report, which is hard work, and to this I believe all will testify who have been working with me.

We are particularly anxious to bring the Health Department and the practicing physician into such close relations that the one will feel the assistance of the other. In all advancements in medicine or any science there is always a great deal of obstruction offered by one person or another. In the Health Department's work the obstructions are mainly from the public or of the public. I believe the physician himself wants to help the Health Department, and desires to help his brother practitioners, but also he recognizes that the public has to be cared for in the line of pleasing. It must be remembered very carefully and particularly that the Health Department also recog-

nizes this to the fullest degree. We know, having experienced it, and also still experiencing it in our private work, that the public, not recognizing the importance it is to them, except when a neighbor has the disease, will pass the action of the Health Department, brought about by the report of the disease by the physician. The Health Department has had less obstruction this year—that is, in 1898—than in any year before, and I know from the chief of the department, I know it also from conversation with physicians and with people of the public—I say I know that the people are coming to recognize that the Health Department, assisted by the physicians, will be or is a great help to them.

I am very sorry to find, gentlemen, that the member of the City Law Department, who was to have been with us tonight, cannot be present. He is suffering from a cold, the grip not having yet developed. He was very anxious to be here, and probably on some future occasion he will present his paper. He desired me to say to you, however, that the death certificate is a legal paper, and we have what we call "transcript copies" of the records of deaths, and we were very emphatically informed that under no circumstances were we to interpret anything; that we must put in the books that which is given us, and if it is not sufficient, that is the fault of the persons who present it.

In taking up this work of the Health Department, I organized along certain lines about the first of May, and knowing what the diphtheria had been in 1897, knowing that there had not been any systematic effort to control it, and fearing that there would be some response from the diphtheria this year, in July I began to put into force that which the law says I shall. It is not a question of whether I think it is right, or whether the other health officers think it is right, but the law states that the Health Commissioner shall see that a yellow flag is hung from the window of every house in which the disease exists. Recognizing the fact that a yellow flag is not particularly pleasing, and that the people were not accustomed to it, I thought I would use the yellow cards instead. There was some little difficulty at first, but with the establishment of the card system, the rest became practically easy.

We have also appointed a man who is known as the examiner of throats. The duty of this man to the public is to go to the house in which diphtheria exists, or has existed, and examine the throats of all the children, particularly, but best, of everyone in the house. After the physician sends to us the notice that the patient is well, then the disinfector is notified, and he at once goes and disinfects the house, with very few exceptions, within twenty-four hours after he has come from the pathological department.

In regard to children going to school, the rule of 1897 was carried out in particular by stating to the public that their children should not go to school until the house was disinfected and until after all the throats had been examined. To see that that was enforced, I put into effect the plan of communicating with all the principals of schools as to what houses were infected. I notified them twice a week, the list including those of the present day and also two or three days previous.

In addition to this, I, believing strongly in the use of antitoxine as a curative as well as a preventive agent, advertised more fully to the physicians and public that the antitoxine was there, free to all those who deserved it, and by this, of course, I meant those who could not afford to buy it. The amount of antitoxine used has been very large, and has been very effective in its work. In 1897, I think, Dr. McShane got the antitoxine there for the physicians to use, and, I believe, had some three or four different varieties, such as the New York preparation, Behring's and others.

The card system, the disinfecting system, and the use of antitoxine, I really believe, prevented a serious epidemic in December. I know this is a somewhat rash statement to make, but I think, if you will follow the facts with me carefully, you will see that I am not very far wrong. Soon after undertaking the work of the Health Department I recognized that I could not carry in my memory the location of the various diseases. I then established the system of maps, using two—one for the year before and one for the

present year. On these maps I marked out each house that was infected by diphtheria. In July, 1897, there were 38; in July, 1898, there were 92; in August, 1897, there were 47, and in August, 1898, there were 155; in September, 1897, there were 83 houses infected, and in September, 1898, there were 243. Now, in September was the time I thought there was certainly a great deal of trouble in store, for the condition of affairs in September, 1897, produced the infection of 348 houses in December. Almost the entire city was encompassed, and the opening of the schools made me fear that there was considerable trouble brewing. Fortunately, the system was already in effect, and even in October we began to see some influence. In October of 1897 there were 227 houses infected; in October, 1898, there were 277; in November, 1897, there were 315 houses infected, and in November, 1898, there were 302. When it comes to December, 1897, we find 348 houses infected, while in December, 1898, there were 186, and if I had my maps here for January, you would see that the drop was even greater. It was more than 50 per cent. of the number infected in 1897, the same month. In January, 1899, we find the drop was less than 50 per cent. of January, 1898. I think the conclusions were fair in anticipating trouble.

In putting these things into effect, I recognized, as I have already stated, that it was an exceedingly delicate matter. The public, most of them, do not want the cards on the houses, except when it is on the neighboring houses. This, however, is nothing more than human nature; we are all the same. In some cases the cards were appreciated. One person thanked the officer (and the thanks were always remembered as a sort of oasis in the desert) for putting the card on the door, because she at last had peace from the ringing of the door bell by fakirs or sellers of goods. Another one thanked one of the officers, because she was at last free from the meddlesomeness of her neighbors inquiring into her family affairs, and in one case the card stayed up for about six weeks, the officer not having been notified to take it down, and we found upon inquiry that the house was occupied by a colored family, and that they could not be turned out for not paying the rent as long as diphtheria was in the house.

Dr. Stokes will follow with a paper, which will be much more interesting to most of you, as it goes more into detail. I would like to call your attention for a moment to the results that were produced by immunizing. Of all the cases that were immunized, two developed diphtheria. I feel absolutely sure that diphtheria has no chance whatever to gain a foothold in the city of Baltimore, such as it has had, if such processes as I have outlined are carried out. In 1897 there were 1011 more cases of diphtheria than in 1896, and this year there were a great many more. The death-rate, however, is less this year than last, and last year was less than the year before, and I believe it was due to the use of antitoxine and to immunizing.

THE MANAGEMENT OF DIPHTHERIA FROM A PUBLIC HEALTH STANDPOINT.

By Wm. Royal Stokes, M.D.,

Bacteriologist to the Health Department and Associate Professor of Pathology, University of Maryland, Baltimore.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, JANUARY 20, 1899.

In addition to the routine examination for physicians, a number of cultures have been made from the throats of children living in houses where diphtheria has existed. This has been rendered necessary by the city ordinance which prevents the return of children to school who have been living in a house where diphtheria exists until the throat of every child in the house has been declared free from diphtheria. It has been well known for some time that the germ of diphtheria will remain in the throat from three to four weeks after all other signs of the disease disappear, and, of course, a convalescent from diphtheria should never be permitted to return to school until the culture from the throat has been declared free from diphtheria germs.

Recent work has also shown that it is necessary to examine the throats of all

the children in a house where diphtheria has existed before they are allowed to return to school. This must be done, because a certain number of children in these infected houses will be found to have virulent diphtheria germs in their throats. These germs, even when taken from healthy children, will often cause the death of guinea pigs, from experimental diphtheria, and they are capable of infecting other less resistant persons with diphtheria. It is obvious, therefore, that where several children in a house are exposed to diphtheria, that one child may develop the disease, several other children will escape, but often one of these, although remaining healthy, may show a pure culture of the diphtheria germ in his throat. These cases of unsuspected bacteriological diphtheria are one of the most prolific causes of the spread of diphtheria, and it is of the utmost importance to examine every throat in an infected household before its inmates mix with the public and the children return to school.

His Honor the Mayor and the Health Commissioner, having recognized the importance of this work, have appointed an inspector of throats, whose duty it is to take cultures from the inmates of houses in which diphtheria has existed. The house is not disinfected, nor are the children allowed to return to school, until all the throats are found to be free from diphtheria bacilli. The present incumbent of this position, Dr. Charles Canby, by his painstaking work, has already demonstrated the importance of this position. Out of 1741 children in infected houses whose throats have been examined, eighty-six were found to contain diphtheria germs.

The bacillus of diphtheria is not a normal inhabitant of the throat, according to Park. In his report on Bacteriological Investigations and Diagnosis of Diphtheria from May 4, 1893, to May 4, 1894, Scientific Bulletin No. 1, Health Department, City of New York, he found diphtheria bacilli in about only 1 per cent. of the healthy throats examined in New York city. Most of these cases were traced to houses infected with diphtheria. He concluded that the children in such houses should be considered sources of danger until cultures show the absence of diphtheria germs. Our own experience in Baltimore has led to similar conclusions.

Another important series of investigations has been carried on in connection with the public schools. In several instances a direct history has been obtained of the presence of a diphtheria case in school. The throats of all the children have been examined immediately for diphtheria germs, and in Annex School No. 16 twenty-two children in 256 examined for diphtheria were found to have diphtheria germs in their throats. Other isolated cases have also been detected in schools or other public institutions. Out of 942 school children examined, sixty-five were found to contain diphtheria germs in their throats.

DISINFECTION.

Formaldehyde gas has been used by the department in order to cause a surface disinfection of rooms in which diphtheria and scarlet fever have existed. In order to prove that the disinfection was complete, it has been the custom to expose specimens of harmless germs in the room during disinfection. If these germs were later found to have been destroyed, it was assumed that the room was free from any further danger of contagion. Owing to the press of more important work, and lack of assistance, this process of testing the disinfection was discontinued during the last few months, but the laboratory is again carrying on the tests.

The gas has been generated by means of a Schering lamp and paraform tablet, a 1 gramme tablet being used for every twenty cubic feet of air space. Where it has been found possible to properly stop the cracks in the windows and doors, this amount of gas has been found to destroy the best cultures. It should be borne in mind that formaldehyde is only a surface disinfectant, and that such bulky structures as mattresses, pillows, etc., cannot be properly disinfected by this gas. These solid materials can only be properly disinfected by a vacuum steam sterilizer, and such a machine is most urgently needed in this department, as at present there is no provision for such work in the city.

THE USE OF ANTITOXINE IN THE TREATMENT OF DIPHTHERIA.

One of the most important functions of the department has been the free distribution of antitoxine in indigent cases of diphtheria. Where the circumstances rendered the complete isolation of the case impossible, antitoxine has been used in order to immunize all of the children in the house. The results of both practices have been very gratifying, and in addition to the saving of many lives, which would otherwise die of diphtheria, the spread of diphtheria has also been restricted. It has been the custom to use 1000 units of antitoxine for immunization, and 2000 for treating a case of developed diphtheria. This has been often followed by from 1000 to 2000 units in from twelve to twenty-four hours, if the case does not show decided improvement, and in a number of cases from 7000 to 10,000 units have been used in treating a case. In one case 15,000 units were used, 2000 being introduced every twelve hours.

Cases of Diphtheria Treated with Antitoxine Furnished by the Health Department of Baltimore, from April 4th to December 31st, 1898.

Cases.	Deaths.	Mortalily Percentage.	Extent of Membrane.					Complications.					Diphtheria Bacilli Found.
			Tonsils.	Tonsils and Pharynx.	Pharynx.	Nose.	Larynx.	Broncho-Pneumonia	Nephritis.	Sepsis.	Paralysis.	Cardiac Paralysis.	
387	47	12.14	186	72	41	17	53	2	4	10	13	9	288

Cases in which diphtheria bacilli were found	288
Deaths among these cases	30
Percentage of mortality	10.41
Cases immunized	256
Immunized cases developing diphtheria	2

Laryngeal diphtheria	53
Deaths	20
Percentage	37.73

Mortality After Antitoxine According to the Day of Disease.

Day of Disease	1st day.		2d day.		3d day.		4th day.		5th day.		6th day or later.		7th day.		8th day.		10th day.	
	Cases.	Died.	Cases.	Died.	Cases.	Died.	Cases.	Died.	Cases.	Died.	Cases.	Died.	Cases.	Died.	Cases.	Died.	Cases.	Died.
	88	4	78	3	37	4	23	4	12	2	5	2	8	2	2	1	1	4
Percentage of Mortality.	4.41		3.84		9.75		14.81		14.28		28.57		20.		33.		80.	

The above table shows in 387 cases which were considered diphtheria by the physicians who applied for antitoxine that forty-seven deaths occurred, a mortality of 12.14 per cent. In 288 of these cases diphtheria bacilli were demonstrated by cultures and only thirty cases died, a mortality of 10.41 per cent. In fifty-three cases of laryngeal diphtheria twenty deaths occurred, a mortality of 37.73 per cent. Out of the 256 cases immunized in infected houses a subsequent history showed that only two cases developed diphtheria. The latter half of the table shows the importance of giving antitoxine at the earliest possible moment, as the mortality becomes greater as its administration is delayed. Although these conclusions are based upon a small number of cases, they correspond to the reliable deductions drawn from much larger statistics. Antitoxine was little used in Baltimore in 1896, and the mortality from diphtheria in this year was 51.87 per cent.

ISOLATION HOSPITAL.

In order to prevent the spread of diphtheria it is, of course, necessary to have an isolation hospital for the treatment of this disease. We have no such institution in Baltimore, and, although the City Council has appropriated a small sum of money for starting such a hospital, the building will be prevented by a tiresome series of injunctions, unless the physicians insist upon the truth of one simple fact. This can be briefly stated by saying

in public and private, by committees and in the public press, that an infectious hospital for diphtheria is not a danger, but a protection to the community. One case of diphtheria in many private families is more dangerous to the surrounding public than 100 cases in a well-regulated isolation hospital. Most of the modern infectious hospitals are in thickly-settled portions of the city, where the cases can be quickly transported, and in this way unnecessary exposure is avoided. The physicians of Baltimore can secure an infectious hospital if they will act together, and, in conclusion, I would say that they should constantly insist upon the fact that an isolation hospital is not a danger, but a protection to a community.

SUPPURATION OF THE MIDDLE EAR, COMPLICATIONS AND CONSEQUENCES, WITH REPORT OF ILLUSTRATIVE CASE.

By Dr. A. D. McConachie.

Surgeon to the Presbyterian Eye, Ear and Thaoat Charity Hospital, Orphthalmologist to Bay View Asylum, Baltimore, Md.

READ AT THE MONTHLY MEETING OF THE CECIL COUNTY MEDICAL SOCIETY, AT ELKTON, MARYLAND, JANUARY 11, 1899.

(*Continued from page 36.*)

Treatment.—Beginning with the so-called earache.—The first indication is to relieve the most prominent symptom—pain. For this purpose the most valuable of all remedies is heat, preferably dry heat. The sufferer should lie on a hot-water bag or bag of hot salt. This treatment is somewhat objectionable, because lying upon the affected ear increases pain. The hot-water bag or bag of salt is rather heavy to apply to the ear by any other method than lying on it, and for this reason several pieces of flannel, well heated, or a hot bran bag, because of their lightness, answers a better purpose.

Drugs dropped into the ear for relief of pain should be dissolved in oil rather than water, as the auditory canal and drumhead are covered by skin, and oily solutions penetrate the epidermis better than water. The usual prescription of equal parts of sweet oil and laudanum is objectionable, because vegetable oils become rancid in a warm place, as in the auditory canal, and hence are a source of increased inflammation.

An ointment of 5 to 10 per cent. of cocaine, in lanoline, is the safest and best. It, to a limited extent, is antiseptic, not rancid, and keeps up a constant contracting of the blood-vessels, due to the cocaine, and greatly reduces the inflammation. The ointment should be melted and dropped into the ear while warm.

Equally effective for the relief of pain, tinnitus and deafness is gentle inflation by the Politzer bag, in adults, or by means of a rubber tube, with glass tube ends, in children. One end is inserted into the nostril of the child, the other into the operator's mouth, and both nostrils of the child closed by the thumb and finger. The child is asked to puff out his cheeks while the physician gently blows into the rubber tube, and air enters both middle ears. This restores the intratympanic pressure and dislodges mucus. Less force is needed in children than adults, as the tubes are relatively shorter and wider.

We must be on the alert for repeated attacks; hence treatment between the attacks is to be prescribed as to the care of the child's general condition, instruct as to child's dietary, clothing and sanitary welfare. Naso-pharyngeal obstruction predisposes the patient to recurrent attacks, each attack leaving the patient somewhat deaf for a time; gradually the deafness assumes a permanent character, unless the underlying nasal or naso-pharyngeal condition is removed. In children adenoids, enlarged tonsils and simple chronic nasal catarrh are the most common causes of earache, whilst in adults the hypertrophic variety of nasal catarrh is common.

In children, proper clothing, sunlight, fresh air, are of primary importance. The child should be taught to properly blow its nose. In young children it is frequently impossible to get them to blow their noses. In these cases the nose should be blown for them two or three times daily by the Politzer bag or rubber tubing (described) by inserting in one nostril and blowing the mucus out of the other. Alkaline washes or sprays, as Do-

bell's, Seiler's and other preparations, are useful for cleansing the nostrils, but in children terrifying and difficult to use, and only partially effective when the mucus is tenacious. After blowing the nose or cleansing it, it is my habit, in children, to insert into each nostril an ointment of gallic acid in vaseline, grs. 10-oz. 1, which speedily arrests the secretions. In adults a spray of camphor menthol, one-half or 3 per cent., in albolene or any of the petroleum oils, is a good antiseptic, checks discharges and corrects perverted secretions.

Adenoids should be removed. Hypertrophy of the tonsils should be reduced by partial removal, but when only partial obstruction exists many times permeability of the respiratory apparatus may be established by tri-weekly applications to the nose and naso-pharynx of iodized glycerine on a mop, grs. 10-oz. 1. Politzerization and massage should be continued after the acute attack is over to break up adhesions and restore hearing. When the exudation is excessive and drum bulges, especially on purulency supervening, immediate opening of the drum should be done to prevent rapid destruction of tympanic structures. The pain ceases almost immediately after the exit of pent-up secretions. The discharge should be washed away by syringing the ear with warm boric acid solution or bichloride solution, 1-5000, and the ear wiped dry, gently inflating with Politzer bag to drive out any retained exudate, then gently insufflate boric acid powder, but not enough to block the canal. This should be renewed daily or more frequently if discharge continues.

In the event of the discharge continuing, and the opening in drum too small, enlarge it. If chronicity supervenes, polypi, granulations and carious ossicles must be removed and the tympanic cavity curetted.

Mastoid involvement is indicated by a history of profuse discharge suddenly slowing and pain either spoken of by the patient or elicited on pressure over the mastoid antrum or tip, with fever ranging from 100° to 105°, with or without redness or swelling over the mastoid. These symptoms would indicate opening the mastoid antrum, curetting and radically removing the contents of the tympanum.

In chronic suppurations our efforts should be: (1) Remove thoroughly all secretions from the drum cavity and meatus; (2) Establish drainage; (3) Check discharge and bring about granulation and cicatrization.

Cleanliness is best accomplished by syringing the ear thoroughly with warm, sterilized boric acid or bichloride water. Crusts, inspissated pus and cerumen may be removed with cotton or a blunt probe or curette. Collections in the attic are best removed by use of the attic syringe. After syringing, the ear is inflated, so as to eject any possible secretion remaining in the Eustachian tube or middle ear. The parts are then dried with absorbent cotton and a coating of boric acid is dusted over the surface of the middle ear. After a few treatments of this kind it is advisable to resort to the simple dry method, relying on mopping with absorbent cotton, inflation and the powders, for cases often improve more rapidly under the dry than the wet treatment. The discharge may cease after the first few treatments.

Many other remedies are commonly used, but my experience has been that these are the most efficacious for the purpose. Iodoform is good, but the odor objectionable. Nitrate of silver, in varying strengths, may be used, but is inferior to remedies less objectionable. Zinc sulphate has but little action and does not merit confidence.

In more intractable cases, due to red, thickened, tumefied and bleeding mucous membrane, it is difficult to use the dry method owing to pain produced by manipulation. It is best, then, to syringe; then hydrogen peroxide is dropped into the ear, with head inclined, first being gently warmed and allowed to remain in the ear until effervescence ceases. The liberated oxygen decomposes pus corpuscles and dislodges debris, and by its mechanical action brings away materials that even syringing fails to dislodge. When the perforation is high up, and attic retention is suspected, the opening should be enlarged. The presence of

granulations in the middle ear or in the drumhead protracts the cure; if small, instillations of pure or diluted alcohol will shrink them up; this is to be done after cleansing and allowed to remain in ten minutes, and the treatment concluded with boric acid. When the granulations are large, suggestive of beginning polypi, they are best removed under cocaine by the curette. Chromic acid may also be used. Polypi, when present, should be removed by the forceps or snare and the attachment cauterized by chromic acid to prevent recurrence.

Caries and necrosis, due to denudation of the periosteum, require much patience. After thorough syringing and use of hydrogen dioxide, the tympanic walls should be curetted, and the odor soon gives way to one of carbolized glycerine, alcohol, iodoform or bichloride solution. Necrotic ossicles require removal by severing their attachments, and any remaining in the drum membrane may then be removed by forceps.

Deafness following suppurative processes calls for treatment after the suppuration ceases. Inflation by the Politzer bag, to overcome adhesions between the ossicles and the walls of the tympanum, should be practiced three to four times weekly, or the middle ear may be medicated at the time of inflation by use of Globe nebulizer, using a bland petroleum oil, with menthol camphor and iodine. These remedies soften the dried and hardened tissues and promote mobility.

Massage by the finger or some of the many masseurs may be used—Siegel's speculum, Delstanche's masseur, or, what I personally prefer, after long and thorough trial, a masseur (Jackson's pneumatic) propelled by electric motor, giving 150 vibrations to the minute. During an extended trial with this instrument I have seen mobility of the drum and ossicles established, hearing improved and tinnitus either disappear or be much modified after failure of other methods. The method is best pursued for three or four weeks, or as long as any perceptible improvement is observed, and the patient dismissed, with instructions to return, if any diminution in hearing is noted, for further treatment.

The report of a case illustrative of what has been said may be found instructive:

On August 29 last a boy, aged seventeen years, came to me with the following history: Left ear discharging for ten years, result of "cold in the head." He had been treated variously at different times, but there still continued a discharge of a foul, offensive nature, which caused him to seek further relief. On examination I found the canal filled with foul-smelling accumulations, epithelium, pus, etc. After removal, I found the drum membrane gone, except a small fringe above, holding the malleus, mucous membrane reddened and tumefied. Hearing was reduced to watch at two inches. The offensive smell and continuous discharge, after thoroughly cleansing, suggested necrosis of the ossicles and tympanic wall. I did not temporize with medical treatment, but suggested surgical intervention at once, after explaining the impossibility of a hopeful result by other treatment and the risk he was running by a possible abscess formation in his mastoid. At this time there was no positive evidence of any mastoid involvement, except slight tenderness on pressure over mastoid antrum. The patient submitted to the operation, which was done under cocaine anesthesia, and the malleus and incus were removed and tympanic cavity curetted and the whole thoroughly cleansed and boric acid insufflated and patient dismissed, and left for his home in West Virginia, with instructions for cleansing, etc.

All went well, and the boy resumed his school duties, until September 29, when he was seized with a chill and high fever, for which he was treated by his local physician, until his return to Baltimore, October 5. On entering the Presbyterian Eye, Ear and Throat Hospital he presented a much emaciated, cadaverous look, being reduced in flesh from 165 pounds to 130 pounds or thereabouts, unable to walk. Temperature, 105.5°; slight discharge from the ear; large, hard swelling below the ear and extending to the clavicle; very little swelling or redness over the mastoid tip or antrum; much pain; acute infection of the mastoid, with gravitation abscess in the neck,

due to perforation of the bone of the digrastic fossa, was immediately suspected, and opening of the antrum advised. The father wished postponement for a day and the usual antiphlogistic measures used, *e. g.*, leeches over the mastoid, Leiter's coil to the mastoid, and purgative of calomel and Epsom salts. The next day, October 6, his temperature was still 105.5°, with rigors and profuse sweats. Immediate operation was advised, and the boy prepared with the usual aseptic precautions—shaving of the scalp over the left half of the cranium, scrubbing with soap and water and washing with ether and alcohol, and the canal thoroughly cleansed; instruments sterilized by boiling and immersion in carbolic acid solution.

An incision extending from the tip of the mastoid, close to the attachment of the auricle to a point above the auricle, immediately over the center of the external meatus, down to the bone. The auricle, skin and periosteum were retracted and hemorrhage checked by forceps and hot water. The mastoid was found dense and healthy. An opening was made with a chisel and malet over the antrum at the usual site—the suprameatal triangle—and on gaining entrance to the antrum through a half-inch of dense bone pus and blood welled up. The opening was enlarged downward toward the tip and inward toward the tympanum. I found the lateral sinus exposed and pulsating and bathed in pus. The cells were thoroughly curetted and washed, and the middle ear syringed from the antrum through the aditus, made evident by the fluid passing through the aditus and out of the external auditory canal. I did not deem it necessary to go into the middle ear more radically, as is the custom when necroses of the ossicles and tympanic walls are suspected, as I had previously removed these necrotic tissues.

The wound was packed with iodoform gauze and patient bandaged and put to bed. That evening his temperature dropped to 103°, and on the morning of the 7th to 98°; evening, 101°. The wound was dressed next day and succeeding days, his temperature running from 99° to 101°. On the eighth day after operation his continued fever, with pain and swelling in the neck, suggested opening his neck, which was done on the 14th inst., the wound being extended downward beyond the tip of the mastoid and the sterno-cleido severed and the tip pinched off, permitting the escape of an immense amount of pus from the neck. From this time on his temperature remained normal, until his dismissal the latter part of November, the wound granulating kindly and the discharge ceasing from the ear, with restoration of hearing to the watch at eighteen inches.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

MEETING HELD JANUARY 20, 1899.

DR. JOHN S. FULTON, secretary of the State Board of Health, read a paper entitled "The Relation of Public Health Officers to Practicing Physicians" (see page 43).

Dr. William R. Stokes: As Dr. Fulton says, the specimens for the examination of sputum, diphtheria, typhoid, etc., come in in a hundred different ways, and it would certainly aid the Health Department very materially if the physicians would only take the trouble of filling up the blanks, which are to be found in at least one drug store of every ward, and the drug store of each ward can easily be ascertained by telephoning to the Health Department. I would certainly like to request that the physicians in reporting these cases of tuberculosis, diphtheria, typhoid and scarlet fever, do so through the proper channels.

Dr. William J. Todd: Referring to the reporting of contagious diseases to the Health Department, I should like to say that the average patient does not understand why the case is reported. For instance, take a case of diphtheria. I make a culture and send it to the Health Department. I have taken something from my standing in that family. "Why, doctor," they will say, "cannot you make a diagnosis of diphtheria? Must you refer it to someone else?" The report comes back that it is not diphtheria, and still my ability is questioned. This is one objec-

tion to having these examinations made; at the same time I believe in making the examinations. Take, again, another case, or probably this same case of diphtheria. I tell the parents the child may go to school. The health officer says, when he goes to the school, that the child must go back home again—again breaking down the influence of the physician in that family. These are points that have come up in my own practice; and while I say I believe in these examinations, at the same time I think it takes away from the standing of the physician in the family in which he practices.

Dr. Fulton: The physician certainly makes an error if he by any means loses confidence in his own diagnosis. If a specimen is sent to us and we fail to find the diphtheria bacilli, it simply means that *we* did not find it. As to the matter of sending children home from school, the practitioner is in error when he gives any advice on the subject. The utmost in a case of scarlet fever that a physician can be required to certify is that the fever has disappeared, and the rest be left to the authorities, and with diphtheria it is manifestly proper that children should be excluded from the school until the diphtheria bacilli have disappeared, as shown by two successive negative examinations.

Dr. Todd: Dr. Fulton's answer does not cover the point that I make. I make a diagnosis of diphtheria, and say that I will ask the bacteriological laboratory to help me out; the report comes back, and invariably the parents will ask what the report is, and I have to either show it or falsify; thus you can see the position in which I am placed. It may be that I have a case of diphtheria, but the report comes "no diphtheria," and I cannot report that I have a case of diphtheria, because the Health Department has said that I have not. I want it distinctly understood that I am in favor of these examinations, but I want to find out in some way how to get over this objectionable feature of it.

Dr. Fulton: Neither the department of the city or State assume to say that any case is not diphtheria, tuberculosis, typhoid or malaria. It does assume to say, however, that the physician sent bacilli of a certain character. Physicians have it largely in their own hands as to how far they discount their own skill by referring to the department. These methods of investigating are not for the purpose of making a diagnosis, but for the purpose of securing scientific information. I do not think the department assumes to make absolute diagnosis without seeing patients, and I hope the time will never come when it does assume to do so.

Dr. C. Hampson Jones, Health Commissioner of Baltimore, read a paper entitled "The Health Department and Diphtheria" (see page 45).

Dr. William Royal Stokes, city bacteriologist, read a paper entitled "The Management of Diphtheria from a Public Standpoint" (see page 47).

Dr. C. Urban Smith: There are unquestionably a great many cases of diphtheria not reported. I know of three cases, and I got hold of them by coming in contact with diphtheria cases and being told by them that certain friends of theirs did not have a card on the door. I found it really was the fact. Two of these cases happened with a homeopath, though I cannot find out who the doctor was. Some men do this right along, but I do not know how they get out of it. I think it a very important matter, indeed, the reporting of these cases to the Health Department, and I believe we ought to take it in hand, and where we can get proof that a man does not report his cases we should make it known.

Dr. Charles O'Donovan: I think that we can be perfectly unanimous in regard to the importance of reporting cases to the Health Department, but I feel compelled to take exception to the use of the yellow cards in the cases of diphtheria. Certainly where we have a case of diphtheria it is a matter of importance that the Health Department should know it and try to prevent its spread, but the question I wish to ask is this: Does the use of the yellow card, as it is placed upon the door of a house, prevent the spread of the disease? A man is marked for months if it is known that he has had diphtheria and his business probably ruined. If he is a clerk, the information is likely to get to his employer, through some kind friend, and as a result he loses his position. Now, is there any positive gain? I think a physician who under-

stands what he is about, by using the necessary precautions, can obtain perfect isolation in almost any house. Suppose a case of diphtheria break out in a large apartment-house—the Severn, for instance—do you think it a matter of justice to place on the door a yellow card announcing that it is an infected house? That anyone entering the house would take the disease?

Dr. A. D. McConachie: It is just that phase of the question I had in mind in making the programme of this meeting—to try to reconcile the antagonistic physicians toward the efficient Health Department. I believe we have an efficient Health Department, that is struggling for the best interests and welfare of this city. They may be hampered by public opinion, but I hope not by members of the medical profession. We should co-operate with our Health Department. If the cases are not reported, whose fault is it? It is the physician's fault. If they are reported from the poorer sections of the city, they are reported by physicians; if they are not reported from the better sections of the city, they are not reported by the physicians; then the physician is co-operating with an ignorant public. As to the use of the yellow card, it is the best means we have at present, and let us use it until we can get something better. Let us at least make use of this method for stamping the house of infectious disease, unless we want the infectious disease to spread.

Dr. O'Donovan: But what is gained by putting up the yellow card? If you say report as you used to do, the cases will be reported. I have always reported my cases.

Dr. A. K. Bond: There is an amount of innocence in this association that is beautiful and refreshing. Dr. O'Donovan thinks every physician is as particular about reporting his cases as he is, and Dr. Stokes, in his paper, seems rather surprised that his disinfecting men get a little careless when he does not watch them. I am glad that we have the Health Department represented by the men we have. The Health Department has the thanks of every physician in this city, whether the people thank them or not. I quarrelled for years with the predecessors of these gentlemen. We did everything we knew. We said that the health office was a farce, and it was. I am surprised to hear that Dr. Jones' inspector of throats is a physician, and not an ex-saloonkeeper. Things are improving, and I, personally, am thankful for it, and I am going to take up for the Health Department as thoroughly as I can. The yellow card is not to frighten everyone, but to notify the person about to enter that there is diphtheria in the house, and it can be done easily and in such a way as not to offend. I should like to know where the culture tubes can be obtained. I have gone to a drug store in a prominent part of this city and asked for them, and they did not have them. Could our health officers not have a drug store in each district where they were compelled to keep them on hand? I think we ought to have them within reach.

Dr. J. D. Blake: I fully agree with a great deal that has been said. I would like to say, though, that the Health Department does distribute culture tubes. Dr. Bond was unfortunate in striking a drug store where they were not kept, or, perhaps, the unfortunate part was that the Health Department did not notify our friend where they kept the tubes. I do not exactly agree with all that has been said. With regard to the duty of physicians toward the Health Department, I am sure every physician desires to see the Health Department perform its offices in a proper and legitimate way. Now, the Health Department, as at present existing, is a good one, striving to do good work, but that is no reason why it is not liable to make great mistakes. What Dr. O'Donovan has said, he has said with a great deal of force and truth. There is no doubt that this yellow card is as liable to do harm as good.

Dr. W. T. Watson: I would like to say that I think the public has a right to know where these diseases are located. The mothers of little children should know whether or not there is diphtheria in houses where there are stores. I know of one case where a woman kept a confectionery store, and she had a little child with scarlet fever. I have seen that woman leave the child, while I was there, and run out to sell candy or chewing-gum

to some child, and people in that neighborhood never knew there was scarlet fever in the house. I think the mothers of that neighborhood should have known there was scarlet fever there, but at that time there was no card system. I have seen similar instances in cases of diphtheria, where the parents would handle the child and then go out to wait on customers.

I am convinced that all the money that the city has spent in the disinfection has been badly spent. I do not know of a case in which a single room has been thoroughly disinfected after diphtheria, and in no case did they destroy the germs of the disease. The members of the Health Department promised to do better, and I made a couple of more tests. We exposed some tubes and afterwards made cultures from them, and the germs grew in great quantity, and from inquiry made of the householders as to the manner of disinfection, I am convinced that the men did not disinfect the house properly. I am convinced that the money has been worse than thrown away, because after the family feel secure they do not do as much scrubbing and cleaning as they otherwise would do. I should like to ask Dr. Stokes and Dr. Jones if they have ever gone to a house and superintended the disinfection of a room. If some of the officials do not go and give instructions, they will never get a room properly disinfected. In my section of the city most of the houses leak, and before they can properly disinfect the room they must find some way of stopping up the cracks, but so far they do not do it.

It was my privilege to visit the Hospital for Infectious Diseases in Boston, and was very much pleased with the institution. They have a private ward for scarlet fever, another for diphtheria, one for measles, another for measles and diphtheria, and the various combinations of these diseases. It seems to me they must have a corps of nurses, one nurse for each department, otherwise the nurses will carry infection from one department to another.

I want to thank the Health Department for the antitoxine that I have received for the last year or more. I am sure I have thus saved lives and prevented many cases of diphtheria.

Dr. C. Hampson Jones: I assure you that I am well pleased with the consideration you have given the remarks of the health officers of your city. Many of you were not here in time for my preliminary remarks, but I assured you then that we were fully aware of the difficulties that you and the public and the Health Department have to contend with.

With regard to the diagnosis of diphtheria, please remember that the sending of cultures to the department is not a notification of the disease. As you know, the culture may not be a true one. When we find the germs present, we, of course, act immediately.

Dr. Watson is perfectly correct when he says that the system of disinfection is not perfect, nor is it anywhere near perfect, but it is the best we can do just at present. I, being at the head of the department, cannot possibly go around and see that each one is properly done; but if the city had given me what I asked for this year we would have had someone to superintend this work. I know that up to this year the number of disinfections was very much less.

In regard to the card, again, we know it is annoying, and it will be done away with just as soon as it possibly can; but, knowing that the people would not notify us to come and do what poor disinfecting we do, I determined to use a system that would make them notify us—that is, put the card there. I do know that the reporting of cases this year was very much better than in 1897, but, unfortunately, there are some who will not do it.

BOOK AND JOURNAL CLUB OF THE MEDICAL AND CHIRURGICAL FACULTY.

ANNUAL MEETING HELD JANUARY 25, 1899.

THE meeting was called to order, with Dr. Wm. Osler, president, in the chair, and Dr. Harry Friedenwald, secretary and treasurer.

Dr. Henry M. Hurd presented, for Mr. George W. Archer of Harford county, a portrait of Dr. John Archer, the first medical graduate of this country, and read and interesting history of his life. Of

especial interest was the record of his work while a student in Philadelphia at what is now the University of Pennsylvania. He took his degree, with nine others, in 1768, and as the diplomas were conferred alphabetically Dr. Archer was literally the first graduate. His diploma, which has been in the possession of the Faculty for some time, was also shown.

Dr. Osler then presented a portrait of Dr. Thomas H. Archer, the son of Dr. John Archer.

Dr. George J. Preston then read an exceedingly interesting paper on "Medical Biography," and briefly went over some of the works on medical biography which have been acquired by the Faculty. His paper will be published in a subsequent number of the JOURNAL.

Dr. Osler said that the Messrs. Frick and Mr. Reverdy Johnson had again given money to the library, and he referred to the need of more members to the Book and Journal Club, and urged the profession to join. He also asked for any portraits or pictures of prominent medical men of Baltimore and Maryland for the loan exhibition in April. He said that the rapid and gratifying growth of the library during the past three years has been due in part to the Frick Fund and in part to the voluntary subscriptions of the members of the Book and Journal Club. Of the $1000 appropriated annually by the Faculty for the library fully one-half is used for general expenses. The remainder was spent last year in payment for forty-three journals, twenty-three books and the bill for binding. The Frick Fund added 342 volumes, chiefly new books and valuable sets of reports. The Book and Journal Club subscribed for fifty-five journals and gave twenty-two new books.

The club thus supplements in a most important way the work of the library. The subscription represents a voluntary tax on those members who feel they can afford it. There was a falling off in the membership last year; only a small number joined.

Dr. Harry Friedenwald said that $490 had been received in the past year, of which $121 had been expended for new books and $333 for journals, and since the opening of the club, three years ago, $1620 had been received, of which $664 had been expended for new books and $829 for journals. The same officers were re-elected.

Dr. Wm. Osler then described his visit to the birthplace of Sydenham in Dorsetshire, England, and showed two views of his birthplace. He will present these views to the Faculty.

Medical Progress.

NEPHRITIS OF MALARIAL ORIGIN.—In an extended study of malarial nephritis in the American Journal of the Medical Sciences, Dr. William S. Thayer draws the following conclusions:

1. Albuminuria is a frequent occurrence in the malarial fevers of Baltimore, occurring in 46.4 per cent. of our cases.

2. It is considerably more frequent in estivo-autumnal infections than in other forms, occurring in 58.3 per cent. of these instances against 38.6 per cent. in the regularly intermittent fevers.

3. Acute nephritis is a not unusual complication of malarial fever, having occurred in 2.7 per cent. of the cases treated in the wards of the Johns Hopkins Hospital, and in between 1 and 2 per cent. of all cases seen at the institution.

4. The frequency of acute nephritis in estivo-autumnal fever is much greater than in the regularly intermittent fevers, having been observed in 4.7 per cent. of the cases treated in our wards, and in 2.3 per cent. of all the cases seen.

5. The frequency of albuminuria and nephritis in malarial fever, while somewhat below that observed in the more severe acute infections, such as typhoid fever, scarlet fever and diphtheria, is yet considerable.

6. There is reason to believe that malarial infection, especially in the more tropical countries, may play an appreciable part in the etiology of chronic renal disease.

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The Municipal and State Health.

WHILE this country is free, often almost too free, there is gradually appearing a touch of paternalism which is greatly to our credit. Some think that those who will not take care of themselves and their health should be taken care of, and the health authorities of many of the more modern cities and States do actually give much attention to the health of their people.

In this issue the report of the Clinical Society of last week is given, and the work which has been done by the State and city health authorities is ably explained by the writers. If there will ever come a time when the health office of any city or State can be entirely freed from political influences, and when men especially fitted and drilled for their places will be chosen, then the work of sanitation will make great strides. In Baltimore, for example, no health commissioner is certain of his place for a longer time than one administration, and no sooner does he become experienced at the city's expense than out he steps and another man is put in.

The city of Baltimore and the State of Maryland just now have in the various health offices men of ability and integrity, who do their work in a most satisfactory manner and to the best of their ability. As is seen in the report of the city's health of 1898, the death-rate was about nineteen per thousand. The city has been very liberal in furnishing to physicians and others facilities for making a diagnosis of diphtheria and typhoid fever, and in supplying free of charge to those unable to pay diphtheria antitoxine. The city bacteriologist is not only a careful man in his department, but is very prompt in giving information.

The next thing the health office should do is to take some steps to record the cases and deaths of pulmonary consumption. In a population of 541,000 there were, in 1898, 10,385 deaths, of which 1112, or more than one-ninth, were from pulmonary consumption. New York is endeavoring to record houses in which several cases of consumption occur. Such a move is in the right direction. The city will find out later what an inadequate sum has been appropriated for an infectious hospital.

* * *

Filtration for Baltimore.

ONCE more there has been attempted a scheme to compel Baltimore to use filtration plants on the plea that the water is unfit for drinking purposes and can be made fit by filtration. As there are not too many good citizens among the politicians there was danger that Baltimore would be compelled to spend a large sum of money for something not sufficiently understood. It is a great credit to the city council, therefore, that one man at least has the interest of the city sufficiently at heart to demand a full invesigation before taking this important step. Mr. John C. Simering has had a commission appointed to look into the condition of the water and see if it is impure and how many bacteria to the cubic centimeter it contains and to report if filtration in the manner suggested will give pure water. The commission contains, among others, Dr. Ira Remsen and Dr. William H. Welch, so that the best talent in chemistry and bacteriology may be obtained for the city's use. Whatever this unpaid commission of honorable men and good citizens recommend will probably be adopted, and it is a great satisfaction to the citizens, and especially to the taxpayers, that there are some good citizens in the city council of Baltimore.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending January 21, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	1	..
La Grippe	..	26
Pneumonia	.	30
Phthisis Pulmonalis	2	27
Measles	5	..
Whooping Cough	..	..
Pseudo-Membranous Croup and Diphtheria.	33	7
Mumps	..	..
Scarlet Fever	4	..
Varioloid	..	..
Varicella	3	.
Typhoid Fever	*3	2

*One (1) case imported from Philadelphia, Pa.

Gurlt, the Berlin surgeon, is dead.

Dr. Alvah H. Doty has been reappointed health officer of New York.

Dr. J. B. Miller, a member of the Pension Examining Board, died recently at Westernport, Md.

Philip Knoll is said to have succeeded the late Stricker in the chair of experimental pathology at Vienna.

There are about 200 members enrolled in the new Tri-State Medical Association of the Carolinas and Virginia.

Enforced idleness in the King's county penitentiary at Brooklyn caused the insanity of six convicts not long since.

Dr. William G. Kidd, who died at Princeton, Ind., last week, formerly lived in Baltimore, where he received his medical degree from the University of Maryland in 1853.

The following are the new officers of the Philadelphia County Medical Society: President, Dr. Solomon Solis-Cohen; first vice-president, Dr. John H. Musser; second vice-president, Dr. George E. Shoemaler.

Dr. J. R. Williamson, of Edinburgh University, a man deeply interested in medical missions, believes there is a fine opening for medical men in the far East where the crudest ideas as to medical treatment still prevail.

Dr. Richard H. Green, a well-known physician and for two years the mayor of Annapolis, died last week, aged sixty-four years. He received his education at St. John's College, and his medical degree from the University of Maryland in 1859.

At the last meeting of the Berlin Medical Society, Virchow was again elected president, and Von Bergmann, Senator and Abraham, vice-presidents. It was decided not to admit women physicians. There are 1130 members and a balance in the treasury of over $32,000.

Dr. John M. Estill, formerly of Tazewell, Va., died last Monday at the home of his son in Lexington. Dr. Estill was born in 1821, and received his medical degree at the University of Virginia. He was at one time vice-president of the Virginia State Medical Society.

A meeting of the various faculties of all the medical colleges of the city of Baltimore, was held at the home of Dr. Howard A. Kelly on Monday evening, January 23, in behalf of the Y. M. C. A. interests. The faculties, together with a number of prominent citizens, were invited to meet Dr. Williamson of the University of Edinburgh and Mr. Beaver, son of ex-Governor Beaver of Pennsylvania, who were introduced by Mr. Eugene Levering, and who came to make a statement as to the importance of securing a permanent medical secretary to look after the interests of the Y. M. C. A. in the respective colleges. The value of such a secretary would be seen not only in the religious work, but in a great many other ways. One of the important services he would render, for example, would be a careful revision of the lists of boarding-houses which are furnished medical students. In some instances these houses have been found to be of the very lowest description. The social gatherings encouraged by the Y. M. C. A. tend also to greatly promote a more cordial interest in college life. As Mr. Levering pointed out, and Dr. Williamson very earnestly emphasized, these are days of co-operation in business matters, and we should be no less ready to take advantage of the power of organization and co-operation. The gentlemen present took immediate action upon the suggestions offered, and have appointed a committee, with a representative from each college, and with Dr. Samuel C. Chew as chairman. This committee is to bring the matter into definite shape and to secure the thorough co-operation of the various faculties. About a hundred and twenty-five guests were present.

Washington Notes.

Major E. O. Shakspeare, brigade surgeon, U. S. V., is in Philadelphia inspecting a new apparatus for the sterilization of water.

At the Society Wednesday evening Dr. D. W. Prentiss discoursed on Bermuda as a winter resort, illustrating with lantern slides and specimens of natural history.

Sixteen cases of smallpox of a mild type have been reported in Alexandria. The health officer is somewhat embarrassed by lack of funds to properly meet the emergency.

Major Wm. C. Gorges, U. S. A., is ordered to Havana for duty as chief surgeon of that department. Acting Assistant Surgeons F. M. Ferrar and J. M. Delgada have been ordered to report for duty at Havana.

Dr. Godding's letter to Congress, calling attention to the needs of St. Elizabeth's Hospital, states that in June, 1897, the hospital had 1767 inmates; one year later there were 1853, and today there are 1927. At the present time all the rooms are full and there are 100 patients sleeping on cots. The doctor asks for $31,250 with which to build additional cottages.

Surgeon-General Sternberg recommends the employment of expert female nurses in the army, nurses not to exceed in number 1 per cent. of the army. These nurses are to receive not more than $50 per month and the chief nurses not more than $75 per month. The nurses and chief nurses are to be graduates of training schools for nurses.

Owing to the fact that Dr. H. L. E. Johnson is not a resident of Chicago and by no means desirous of severing his connections with Washington he could not accept the position of editor of the *Journal of the American Medical Association*. The doctor is a member of the board of trustees whose duty it is to elect the editor for the Association journal.

The first case of smallpox of the season in this city has been reported, the victim being Rev. Alexander Williams, who had lately visited Alexandria. Many of the persons who called on the preacher at his home have been found and vaccinated and will be kept under observation for two weeks. All persons connected with the case have been removed to the smallpox hospital. Every effort is being made to prevent the spread of the disease.

Book Reviews.

Doctor Therne. By H. Rider Haggard. New York: Longmans, Green & Co.

This novel is a medical missionary tract of great power, and shows the dangers of the conscientious objector. It portrays the fearful outbreak of smallpox in Gloucester, so fresh in all minds, and shows the duplicity of Dr. Therne, whose true character was exposed at the end. There is very little story, and the whole plot hinges on the importance of vaccination. It comes at an opportune time when smallpox is making its appearance again and persons are so unprotected. Rider Haggard has done a great benefit in this novel and has conferred a lasting favor on the medical man.

Messrs. Lea Bros. & Co. have just announced for publication in March, 1899, the first volume of a new annual, *Medical Progress*, which will be issued in four handsome octavo, cloth-bound and richly-illustrated volumes of about 400 pages each. The several volumes will appear at intervals of three months.

It is announced that the *Revue des Sciences Medicales*, a quarterly review of reviews in medical literature very well known in other countries as well as in France, is about to suspend publication. The *Revue* was established nearly thirty years ago. For the last few years it has been under the editorial direction of Professor George Hayem, the well-known professor at the University of Paris and the author of a number of books and articles on clinical medicine.

REPRINTS, ETC., RECEIVED.

A Clinical Study of Kryofine. By Sidney V Haas, M.D., and J. Bennett Morrison, M.D. Reprint from the *New York Medical Journal.*

Endemic Leprosy in Louisiana, With a Logical Argument for the Contagiousness of the Disease. By Isadore Dyer, Ph.B. (Yale), M.D. Reprint from the *Philadelphia Medical Journal.*

Upon the Existence of a Minute Micro-organism Associated with Cases of Progressive Portal Cirrhosis. By J. G. Adami, M.A., M.D., F.R.S.C. Reprint from the *Montreal Medical Journal.*

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Original Articles.

WHEN TO PRESCRIBE PHYSIQUE.

By Edward M. Schaeffer, M.D.,

Of Baltimore, Md.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, JANUARY 6, 1899.

PHYSIC and physique are verbally enough alike to be twin-ideas in the practitioner's therapy; indeed, they are etymologically identical. We naturally think of physic in acute, painful affections and grave emergencies. Should we not more frequently call upon the silent partner, the physique, in combatting hereditary or acquired weakness of the physical organism, in relieving many chronic, functional disorders, in strengthening the will-power and in restoring mental equilibrium? Oddly enough, in the institutions of Maryland it has been, as a rule, much easier for the deaf, dumb and blind, the feeble-minded and insane, to be placed under systematic and scientific bodily training than for the growing student or the patient with imperfectly exercised or developed physique to receive the same needed care and instruction. The object of this paper is to suggest that there is a legitimate field for the physical director, working harmoniously with other medical specialists and the general practitioner, in the cure or prevention of disease.

Dr. Hartwell, in Hare's "System of Therapeutics," says: "Physiology in its modern development has thrown much light on the nature and uses of general muscular exercise, but until physicians and clinicians shall have given as much attention to general exercise as they have to massage, muscular exercise must remain a part of empirical therapeutics, even though there be a considerable and increasing number of men who are capable of making rational use of it. The growing tendency of some of the wisest and most successful physicians to supplement the use of drugs by means of hygiene and dietetic measures is a hopeful one and may ultimately lead to a recognition and determination of rational uses of exercise in the treatment of disease. Speaking broadly, it is hardly possible to discriminate accurately between the hygienic and therapeutic effects of exercise, at any rate when we have to do with certain disorders, such as debility, anemia, neurasthenia, hysteria, obesity and insufficient muscular development. Exercise is as necessary as sufficient and nutritious food for growing children in health, in order to secure normal growth of structure and normal development of function in the various tissues and organs. Similarly, adolescents and adults require a certain amount of muscular exercise to prevent their organs from dwindling in size and losing their full power of functional activity. In ill-nourished, weakly children, on the other hand; in convalescents, recovering from acute or chronic illness, in many cases of brain fag, in some forms of mental derangement, exercise may be employed as a general tonic and prophylactic."

The eminent neurologist, Dr. Charles K. Mills, writing on the general therapeutics of the nervous system, affirms: "Much can be done to prevent the development of nervous affections by careful hygiene and education of children, which should be individualized as far as possible, especially for children with neurotic

tendencies. Education should be as objective as possible. Travel, amusement and natural exercise, skilfully directed, may be made more efficient in the treatment of the nervous and insane than drugs or special therapeutic procedures."

He then speaks of his method of employing systematized, active exercise, with or without apparatus, and urges that it should be as far as possible personally directed by one who is discreet and thoroughly well fitted for his work. Treatment should begin with the simplest forms of exercise and then be constantly increased and elaborated as the patient gains in strength and skill. "The usual respiratory movements should be combined with muscular movements, as on these two powers depends the ability to perform all bodily exercise. Inherent nervous force has also something to do with the capacity to perform bodily exercise. Special efforts of breathing include taking deep, full breaths through the nose and mouth, forced expiration as well as inspiration, counting with a loud voice while holding the breath. The development of the lungs and abdominal walls and the greater aëration of the blood which is conveyed to weak spinal and encephalic centers make them of decided value in cases in which active movements are applicable. In my own practice I have used systematized, active exercise in the treatment of idiocy, insanity, chorea, hysteria, neurasthenia, nervous palpitation, lithemia, diabetes, curvatures, etc. For gout and lithemia, to promote excretion and nutrition; for anemia and spanemia, to assist assimilation and further oxidation; for headache, sleeplessness and nervous irritability, to soothe and calm the nervous system; and for diabetes, to favor the action of the skin and increase combustion, there exercise has a value which cannot be too highly extolled. In hysteria the advantage of any treatment which involves special direction and the adroit calling out of the volition of the patient must be evident. Cases of neurasthenia, melancholia and other nervous troubles will derive much benefit from the wheel, for the wheelman must develop—whether he chooses or not—his will, his independence, his self-reliance and accurate control of his muscles."

Dr. Charles L. Dana teaches no less emphatically the therapeutic *rôle* of skilfully directed exercise: "In the treatment of nervous diseases the physician attempts (1) to relieve distressing symptoms; (2) to secure radical cure; (3) to prevent return. This calls for various means, which may be classed under the head of general hygiene, diet, exercise, climate, hydrotherapy, massage, electricity, drugs, etc. To secure and keep steady nerves and to prevent the supervention of organic nervous diseases would require a considerable reconstruction of the present social system. Children should be brought up to eat slowly a mixed diet, to sleep early and long, to play in the open air, to learn self-control and obedience. Their parents should keep from them all infectious fevers. Adults need to keep in mind but two words—moderation and exercise. With these they need not fear the use of alcohol, tobacco, tea, coffee, or even irregularities in sleeping and eating * * * As a prophylactic against nervous disease the value of exercise, if taken out of doors, can hardly be overestimated."

PULMONARY CASES.

Turning to a large and troublesome class of cases associated with bad physique and impaired nutrition, viz., the pulmonary tubercular group, there comes this voice even from the utterances of a climatological association. Dr. R. C. Newton says: "We are often too ambitious in ordering our patients change of air. They do not need to go a thousand miles or two to obtain fresh air and that change in their way of living which their health demands. They need more hygiene, more exercise, more sunlight and probably a better diet. Regular, systematic, not too severe exercise in the open air every day is what is needed to establish and develop such a constitution in the growing child that he will not be liable to phthisis. Change of climate does not bring change of disposition, nor, for that matter, of predisposition. Precious and even invaluable as change of climate often is in a number of diseased conditions, it is not always what is most

needed. Let us more often be content with smaller doses of climate and supplement them with larger doses of hygiene, both moral and physical."

My attention was first directed to the therapy of general exercise (for I am not discussing medical gymnastics or Swedish movements, strictly so-called) some ten years ago, when a year's experience in sanatorium life gave me an opportunity to test personally and observe quite extensively the decided benefit from regulated exercise drills to the class of patients who frequent such institutions, viz., those of a nervous, dyspeptic, anemic and neurasthenic type. Taking up, later, work among college students, there came a familiarity with the details of modern anthropometry and the thorough methods of looking an individual over from the standpoint of his heredity, life history, physical and mental endowment and special developmental needs. As is well known to many, the physical director first gets acquainted with the personal and family history of his subject through the inquiry blanks which he has filled in, and in his examination lays special stress upon the freedom of chest expansion, the lung capacity as tested by the wet spirometer, the relative weight and height, the development and tonicity of the neck, chest, back and abdominal muscles, general bodily symmetry and the various strength tests on appropriate dynamometers. Sufficient data have been collected and tabulated in the leading colleges and in the public schools of certain cities to form a basis for comparison, so that the young subject may be contrasted with the normal or average of his or her age and height, and any marked deviation therefrom, either in growth or strength, pointed out. This comparison is also of value as a means of arousing the interest or ambition and furnishing a motive for determined effort in bodily improvement. The chief practical difficulty in the way of the ordinary practitioner in prescribing exercise lies not so much in the choice of suitable movements as in sustaining the interest of a patient in his needed development and differentiating useful and pleasurable exertion from the "demnition grind" of monotonous work. The banker sawing wood in his cellar, the dyspeptic tugging away at the paraphernalia of a gymnasium, the neurotic "doing time" on a much overrated constitutional, the hypochondriac swinging Indian clubs or engineering a pulley weight, are apt to be painfully conscious of the element of work. Nothing seems, at times, more wearisome to the average individual who needs it than a straight-out prescription of deep breathing, *nolens volens*, a most invaluable exercise *per se*, but one which arouses considerable physical and mental antagonism when dogmatically, rather than physiologically, administered. The true *besoin de respirer* should be elicited by putting the large muscles of the thigh to work, for example, and creating an urgent demand for oxygen in the system, or by some simple movement of the arms, rapidly repeated.

HEART AND CHEST FIRST.

Modern educational gymnastics differs from the old calisthenics, or gymnastics, in the emphasis placed on the value of chest and heart, rather than general muscular development. The latter is a necessary sequel of the former, but the converse is by no means a reliable rule. The chest has been called the keystone to a fine physique by an authority (Cheesman), who says: "Its development includes that of other parts. No one can perfect the capacity, bony frame and muscles of his thorax without also developing back, loins and limbs. A good chest means good arms and also good legs. Take care of your chest and your limbs will take care of themselves. It may perhaps be asked, if one is well without this, what need of a capacious chest and powerful limbs. While it is true that many undeveloped persons enjoy fair organic health, greater respiratory and muscular power would unquestionably make such lives more effective and longer. A roomy thorax and strong heart are no mean allies in resisting the assaults of disease. A few extra cubic inches of respiratory capacity or a small reserve of disciplined cardiac power may suffice to determine a favorable issue in pneumonia, pleurisy or typhoid. Every inch which a man may add to his chest

measure adds to the measure of his days. These advantages to the individual are, moreover, shared by those who inherit his physical traits."

THE SECRET OF WHOLENESS.

This is largely an era of pre-digestion, not only of food for babies and invalids, but even our mental pabulum is offered in the form of a "literary digest," and perhaps a good deal of our thinking has a warmed-over look and flavor. Under the ambitious greed for overexpansion in some one department of our being we are constantly marring that symmetry and unity of functioning which alone can keep us whole or healthy, sane or sound.

"In what I hold to have been a singularly unlucky day for posterity," says Dr. Bridger, "rather more than half a century ago, there was first separated from the stomach of the pig its special digestive ferment, pepsin," because many persons whose stomachs needed rest, or bodies needed exercise, were hereby enabled to "frank certain foods through the walls of the stomach or intestines, thus interrupting a beneficial blockade of nature." The enormous sale of tonics, alteratives, purgatives, etc., among the well-to-do is evidence of the lack of harmony between the amount of fuel introduced and the actual output of physical energy. "Mental energy, of course, requires good feeding to support it, but though the amount of physical exercise required by the sedentary brain-worker is much diminished, a moderate amount is most essential and should be made a regular habit of the daily routine of every individual." As Chomel expressed it, "A person digests as much with his legs as with his stomach."

WEAK ABDOMINAL WALLS.

Next to the almost universal need of instruction in voluntary deep breathing comes the want of properly developed abdominal walls, especially in women. It seems not a little surprising that the specialists in displaced organs should not preach rather more preventive and curative training through cultivation of the natural supporters of the body's viscera.

No girl's education is complete, nor is she fit for the responsibilities of maternity, with undeveloped trunk muscles. As women so dread the loss of a good figure through obesity, teach them that their best protection in this regard lies in good respiratory power to burn up excess of fat, and in good abdominal muscles to prevent accumulation of the same.

NEURASTHENICS.

My personal sympathies are especially tendered to that uncrowned martyr, the hereditary neurasthenic, whose sufferings are often as grievous as they are subjective and intangible. By an easy adaptation of one of Ben Franklin's alleged sayings, it may be confidently asserted that the best doctor for such a patient is the one who knows the general worthlessness of most medicines prescribed for that protracted state of irritable weakness.

Exercise and rest go hand in hand in the successful management of most cases, and require nice relative and quantitative adjustment. Each case is a study in itself and calls for the closest attention to details in the daily regimen. The systematic, intelligent, moral support of the physician in charge is hereby best established and maintained. With systematic, gradually increased exercise belong, of course, regulation of the diet, baths, mental diversion, etc. In neurasthenia the nutrition of the nerve cells is principally at fault. Says Dr. Dana: "Many persons with delicately balanced organizations only require some single depressing or irritating agent to put them in a pathological state. This is the case with those neurasthenics who are made so by reflex causes. * * * Of reflex influences causing and keeping up neurasthenia, disturbances of the stomach, intestines and liver are by all odds the most important; next come irritations from pelvic and generative organs." Now, it is in these conditions, with their resulting states of perverted nutrition, that bodily exercise seems physiologically and therapeutically most indicated. "The exercise should not be severe; it should be interesting, it should be done in fresh air, and it should bring into play the lungs and arms more than the legs. Walking does little good, though it is better than nothing."

Again, in breakdown, as Dr. Weber points out, it is a question how much

is due to overwork and how much to the accumulation of waste products in the system from insufficient exercise or too liberal diet. "The great usefulness of exercise in many cases by furthering the oxidation of waste products and toxic materials circulating in the blood is undoubted. * * * It seems probable that metabolism is only very slightly increased by massage in comparison to what it is by active exercise.

SIMPLE CATARRHS.

In conclusion, I will quote from a very interesting paper, entitled "Diet and Exercise in the Treatment of Simple Chronic Inflammation," written by Dr. Mulhall of St. Louis, a prominent throat specialist (*Medical Record*, December 26, 1891): "It may be stated broadly, that the vast majority of simple, non-specific chronic inflammations in the human body are caused by the faulty habits of the individual. * * * Trace the life of an individual, from a hygienic standpoint, with constipation, hemorrhoids, leucorrhea, endometritis, intestinal or stomachic indigestion, hepatitis, bronchitis, laryngitis, pharyngitis, rhinitis, eczema, neurasthenia and a host of other disorders, and you will find in one or many ways that the laws of health have been long and grievously transgressed. The one has been overfed, underfed or badly fed; the other has neglected physical exercise. All other causes combined, including alcoholic excesses, are as nothing when compared with errors in diet and exercise in producing simple chronic inflammation. It is to these two causes, dyspepsia and perverted nutrition, physical inactivity and toneless muscles, nerves and glands, that I attribute the extraordinary prevalence of chronic nasal catarrh in the United States. Our climate, our macadam streets, our furnace-heated houses, are but subsidiary to these two great primal causes."

I trust that my plea has been made out, that there is room in the practice of medicine for the specialist in physique or scientific body-building. You may classify him as a kinesiologist, if you like, but I think he will be better content with the college title of physical director.

It is generally as useless to recommend "more exercise" without specific direction as it was to recommend "dieting," in an off-hand way, to the uninstructed sufferer.

Physique and physic are the happy combination which a natural therapeutics suggests in aiming at a constitutional cure that shall be radical enough to prevent relapse.

TRUE GASTRALGIA.

By George C. Clark, M.D.

READ BEFORE THE WASHINGTON MEDICAL AND SURGICAL SOCIETY, JANUARY 9, 1899.

TRUE gastralgia, also called gastrodynia and cardialgia, is not so frequent as it was formerly thought to be. It has been found by modern means of research to be due often to conditions not classed with the organic affections of the stomach, neither strictly with the purely functional gastralgias, such, for example, as hyperacidity, hypersecretion anacidity and other perversions of the normal gastric secretions.

These changes in the gastric secretions, while they are generally classed with the gastric neuroses, and probably in a measure correctly so, inasmuch as they are the result of nervous influences, at least in many cases, yet they are not representative of the true or genuine gastric neuroses as exemplified in the hysterical and neurasthenic gastrodynia. These perversions of the normal secretions produce their resultant gastric pains by their irritating properties upon the terminal filaments of the sensory nerves of the stomach, while genuine gastralgia, as are all the other genuine gastric neuroses, viz., nervous vomiting and eructation, termina ventriculis nervosa or peristaltic unrest, rumination, etc., is the result of the nervous temperament.

Ewald, in his "Diseases of the Stomach," says: "The class of genuine gastralgias is restricted to a very small group. My own experience leads me to be very sparing of the diagnosis of idiopathic gastralgia, and I believe that many of the cases grouped under this heading would be differently classed if they were

examined according to our modern methods."

Although the causes of pain in the stomach are indeed many and varied, the manifestations of true gastralgia are quite uniform, for the pain is always due to an irritability or hyperesthetic condition of the sensory fibers of the vagus, either in its peripheral terminal filaments or nucleus or in the reflections to it from higher centers, brain and spinal cord or other organs, namely, the uterus, ovaries, kidneys, liver, etc. Hence, true gastralgia may be due to local irritability or to irritation of the nerves outside the stomach (the stomach pains of locomotor ataxia are a good example of a reflected gastralgia).

The pains of true gastralgia are boring or cutting in character, not usually influenced by the taking of food into the stomach, or, if so influenced, rather benefited than the reverse; that is, taking food will generally, probably always, in a true neuralgia of the stomach, bring relief of the pains if taken during the paroxysm, and pressure on the epigastrium commonly brings relief, and the digestive function is "undisturbed" during the intervals between the attacks. This is probably the best diagnostic point between idiopathic neuralgia of the stomach and the pains due to organic changes. In the severest cases the pains are so severe as to produce profound prostration; the pulse is small, rapid and weak, and the skin covered with a cold perspiration. The disturbance of the heart and circulation, which occur in almost all cases, are no doubt due to the intimate nervous communication between these two organs, the heart and stomach. The attacks may be regularly intermittent, coming on about the same time each day, and the paroxysms are especially prone to recur at night. On account of this periodicity it was formerly thought, and is still claimed by some, that the malarial miasm is at the bottom of these cases, but I believe that many of the best modern authorities doubt the correctness of this assertion.

In its general features and duration the gastralgic attack is very variable. It may be short and mild or severe and last for hours until relieved. The attack commonly terminates by vomiting or the eructation of gas. But these are cases in which probably there is some abnormality in the gastric secretion, either in quantity or quality or both, and hence hardly to be classed with the true gastric neuroses, and the patient passes a large amount of urine of low specific gravity. These conditions occur more frequently in women before or during the climacteric period and while the generative functions are yet active. Of course, its greater prevalence in the female, occurring at this time of life, is on account of her greater predisposition to the functional neuroses in general. Other predisposing causes are anemia and a general debilitated state of the system from any cause, and hence frequently coexists with neuralgias in other parts of the body. Predisposing factors are also easily recognized in severe mental strain and overwork, as seen in business and professional people and in women with an excess of social duties and pleasures, and in both sexes sexual excesses.

My chief object in trying to make this distinction between the purely neurotic gastralgias and those due to organic changes and altered secretions so emphatic is to mention the one medicine which, if properly administered, is the most useful in these neurotic cases and of little or no use in the others, and that is minute doses of Fowler's solution of arsenic. I shall not go into the hygienic treatment nor the aid which may be derived from stomach douching, the rest cure, etc., but simply to mention the medical treatment best in my estimation. Of course, it is well known that large doses of arsenic will produce irritation of the gastric mucosa, and hence the dose must be small: drop doses of Fowler's solution, preferably before meals. It can be given in just plain water, the bitter tonics, combined with laudanum or deodorized tincture of opium in water or in any compatible vehicle or combination that occasion may seem to indicate as most suitable. Bartholow extols the remedy given in this way in irritative dyspepsia, chronic gastric catarrh, even in chronic ulcer and cancer of the stomach, as well as in gastralgia. But having tried it in some of

these cases many times and in the others a few times, with indifferent success, I had about abandoned its use in stomach diseases, when perchance several of these purely neurotic cases fell into my hands in rapid sequence.

When finally, and as a last resort almost, the small doses of Fowler's solution recommended by Bartholow in this trouble, as well as the ones named above, came to my mind again the result was most marvelous. The improvement seemed to set in at once, and the return of the stomach to its normal state was most rapid. Now, as remarked earlier in this paper, neurotic gastralgia being usually associated with an anemic and generally run-down state of the system, and arsenic being undeniably a decided promoter of constructive metamorphosis, being one of the most valuable agents we possess in the treatment of anemia, chlorosis, etc., there is nothing more reasonable than that it should greatly benefit these cases after the lapse of a little time. But the marvelous rapidity with which it relieves some of the cases, sometimes a few minutes after its adminstration, would seem to indicate local anesthetic power upon the end organs of the gastric sensory nerves. At any rate, I am not able to explain its action in any other way. The other preparations of arsenic might have the same powers as the Fowler's solution, but my experience in this trouble has been limited to this preparation alone, and so long as I meet with the same good results from its use I shall not be tempted to try another.

Leucorrhea.—This is such a common affection among all women at some time in their lives that some dismiss it with hardly a thought. It is a condition which demands prompt treatment, and it is a trouble which should never be allowed to run on. Dr. John G. Reed, in the Cincinnati Lancet-Clinic, in going over his cases of leucorrhea says that women should be educated to understand that the "whites" is not a trivial condition, but that it may be very serious, and it is our duty always to examine every woman who comes to us with a history of the "whites."

NOTES ON RECENT SCIENTIFIC LITERATURE.

By William Lee Howard, M.D.,
Baltimore.

III.

The Faculty library is greatly indebted to Dr. Osler for many interesting and valuable works in medical history and biography. Most of these works were selected by Dr. Osler while in England last year, and the carefulness displayed in selection is marked by the absence of the biographical hiatus which formerly existed in the Faculty library. It is my object this week to call attention to an excellent copy of the works of François Rabelais, physician, illustrated by Gustave Doré. Many there are, undoubtedly, who have an early recollection of reading of the magnificent talents of reason and imagination of this monastic scholar and medical philosopher, but that he was fully appreciated as a thorough anatomist and physiologist, as those departments of medicine were understood in the sixteenth century, is not beyond cavil.

It is as an example of medical knowledge of his time that his works have an especial value to the physician of today, however interesting his personal life and literary methods are to the scholar. Considering this life as a whole, it appears that of a laborious as well as daring genius, and one of independent as well as able. Man of free studies and free pleasures, Rabelais was above all others an enemy of whatever constrained him. Action was life to him. On coming into the world he found about him all sorts of fetters—first, those of the monastery and convent, then those of the Sorbonne, and, later, those of Parliament; finally, those of fanatics, both Papists and Huguenots. Rabelais never posed as apostle or martyr, but far more as a shrewd and witty *dilettante*, whose device, framed by himself, was *primo vivere, deinde philosophari.* His irony was trenchant, his sarcasm terrible and avenging, and the chains of superstition and sycophancy which bound society, and was ever clanging against the sore sides of science, caused him to build the imaginary abbey of Theleme, that is,

Free Will. On the front he inscribed, "Do what thou wilt," thus answering the old cry of the Dominican Izan at the stake of the Albegeois, "Believe as you do, and you shall be burned." Rabelais is a powerful emancipator of modern thought and the natural ancestor of the Voltaires and the Diderots.

A book which in reading gives us instruction and produces laughter is a valuable one. It matters little to the tired brain the motive of the laughter—even if the smile is caused by receiving such anatomical knowledge as the following: "In which mode of laughing they continued so long that their eyes did water by the vehement concussion of the substance of the brain, by which their lachrymal humidities, being pressed out, glided through the optic nerves."

Rabelais was a thorough student of Galen; in fact, Galen's anatomical knowledge and speculations penetrate every book and chapter, even to some of the incorrect Latin. When Rabelais draws not upon the anatomical information of the old anatomist he paraphrases Eusebius or directly quotes Hippocrates. Rabelais' classical knowledge was stupendous, and it is this knowledge of ancient and medieval medicine which makes his works so valuable to us today.

That the apothecaries were as pliable in the sixteenth century as they are today is seen by the following: "And, instead of simpling, they visited the shops of the druggists, herbalists and apothecaries and diligently considered the fruits, roots, leaves, gums, seeds, the grease and ointments of some foreign parts, as also how they did adulterate them (i. e., all the said drugs)."

How he juggled with anatomical facts and wrought fancy with ribaldry is to be seen in his account of the monk clearing out the close of the monastery: "To some others he spoiled the frame of their kidnies, marred their backs, broke their thigh bones, pushed in their noses, poached out their eyes, cleft their mandibules, tore their jaws, dashed their teeth into their throats, shook asunder their omoplates or shoulder blades, specelated their shins, * * * heaved off the hinges their ishies, their sciatic or hip gout. * * If any thought by his flight to escape, he made his head to fly into pieces by the lambdoidal commissure. * * * To some, with a smart souse on the epigaster, he would make their midriffs wag, then, redoubling the blow, gave them such a home push on the navel that he made their puddings gush out."

There was just as much credulity and joy in being humbugged in those days as in these of modern Christian Science delusion: "There are others in the world, these are no flim-flam stories, who, being much troubled with the toothache after they had spent their goods on physicians without receiving at all any ease of their pain, have found no more ready remedy than to put the said chronicles betwixt two pieces of linen cloth, made very hot, and so apply them to the place that smarteth, synapising them with a little powder of projection, otherwise called doribus."

The descriptions of venereal diseases and the treatment then in vogue are vivid and historically interesting. Rabelais frequently speaks of the "tub" and its uses, which reminds us of Shakespeare's reference to this treatment and the resemblance it bears to Rabelais' statements. Shakespeare undoubtedly refers to the treatment of syphilis when he mentions the "tub," as Rabelais implicitly does in his many statements concerning venereal diseases. Shakespeare also refers to the French disease being cured by the "tub." "The powdering tub of infamy" (Henry V, ii, 1); "The tub-fast and the diet," "Season the slaves for tubs and baths" (Timon of Athens, iv, 3); "She has eaten up all her beef, and she is herself in the tub," "Ever your fresh whore and your powdered bawd" (Measure for Measure, iii, 2).

Hydrocyanic Acid as an Antidote to Chloroform.—In a recent number of the Lancet Dr. Frederick Hobday records his use of hydrocyanic acid in apparent death from chloroform administration. His method is to drop full medicinal doses of the acid on the back of the tongue, and when consciousness begins to appear he then uses the inhalation of strong ammonia vapor.

Correspondence.

"THE PASSING OF ALCOHOL."

Editor Maryland Medical Journal:

DEAR SIR—In a recent number of one of our prominent medical journals there is an article with the above apparently simple caption. Upon perusal one discovers that the head line is not to be understood in the physiological sense at all. The author is not alluding, as might be supposed, to the prosaic work of the kidneys, but, like Mr. Wegg, has dropped into poetry and speaks in the language of the Arthurian legends. He quotes "one of the most honored physicians of our times" as saying "step by step the progress of science has nullified every theory on which the physician administers alcohol. Every position taken has been disproved."

The author of the paper in question does not think it at all necessary to discuss the physiological action of the drug, but brings forth in a "Pferdeparade" manner the facts that railroads require total abstinence in their employes, that a majority of Christian societies have banished wine from the communion service, since it arouses the appetite for intoxicants, and that wine is rarely used in public ceremonies or social gatherings. Not content with this he explains, satisfactorily to himself apparently, the accurate aim of our gunners in the late war upon the ground that they had no grog. Of course, the years of previous target practice, which naval authorities thought had something to do with the success of our gunners, is not taken into account.

The author even goes back to the antipenultimate unpleasantness, and says that from his personal observation one of the most important battles of this war was lost because the commanding general was under the influence of intoxicants.

It will be remembered that when a similar accusation was brought against General Grant, Mr. Lincoln said, "Tell me what brand of whiskey he drinks, and I will send a barrel of it to each general in the army."

In the peroration of the article alluded to the question is asked, "Ought we not * * * to rejoice in the better light that has dawned upon us, as did St. Paul?" The writer should know his Paul better, for did not the Apostle to the Gentiles advise Timothy to take a little wine for his stomach's sake? This advice was given in the apostle's regenerate days, too, after the "light had dawned."

Surely we have had more than enough of this unscientific, namby-pamby, penny-dreadful style of argument. The constant iteration of the use and abuse argument has become as "tedious as a tired horse." That the use of alcohol by healthy persons is unnecessary, and that the overindulgence in it is a serious vice, nobody will deny, but, by the same token of good sense, no physician who is familiar with the physiological action of the drug, and who has prescribed it in the proper manner, can deny that it is one of the most valuable agents at our command.

GEORGE J. PRESTON, M.D.

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD JANUARY 6, 1899.

THE meeting was called to order by the president, Dr. J. W. Lord.

Dr. Christian Deetjen was elected to membership.

Dr. J. W. Chambers exhibited a case of "Gunshot Wound of Abdomen—Exhibition of Patient."

The case I shall exhibit is one of gunshot wound in a boy fifteen years of age that occurred November 14. It was an accident through one of his playfellows, and the bullet entered here, just about an inch internal to the anterior superior spinous process. He was brought into the hospital a half-hour after the accident considerably shocked and much frightened, with a rapid pulse and temperature of 97°. He was given one-quarter grain of morphia and one-thirtieth grain of strychnia and was rapidly prepared for operation. In the course of an hour the abdomen was opened in the median line, and we found this number of wounds: Small intestines, four perforations; peritoneal perforation, the muscular and part of the mucous coat I mean, two; mesen-

tery, two; cecum, two; the appendix shot in two; ascending colon, one, and partial perforation, one; the rectum, one, and mesocolon, one. Altogether sixteen perforations from this one bullet. The intestines were brought out from the abdomen, protected with warm towels, and carefully examined. The abdominal cavity was washed out with warm, normal salt solution and the wounds sewed up. All the ordinary methods for closing wounds were used—the Halsted quilted stitch, the Cushing stitch, the Lembert stitch, and, in fact, about all the stitches ever used for this purpose. The time of operation was about one hour and seven minutes. The abdominal wound was closed by sutures and this one point left for drainage.

There are two peculiarities about this case. In the first place, he came into the hospital with a portion of the omentum hanging out of the wound about three inches. I had never seen that before in gunshot wound, though it is not uncommon after stab wounds. I have not found the bullet, for I tried to take care of the boy and let the bullet take care of itself. I do not know where it is and do not care especially. A second peculiarity was the wound of the appendix. The boy made a good recovery. He was at no time very ill. There was some suppuration along the line of the bullet that proved to be due to a pure culture of the colon bacillus.

Dr. Randolph Winslow: I hardly think this case is entitled to be regarded as one of sixteen perforations. It seems to me it is one of about six perforations. There is a great deal of difference between complete perforation of the bowel and injuries that are not complete, but only wounds of the wall of the intestine. Especially is this true with regard to wounds of the mesocolon.

Dr. Chambers: I should have said sixteen wounds of the intestines, not sixteen perforations, for four of the wounds were only partial and three were wounds of the mesentery.

Dr. Winslow: I do not mean to detract from the result, for if the number be reduced to nine perforations I think it is still the largest number of perforations that have been sutured and cured in the city. I know that in my own work, which has been fairly extensive, I have never sutured that number of perforations. I think I have had as many as seven. There is not much to be said in regard to the case, except words of congratulation concerning the result.

The time is past, I take it now, where the matter is a subject for discussion as to whether an operation of this character is proper or not, although I have recently seen in some of the journals, speaking of the late Spanish war, that the latter has left the matter of operating in intestinal perforations unsettled. It seems that some individuals that were shot apparently through the intestines recovered without operation. None recovered after laparotomy.

Dr. Chambers: I think there was one recovery on one of the boats.

Dr. Winslow: I do not think so. But I do not think it modifies or overrules the practice, which has been greatly extended, of opening a person's abdomen for a perforating wound. There is apparently little or no danger in an operation of this character so far as the operation is concerned, for the patient is about as likely to get well after laparotomy as after such an injury without operation. I do not think the operation modifies the gravity of the prognosis, while, if we do find a vessel cut or a perforation, the patient would assuredly have died—in Baltimore at least—if not operated upon. It comes now in the same category with the opening of the abdomen for typhoid perforations. The patient is going to die if not operated upon. I do not think any of us are forced into a position of defending ourselves, for the burden is upon the other side, and if a patient dies without operation the physician in charge of the case is, in my opinion, derelict. Notwithstanding the results in the Spanish war, I think the principle is well established.

The results gathered from all over the country have been extremely good. I have had nine cases, with five recoveries. I operated once for perforation of the large curvature of the stomach, and had to open the layers of the omentum to get food, etc., from between them. The pa-

tient died apparently from shock, and why I do not know. It was not the result of hemorrhage, and at autopsy there was no peritonitis.

In one of my cases, a man who was shot in the side, the bullet passed transversely. I sutured up a lot of holes, and though I had them all, but at the autopsy there was a hole found in the rectum.

In most cases it is proper to make the incision in the median line, but in one of my cases where the bullet passed through the bone ilium, as well as the intestine ileum, I made the opening in the side.

Dr. Blake: I regret that I was not present in time to hear the remarks of Dr. Chambers, but some of the remarks of Dr. Winslow suggest the point that I want to emphasize—that is, the importance of making a post-mortem after these fatal cases. Dr. Winslow said he did not know why his patient was secondarily shocked. It recalls a case I had three or four months ago of a man who was shot, and, believing as Drs. Winslow and Chambers do, that it was good surgery to look for a bullet supposed to have entered the abdominal cavity, I operated. He was shot in the left iliac region, and it was thought he was lying down when shot. I opened the abdomen, and found just within the pelvis the wound of entrance or exit of the bullet, but failed to find the bullet in any of the viscera, and failed to find any injury anywhere. My patient did not seem to be at all shocked from the operation, but the next morning he developed a very high temperature and seemed to be suffering from an acute infection. Having used the ordinary precautions, I was at somewhat of a loss to account for the temperature. Within the remarkably short time of twenty-four hours he died. A post-mortem was held, because it was a medicolegal case, and the whole contents of the abdominal cavity were examined. We could find nothing to explain the sudden death until just before we were about to give up the examination we came to the floor of the pelvis, and while there was no opening, we found something hard in the bladder, which proved to be the bullet. We succeeded in tracing the circuitous route of the bullet through the iliacus internus muscle into the bladder, which was allowed to leak just a little. But for the post-mortem I should have said in my death certificate acute sepsis, and would not have known what killed the man.

We occasionally have a man shot through the abdomen who gets well without operation, but we cannot tell where the bullet went or whether there were internal injuries in that case. As a rule, the probe reveals simply nothing, for the contractions of the various layers of muscles prevent the probe from following the tract.

Dr. Chambers was very fortunate to bring his case through successfully, considering the enormous amount of work he had to do with the intestines.

The question as to whether we should operate is one of judgment. In some cases there are special indications for an operation, but there are many that give no indications as to what should be done, and those are the ones that puzzle us and cause us to hesitate. As a rule, I think we should try to follow the bullet.

Dr. Chambers: I did not mean to discuss the question of gunshot wounds in general, and in exhibiting this case I called attention to the number of wounds simply because of the time necessary for operation and the necessity of cleansing. The boy was severely shocked.

I want to call attention to the relation between the amount of shock and the amount of damage. We sometimes have a patient come in with no evidence of shock, and yet there is serious injury. I remember one man who had scarcely any pulse at all and who came in with the remark that he was going to die from the wound over his heart. I found it to be a moral shock, assured him on examination that he was not going to die, and in about ten minutes he was walking about. So I have taken to trying to reassure these patients, even against my knowledge perhaps, so as to overcome this moral shock.

No one can tell anything about where a bullet has gone. You can tell perhaps where it entered and where it made its exit, but you cannot tell where it has been in the meantime. I believe wounds near

the pelvis are more severe than those higher up, and I am inclined to think the pulling and dragging around of the plexus in the higher portion has much to do with the shock and death. I had one case in which the duodenum was shot in two and the patient recovered, but was the most intensely shocked man I ever saw.

Dr. Winslow: What Dr. Chambers has said in regard to the dragging is perfectly right. In my case of injury to the greater curvature of the stomach it was exceedingly difficult to reach, and I had to drag the stomach as though I were pulling on a rope. The man did very well and got off the table in good condition, but my assistant, Dr. Riley, noticed the peculiar shock very soon afterwards.

Dr. Edward M. Schaeffer read a paper entitled "When to Prescribe Physique" (see page 61).

Dr. Herman: There is, perhaps, nothing to add to such an exhaustive paper as the one we have listened to, but I imagine the author has not laid enough stress upon the distinction between physic and physique. It might be emphasized a little more that while physic is indicated in acute troubles, physique is always indicated in chronic troubles, and if it were the rule for all doctors to prescribe physique when they have these chronic cases they would probably be more successful in real therapeutic work. I think it is the province of the physician to study all the branches that go to make up medicine, for if we turn over all our cases to specialists we shall have nothing left to ourselves. To be sure, the study of exercise is a science, and it takes time to learn it, but that is no reason why it should not be taught in a medical college. There are many things taught in the medical colleges that might be dispensed with; for instance, there is a lot of time taken up with the well-recognized specialties, like diseases of the eye and other special organs, that might be omitted, or, at least, passed over in a shorter time. The schedules of medical colleges should be rearranged, and such studies as physical exercise, hypnotism, etc., should be added. These are not specialties at all, and I only consider as justifiable specialties those that deal with special organs.

Dr. Blake: If I have learned anything from this paper then the last speaker was laboring under some mistake. Of course, it goes without saying that if he turns all his cases over to specialists he will have nothing left. What I thought I learned was simply this, that the physician having under his control the welfare of the entire community, it is for him to teach this important fact, that physical training of the children should begin in the home and not in the medical college. No school is now considered thorough, I believe, unless it has a football team that furnishes ample supply of material for the surgeon in charge, but if there is to be any benefit derived from the teaching of Dr. Schaeffer's paper it should be inculcated in the home instead of the higher schools, where, however, it should be continued. If you train the child it learns the way it should go, and in later life will train itself.

Dr. Wm. Lee Howard: I am thoroughly in sympathy with the spirit of this paper, but made the mistake when a student at Yale College of overdoing my athletic training. I became an all-around athlete, but at the expense of my nervous system for many years afterwards. Physical exercise should be under wise supervision by a competent medical man. When I hear of parties exercising with 20-pound dumb-bells I am inclined to "write them down an ass." There is a distinction between physical and physiological exercise. The latter trains the vital organs and adds to the living capacity. Children should receive such training in every family.

Dr. Schaeffer: I would just like to add that from what I have been told of the leading institutions for women where training is given, the doctors are much more apt to write excuses for their relief from exercise than to insist upon their taking it. I have wondered if we could not get the doctors to indorse the use of physical training in schools.

I am surprised that the male sex here in Baltimore has not taken up such physical training as they have in other cities. The girls' schools have led the way, but the boys are not examined to discover their physical deficiencies.

MEDICAL SOCIETY OF THE WOMAN'S MEDICAL COLLEGE.

MEETING HELD TUESDAY, JANUARY 24, 1899.

The meeting was called to order by Dr. B. B. Browne.

Report of "Case of Diphtheria" by Dr. May F. Jones, read by Dr. Lewis.

Demonstration of the lepra bacillus by Dr. Lewis.

Following report of "Case of Fibro-Myxo-Sarcoma" by Miss E. St. Clair, one of the third-year students of the college:

Carrie B., aged two years and six months; white. Entered the Good Samaritan Hospital January 14 for operation. She is of healthy parentage, and has three sisters and two brothers, all well. No malignant disease in any branch of the family except in one maiden great-aunt, said to have died of epithelioma at ninety. At birth the patient was fat and well developed. Has had no sickness of note except an attack of enteritis, which was treated by the mother.

I saw the case for the first time on Christmas afternoon, when it was quite ill, though not especially emaciated. The abdomen appeared distended, most marked in the hypogastric region. It was firm, and pressure upon the inguinal region caused pain. Upon inspection of the external genitals, a small, pale, somewhat roughened mass, about the size of a shellbark, was seen to project between the vulvae. Pressure upon the mass caused some pain, but no hemorrhage. The child appeared restless and constantly complained of a sensation as though pins were sticking her.

On January 13 the mass had considerably increased in size, and now protruded fully an inch and one-half beyond the vulva. The child was now much emaciated, was pale, face had an anxious, pinched expression, and was constantly moaning with pain.

The abdomen had become greatly distended, and but little urine was being passed. Recognizing the gravity of the case, I brought the child to the city and placed it in the Good Samaritan Hospital, under the care of Dr. Browne.

Under chloroform anesthesia Dr. Browne catheterized the child, removing about three pints of apparently normal urine, with the resulting disappearance of the abdominal distention.

The growth was attached by a broad base to the anterior wall of the vagina. By means of the scissors and sharp curette the external more or less soft mass was removed, and the vagina and uterus found distended, with small grape-like masses resembling somewhat the echinococcus cysts. These masses were removed partly with the curette and partly by spontaneous expulsion, the abdominal muscles contracting and expelling the masses much as the placenta is expelled after the birth of the child.

There was but little hemorrhage, and after packing with iodoform gauze the child was put to bed in a very fair condition. The child is now brighter and much improved.

Dr. Browne then read the following report of the microscopical examination of frozen secretions by Cullen's rapid method: The papillomata, which had their attachment at the vaginal fornix, was found to consist, 1st, of striated muscle-fibers of varying degrees of development; 2d, of mucoid tissue, with its characteristic branching cells; 3d, of circumscribed masses of embryonic connective-tissue cells. The surface of the tumor was covered by squamous epithelium. Eosinophiles and basophiles were scattered through the specimen. The entire structure was loose-meshed, and the interstices were in places filled with a gelatinous substance. The diagnosis of this tumor is thus: Rhabdomy-myxo-sarcoma.

The papillomatous mass which projected from the vaginal outlet consisted of accumulations of embryonic connective-tissue cells alternating with areas of mucoid and adult fibrous connective tissue. Small foci of beginning ulceration were seen upon the exposed surface. The diagnosis of this tumor is fibro-myxo-sarcoma.

Medical Progress.

THE PREVENTION OF GONORRHEA.—In the Georgia Journal of Medicine and Surgery there is quoted from the American Journal of Dermatology and Genito-Urinary Diseases an article by Dr. G. J. Monroe on the prevention of gonorrhea in the male, in which he gives a patient, whom he characterizes as a "high roller," a prescription to be used after every connection to prevent gonorrhea. Immediately after intercourse he orders the patient to urinate and then wash the penis and scrotum with tar soap, which he is to carry with him. Then he is to inject with a glass syringe a solution of the permanganate of potash, one drachm to seven of water. This is to be passed out at once, and a second injection is held in the urethra for about a minute; then the penis and scrotum are to be washed with this solution, which is not wiped off, but allowed to dry on the skin.

By following this direction the patient has never had a second attack of gonorrhea but once, when he broke his bottle of valuable solution. He has had intercourse for the sake of science with women who are known to have gonorrhea, and has escaped by the careful use of the treatment suggested. There may come a time when the man-about-town will carry his soap, bottle, syringe and cotton with him always, and the genito-urinary surgeon will have no more cases of gonorrhea to treat.

* * *

DIETETIC CAUSES OF INEBRIETY.—In an article on that subject in the Journal Dr. T. D. Crothers says:

1. Inebriety is a most complex neurosis. The causes are equally complex, and include all the various states of degeneration which influence and disturb nutrition.
2. Obscure indigestion begins, and for this drugs and bitters containing alcohol are used. The narcotism which follows is so grateful that it is continued.
3. Dietetic delusions are fostered in the minds of parents and children, and from this many different forms of inebriety begin.
4. Often the most maniacal and chronic inebriates are from these delusional dyspeptics.
5. Starvation is present in many of these cases. The quality and variety of foods are deficient, and defective nourishment follows.
6. The uniformity of taking foods and the quality and variety are essential. This and nutritional rest and mental anxiety are important factors.
7. The inebriety following these conditions is successfully treated by elimination of the toxines and special correction of the nutrition.
8. Nutrition is a very active cause in the production of inebriety, and should receive a careful study in all cases.

* * *

MARMOREK'S SERUM.—Dr. Wm. L. Baum, in Medicine, has given a thorough study of the therapeutic value of Marmorek's serum in streptococcic infection, and his conclusions are given as follows:

1. In pure streptococcic infections the serum undoubtedly exercises a favorable influence on the course of the disease.
2. In mixed infections the influence of the serum was demonstrable, but it merits further trial as an adjunct to other treatment.
3. Considering the grave character of complications of non-streptococcic nature reported, ordinary rules of therapeutics would demand that in such cases, as with the diphtheria antitoxine, all indicated therapeutic procedures must be employed as well as the serum.
4. In view of the fact that erysipelas streptococci and phagocytes often exist side by side in the lymph channels, it is fair to assume that the influence of the serum is directly exerted bactericidally on the streptococci and not entirely through stimulation of phagocytic action.
5. The initial dose in all cases should be twenty cubic centimeters, to be followed by ten or fifteen cubic centimeters, according to the indications, each twenty-four hours.

* * *

LARYNGITIS.—The treatment of speakers' and singers' laryngitis is not always an easy matter, because the cure must be complete and carried out at once, as to this class the voice is the stock in trade. Many a public speaker, singer or actor

may lose an engagement or a large sum of money just because a hoarseness persists and renders the voice useless. It is just here that the throat specialist's skill comes in. Most persons would use the ordinary cleansing sprays, the direct application of a strong zinc solution or a tannin-glycerine solution.

Dr. Holbrook Curtis, who has a reputation among professional persons, has an article in the Lancet in which he says he has long ceased to use strong astringent applications to the vocal cords of singers, but he uses an extract of the suprarenal capsule, which, applied to the mucous membrane of the larynx, is very soothing in effect. He also finds it useful when applied to the mucous membrane of the nose. Dr. Dundas Grant of London, who discussed this paper, said he had had the same effect from the extract of suprarenal capsule.

* * *

Dropsy and Life Insurance.—Dr. John S. Fulton asks the question in the Medical Examiner if the fact that an applicant for life insurance has had dropsy should necessarily debar him from life insurance, and answers it as follows:

"The fact that an applicant has had dropsy necessitates a retrospective diagnosis, which, though difficult, may yet be made with reasonable probability if the characteristic features and clinical course of the various dropsical diseases are kept clearly in mind. To the question of life insurance in such cases but one general principle seems to apply—if the dropsy was due to any of those diseased conditions which are accompanied by permanent structural changes, grave functional impairment, tendency to recurrence, or the establishment of diathesis, insurance cannot be written. On the other hand, if the dropsy was due to conditions involving no lasting structural alterations, progressing to absolute repair, without tendency to recurrence, grave sequelae or cachexia, then insurability is recovered as soon as the lapse of time has set a sufficient check against our findings."

* * *

Opium Poisoning.—The treatment of opium poisoning must be prompt and long-continued. Dr. H. W. Strader reports in the Journal of the Alumni Association of the College of Physicians and Surgeons of Baltimore a case and gives the results of his observation as follows:

1. That it is almost impossible to make a mistake in diagnosis.

2. That as death results by a paralysis of respiration, we have in atropia a remedy of much value.

3. That strychnine in large doses increases the action of atropia.

4. That the stomach should be vacuated promptly in all cases. Apomorphia should not be used, owing to its well-known depressing effects.

5. That potassium permanganate decomposes morphine, and should be given in solution hypodermically.

6. That flagellation, irritants and rough treatment are absolutely useless.

* * *

Nauseating Cough Remedies.—There has long set in a reaction against nauseating remedies, and this accounts in part for the large number of tablets in use. Dr. Robert Reyburn, in the Charlotte Medical Journal, thinks it is a shame to give nauseants and emetics by the stomach when medicines in sprays might be used. In children full single doses of these medicines will cause emesis and bring up the mucus, and the nausea will at once cease. Muriate of ammonia may be used in a spray and not swallowed. The coal-tar products should be used with great caution in children, as they may cause death by their depressing effects. Finally, all medicines, where possible, should be given by inhalation and by the bronchial mucous membrane rather than by the stomach.

* * *

A Restraining Influence.—There is a case recorded in the American Medical Compend and copied in the Medical Record of a physician who had often tried to keep one of his gadding female patients at home, but always without success, until he came upon the plan of giving her a pill containing a small quantity of tellurium, which so affected her breath that she was unable to appear in public for a month. The poor patient never guessed the cause of her trouble.

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BALTIMORE, FEBRUARY 4, 1899.

Christian Science and Public Health.

THE increase in the number of so-called Christian Scientists demands the calm attention of physicians and those to whom the health of the community is committed. In Baltimore the last few months there has been a steady influx of these alleged scientists. This fact is accentuated by the professional advertising signs now to be seen in that portion of the city where the wealthy reside—a significant fact.

That the American public likes to be humbugged was an axiom firmly emblazoned upon the crest of the late P. T. Barnum, and if the full-grown simple desires to waste his money by handing it over to those financially cleverer than himself, we, as physicians, should only study with profit the morbid mobility of these menial minds. When, however, these Christian Scientists—a name that is an insult to the Nazarene—menace the health of our community, cause the death of the helpless, young and innocent; allow, with ignorance, stupidity and impunity, infectious and contagious diseases to scatter and rampage with all the license of the early thirteenth century, it is time for us, as physicians, to take cognizance of this sect, whose victims are insulated in the dark umbrage of ignorance and delusion.

The Christian Scientists recognize no infectious or contagious diseases; hence there is no isolation of the patient, no protection of the community. They take fees for attending obstetrical cases, but do not admit any such conditions as exist in ophthalmia neonatorum. They walk broadcast, superciliously flaunting our health laws and hygienic regulations into the faces of the assumed intelligent masses and shout their unintelligent jargon and blasphemous voicings from the portals of their money-making mosques.

What is the attitude of our authorities in the matter? Man has ever been chivalrous to woman, but in this case we must—it is our bounden duty—to protect the young and ignorant, the helpless infant and the deluded mother. About 90 per cent. of these misnomered scientists are women and the other 10 per cent. of men—well, they are also women.

* * *

Vaccinate Your Patients.

THE last number of the *Public Health Reports* contains a very timely supplement on the diagnosis and treatment of smallpox, and this same weekly gives the number of cases of that disease reported by States. In Alabama there were over a hundred cases reported during January, with a few deaths; in Jones county, Georgia, there were 300 reported in the same time; in Nebraska almost 300, with stray cases in New York, New Jersey and Pennsylvania. In Virginia in this time there have been reported eleven cases from Alexandria, four from Newport News and ninety from Norfolk. A few cases have also been seen in Washington and Baltimore, and many cases have undoubtedly occurred which have not been reported.

In view of all these facts, it is the evident duty of physicians to force vaccination on their patients. In Baltimore the Health Commissioner has had vaccinated by force a large number of negroes, among whom a case of smallpox was found, and the vaccine physicians are now making genuine visits of inspection.

Vaccination is simple and easy, and, as a rule, causes no pain or even inconvenience. The disease of smallpox may end fatally or it may cause horrible disfigurements. The story of Dr. Herne and the conscientious objectors so well narrated by Rider Haggard should be read by all physicians. The public needs protection and the health officers will see that they have it.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending January 28, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
La Grippe	..	20
Pneumonia	..	39
Phthisis Pulmonalis	1	18
Measles	23	..
Whooping Cough	2	1
Pseudo-Membranous Croup and Diphtheria.	33	7
Mumps	..	..
Scarlet Fever	13	..
Varioloid	..	..
Varicella	4	.
Typhoid Fever	2	3

Germany is establishing lung sanatoria all over the empire.

Sir Henry Thompson of London has been promoted to a baronetcy.

The New York Cancer Hospital is now known as the General Memorial Hospital.

Dr. L. S. Foster of Mathews county, Virginia, has been elected superintendent of the Eastern State Hospital at Williamsburg.

Physicians at Yukon have organized a Yukon College of Physicians and Surgeons to examine all physicians coming to that place.

Dr. Paul Paquin is reported to have resigned his position as secretary of the Missouri State Board of Health to take charge of a hospital in North Carolina.

The *Medical Record* says that a London medical society reserves a certain number of meetings each year for the reporting of errors and mistakes in practice.

Gen. Leonard Wood of Washington is receiving well-earned praise for his model government of Santiago and for the thorough manner in which he has looked after the health of that part of Cuba.

There is said to be great need of a physician at Hague, Westmoreland county, Virginia, where there are forty families and no physician within a radius of twenty miles. It is accessible to Baltimore and Washington.

The following have been elected to chairs in the Kentucky University: Dr. J. B. Marvin, practice of medicine; Dr. J. M. Holloway, surgery; Dr. C. W. Kelly, anatomy; Dr. S. E. Wood, chemistry and children.

Among the recent deaths reported in the profession are Dr. F. M. Lancaster of Charles county, Maryland, who died this past week, aged 70, and Dr. Thomas Gibson of Virginia, who also died suddenly this week.

During the past year there have been treated at the Baltimore Eye, Ear and Throat Charity Hospital 3473 patients, and the dispensary attendance reached 11,219. As many as 460 surgical operations were performed upon the eye, ear, nose and throat.

The Instructive Visiting Nurse Association in its annual report shows what excellent work that important body has done among the poor of Baltimore. This association co-operates with the various charity organizations of the city.

The interesting sketch of Dr. John Archer, which was read in part by Dr. Henry M. Hurd at the annual meeting of the Book and Journal Club of the Faculty, was prepared by Dr. George W. Archer, a retired physician of Harford county. The portrait of Dr. John Archer was presented by Mr. George Archer of Baltimore.

The following officers were elected in the Atlanta Society of Medicine for the year 1899: President, Dr. W. S. Goldsmith; vice-president, Dr. Katherine Collins; secretary, Dr. Claude A. Smith; treasurer, Dr. E. Van Goidtsnoven; librarian, Dr. Mike Hoke. The society has also instituted a movement for the thorough organization of a medical library.

During 1898 there were treated at the Hospital for Consumptives of Maryland, situated at Baltimore, thirty-six cases, of which nine were discharged much improved and had gone to work, seven were discharged improved but not able to work, three were found on further examination not to have consumption and were discharged, three were not improved at all, two died and twelve were in hospital at the end of the year. The hospital has at present fourteen beds, and takes only white men and women, both pay and free. It is situated now at the corner of Park avenue and Hoffman street, but will be removed to the country in the spring.

Washington Notes.

Two new cases of smallpox were reported to the Health Department Tuesday afternoon.

Assistant Surgean G. M. Augeny has been transferred from the naval hospital at Chelsea to the "Indiana."

Surgeon J. B. Boss, formerly of this city, has been assigned to duty at one of the hospitals to be erected in Havana.

Past Assistant Surgeon L. L. Von Wedekind has been detached from the Naval Academy at Annapolis and is ordered to the Asiatic station.

Surgeon H. G. Beyer is ordered from the "Amphitrite" to the "Wabash," and Surgeon J. M. Edgar from the "Cincinnati" to the "Richmond."

Acting Assistant Surgeon Arlington Pond, U. S. A., will accompany the first transport sailing from New York for Manila, and Acting Assistant Surgeon C. H. Andrews, U. S. A., will accompany the first transport sailing from San Francisco for Manila.

Surgeon D. N. Bertolette is ordered from the "Vermont" to duty in this city as a member of the Medical Examining Board. Medical Inspector N. M. Ferebee reports for duty at the Naval Hospital, Norfolk. Inspectors Cooke and McMurtrie are retired.

At the society Wednesday evening Dr. A. F. A. King presented a paper entitled "The Mosquito and the Malarial Parasite." Dr. C. L. Allen presented cases and specimens (1) Edema in Hemiplegia, (2) Early Degeneration of the Pyramidal Tracts as Shown by Marchi Method.

The annual meeting of the Eastern Section of the American Laryngological, Rhineological and Otological Society was held in this city last week. The session was well attended by the specialists from the Eastern section of the United States. Dr. Charles W. Richardson, the president of the society, presided at the meeting.

Dr. T. Hayward Hayes, formerly of the United States Marine Hospital Service, and graduate of the Maryland University, who went as a medical missionary to Siam about fifteen years ago, is soon to return to Washington as a representative of the Siamese government. The Doctor now holds the rank of Major Surgeon in the Siamese Navy.

Book Reviews.

Ocular Therapeutics for Physicians and Students. By F. W. Max Ohlemann, M.D. Translated and edited by Charles A. Oliver, A.M., M.D. 274 pages. Philadelphia: P. Blakiston's Sons & Co. 1899. Price $1.75.

The object of this little volume is to furnish a ready reference to the various remedies suggested for the treatment of any given disease of the eye. It is handy, practical and fairly well up to date, but, unfortunately, is full of errors.

The editor's preface states that "as the original work has all of the drug values expressed in the metric system of weights and measures, these have been retained, the nearest equivalent in apothecaries' weights and measures being noted immediately after the metric dose of each ingredient." The scheme is an excellent one, but the translator seems to have had a very indefinite or imperfect idea as to relative values. Fully one-fourth of the prescriptions contain mistakes, some trifling, it is true, and perhaps none that would cause serious trouble, but still a large number that are inexcusable. For instance, on page 13, one-quarter of a liter is given as equivalent to eight fluid ounces, and only three lines below, on the same page, as equivalent to four fluid ounces. On page 16 the following appears: "Hydrarg. chlorid. corrosiv., 0.04 grammes equals six grains, when it should be six-tenths of a grain; 100 c.c. is a quantity ordered in many of the prescriptions, and in some it is given as equivalent to three ounces, one and one-half drachms in others, three ounces, one drachm, forty-three minims, and, in others, as three ounces, two drachms, 153 minims, etc., sometimes two different translations appearing on the same page, as occurs on page 114, where the two last-named quantities are given and where also 200 c.c. is quoted as equivalent to three ounces, three drachms, and so one might continue. It is difficult to understand how the editor, who is usually so very careful in his work, could have allowed the proof to pass him in such a condition.

Chapters V, IX and XI, dealing with General Treatment, Diseases of the Cornea and Diseases of the Iris, are worthy of especially favorable mention, and the book will undoubtedly prove of great service to the physician as well as to the student. It is only necessary to advise that the prescriptions be used either as they appear in the original metric quantities or that each reader shall make for himself a careful translation to grains, drachms, etc.

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Original Articles.

MALARIA.

By William Sydney Thayer, M.D.,

Associate Professor of Medicine in the Johns Hopkins University.

AN ADDRESS DELIVERED BEFORE THE MARYLAND PUBLIC HEALTH ASSOCIATION, AT EASTON, ON NOVEMBER 10, 1898.

Mr. President, Ladies and Gentlemen—To deal with a subject as large as malaria in an hour's talk is rather a difficult problem, and I trust that you will pardon me for the necessary incompleteness of my remarks. It has, however, seemed to me that it might be of interest to this association to hear a few words treating particularly of the nature of the disease and the relation of its manifestations to the parasites which have been shown to be the exciting cause. It may also interest you to learn a little concerning recent observations which have been made with regard to the manner in which the disease is acquired.

That fevers, commonly associated with chills which show a marked tendency toward periodicity, are common in warm, swampy and marshy regions has been known for centuries, and with the introduction of quinine* in the seventeenth century it was discovered that a large class of these fevers responded immediately to treatment by this drug. That the term "malaria" became applied to this affection is an interesting indication of the views held by old observers as to the manner of origin of the disease. The word "malaria" represents the two Italian words "mal' aria," signifying bad air.

*The crude cinchona bark was then used.

But while the term was at one time limited to fevers which yielded to treatment by quinine, it has since been applied in a general way to all sorts of febrile and non-febrile conditions, many of which have, in reality, nothing to do with the clearly-defined disease which we now know as malarial fever. To complain, as is so common, that we suffer from "malaria" when we are tired, or have headache, or are "run down" from overwork, is about as rational a proceeding as if we were to say that we had smallpox or diphtheria or measles. Malaria is, in fact, a disease as sharply defined and as easy of diagnosis as any of these affections.

For many centuries, indeed from a period before the Christian era, malaria has been supposed to be due to some animal or vegetable poison which entered the body with the drinking water or the respired air. But it was not until 1880 that the existence of a parasite causing the disease was definitely proven. Laveran, a French army surgeon, at that time stationed in Algiers, discovered that the blood of patients suffering with malaria contained living organisms which developed within and at the expense of the red corpuscles. He considered himself justified in assuming that these parasites were the cause of the disease, because they were invariably present in patients suffering from the affection and never found in other individuals, and, further, because they disappeared rapidly and synchronously with the subsidence of the symptoms of the disease under treatment by quinine. Five years after this Golgi, in Italy, followed later by a number of other observers, described the life history of these parasites within the cir-

culation. Studies in Italy, America, Russia and Germany since then have shown that there are three distinct varieties of the malarial organisms—one in which the parasite passes through its complete cycle of development in about seventy-two hours, the quartan parasite; one in which the cycle of development lasts about forty-eight hours, the tertian parasite, and one in which the cycle of development is more or less irregular, being completed sometimes within twenty-four hours, in other instances extending over a period of forty-eight hours or even more. This parasite, which is associated with fevers which in temperate climates occur during the later summer and fall, has been called the estivo-autumnal organism. These several types of parasites have certain morphological differences which are easily recognizable by the skilled microscopist.

The tertian and quartan parasites in their youngest forms are represented by small, colorless, hyaline bodies, which lie within the red corpuscles. These bodies show active ameboid movements. As they increase in size they develop small, dark-brown pigment granules, which are often thrown into active motion by the undulations of the protoplasm of the parasite. The pigment is developed apparently from the disintegrated substance of the red-blood corpuscle. Eventually, at the end of seventy-two or forty-eight hours, according to the variety of the parasite, the red corpuscle is entirely filled by the organism, which is now ripe for sporulation. The pigment then gathers into a small clump or block at one point, usually in the middle of the parasite, which breaks up into from six to twenty or thirty small, clear, hyaline bodies. These are more numerous in the tertian than in the quartan organism. The red corpuscle having been entirely destroyed, the clear hyaline segments, which apparently represent young parasites, are set free in the circulation and are ready to attack other red-blood corpuscles. Golgi first pointed out the remarkable fact that in infections with the tertian or quartan parasite the organisms are present in great groups, almost all the members of which are at approximately the same stage of development. Thus in infections with one group of the tertian parasite sporulation of the entire generation occurs within a period of a few hours every other day; in infections with the quartan parasite within a few hours every fourth day. The estivo-autumnal parasite passes through a cycle of existence similar to that of these other organisms, with the exception of the important difference that the tendency toward arrangement in groups is much less definite, the parasites frequently being present in the blood in all stages of development.

Not all mature parasites, however, undergo sporulation. Some are observed to break up and become disintegrated, while others show an interesting change, which has given rise to much speculation and inquiry. From full-grown bodies there develop suddenly a number of actively-motile filaments, which thresh about among the surrounding blood corpuscles and not infrequently break loose from the mother cell, rushing through the field with lively serpentine movements. These filaments have been called flagella. What is their significance? Two main views have been held. On the one hand, they have been considered stages in a degenerative process; while, on the other hand, some observers have believed that they represent forms in the life history of the parasite destined to preserve its existence under conditions other than those with which it meets within the human body. This is a view which, from analogy with what we know of other parasites, is not unreasonable. It is well known that some parasites, after having passed through their ordinary intra-corporeal cycle of existence, develop forms which, while within the host which they then occupy, are sterile, but which are capable when, owing to the death of the host or from any other reason they reach another medium, of undergoing further development, representing, then, the first stages of a second extracorporeal cycle of the organism. I mention these possibilities now, for I shall come back to the subject later on in connection with some recent studies.

* * *

Interesting as are these facts with re-

gard to the constant presence of the parasite in patients affected with malaria one might naturally ask further:

(1) Where and how do these parasites exist outside of the human body?

(2) How do they obtain entrance into the body—in other words, how do we become infected with malaria?

In answer to the first question we can only say, "We do not know." Analogy, however, with what we know of other parasitic organisms justifies us in believing that the form in which the parasites live outside of the human body is entirely different from that which they assume after they have entered.

With regard to the second question, "How does infection take place?" there has been much speculation. Three main ideas have been held:

(a) That infection occurs through drinking water.

(b) Through the inhaled air.

(c) Through the bites of insects.

The theory that infection occurs through drinking water is old and time-honored, and yet not only is the positive proof wanting, but there is considerable evidence against this hypothesis. The diagnosis of malaria is often, unfortunately even today, loosely made, and when we examine the evidence advanced in favor of the water-borne theory of the disease we find that much of what has passed for malaria is undoubtedly typhoid fever, which, as we all know, is only too frequently acquired in this matter.

Furthermore, many experiments have been made which tend to throw discredit upon the water-borne theory of the disease. Marchiafava and Celli, Mariotti, Ciarocchi and Zeri have all tested the question by the administration of water from the most malarious districts about Rome by the mouth, by the rectum and as a spray to individuals, who have voluntarily subjected themselves to the experiments. But though the experiments were in some instances continued through long periods of time, in all cases the result was absolutely negative. Grassi and Feletti administered dew collected from the most malarious districts, but without effect. They even went so far as to drink fresh blood from an infected individual—blood which, if introduced hypodemically, will always cause a transference of the infection.

After all this it is but rational to conclude that it is unlikely that infection occurs through the normal gastro-intestinal tract. This does not mean that the parasites may not exist and develop in stagnant water, entering the system in other ways. Indeed, there is some reason to think that this may possibly occur.

One of the oldest theories in connection with the disease has been that infection occurs through the inspired air, and while no positive proof can be advanced in its favor it is hard for most to completely abandon this theory. Many instances of malaria occur when almost every other method of infection can be ruled out. Yet, as has been before said, evidence proving that infection occurs through the lungs is wholly wanting. Of late years there has been a strong tendency to return to an old idea, namely, that the infection in malaria may occur in many instances at least through the skin, the parasite being introduced by the bites of some suctorial insect.

As a matter of fact a sufficient number of individuals have subjected themselves to the experiment to prove that the disease may always be transferred from an infected individual to a healthy man by intravenous or hypodermic inoculation of blood. The same type of fever and the same variety of parasites are reproduced in the individual who is inoculated.

But especially interesting is the fact that within a few years several diseases in lower animals which depend upon the presence of a parasite in the circulating blood have been shown to be transmitted by the bites of insects. Thus Professor Theobald Smith of Boston, at that time connected with the Bureau of Animal Industry in Washington, showed that Texas fever in cattle is due to the presence in the blood corpuscles of a parasite closely similar to that of malaria, and this parasite is transferred by means of the cattle tick. A disease of animals in Africa, known as nagana, is due to the presence in the blood of a parasite, which is transmitted by the bite of the tsetse fly.

In man suspicion has fallen upon the

mosquito, and, indeed, there is much evidence which goes to suggest that the mosquito may play a part in transferring the malarial infection. In the first place, mosquitoes invariably exist in malarious regions, and malarial fevers are more prevalent at those periods when the mosquitoes are most abundant; they are especially numerous in regions about swamps and marshes, where the dangers of infection are greatest. In a malarious district there is greater danger of infection at about sundown and at night, but sunset and night are periods at which mosquitoes are highly active. The dangers of infection are greater near the ground than in elevated positions, but mosquitoes are more numerous near the ground. The danger of infection is greater on quiet nights than in windy weather, but wind is particularly unfavorable to the mosquito. Emin Pasha was so convinced that the bite of the mosquito played an important part in the etiology of malarial fever in Africa that he always traveled with a mosquito net, and escaped the disease. Bignami further has noted that in certain parts of Italy workmen who live in conical huts with a hole at the top, through which the smoke of their little fire passes, are unusually free from the disease, while those about them may be almost universally affected. Of course, the presence of smoke is one of the surest protection against mosquitoes.

Koch, who last year devoted some months in Africa to the study of malaria, was strongly impressed with the probability of this hypothesis. He says: "The more I study this disease the more I incline toward the opinion that the latter" (transference of the infection by means of the mosquito) "is the main, probably the only" (method). Wherever one goes he finds tropical malaria and the mosquito present together. On the coast (in East Africa) there are several places which are free from the disease. One of these is the island Chole, which lies upon the southern extremity of the Island of Mafia. "This is the only place on the coast where I could sleep without a mosquito net. In the mountains malaria stops at exactly that point where no more mosquitoes are to be found. Inland malaria diminishes together with the mosquitoes. At those times of the year when there are many mosquitoes malaria is more severe." The natives of Usambara mountain often acquire the disease when they descend to the lowlands. They believe it to be due to the bites of mosquitoes, and call the disease by the same name which they give to the mosquito—"Mbu." Koch is, however, especially impressed by the analogy with Texas fever and other diseases of animals in which the parasites exist exclusively in the blood.

This is an interesting and seductive hypothesis. If we pursue it further we are immediately confronted with the question, how may the parasite enter the mosquito, and how may the mosquito introduce it into the human being? There are many possibilities in this connection. Let us consider what occurs in some other parasitic diseases. In Texas fever it is not the adult tick which transfers the parasites from one animal to the other. The adult tick feeds upon the parasites which infect the blood; the parasites live in some form within the tick, are transmitted to its descendants, and it is only upon being bitten by one of a new brood of ticks that infection is acquired. Another way in which insects may assist in transferring the disease is shown by the behavior of the mosquito and the filaria sanguinis hominis. This nematode has been shown by Manson to enter and live within the muscles of the mosquito. The mosquito, dying, very often infects water, which, if ingested by human beings, conveys the contagion.

Manson some years ago advanced the hypothesis that the mosquito might form an intermediate host for the malarial parasite as well as for the filaria, and that if mosquitoes were to bite infected individuals the organisms might continue to live in some form within the body of the insect, and, being set free upon its death, contaminate drinking water.

Beyond the fact that the development of flagellate bodies has been noted in blood contained within the stomach of the mosquito, and that Ross in India has noted, in several instances, curious pigmented bodies in the stomach wall of some insects, which had been fed upon

the blood of infected individuals, no confirmation of this hypothesis has as yet been obtained from the examination of human blood.

Recently, however, observers have turned their attention toward the parasites in the blood of birds. Birds are subject to infection with several varieties of organisms which are very closely analogous to the malarial parasites of men, and inasmuch as experiments of various sorts, impossible with the human being, may be readily carried out with birds, this field has seemed a particularly hopeful one for investigation.

Two years ago two of our students, Opie and MacCallum, made some interesting studies upon the blood of birds, confirming the observations of several other foreign students and noting certain further, as yet, undescribed features, of the avian parasites. And last summer MacCallum was fortunate enough to discover what is partial proof at least of Manson's hypothesis with regard to the flagella. While studying a certain variety of parasite in birds' blood he noted that whenever flagellation occurred some of the filaments, breaking loose from the mother body, rushed across the field to other full-grown parasites, parasites which Dr. Opie had previously noted were apparently incapable of flagellation. Single flagella might be seen to penetrate these full-grown forms. Only one filament ever succeeded in entering, though sometimes bodies of this nature might be seen surrounded by three or four flagella, which would butt their heads against them and, apparently, endeavor in every way to make entry. Shortly afterwards the body which had been penetrated changed its shape into a long pointed element, the pigment gathering at one end; it then became motile, advancing steadily across the field, destroying with its sharp point any red corpuscles which were in its way. These elements had previously been described by Danilevsky under the name of "pseudo-vermicules." This remarkable process, which has been repeatedly observed, can, from analogy, scarcely be other than an act of fertilization. The discovery may be said to have definitely shown that the flagella are not degenerate bodies. The further fate of the pseudo-vermicules MacCallum was, however, unable to discover. He is inclined to suspect that they may be forms capable of development under other conditions than those offered in the body of the bird. There are numerous analogies in natural history which tend to support this view.

Within the last year Ross in India has carried out some excessively interesting studies which bear directly upon the manner of infection. Ross noted that the process of flagellation might occur in avian parasites as well as in those of human beings within the stomach of the mosquito. Furthermore, he noticed, when working with a particular variety of the mosquito fed upon birds infected with the proteosoma (a special variety of parasite), that a certain length of time after feeding, curious, large, pigmented bodies began to appear in the walls of the mosquito's stomach. The pigment of these elements was clearly derived from that within the parasites which had been taken into the body of the mosquito. These structures, which appeared in crops after every feeding of the mosquito upon infected blood, were observed to increase gradually in size, until finally, at the end of six days, they reached a very considerable diameter, nearly ten times that of a red-blood corpuscle. At this time, according to Ross, they protrude from the walls of the stomach into the body cavity of the mosquito. In some full-grown forms a curious radial striation was noted.

Later Ross found that in cases where the large elements had ruptured, the body cavity contained great numbers of small spindle-shaped, rather flattened structures, which he was able to prove had escaped at the time of rupture of the mother body. To these filaments was due the striated appearance above noted. After their escape from the mother body they circulate in the insect's blood. Ross also discovered the presence of two glands in the thorax of the mosquito, which consist of a number of plump cells arranged about ducts which finally unite, forming a common trunk opening into the proboscis—salivary glands which

probably convey the poison of the insect. In the cells of these glands great numbers of the filamentous bodies become accumulated. Suspecting that it might be by means of these structures that the infection was carried from mosquito to bird, he exposed healthy birds to the bites of insects which had been fed upon infected birds at a period such that the filamentous bodies must be present in the salivary glands. The experiment was brilliantly successful. Ross was able, in almost every instance, to produce an infection considerably more severe than was the case in birds where the source of the infection was unknown. Indeed, some of the birds died of the disease—an unusual result.

If, then, Ross' observations are accurate we have at last the demonstration that a parasite closely similar to the malarial organism in man may have two cycles of existence—one within its warm-blooded human host, and one taking place within the body of the mosquito which serves as an intermediate host, being capable later of actually transmitting the disease from infected to non-infected individuals.

And when we follow these observations step by step we cannot fail to be led to believe that the first stage in the process is fecundation, as observed by MacCallum. Ross has not as yet reported the manner of entrance of the parasites into the stomach-wall of the mosquito, but when we remember the extraordinary behavior of the pseudo-vermicule which arises from the fecundated parasite—its sharp point and the manner in which it is capable of piercing and destroying everything in its way—it would seem almost more than probable that it is in this stage that penetration of the intestinal wall takes place.

Not the least interesting point brought forth by these observations is the suggestion that a patient infected with malaria may be, through the help of the mosquito, a source of contagion to those about him.

* * *

I have already spoken of the fact that three distinct varieties of the malarial parasite have been described. It is interesting to note that these three varieties are each in turn associated with a definite type of fever. The quartan parasite, it will be remembered, has a cycle of existence lasting about seventy-two hours, and further possesses the remarkable characteristic that it is present in the blood of infected individuals in great groups, all the members of which are approximately at the same stage of development. Thus, in infections with a single group of organisms sporulation occurs at intervals of seventy-two hours or every fourth day. It has been shown that the paroxysm in malarial fever is always associated with the sporulation of a group of parasites, so that in such an infection the chill occurs every fourth day. There is reason to believe that the immediate cause of the paroxysm is some poisonous substance set free by the parasites at the time of their sporulation.

The tertian parasite, as has been said, has a cycle of existence lasting about forty-eight hours, and here, in infections with a single group, sporulation and the resulting paroxysm occurs every other day. The tertian parasite is the commonest variety in these regions.

But you may, perhaps, say that the commonest form of ague in Maryland is that in which chills occur daily. How are we to explain this? Very simply. In the great majority of instances two groups of the tertian parasite are present—one segmenting perhaps on Monday and Wednesday, the other on Tuesday and Thursday, the result being a chill daily. The same may and does occur in infections with the quartan parasite if three groups be present, while in some instances, in infections with two groups, chills may occur on two successive days, with a day of intermission between.

Rarely infections with multiple generations of the tertian and quartan parasite occur, resulting in irregular fever. It is also, curiously enough, rare for two groups to segment upon the same day.

The result of all this is that in infections with either of these varieties of parasites the symptoms are remarkably regular and periodical.

This is not the case in infections with the estivo-autumnal organism. Here the

cycle of existence varies very much in different cases, oscillating all the way from twenty-four to forty-eight hours, or even more. In addition to this, the tendency to the arrangement of the parasites in groups is also much less marked. So that while regular paroxysms *may* occur at intervals of twenty-four or thirty-six or forty-eight hours, the fever is often irregular or continuous. This is the form of parasite which is associated with the so-called remittent fevers which occur at the height of the malarial season.

* * *

It may not be amiss to say a word before closing with regard to the amenability of these different forms of fever to treatment. All types of malaria yield to treatment by quinine. One may meet with malignant infections so severe that death occurs within twenty-four or forty-eight hours, before quinine has had the proper time to act, or where the paroxysms which have occurred have resulted in such injury to the human organism that, despite the disappearance of the parasites, death may ultimately follow; but the infection always yields to quinine. Relapses, however, may and frequently do occur. There are many individuals who treat themselves with a few doses of quinine at the time of their paroxysm, who have at more or less regular intervals of one, two or three weeks recurrences of the infection. This may go on for months or years, resulting in very material danger to the health and constitution of the individual. But the immediate attack will always yield rapidly to quinine, and if treatment is properly continued the danger of relapses is slight. It is perfectly safe to say that any fever in these regions which does not break after four days' treatment by quinine, properly administered, is not simple malaria. I have seen cases of malaria in which slight fever, strictly speaking, lasted longer than four days. Occasionally in severe cases a slight elevation of temperature may last for some time after the infection has disappeared, but the marked manifestations are always broken within a few days. It is a fact that continuous fever, non-resistant to quinine, is not malaria, and observations with modern methods are showing us that the great majority of the cases which have been previously classed as malarial fevers, resistant to quinine, are really instances of typhoid fever.

But I have already taken more of your time than I had intended to, and I will come to a few general conclusions:

(1) Malarial fever is a specific infectious disease, due to parasites which exist in the blood of the infected individual in great groups and give rise to paroxyms at the periods of their sporulation.

(2) There are three varieties of malarial parasite—one associated with quartan fever, one with tertian and one with paroxyms which occur usually about forty-eight hours apart, but occasionally at more frequent intervals, while often the fever is irregular or continued—the estivo-autumnal parasite.

(3) Either of the first two varieties of parasite may also give rise to quotidian fever, owing to the presence of multiple groups of organisms undergoing sporulation on successive days.

(4) The paroxyms in infections with the tertian and quartan parasites are usually regularly periodical in their time of onset. In infections with the estivo-autumnal organism they are often irregular and associated with continued fever.

(5) We do not know how the parasites live outside of the body or how infection takes place.

(6) Experiments tend to show that it is improbable that infection occurs through the gastro-intestinal tract. It is possible, though not proven, that it may occur through the respiratory apparatus or through the skin, being introduced by the bites of insects, especially the mosquito. By analogy with the course of events in similar infections in birds it is highly probable that the mosquito may play the part not only of an intermediate host of the malarial parasite, but also of a direct transmitter of the infection from one individual to another.*

*Since the delivery of this address, studies by Grassi, Bignami and Bastianelli in Italy with the parasites of human beings, have entirely confirmed the observations of Ross on the parasites of birds. The entire extracorporeal cycle of existence of one of the human malarial parasites has been followed within the intestinal wall and salivary gland of the mosquito, and infection by means of the bites of such mosquitoes has been produced.

(7) Quinine, properly administered, is a true specific against the disease.

(8) Relapses may occur after weeks or months, but they are in turn amenable to treatment.

A CASE OF SARCOMA OF THE KIDNEY, WITH NEPHRECTOMY.

By Randolph Winslow, M.D.,

Professor of Anatomy and Clinical Surgery, University of Maryland, Baltimore.

The following case was brought to the University Hospital by her physician, Dr. L. J. Turlington, on October 24, 1898, and was assigned to my service:

Katie H., white, aged twenty-one years, seamstress by occupation, single nullipara, with a good family history. She has had the usual diseases of childhood. She began to menstruate at the age of thirteen years, and has continued to do so every four weeks since, the flow lasting four or five days, without pain, until within the past two months. She is very nervous and has had frequent attacks of malarial fever, and had St. Vitus dance at the age of eleven years. When she was seventeen years of age she had a convulsion, and remained unconscious for two hours. The convulsions would continue at times for three or four days, recurring at intervals of fifteen minutes to two hours, and about this time she noticed pain in the lower part of the abdomen, but no enlargement. The convulsions, which were probably hysterical, have been gradually decreasing in frequency, and at present only occur every three or four months.

Last July, whilst walking, she experienced an uneasiness, as if something was "drawing up" in the lower part of the abdomen, and there was shortness of breath. This uneasiness has persisted and has become exaggerated, until she now is in pain almost all the time. There has also been increased frequency of urination, and at times the urine contained blood, but not at present. Physical examination: The patient is anemic, but very well developed, and says she has lost considerable weight during the past six months. Upon exposing the abdomen, a tumor is seen on the left side, extending from the ribs to the pelvis, that is, from near Poupart's ligament to three inches above the umbilicus and from the lumbar region to several inches to the right of the linea alba. This tumor is smooth and elastic, ovoid in shape, and movable to a limited degree, and at one point there is a distinct nodule. The tumor is painful and is especially sensitive to pressure. It is dull upon percussion, and the colon resonance cannot be determined.

As the patient lies on her back the abdomen shows a marked prominence on the left side, as large probably as a five months' pregnancy. The heart, lungs and other organs appear to be healthy. Her digestion is good and her appetite excellent, but she suffers from constipation, and her bowels rarely move except when she takes purgatives. As already stated, she has very frequent micturition.

Urinary analysis: Acid, specific gravity 1026; some albumen, no sugar; epithelium, urates, red corpuscles and pus cells present.

She was examined per vaginam by my colleague, Professor Ashby, and her pelvic organs were found to be healthy. The diagnosis of sarcoma of the kidney was made, affections of the spleen being excluded by the more rounded contour, deeper situation and greater fixity of the tumor than would be found in hypertrophy of the spleen.

November 3, 1898, abdominal nephrectomy was performed in the amphitheater of the University Hospital. Two ounces of whiskey and a hypodermic injection of morph. sulph., gr. one-quarter, were given two hours before operation and repeated one-half hour before anesthetization. Ether was the anesthetic used, and she came under its influence readily and did not suffer from shock, her pulse being better after operation than before. She was swathed in cotton previous to being placed on the table, in order to preserve the natural temperature of the body as much as possible. The necessary aseptic preparation had been performed over night, the abdomen and thorax having been thoroughly scrubbed

with the stiff brush and green soap, shaved, washed with strong bichloride solution and alcohol and done up in hot bichloride towels, the bowels thoroughly emptied by salts and enema and the bladder catheterized. All instruments had been sterilized by boiling, as well as the silk worm gut and silk sutures, whilst the gowns, sheets and towels used had been sterilized by live steam under pressure. The operator and assistants, after thorough scrubbing of the hands and forearms with the brush and green soap, used the permanganate and oxalic solutions, and then the hot bichloride solution, 1-1000, and wore white cotton gloves, which had been boiled.

In this manner it was hoped that a perfectly aseptic operation would result, and as a matter of fact the temperature and pulse rate subsequent to operation remained as it was before. An incision was made in the left linea semi-lunaris, extending from the ribs to near the pelvis, and a cross-cut backwards to the quadratus lumborum muscle, freely opening the abdominal cavity. The descending colon was found overlying the anterior part of the tumor, which extended beyond the middle line of the abdomen. The meso-colon was spread out and looked as if a layer of muscular fibers had developed in it, resembling the tissue of the dartos. The posterior lamella of the meso-colon was divided and the kidney enucleated, bleeding vessels being clamped and tied. The tumor was strictly encapsulated and its removal was not very difficult. The ureter was very large and was ligatured low down. The renal vessels were rather small, and were tied. The growth arose from the pelvis of the kidney, and was filled with cysts containing bloody fluid and with soft grumous matter. Unfortunately the sac broke in extraction and some of its contents escaped, which were mopped up. The aorta was exposed for several inches in the enormous wound, which occupied the whole left half of the abdominal cavity.

During the separation of the colon from the growth the descending meso-colon was considerably torn from the bowel; this was sutured, and no harm resulted. The abdominal parietes were partly sutured, leaving a large, open cavity, which was filled with gauze. The operation lasted about an hour altogether and the patient was not shocked. She suffered subsequently with nausea and pain for several days, and notwithstanding the free use of calomel it was impossible to move the bowels until croton oil in drop doses was administered.

With free intestinal action the nausea ceased, and she speedily resumed a normal condition. The urine was rather scanty for two or three days, but soon became sufficient in quantity. The wound discharged large quantities of bloody serum at first, and required to be dressed daily, the outer dressings being renewed, whilst the gauze packing was gradually withdrawn. As there was a great tendency for the large intestine to protrude when the dressings were removed, great advantage was derived from placing sterile rubber tissue next to the bowel and peritoneum, which thus shut off the peritoneal cavity and kept the gauze from adhering to the omentum and intestine. Her highest temperature after operation was 100 2-5°.

The large wound rapidly filled up, and she gained flesh rapidly, and left hospital on December 23 in excellent health.

Pathological examination of the growth was made by Dr. Wm. Royal Stokes, who pronounced it to be a round-celled sarcoma, arising from the connective tissue of the kidney or its pelvis. The kidney structure was not entirely destroyed, but was to a large extent spread out and thinned. The pelvis of the kidney was dilated and filled with old blood clots.

The prognosis is, of course, extremely bad; the growth will probably recur and cause her death, but she has had the only possible chance for life given her.

Remarks.—Solid tumors of the kidney are almost always malignant in character, and in a majority of cases some variety of sarcoma is found. Sarcoma of the kidney is found most frequently in childhood and youth, though it also occurs in old age, and very rarely in adult life. The tumor often attains a large size and may weigh many pounds. The symptoms of sarcoma of the kidney are

usually sufficiently distinct, and may be grouped under three heads: (1) Tumor, (2) pain, (3) hematuria. An abnormal swelling will be found on one or the other side, rarely or never on both; this enlargement grows forward and does not bulge in the loin. In its growth it displaces the intestines and pushes the descending colon towards the middle line, where it may be found by percussion or palpation to pass in front of the growth. The location of the colon may be rendered more apparent by inflation from the rectum. The tumor is usually smooth and rounded, and does not present any sharp or notched edge, and this is a point of distinction from affections of the liver and spleen. There is but little mobility to the growth, though in the case just reported motion could be imparted by strong pressure. Percussion dullness will be found extending from the loin forwards, and only interrupted by the tympanitic line of the colon. Pain and soreness will be quite constant symptoms, the pain radiating in various directions. Bloody urine is generally present more or less in sarcoma of the kidney, but this sign is also frequent in carcinoma of this organ. The symptoms and signs enumerated occurring in early life point with great certainty to sarcoma of the kidney. The prognosis of these affections is very grave; without operation it is hopeless; with operation we have to face a primary mortality of about 40 per cent., and if the patient survives the probability of recurrence is very great. Nephrectomy can be performed by either the abdominal or lumbar route. When the growth is not large it may be removed through the loin, and this is the preferable operation, and this is especially desirable in any septic condition. When a large tumor is present the abdomen must be opened, preferably in or near the linea semi-lunaris.

Note—February 3, 1899.—I am sorry to have to report that the unfavorable prognosis expressed above has unfortunately proven too true, and that a recurrence is already in progress.

MEDICAL BIOGRAPHY.

By George J. Preston, M.D.,

Professor of Physiology and Diseases of the Nervous System, College of Physicians and Surgeons, Baltimore.

READ AT THE ANNUAL MEETING OF THE BOOK AND JOURNAL CLUB OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, JANUARY 25, 1899.

Biography is the incarnation of genius. The man and his work are in a way dissociated, and the more we are impressed by the latter the keener becomes our interest in the personality of the former. The creations of genius seem to us to have something more than human about them, and we turn with eager expectancy to the agent through whom the work has come. We may rave over the work of the great novelist, but we are not satisfied until we know whether he writes with a black or a blue pencil. We may be spellbound before the genius of the dramatist, but we must know whether his domestic life be a happy one or not.

For three centuries we have been doubting Shakespeare simply because of the paucity of detail regarding the man. In one of the early numbers of the *Spectator* Addison says: "I have observed that a reader seldom peruses a book with pleasure until he knows whether the writer of it be a black or a fair man, of a mild or a choleric disposition, married or a bachelor, with other particulars of a like nature that conduce very much to the right understanding of an author."

Now and then we have examples of the survival of a biography long after our interest in the work of the subject of it has passed. Who nowadays reads Dr. Johnson, but who does not delight in the inimitable biography of Boswell? And yet the great Cham said of Boswell, whom Irving calls the bear leader of the Ursa Major: "If I thought Boswell were going to write my life I would take his." The dust is rarely brushed from the "*Noctes Ambrosianae*" now, but what a delightful picture we have of Christopher North in the person of Professor Wilson? Is not the pleasure derived from the Waverly Novels enhanced by the lovable personality of Sir Walter? And while laughing

at the scintillating wit of Scarron, Heine or Hood, is not our admiration heightened when we think of the poor tortured bodies from which this wit emanated?

All biography should be interesting to medical men, since presumably those of our species who are deemed worthy of having the record of their lives preserved have distinguished themselves above their fellows, and from a biological or a physiological standpoint we should like to know why.

Was Praxiteles' hand or Raphael's eye more finely molded or more delicately constructed than falls to the lot of common mortals, or was the genius in the brain alone? What does the life history tell us of the brain of Aristotle or Kant, the eye of Cuvier or Darwin? If biography in general is interesting to medical men, how fascinating must be the records of the lives of their fellow-craftsmen! In one of Bulwer's novels there is a chapter devoted to the therapy of books, a chapter which every physician should read. Often there come to us cases that need the stimulus of a good book, and, as physicians, we should be as ready to prescribe books as drugs. We should not simply say, "Read a book," but should stand ready to prescribe this novel or that essay according to the effect we desire to produce.

And how about the doctor? Does he not suffer from the *taedium vitae?* Is there any profession in which the wheels need greasing oftener? City or country, crowded office or lonely night drive, no professional man needs more cheering than the doctor. General literature is all very well in its way, but it is not a delight to all. But where is the physician who will not be carried away by the history of the struggles and successes of some great worker in his own field—some master who has left an indelible impress upon the science of medicine? How eagerly we read of the early days of practice, the very inception of some great idea that was predestined to revolution science, discouragement, failure, success, fame? What a delight it is to find out that the fathers of medicine were, after all, so intensely human!

If we read aright we may learn lessons of incalculable worth from the lives of the great physicians. We see how they worked, how they mastered difficulties that at first sight seemed insurmountable, how they loved and honored their profession far above the scant homage of today, with what singleness of purpose they served science, how they served their day and generation and left the world better for having lived. What enthusiasm have we today to put beside that of Galen, who made a journey to Alexandria and spent a year there in order to study a skeleton, or of Harvey, who anatomized dogs and cats while traveling in the royal suite? If medical biography serves no other purpose it is yet useful to take the conceit out of us moderns.

In this day of the making of many books we do not realize the wealth of biography relating to medicine, and we fail properly to appreciate and profit by it. What a glorious record our profession has to show! Beginning with the earliest times we can trace all down the line of man's history a golden thread of pure science, now narrow, now broad, always tending to the establishment of truth. No profession can boast of such an heritage. Before theology was, before there was a science of laws, before the physical sciences, strictly so-called, existed, the science of medicine had firmly established herself. How ennobling, therefore, must be the history of the lives of the men who bore the torch of science through the darkness of chaos to the dawn of civilization!

It is hard for us to realize now that for many centuries all science was in the hands of the medical profession. Physiology, *Phusike Logos*, was as broad as nature herself.

The one light that has never failed is the light of science. Schools of philosophy have come and gone, theological dogmas have swayed the minds of men and then sunk into oblivion, but science has never taken a backward step. Often the church has forced an issue with science, but from the time of Galileo to the time of Darwin science has always come off victorious.

In these degenerate days, when the practice of medicine is looked upon as a trade, because, forsooth, in so many instances it is pursued merely as a trade, we are apt to forget our glorious heritage. We are the oldest guild on earth, and it behooves us to live up to the dignity of our great fraternity. Every medical school in the land should have a chair of medical history. Every medical student should go forth from the halls of his alma mater with a full knowledge of the grandeur and dignity of his chosen profession. He should know what influence was exerted by the works of Hippocrates, and should follow out the effects of the commentaries of Galen. He should study the writings and lives of Avicenna, Vesalius, Fallopius. He should note the epoch-making work of Paré and read his charming account of the dawn of surgery. He should make himself familiar with the life and works of Harvey. He should be on intimate terms with Sydenham, Boerhave, Pinel, John Hunter, Jenner and hosts of those great masters whose lives adorn the science of medicine.

"Some books," says Lord Bacon, "are to be tasted, others to be swallowed, and some few to be chewed and digested." In this latter category are surely to be placed biographies. What can be more absorbing or inspiriting than the lives of the men who discovered the circulation of the blood, the microscope, vaccination, anesthesia, the germ theory, antisepsis?

What a stimulus to youth, what a delight to old age, the recorded lives of these great masters! How these stirring narratives push us on to fresh endeavor, revive hope, give promise of reward! And in the biography of the world's greatest where can we find such examples of courage, fidelity to duty, unselfishness, devotion to truth, as in the recorded lives of our fellow-craftsmen?

As Milton says, "Books are not absolutely dead things, but do contain a progeny of life in them, to be as active as that soul whose progeny they are; nay, they do possess as in a vial the purest efficacy and extraction of that living intellect that bred them."

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD FEBRUARY 3, 1899.

In the absence of the president, Dr. Lord, the meeting was called to order by Dr. A. D. McConachie.

Dr. Cary B. Gamble, Jr., read a paper on "Erythema Exudativum Multiforme," reporting several cases, which was followed with remarks by Drs. Gilchrist, Futcher and Abercrombie.

Dr. Randolph Winslow read a paper entitled "A Case of Sarcoma of the Kidney, with Nephrectomy" (see page 86).

Dr. Gilchrist spoke of the work of the Italian investigators with reference to the etiology of sarcoma and carcinoma, in which they claim that the cause of both carcinoma and sarcoma is the same.

Dr. W. B. Platt read a paper entitled "Vertebral Abscesses."

Dr. Branham said that the question as to how these cases are better treated is one that has caused a great deal of discussion. He then spoke of a very interesting case he had recently, a girl fourteen years old, who had all the symptoms, including the family history, of the typical lumbar abscess. She had elevated temperature, with pain in the lumbar regions and afterward much agony in the right lumbar region. There was a large fluctuating abscess mass in the lumbar region, extending well behind the kidney, and everything pointed to tubercular abscesses. The abscess was evidently approaching the surface in the lumbar region, and he decided to give an anesthesia. Concluding that there was some other trouble, something more than tubercular abscess, he made an oblique opening through the posterior part of the abdominal muscles into the cavity, and found that the deep muscles had, in some way, become necrotic. He tried to get cultures, but did not succeed in getting anything very definite. There was an immense mass of necrotic muscular tissue in the deep part of the transversalis muscle, and the eleventh rib was also necrotic. The whole cavity was thoroughly cleaned out, flushed with bichloride solution, 1 : 4000, and sterile salt so-

lution. As far as the physical condition is concerned the patient is perfectly well, walking now without any limp at all; has regained her flesh and seems to have recovered entirely.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY.

MEETING HELD MONDAY, JANUARY 23, 1899.

Dr. Wm. Osler presented "A Case of Double Congenital Cystic Kidney." The patient was a young woman, twenty-eight years of age and unmarried. About one year ago she first noticed blood in the urine, for which she could assign no cause, and this hematuria continued for about a week. She had no further trouble until December last, when she was seized with a severe attack of pain in the side, sharp in its nature, but not increased on deep inspiration and not associated with any chill or fever. The urine had been bloody the day before and remained so for two weeks. The frequency of micturition increased so that she had to pass water every hour. For nearly three weeks the pain in the side continued to recur in paroxyms. About this time she noticed that the abdomen was swollen and that her clothes had become too tight. She became somewhat weak and quite anemic from the loss of blood. An examination showed marked pigmentation of the skin, with slight similar changes in the mucous membranes, and in the flanks two large tumors could be felt, one on either side, the one on the left being the larger. There was no apparent increase in the area of liver dullness and no enlarged glands. There was slight hypertrophy of the heart and sclerosis of the arteries.

Dr. Osler stated that cystic kidneys are exceedingly rare, only about sixty-two cases having been collected up to 1893, and in only five of these was the condition recognized clinically, the great majority being discovered accidentally at post-mortem.

He believed in Virchow's theory that these cases of bilateral cystic kidneys are congenital, and that the individual may survive to adult life despite this condition. In seventeen of the sixty-two cases reported cysts were found in other organs of the body. Such cases should not be operated upon, for, notwithstanding the fact that the kidneys are greatly enlarged and full of cysts, the tissue between these cysts may be perfectly normal. In the case exhibited the physical signs (excepting the skin pigmentation, which pointed to adrenal disease) pointed to a double congenital cystic degeneration of the kidneys. There were, however, other symptoms of adrenal disease, and the presence of hematuria, bilateral palpable tumors in the region of the kidneys, hypertrophy of the heart and sclerosis of the vessels are considered by Leichtenstein as diagnostic of cystic kidneys.

Dr. Thayer referred to a case which he had seen two years ago in consultation with Dr. Reinhart in which, after careful examination, they had failed to locate any tumors, the patient being a large, fat woman, and all the symptoms inclined them to the diagnosis of chronic renal nephritis. At autopsy, however, they found two large cystic kidneys.

Dr. Finney referred to a case seen a few years ago in the hospital in which the symptoms simulated those of an appendix abscess and led to his opening the abdomen, but as soon as the peritoneum was opened the condition was recognized and the operation abandoned. One of the kidneys had become infected and the cyst contained pus, which accounted for the rise in temperature.

Dr. H. Friedenwald presented "A Case of Plexiform Neuroma of the Eyelid." This patient was a young girl, aged fifteen, who presented a tumor of the right upper lid, which was so large as to practically close the eye. Dr. Friedenwald believed that it was a plexiform neuroma, though such a condition is exceedingly rare.

In discussion Dr. Theobald remarked that he had never had a case of this affection in his practice.

Dr. Penrose gave some new points in medical mechanics. He exhibited a table which he had constructed for use in the administration of anesthetics while the patient is in the knee-chest position. This table has been used considerably in Dr. Kelly's operating-room and had been found of great service.

He also showed a model of a gynecological operating table, so arranged that the patient could be placed in the Trendelenburg position by the anesthetist without the latter having to move from his stool. It was managed by a crank near the end of the table.

Dr. Penrose then referred to the use of salt solution, followed by oxygen inhalations, in the treatment of pneumonia, and exhibited an apparatus for its administration.

Mr. Verhoeff exhibited a new instrument for the estimation of heterophoria and the combining powers of the eyes. It was a new instrument which he had invented for measuring the muscular condition of the eyes, combining, in addition to the properties of the Stevens phorometer, the ability to determine the combining power of the two eyes.

Obituary.

DR. GEORGE H. ROHÉ.

The death of Dr. Rohé was a great shock to the profession. With few exceptions no one had an idea that his heart was affected. Dr. Rohé was a man justly admired by all whom his extended reputation reached. He was of most versatile ability. He was a skilled dermatologist, an expert gynecologist, an authority on hygiene and sanitary science, and of late years had become an alienist of such note that his work just begun at the Springfield Asylum will go on record.

Dr. Rohé was born in Maryland in 1851. He received his degree at the University of Maryland in 1873, and after some hospital experience began at once to practice in Baltimore. He had occupied various positions of trust and importance, and was a member of a large number of American and foreign medical and scientific societies. He was always a prominent figure at any medical gathering.

He was appointed health commissioner of Baltimore under Mayor Davidson, and later resigned that office to accept the position of superintendent of the Maryland Hospital for the Insane. Then when the State bought ground and appropriated money for the erection of a second insane asylum, Dr. Rohé was given entire charge of this institution, and his excellent work, which he had only just begun, is well described by Dr. A. L. Gihon in the *Philadelphia Medical Journal* of November 3, 1898, in an article entitled "A Modern Madhouse."

Dr. Rohé was the author of several works which had a large circulation, and was at one time editor of the *Medical Chronicle* and collaborator on various medical and scientific journals. At the time of his death he was professor of materia medica, therapeutics, hygiene and mental diseases in the College of Physicians and Surgeons.

In his domestic relations he was most happy, and was a fond father and loving husband. He was a member of the University and Athenæum Clubs of Baltimore, and was one of the leading spirits of the Flint Club. While Dr. Rohé will be missed in many quarters, especially will the insane at the Springfield Asylum feel the need of his scientific care, for it will be no easy matter to choose a fitting successor to him, and there is great fear that an unfit political appointment may mar his excellent work. It has been difficult in these few words to pay a just tribute to the deceased.

Medical Progress.

Nervous Dyspepsia. — Dr. Grace Peckham Murray gives in the Medical Record her method of treating nervous dyspepsia. It is comprehensive, to say the least, but the suggestions are worthy of notice. She says:

"The treatment of nervous dyspepsia varies, of course, with the symptoms. The nerve sedatives are of benefit, notably bromide of sodium. When it has not a beneficial effect anemia is present. It can be associated with the bitter tonics. Nux vomica is the best of these, acting generally better than strychnine, and should be given in the liquid form, as the action of the bitter on the tongue stimulates the secretions. Carminatives should be used when there is much gas—the tincture of capsicum, or cardamom, or Jamaica ginger, or peppermint. These

are very useful in cases where there are sinking sensations and feelings of exhaustion. When there is overacidity the alkalies are demanded. Bicarbonate of sodium is the most generally useful. It can be combined with bismuth, which helps the irritability and hyperesthesia, which is often present. It is also good when intestinal indigestion occurs with the gastric indigestion. Some cases are improved by the acids, especially those accompanied with oxaluria and disturbances of the liver. They do not yield as satisfactory results as one would be led to suppose from the benefit derived from them in cases of pure neurasthenia. The results from pepsin are not often satisfactory; the wine or essence will sometime prove of benefit, but I have thought the result due more to the alcohol used in the preparation than to the pepsin itself.

"The diet should be simple and easily digested. In these cases, though, it often happens that foods one would not suppose could be digested are the ones that agree the best. In fact, it might be an aphorism that every stomach maketh its own digestion, and recently it has been proven that such is a scientific fact—that the secretions of the glands become adapted to the work in hand, and are such as will best take care of the food that the individual is in the habit of eating.

"In many cases of long standing, especially when there is a pouring out of the gastric juice, coating the stomach with thick and tenacious mucus, lavage or washing out of the stomach is very good.

"I have found electricity, too, very helpful. Where there has been inaction the faradic current acts the best. In other cases the constant current should be used. I do not think it is necessary to apply the current directly to the walls of the stomach by introducing the electrodes into the stomach itself."

* * *

The Treatment for Asthma.—Dr. Sidney Martin, in the British Medical Journal, discusses the treatment of asthma and especially bronchial asthma, and says that while spasm of the bronchial tubes may be the primary cause of asthma, peripheral irritation from the inhalation of insulting particles, disease of the naso-pharynx, such as polypi, and the pangs of indigestion all may bring on an attack. When the attack is on, then it needs vigorous treatment, and this is by the hypodermic injection of morphia, by the use of chloral or by the inhalation of chloroform, and small doses of any of these drugs will not bring about the required results. The inhalations of the fumes of such burning substances as stramonium and niter, or a powder consisting of one part each of anise and niter, two parts of stramonium leaves and five grains of tobacco leaves to the ounce, is very good. Cigarettes containing these substances often relieve when the powders fail. Lobelia is useful, but very nasty. These remedies are only to be used when the attack is severe, and cannot be employed continuously. For continuous use between the attacks and to keep them off are recommended especially potassium iodide and arsenic. Stramonium is often more effective when combined with the iodide. Disease of the naso-pharynx and disorders of digestion need prompt attention. The diet is to be most carefully selected, heavy, late meals not being allowed. Dr. von Noorden rather follows Trousseau in the use of atropine, beginning with a small dose, such as the one one-hundredth of a grain and continuing for six weeks or more until the dose has reached one-tenth of a grain, when it is to be gradually diminished.

* * *

Pneumonia in Private Practice.—So many cases of pneumonia occur that physicians have a varied method of treating this disease. Dr. M. Howard Fussell, in the Medical News, says that the proper treatment consists in rest and care of the heart. The horizontal position should always be maintained, and the bed-pan should be used and morphia to insure rest. For the heart strychnia, whiskey and digitalis are needed. He gives one-twentieth of a grain of strychnia every three hours. He has never used venesection, nor does he care for aconite and veratrum viride. He uses poultice applications, and also cold baths when the temperature is high.

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BALTIMORE, FEBRUARY 11, 1899.

Hygiene for the School Boy and Girl.

In the *Outlook* for December 24, 1898, Dr. Henry Dwight Chapin has contributed an article upon "Hygiene for the School Boy and Girl." The schoolroom, according to Dr. Chapin, may be considered the nursery of the nation, and hence the importance of this subject. With reference to the housing of school-children, especially in the public schools, he considers it a great mistake to mass together large numbers under one roof. This may be unavoidable in large cities, but it is never desirable, as it is difficult to avoid unsanitary conditions when 1000 or 2000 children from all sorts and conditions of homes are housed together in one building. Each child should be allowed at least twelve to twenty square feet of floor space and from 200 to 250 cubic feet of air space, according to age and development. These requirements are frequently not fulfilled in large schools. Ventilation by mechanical means is advised in all schools in which several hundred children are collected.

The proper lighting of the schoolroom is a point of very great importance. Statistics are given to show that there is a progressive tendency to nearsightedness in school-children, induced to a certain extent by the nature of their work and encouraged by defective illumination. The furniture of the schoolroom may likewise have an important influence upon the child's health. If the seats and desks are too high or too low or not in proper apposition the child will be obliged to work in a constricted and uncomfortable position. In a recent examination of 1000 children in a public institution Dr. Chapin found that a little over 10 per cent. of the pupils had some posture defect, usually a beginning curvature of the spine.

In conclusion, Dr. Chapin appeals for the presence and advice of physicians in the matter of the education of the young. He considers that if they were more often asked to serve upon boards of education many mistakes so commonly seen would not be committed. We heartily concur in this opinion and hope that Dr. Chapin's article may help in the attainment of this much-to-be-desired end.

* * *

The Faculty's Centennial.

THE details of the centennial meeting of the Medical and Chirurgical Faculty in April are becoming more and more systematized, and the full programme will soon be issued. Besides the address by the president on Tuesday evening, and Dr. Keen's address on Wednesday evening, there will be special addresses by distinguished specialists from outside of Maryland. There will be public demonstrations and operations in the various hospitals, and those institutions on the east side will be visited on Wednesday morning, and those on the west side on Thursday morning. All hospitals will be invited to throw open their doors, and some of the large ones will give a public luncheon to their visitors.

There will be no regular scientific programme of papers by members of the Faculty, and with the exception of the president's address there will be no address or paper by a member of the Faculty. There will be an elaborate pharmaceutical and book exhibit, and there will be also a most interesting historical exhibit. The committee of arrangements is making every effort to procure portraits or any relics of the founders of the Faculty, and all those having anything of interest to the Faculty or knowing of any old portraits or relics of interest in connection with the Faculty or the profession of Maryland are earnestly requested to notify Dr. Wm. Osler or Miss Noyes, the Faculty librarian, at the earliest possible moment.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending February 4, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	1	..
La Grippe	..	9
Pneumonia	..	23
Phthisis Pulmonalis	..	24
Measles	16	1
Whooping Cough	7	2
Pseudo-Membranous Croup and Diphtheria.	33	10
Mumps	..	..
Scarlet Fever	14	..
Varioloid	..	..
Varicella	4	.
Typhoid Fever	6	2

The State Board of Health advises vaccination.

The Hebrew Hospital in New York is to be enlarged.

The English colony at Rome will open a hospital there.

The death of Dumontpallier is a great loss to the profession of Paris.

Paris has enacted some special laws to prevent infection in laboratories.

The latest fad in Paris is to witness cinematograph exhibitions of surgical operations.

Dr. L. J. Middleton, a physician of Putnam county, West Virginia, died at his home last week.

Some of the sections of the American Medical Association have already announced their programmes for June.

Hot-water bottles and bags are now made of rice paper, covered inside and out with a coating of Japanese lacquer.

La Grange, N. C., has a medical journal called the *Southern Medical Journal.* Dr. J. W. P. Southwick is the editor.

The American Orthopedic Association will hold its next meeting in New York at the end of May and the beginning of June.

Dr. William Osler has accepted an invitation to deliver the Cavendish lecture for 1899 before the West London Medico-Chirurgical Society.

New York has a private hospital for scarlet fever and diphtheria patients. This hospital has a large corps of physicians and is evidently very flourishing.

The sale of thyroid preparations has been so much abused in Paris that the authorities have been compelled to take steps to restrict the sale of these substances.

The health commissioner of Baltimore is seriously considering quarantining against Norfolk and other places in Virginia where smallpox is so prevalent.

The valuable library of the late Dr. J. M. Toner of Washington was totally destroyed in Johnstown, Pa., recently. Over 7000 books and many valuable portraits were burned.

Dr. Charles W. Hardin, a respected and popular physician of Virginia, died at his home near Petersburg last week, aged eighty-five. Dr. Hardin studied at the University of Virginia and also at Philadelphia.

The centennial programme of the Faculty in April will be most elaborate if carried out in full. Many prominent men from other cities have been invited to make addresses, and already some of them have accepted.

Dr. Charles Fayette Taylor, the pioneer in orthopedic surgery, is dead. He founded the New York Orthopedic Dispensary and Hospital. He was born in Vermont, but settled in New York. Dr. Henry Ling Taylor of New York is his son.

There is a merry war between the physicians and druggists of Muncie, Ind., if press reports are correct. The physicians threaten to have their own drug store, and the druggists say they will find several good physicians, even if they have to go outside to get them, who will give their services free, provided the patients get their medicines at the drug stores. The results will be looked for with interest.

A medical congress of hygiene is to be held at Como, in Italy, in 1899, in connection with which there will be a solemn commemoration of Volta. Professor Baccelli, minister of public instruction, has been named honorary president of the organizing committee, which also includes the names of Professor Bizzozero, senator of Italy, and Professor Golgi. An exhibition of hygiene will be held in connection with the congress.

Washington Notes.

The bill to authorize the employment of women nurses in the regular army and military hospitals has been defeated in the House.

Acting Assistant-Surgeon H. L. Gilchrist has been relieved from duty at Albany, Ga., and ordered to Manila by the hospital ship Relief.

Dr. F. H. Morhart has succeeded Dr. A. W. Glover as resident physician at the Central Emergency Hospital. Dr. Glover has assumed his new duties at the Home for Incurables.

There are now twelve cases of smallpox at the isolating hospital, and the health department is kept busy quarantining infected persons and guarding houses in which victims have been found.

There were 136 deaths in the city during the last week, a mortality of 25.28 per 1000. Of these, fifteen were from grip, three from diphtheria and one from measles. There are eighty-nine cases of diphtheria and 159 cases of scarlet fever in quarantine.

At the society Wednesday evening Dr. Richey presented a paper, subject, "Eustachian Catheterization." Dr. Schweinitz reported the bacteriological examination of the milk from the Pasteur Laboratory for the year 1898. Dr. S. S. Adams reported case of sarcoma of brain, and Dr. Acker reported case of porencephalus.

Magistrate Pool is to be congratulated for the abolishing of the old courtroom custom of Bible kissing. This, the magistrate says, is not because of any religious motive, but because in the courtroom the Holy Book is a means of spreading disease. "Why should I compel a person to kiss a Bible reeking with filth, when I would no more think of kissing one of them than I would a mad dog."

Book Reviews.

THE SEXUAL INSTINCT; Its Use and Dangers as Affecting Heredity and Morals. By James Foster Scott, M.D., Washington, D. C. New York: E. B. Treat & Co., 241-243 West 23d street. 1899. Pp. 436. Price $2.00.

In the author's words, "the design of this work is to furnish the non-professional man with a sufficiently thorough knowledge of matters pertaining to the sexual sphere—knowledge which he cannot afford to be without."

It is a book for men rather than boys, and one, we may add, from which many physicians themselves may draw helpful material in molding their own opinions and statements on the vastly important theme of personal purity.

That gynecologist or genito-urinary specialist, for example, must be indifferent indeed to the best interests of his patients who has no counsel to offer in the way of stemming the tide of impurity which brings many a wreck of innocent womanhood to his operating table.

Dr. Scott justly arraigns the daily press, which almost without exception, in our midst, "permits the obscene advertisements of charlatans and abortionists to appear, thus disgustingly aiding in the work of criminal malpractice and being most efficient accessories in the abhorrent iniquity of feticide."

The legislatures should enact laws to prevent the public press from thus dealing in blood money. Lombroso is quoted as saying: "Another occasional offence, specifically local, is abortion in the United States, where it is so diffused that public opinion has ceased to condemn it. In proof we have the advertisements of doctors and female midwives who practice chiefly in this branch and recommend their establishments in newspapers and on posters."

Dr. Scott sees in this an additional reason why "it is greatly to be desired that Congress shall create an additional office for a cabinet minister, who shall be the director of a national bureau of health, thus disseminating knowledge and bringing about much-needed reforms."

REPRINTS, ETC., RECEIVED.

Gross Medical College, Denver, Colo. Circular of Information and Register of Students. 1898-1899.

The *Revue du Praticien*, published the 15th of each month at Paris, now announces its change to a weekly publication.

The Treatment of Chronic Enteritis. By C. E. Hershey, C.E., M.D. Reprint from the *Western Medical and Surgical Gazette*.

Vitality: An Appeal, an Apology and a Challenge. By Lionel S. Beale, Fellow of the Royal College of Physicians, etc. Reprint from the *Lancet*.

// MARYLAND MEDICAL JOURNAL

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Original Articles.

VERTEBRAL ABSCESSES.

By Walter B. Platt, M.D.,
of Baltimore.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, FEBRUARY 3, 1899.

If any excuse were needed for presenting to your consideration the subject of vertebral abscesses it could be found in the fact of their frequency, their deforming, disabling and often their fatal final result, and in the ease with which they may usually be detected by exercising proper care at an early stage while they are yet small and capable of arrest or cure.

By vertebral abscesses is meant those collections of fluid holding particles of solid or semi-solid matter in suspension, which owe their origin to a diseased process in the vertebrae. At the time of their discovery their situation may be remote from the beginning and the diseased vertebrae may long since have become functionally normal. Some of these abscesses, as those called psoas or iliac, require months to reach the surface; some always remain deeper, until finally absorption takes place. Actinomycosis, syphilis, osteomyelitis and malignant growths must not be forgotten as possible, although very infreqent, causes of vertebral abscesses. The real frequency of actinomycosis is scarcely known, but it will probably be found more frequently to be the cause of spinal abscess than is now supposed. It is said not to cause spinal deformity. Malignant growths in this situation are usually secondary to mammary cancer.

Billroth and Mentzel out of 1996 autopsies in cases of bone tuberculosis found that 35.2 per cent. of these were those of tuberculosis of the vertebrae. When we consider that nearly all of these were in individuals over ten years of age it is probable that the proportion would be higher if all ages were included. (König, "Specielle Chirurgie.")

Now of all cases of vertebral tuberculosis it is estimated that one-half are accompanied by abscess at some time during their course. Rushton Parker (*British Medical Journal*, January 14, 1887,) gives interesting statistics as to the frequency of abscess in the different regions of the spinal column. In eighty-two cases of dorsal caries there was abscess in 8 per cent.; in twenty-one cases of dorso-lumbar caries abscess occurred in 30 per cent., while in thirty-seven cases of lumbo-sacral disease abscess occurred in 70 per cent. of the cases. Some elaborate statistics have been made from a large number of cases showing the respective liability of a number of different vertebrae to disease. These will not be referred to. It is probable that the proportion of abscess to the whole number of cases of vertebral caries will diminish as better treatment is more generally employed.

The primary seat of the disease in question is in the bodies of the vertebrae in the great majority of cases. It may be detected at the very beginning in a Haversian canal, arising from an embolus of tuberculous material. It varies from a very minute size to the destruction of the bodies of entire vertebrae and the intervertebral substances. Very considerable abscesses may originate from comparatively small foci, that of a currant or a cherry. It is most commonly situated close beneath the upper or lower surfaces of a vertebra, thence extending downward or upward, involving the intervertebral substance and the adjacent verte-

brae. In one of the worst cases of vertebral abscess which ever came under my observation autopsy showed almost complete destruction of the bodies of four vertebrae. Bone tuberculosis, as is well known, is markedly prevalent where tuberculosis has existed in a family for more than one generation, and is found in individuals with cheesy deposits elsewhere as primary sources of the bone infection.

Tubercle bacilli lodging in a bone which offers a good soil of lessened resistance, a low type of granulation tissue is produced. This becomes caseous and the cheesy substance either now becomes encapsulated, absorbed or calcified, or else it acts as an irritant to the neighboring tissues, and, while extending in the periphery, breaks down in the central portions. This is followed by a thin fluid, in which are particles of the cheesy substance and "bone sand," and we have our tuberculous pus, so-called,—really not pus in the ordinary acceptation of the word, as it contains none of the common pus-producing bateria until it becomes infected from some other than the original source, usually from without. We find in this pus abundance of leucocytes, and rarely tubercle bacilli, while cultures produce them readily from the cheesy matter in most cases.

So much for the thin, whey-like, pale-yellow fluid, in which are seen crumbs of cheesy detritus and often minute fragments of bone, easier to be felt than seen.

The walls of these abscesses are of especial interest and characteristic of tuberculous abscesses. At a first glance they are not unlike the degenerated wall of a wen or congenital cyst of the subcutaneous tissue.

I recall an error of diagnosis where a boy entered the Garrett Hospital with a swelling on the anterior surface of the thigh, half way down. This was the size of a small orange, not tender, and had a history of a slow, painless increase. There was no lameness except such as might arise from the slight pressure upon the underlying parts and the tension of the skin. The hip joint showed no impairment of motion, tenderness or swelling. There was no fever. The diagnosis of congenital cyst was made. When freely opened a large quantity of cheesy material escaped, with some fluid. The lining membrane which was removed was very like chamois leather, only more readily torn. The abscess or cyst, as it seemed, was cleaned up and packed. It did well and healed. Within six weeks the patient developed unmistakable signs of hip disease, and the supposed cyst was nothing more than a cold abscess, with some minute canal of connection with the tuberculous bone.

Next to the focus or foci of the disease in the vertebrae the lining membrane of the abscess is the most dangerous, if not quite as dangerous to the economy of the former. In many cases it is seen to be sown with miliary tubercles on the inner surface, and it must be evident that no cure of the original disease can be expected which does not take into consideration this lining membrane.

The danger of bone tuberculosis to life and health is only in a degree due to the bone lesion. From watching a large number of hospital cases of this kind I am convinced that the tuberculosis of the soft parts, following that of the bone and due to it, is the predominant causative agent in the fever, and suppuration, and in the ill-effects which in turn are due to these. This is perfectly shown in those cases in which the bone lesion is not touched, but the abscess cavity only is curetted, wiped and disinfected and packed or injected. The immediate effect in most cases where this is done is a complete disappearance of all the symptoms we are wont to attribute to the bone tuberculosis directly.

Muscle tissue is very resistant to the inroads of tubercle bacillus; so much so that eminent observers have claimed that when we find in muscle substance what appears to be a tuberculous abscess we may rest assured that it is due to syphilis and a broken-down gumma instead of softening caseous matter. That muscle substance disappears when in long contact with a cold abscess is often seen in the case of psoas abscess, where the muscle sheath is sometimes all that remains to show the former location of the muscle itself.

Cold abscesses, by preference, work along lines of least resistance, along intermuscular spaces, and consequently assume all sorts of shapes. They may be flat or sausage-shaped, and sometimes they are like the shape of a hand, with finger-like, blunt ends, projecting three or four of them in different directions. This is especially true in hip-joint abscesses. The interior is slippery, more so than most mucous membranes, and their mouth, where the sinus comes to the surface in subjects of small resistance, is surrounded by a semi-transparent, closely-adherent, gray, gelatinous substance.

The prognosis is so closely related to the treatment that they will be considered together. Taking a psoas abscess as a type of a vertebral abscess, it may burrow and open almost anywhere below its source. It is often seen far down the thigh, and it may burst into the peritoneal cavity, although this is so rare as to be hardly feared in any given case. Occasionally it opens into the intestine, with a resultant hopeless infection of the abscess. A psoas as large as five inches in diameter is very likely to open sooner or later rather than undergo absorption.

In a case now under my observation, the patient, a young woman of eighteen, there has been a psoas abscess for ten months. I saw her four months ago for the first time. During this time the abscess has slowly undergone absorption, so that it can now be felt only on very deep palpation, and occasions no symptoms. Prolonged, absolute rest in bed, fresh air, pills of iodide of iron, and, finally, a well-adjusted spinal support, have brought about a complete restoration to health. The abscess appeared to be about four inches in diameter and probably two inches thick. It did not reach Poupart's ligament, and has not been aspirated or punctured. It seemed to originate from the last dorsal and first lumbar vertebrae. Given the diagnosis of a vertebral abscess and the life and health of the patient may depend on the direction the treatment takes.

In a retro-pharyngeal abscess of any size the only course is to evacuate the fluid and hope that no infection will occur. If these abscesses can be evacuated from the neck behind the sterno-mastoid—and this is sometimes the case, owing to a swelling in this region—it is far better to open there. The same necessity to open the post-esophageal abscess does not exist, that is, the urgency is not as great. A retro-pharyngeal abscess often simulates croup, and, suddenly bursting into the larynx, may suffocate the child before it can be helped.

The prognosis of a post-esophageal abscess is distinctly less favorable than that of a retro-pharyngeal. An important point in opening these retro-pharyngeal abscesses is to have the head of the child so arranged that the pus will flow out of the mouth instead of into the throat. If possible an anesthetic had better be dispensed with, so as to secure the aid of the child in coughing up or expectorating the pus. When an abscess due to vertebral tuberculosis approaches the surface in the neck it had better be opened without delay, as otherwise it may burrow in any direction.

The non-operative treatment of vertebral abscesses consists in early rest in bed until such symptoms as pain on slight motion and fever have disappeared and a steady diminution, or at least a standstill, has occurred. A firm mattress, with a low pillow, careful attention to the skin and every expedient to preserve and increase nutrition should be adopted. If a child, the patient had best be fastened to a Bradford frame, put in bed and kept there as long as he continues to improve, as shown by the slow diminution in the size of the abscess and the cessation of all spinal symptoms.

The exceeding great importance of the constant supply of fresh, pure air and plenty of light, such as can best be had in the open air, cannot be exaggerated. Darkness and bad weather should be almost our only excuse for having a patient indoors. If in summer, tent life is the one for the patient to lead. Horizontal decubitus, immobility of the spine and fresh, open air are the three great essentials for the early, conservative treatment of spinal abscess.

Before patients with vertebral abscesses come under the care of the surgeon they have undergone so much dis-

comfort, and they experience such relief from the measures advised, that they are most tractable and grateful and willing to follow out the treatment. In many cases the abscess will be seen to slowly disappear from our observation. Six weeks to three months, or even a year, in bed may be necessary in cases of spinal abscess.

If we are compelled to choose for early treatment between rest in bed in a close atmosphere in a small, dark room, and plenty of open air, with a good spinal support, of course the latter will be chosen and the chances taken. I have thought that benefit was derived from the use of a permanent pill of iodide of iron, persistently administered for months, as well as from the use of cod-liver oil, but all of these in true curative effect are far behind the other agents previously mentioned.

Of course, the most rational treatment of any tuberculous local affection is to eradicate it locally, take it out, remove it, root and branch, and leave none of it behind. If such an attractive programme could be carried out our patients would take up their beds and walk in a few weeks from the time we did them this great service. Naturally good surgeons (who are good anatomists before they are surgeons) immediately after the advent of antiseptic surgery tried to carry out this excellent general idea, and a few successful cases which were reported (others having joined the silent majority) excited the hopes of surgeons everywhere that this might often be done.

Further experience has taught that while in very exceptional cases the tuberculous focus in the vertebra has been removed, this is seldom possible, as the foci are usually inaccessible, multiple or invisible, and that the surgeon, man, must yield to the physician, nature, if he expects the bone to become approximately normal in function. His gross efforts to take away are not as efficacious as her finer ones to wall in, dry up or calcify.

When operation on the bone is contemplated it is generally only where there is a convenient lumbar abscess leading the way directly to the diseased part. In these cases it may often be felt eroded, rough, a part of the area crumbling. What is accessible may be cautiously curetted out, but the result is, what one gets in partial removal of tuberculous bone and other structures elsewhere, unsatisfactory. One has but to look at the large veins in the immediate neighborhood to see how easy it would be to do far more damage than good in the absence of a thorough and satisfactory inspection of the diseased bone.

One of the first things to determine in the operative treatment of a cold abscess is how much of the suppuration, fever and disability is due to the abscess and how much to the bone. Possibly the bone lesion may be already encapsulated and harmless, and the thorough cleaning out and scouring of the abscess may be the end of the whole matter. While this happens in some cases the chances are that a number of months or perhaps years of watching, waiting, operating, rest in bed or skillful treatment by means of mechanical supports will be necessary before we are sure that our abscesses have taken their final leave. If an abscess is of moderate size, and there is no sign of thinning of the skin, and the general condition of the patient good, we should abstain from opening a vertebral abscess, supposing it to be from dorsal or lumbar disease. Absorption and disappearance of the abscess without operation is the end to be striven for.

If in the special case it is decided that evacuation of the abscess contents is best the incision should, above all things, be made antiseptically and forever kept antiseptic until it is healed. After days and weeks (if it should last as long) the danger of serious infection is markedly diminished as a rule. It is fortunate that this is the case, as they are nearly always infected, after a time, by pyogenic cocci, even in the best regulated hospitals, where they are dressed daily.

In opening a vertebral abscess we hope that one of two things may occur—either that the abscess may heal, because the original disease in the vertebrae has ceased, leaving only the cold abscess, and this, being properly treated, will be cured, or that a free outlet for the pus being provided, and the track of the abscess being kept antiseptic under favor-

able conditions of rest and strong tonic and hygienic treatment, the original disease in the bone may now heal and the abscess soon afterward. Suppose this to fail and the pathological process in the bone continues, we have at least done what we could and probably added some years to the patient's life, even if he have a sinus all that time.

One very useful man in this community, well known to most of us, has a psoas abscess, due to dorsal caries of the spine, which has had the most skillful treatment in vain as far as obliteration of the abscess is concerned. His sinus gives him but little inconvenience. He walks about and performs all the functions of a normal and useful member of the community, and has done so for a number of years.

In any given case we can never predict that a vertebral abscess will certainly be cured. Even what we believe an accomplished fact may turn out to be a temporary success. A more satisfactory procedure is to thoroughly clean out the abscess by evacuating the contents, cautiously curetting away the lining membrane, wiping out the abscess cavity in succession with plain gauze and iodoform gauze, and then inject with a 10 per cent. iodoform emulsion and sew up the incision. This will frequently cure the abscess and it will never refill. Other surgeons, after cleaning, simply drain, washing out the abscess daily if necessary, or allowing it to drain spontaneously, and claim good results.

Treves says he has never had to clean out an abscess more than twice, and often but once, to effect a cure. This can hardly be the experience of many or most surgeons, nor is it conceivable that any amount of cleaning would heal an abscess where there is constant pus production from the bone at one end. When a psoas abscess pointing beneath Poupart's ligament can also be reached readily from the lumbar region the prospect of a good healing is better than when the first opening alone is made.

In spite of all we can do certain patients will have sinuses which we cannot heal and which will continue to discharge from time to time or else constantly to some extent. In these cases the most we can do is to reduce this to a minimum, maintain the strength as best we may, and then watch our patient's liver slowly increase in size, see the albumen in his urine persist, the pallor of the amyloid disease become a part of his individuality, and, finally, after some years, see our patient die—a painless death, it is true, but we have not cured our patient.

I recall a case where a child with a psoas abscess enjoyed her life as much as most children for four years. At the autopsy the amyloid liver was found to be immense, extending upward to the second rib, compressing the right lung almost to obliteration. The bodies of four vertebrae were almost totally destroyed. The sheath of the psoas muscle proper contained the psoas abscess. There were two sinuses in the right thigh and one in the back. This child had most unremitting care, generally and locally.

LATERAL CURVATURE OF THE SPINE AND POTT'S DISEASE.

By A. M. Phelps, M.D.,
New York City.

ABSTRACT OF REMARKS MADE BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY, JANUARY 24, 1899.

In presenting this subject to you I wish to give some practical points which, although not new, must be remembered in order to treat these cases intelligently. It has been but a few years since the treatment of these affections was a bugbear to the general practitioner, who sent every case to the specialist. Now, however, with a better understanding of what they are and their remedy, he attends them himself.

Regarding Pott's disease, any stated paper would take at least a week to read. I shall lay before you some material and a few facts, which will cover the subject well. So many conditions are described as Pott's disease that it is first fitting to say that the true one is tubercular unquestionably; those not tubercular are

not Pott's. The disease was described by Pott as tubercular disease of the ends of the bone or cartilages. Following typhoid fever, there may be acute pain from absorption of the results of inflammatory changes in Peyer's patches, but it is septic. Then mycosis may afford opportunities for mistakes, or a child may suffer an injury, an abscess may result with development of septic symptoms, but this trouble is osteo-myelitis, not Pott's disease.

Etiology.—It is a true infection of the bacillus tuberculosis into a focus of previous inflammatory action; that it inoculates tissues not embryonic is impossible. As the area of inflammation extends inoculation takes place, with a destruction of bone, formerly termed caries, but this term had better be dropped. The disease may attack the intervertebral cartilages. Why is it that of two children receiving an injury one will develop Pott's disease and the other not? Because the former is strumous. Struma is a condition of the protoplasm making up the ultimate cell; it is a state in which one cell succumbs to germ life and the other resists it. It is born with the child, and is seen typically in the slums of any large city, being imported to this country by the people who lived in the walled cities of Europe. It will take America 1000 years to grow children free from this condition.

Here is a preserved specimen of the spine taken from a patient with Pott's disease, in which one vertebra is destroyed and its neighbors are consolidated, showing the projection of the spinal processes posteriorly. It is typical. Here is one of rheumatoid arthritis, which might have been taken for Pott's disease. This illustration shows destruction of the cord from projection of bone into the canal. And here is a case of extreme kyphos, but without pressure on the cord.

Diagnosis.—Lateral curvature differs from Pott's disease in that it is never produced by inflammation or disease of the spinal column except rickets. Positions in utero produce it, as in short leg. Frequently it is tried to diagnose lateral curvature when Pott's disease is present. It is a symptom of the latter. A diagnosis of this kind would result disastrously, because the treatment of the two differs. It must also be diagnosed from pseudohypertrophic paralysis.

Before deformity begins is the correct time to make the diagnosis. (After deformity has occurred it is easy.) In the beginning there is difficult breathing (often treated for asthma or worms). If the child is lifted it will cry. It has "bellyache," and it holds its hand flexed to its side. There never was disease of a joint in which motion was not limited from muscular spasm. If the spine is flexible it is not Pott's disease; if it is rigid you may be absolutely certain it is. This boy (exhibiting a negro youth) has a flexible spine, although lateral curvature is present. If a baby has Pott's disease, and you raise it by its head, it will come up stiff; if not it will roll up like a ball.

There is always pain (usually anterior) in Pott's disease, but not in lateral curvature. If high up it is in the chest; lower, in the stomach; still lower, in the abdomen. After the case has gone on there occurs muscular atrophy and then deformity, but no swelling. On one side the bodies of the vertebrae are absorbed, but on the opposite side they are normal.

There is not a single straight spine in the world; if so a man would break his head every time he jumped six feet. Every lateral curvature to be cured must have a compensating curve, so as to allow the vertical through the center of gravity to fall between the feet. In some patients, e. g., those with rickets, the curvature is due to pressure. Ossification is sometimes due to central-nerve lesion. Other curvatures may be caused by injury.

Treatment must be based on rational principles. I would treat lateral curvature with gymnastics and a support to remove pressure. Pott's disease is to have the same treatment as a broken leg, i. e., fixation, to give nature a chance to repair.

Lateral Curvature.—Some say that every brace produces atrophy; others that bracing is all that is required to remove pressure and prevent absorption. Bracing, properly done, does not produce

absorption. A very good plan before beginning treatment is to determine the extent of bone changes. Have the patient to bend forward; then the application of a straight line along the back will show the extent of deviation. Find the size of the vertebrae and then brace. The diameter of the column is usually two inches. If deviation is one-half of this a mechanical appliance is absolutely necessary to obtain stable equilibrium, producing thus one curve to balance the other.

A child under three years cannot be braced, for the pelvis is too small as compared with the thorax, and the retaining strap will slip. Put on a Sayre's cuirasse or a plaster of Paris portable bed. The latter is also of benefit in Pott's and hip disease. I got the idea from observing an Indian squaw carring her baby.

Regarding spinal bracing, where the band around the pelvis is narrow and small there is tilting. I believe that suspension and then fixation is necessary. The Hessing corset was invented in 1764 and forcible replacement in 1768 and then abandoned, and we will have to do likewise. Sayre was the first man in this country to make a suitable apparatus for Pott's disease and lateral curvature—the plaster of Paris corset. Notwithstanding that it is heavy, cumbersome and wears out, it is the best of all braces. He marked a new era in the treatment of these diseases when he suspended the patient and thus removed the pressure. Afterward it was sought to use other materials, and then came leather and rawhide, which proved valueless.

I went to Odessa to learn to make the wood corset, and was pleased with it, but as soon as perspiration occurred its shape changed and the patient became shorter. Then I invented the apparatus which I here exhibit, viz., the aluminum corset. Its life is from fifteen to twenty years. It was first made in lateral halves, but, proving cumbersome, the duplex hinge was added, and now it can be put on and laced as the ordinary corset. In lateral curvature, with proper gymnastics, it will cure.

The new operation of forcible replacement was used by Hippocrates 500 B. C., forgotten, revived in the time of Ambroise Paré (fifteenth century), again forgotten, and finally revived recently. Any authority commenting upon it says the results are too good to be credited. I am very sure that old cases with anchylosis, great deformity or abscess should not be touched. In beginning cases, pressure and then treatment as described before may avail, but the vertebrae must be wired. Even then in two or three years they will be found bent.

THE NEEDS OF THE QUARANTINE STATION.

By John Ruhräh, M.D.,
Quarantine Physician, Baltimore.

It may not be uninteresting at this time when the needs of the municipality are being so freely discussed to glance at the needs of the Quarantine Station. The average individual of the city knows that there is a Quarantine Station and that is about all. The physician, with his knowledge of quarantine stations in general, imagines at once a perfectly equipped place, with all sorts of disinfecting apparatus and a modern hospital for infectious diseases and large, roomy barracks for the sheltering of suspects.

These things exist only in imagination. We lack here the better means of fighting disease and for caring for the sick and the suspect. We are using the methods of years ago, knowing all the while that they are antiquated and indeed inefficient in a measure. Baltimore is so infected with the spirit of "*laissez faireism*" that it hesitates to spend money in getting the equipment of the departments up to a modern standard. Particularly is this so in the matter of municipal health matters.

Leaving out the minor matters of such an establishment, we may reduce the needs to three principal ones:

1. A modern disinfecting tugboat for the disinfection of vessels.

2. A modern hospital for infectious diseases.

3. Barracks for the detention of suspects.

I. A MODERN DISINFECTING TUGBOAT.

This is merely a large boat built on the plan of a towing steamer, and fitted with

the necessary apparatus for the disinfection of steamships. The apparatus in question consists of a steam disinfecting chamber large enough to hold several mattresses at a time or material of equal bulk, a tank for bichloride of mercury solution and a pump and hose for using the same, and a sulphur dioxide generating furnace, with the necessary hose and attachments.

The present method of disinfecting a ship consists in taking all the bedding and other like material to the disinfecting chamber on shore and disinfecting them there. This means the handling of the material an unnecessary number of times. It must be first loaded on the tugboat and then unloaded at the wharf into a cart; the third handling is from the cart to the disinfecting chamber; the fourth from the chamber to the cart again; the fifth from cart to tugboat, and the sixth from boat to ship—six handlings, where two would have sufficed with a disinfecting chamber on the boat—directly from ship to disinfecting chamber and back again, the method used at all perfectly-equipped stations.

Instead of washing down the compartments of the vessels with buckets of bichloride and mops, the hose from the boat could be used to spray it thoroughly in all parts of the vessel where needed; and, lastly, instead of burning sulphur in pots and so getting an unknown quantity, and even if known an insufficient quantity in the compartments, a sulphur gas of definite 10 per cent. strength could be rapidly thrown into all compartments from the sulphur dioxide generator. The advantages from this method would be twofold. In the first place the disinfection would be more sure, we might say practically perfect, and in the second place there would be considerable saving of time.

The reasons for having a second boat are not confined to the matter of the disinfection of ships. The business of the place requires two boats. We have at present one, and make out as best we can, hiring another when the occasion becomes so pressing that we cannot in any way devise means for preventing it. A second boat thus hired costs more than the running of a boat would cost if the city owned the boat, and we could have the use of it all the time, together with the advantages above mentioned. Thus for a comparatively small outlay of money the city could save the amount in a few years.

2. A MODERN HOSPITAL FOR INFECTIOUS DISEASES.

The hospital building at the Quarantine Station is about as much fitted for a hospital for infectious diseases as is the barn. It has only one advantage, one which should not be underestimated—the abundance of fresh air that the patients get; otherwise it embodies about all the "ought nots" of hospital construction. There are four large wards, having more or less free communication, although the architect evidently fancied he was cutting off all communication when he ran a partition between the two sides of the building. He then placed an elevator, with large doors opening on either side, between them. He then placed a nurses' room conveniently at the end of the partition, with doors opening into either side of the building, so that the nurse could go from one ward to the other in his duties, from smallpox to yellow fever. Then, not satisfied, he saved kitchen space by making the one small room communicate with both sides directly.

Without going into the multitudinous defects of the building, suffice it to say that while it might be utilized for barracks, as will be shown later on, it is totally unfit for the purpose for which it was designed. With such a hospital it is merely a case of do the best you can and not what ought to be done.

What we need is a hospital constructed on the pavilion plan, with small, easily-heated, easily-disinfected wards, the connections between them to be open-air corridors. One small building for smallpox, another for yellow fever, a third for any other infectious disease and a fourth for sick suspects would answer all the requirements. In a word, they should have impervious floors, washable walls and the most modern ventilating apparatus, together with good plumbing and water supply and good heating apparatus.

3. BARRACKS FOR THE DETENTION OF SUSPECTS.

When a ship is held for disinfection, if it is for yellow fever or any other quarantinable disease except smallpox, the personnel of the vessel must be held for a period covering the incubation period of the disease in question. As it is now, the vessel must be held too, as there is no place to hold the crew except on the vessel. If there were barracks for these suspects the vessel could be allowed to dock immediately after the completion of the disinfection.

If the hospital building were replaced by a suitable set of buildings for hospital purposes the present hospital building could be utilized, after thorough disinfection, for the purpose of barracks. The building is not suited by nature for its construction for that purpose, but it could be utilized for it nothwithstanding. At any rate, it would be far less objectionable as a barracks than it is as a hospital.

The saving in time would be of very material benefit to the merchants of the city, and it is through their efforts that legislation in this direction must eventually come. The moneyed interests make the laws and the physicians can only suggest.

Society Reports.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY.

MEETING HELD FEBRUARY 6, 1899.

ABSTRACT REPORT.

Dr. Cullen presented the record of a case of "Primary Adeno-Carcinoma of the Appendix," which had been prepared by Dr. Hurdon and which will be published later.

DISCUSSION.

Dr. Kelly: This whole subject is a large one and would require a volume to do it full justice, and I can only outline a few of its important relations. I have been paying close attention to the relation of appendical disease to pelvic diseases for a long time, and the records of our department will show the exact state of the vermiform appendix in every case in which the abdomen has been opened.

We meet with appendical disease in a great variety of relationships. We may have cancerous disease of the appendix, as in this case, where there was an adeno-carcinoma, which showed no relationship to the pelvic disease, but, on the other hand, we meet with cases in which the disease is dependent upon the condition of the pelvic organs. I had within forty-eight hours last week five cases in which I had to remove the appendix.

Where the disease depends upon disease of the pelvic organs the appendix may become adherent to the diseased organ, that is, to a uterine fibroid or an ovarian tumor, as is seen quite frequently. Then, again, we meet with a class of cases in which the appendical disease has followed an operation; those are more rare, but quite interesting. After a clean operation in which a diseased tube or ovary has been enucleated the patient within a few months or a year may complain of pain in the right side. The abdomen is opened and the appendix is found adherent to the seat of the former operation. I have had such a case within the past ten days where the appendix was long and adherent to the old wound.

It is important to bear the possibility of this in mind. Always inspect the appendix whenever a laparotomy is performed.

Dr. Ernest Laplace, Philadelphia: "A Demonstration of Intestinal Anastomosis by Means of a New Forceps."

Dr. Laplace stated that the object of this demonstration was to show an instrument for facilitating the operation of anastomosis. Without entering into a consideration of the operations done heretofore for this purpose, all of which have their advantages and disadvantages, it is agreed among surgeons that the ideal operation is that performed by means of sutures—that operation by which the ends of the gut are sutured together, whether we use a continuous, a Lembert or other suture. Any apparatus, any instrument, any contrivance that can facilitate the accomplishment of this operation is, he said, to be studied, and, if it possesses any merit, to be adopted in such cases as require rapidity.

He had been trying for some time to

devise these simple forceps, which consist of only two ordinary hemostatic forceps, bent or curved at the end into a semicircle, so that when the two are placed together they form a complete ring or circle, being held together by a little clasp. These two rings subserve the same purpose as the Murphy button or the Halsted rubber bags or any other support within the gut, and, in addition, no matter what stitch is used these rings can be removed before the last stitch is taken without any difficulty.

Dr. Laplace then demonstrated the manner of suturing the stomach to the intestine, the purpose being to unite the gut to the stomach. Putting the two openings together, he introduced one blade of the forceps into the stomach and the second blade into the intestine and clasped them. The sutures were then readily introduced. When he had sutured the bowels all around, except where the handle of the instrument projected through the wound, he then removed the clamp, which allowed the two halves of the forceps to fall apart, and drew out each half. He then inserted a stitch to close the opening left for the removal of the forceps and the operation was finished. He afterwards made an opening into the stomach and demonstrated that the gut was perfectly patulous.

Dr. Laplace next demonstrated an end-to-end anastomosis. In answer to Dr. Cushing's question, "What would you do if you had to anastomose guts of different caliber?" he said that he would invaginate the two ends, and for that purpose had devised a little instrument for catching the gut at its border and dipping it down into the other before stitching it nearly all the way around and then withdrawing the forceps. This, he believes, meets all the possible indications for operation upon the intestines.

DISCUSSION.

Dr. Halsted: I think that for a lateral anastomosis this instrument promises all that Dr. Laplace claims for it, and we shall certainly give it a trial very soon. It is quicker, much quicker, I should say, than the method we employ. I should think it would be of great assistance, especially for cholecystenterostomies. It is possible, of course, to do this operation without an instrument, but it is a very difficult one.

Dr. Kelly: "A New Operation for Vesico-Vaginal Fistula."

Dr. Kelly said that the great difficulty in handling certain cases of vesico-vaginal fistulae may be due to two facts. In the first place the fistula may be a very large one, and, in the second place, there may be such an amount of scar tissue surrounding the fistula that its resistance prevents bringing together the parts. A most important finding has been the recognition of the fact that the bladder tissue itself is not often seriously involved in the scar tissue, and the bladder can be drawn down and sutured to itself so as to close the fistula. This is a very important factor in the treatment of certain of these cases that cannot be treated in the classical way.

Dr. Kelly referred to a case that came to him upon which an abdominal hysterectomy had been performed for fibroids. There was a large fistulous opening into the bladder from the vault of the vagina. It was very close to the peritoneum, high up in a virginal vagina; had been operated upon several times and there was an abundance of scar tissue. The edges of the fistula were of such character that he could have no hope of bringing them together and securing union. He opened the abdomen with the intention of exposing the pelvic floor, so that he might dissect the bladder away and sew it up. The patient had a very large ventral hernia, and, unfortunately for the facility of the operation, was very fat. He opened the abdomen, but in attempting to separate the bladder it began to tear, and tore so widely that he saw at once that a successful operation as planned would be impossible. He then cut through the top of the bladder to see if he could get at it from the inside to bring the edges together. He could not do this, and therefore enlarged the opening to draw the parts together, but found this could not be done satisfactorily, and was compelled to follow a novel plan, which succeeded. The bladder was widely opened, in fact split in half; he found the bladder in front of the fistula fairly movable, and made a

horseshoe-shaped denudation around the fistulous opening, excluding it altogether; then, passing catgut sutures, he brought the edges of the denuded arc together. He then introduced a drain through the vaginia up into the peritoneum. The patient made an immediate and perfect recovery.

Dr. Kelly then referred to a second case, in which he could not get at the fistula from below. In this case he opened the abdomen, separated the bladder, freed the fistula on both sides and brought the edges together with catgut and closed up the abdomen. The result was a perfect recovery.

DISCUSSION.

Dr. Halsted: In the first case, Dr. Kelly, did you excise the portion of the bladder that contained the fistula?

Dr. Kelly: No.

Dr. Halsted: What became of it?

Dr. Kelly: I left it in the peritoneal cavity, protected by a drain through the vagina.

Dr. Halsted: Does she still have a little fistula?

Dr. Kelly: No, it is clompletely closed.

Dr. Flexner: "Nodular Tumors of the Pancreas."

Dr. Flexner, after exhibiting the pathological specimens from the pancreas, stated that an enlargement made out during life proved at autopsy to be a tumor closely associated with, but not directly connected with, the liver, but lying directly below and behind the liver, covered by omentum, intestine and a bit of the stomach. It proved to be a tumor which had developed in the pancreas, and was of an unusual nature. The duodenal portion, the head of the pancreas, was still present and very little altered, being quite normal in appearance. In searching for the body of the pancreas, however, nothing could be found to represent it except a band running over the tumor from right to left, which measured four or five millimeters in thickness and showed the lobulations of the pancreas. The tail of the pancreas was probably about its normal length, but not of normal appearance. The tumor, therefore, must have developed in close approximation with the pancreas, and at first it seemed to have come from behind. There were a number of cysts containing granular material.

He said that on section, however, a different condition was made out. The tumor was found to consist of two nodules, one the size of an orange, and the other the size of a child's head at birth, and these had developed within the substance of the pancreas, occupying the body and a portion of the duodenal end. Although developed within the pancreas, they were separable by capsules, which proved to be also pancreatic tissue, consisting of a series of cysts.

Upon histological examination it was proven that the tumor was an adeno-carcinoma, the type being that of the pancreas. There was no doubt, he said, that the tumor had its origin in the pancreas, and yet apparently it was separated from the pancreas. He said he thought it possible that the two masses might have developed from aberrent pancreatic tissue deposited in the pancreas.

Dr. Flexner: "Lymphatic Leukemia."

Dr. Flexner exhibited first a large mass, consisting of the inguinal glands, pelvic glands and retroperitoneal glands, all practically constituting a continuous mass, which had been removed at autopsy. The tumor, he said, consisted of tumor formations that had developed in the glands and run together, because the tissue binding the glands together had been implicated, more especially in the inguinal and pelvic glands. Over the inguinal region the skin was in part adherent to the enlarged glands, and the subcutaneous tissue was edematous.

Another specimen showed the bronchial, tracheal and cervical glands, all of which were markedly enlarged. Dr. Flexner called attention to the axillary glands, which showed the manner in which the glands were bound closely together over the surface of the tumor. This is an important diagnostic point in the differentiation of leukemia and pseudo-leukemia. Practically all the glands explored were enlarged, the tumor masses being for the most part soft, and on section presenting medullary appearances.

The viscera, Dr. Flexner said, were

free from invasion. There were two small nodules in the spleen, but no considerable metastases. The glands in the neighborhood of the pancreas had also caused invasion of that structure to some extent. In the liver there were no nodules, but some extensive new growth, which followed the blood-vessels.

Dr. Flexner said that the question of interest seemed to be, "What was the disease primarily?" Has it been a case of lymphatic leukemia always, or did it start as a pseudo-leukemia? To his mind, he said, the explanation that seemed most probable was that it was one of the pseudo-leukemia. It presented all the gross anatomical characteristics of that disease.

Dr. Futcher, in referring to the first case, said he wished to emphasize the fact that the tumor felt in the umbilical region was not clinically believed to have any connection with the liver. The symptoms present during life, he said, should have made one suspect pretty strongly a pancreatic tumor, for the patient presented all the symptoms that are supposed to be characteristic of such a tumor—persistent jaundice, an enlarged gall-bladder and nausea, vomiting and clay-colored stools of a greasy character.

Referring to the second case, he said that from the first the glands did not present altogether the picture of lymphatic leukemia. The blood count, he said, showed characteristic features of lymphatic leukemia, but the symptoms, as a whole, suggested the presence of pseudo-leukemia.

RICHMOND ACADEMY OF MEDICINE AND SURGERY.

MEETING HELD JANUARY 24, 1899.

Dr. E. C. Levy, president, in the chair; Dr. Mark W. Peyser, secretary and reporter.

Dr. A. M. Phelps of New York read a paper on "Lateral Curvature of the Spine and Pott's Disease" (see page).

Dr. Stuart McGuire said that he had listened with interest and profit to Dr. Phelps' admirable discussion; that the subject of Pott's disease was one of peculiar interest to him, as he had been the victim of the disease during childhood; that he had been a patient of Dr. Lewis Sayre; that he had been the subject of many experiments, and that he believed he was the original case upon whom the plaster of Paris jacket was applied; that although twenty-five years had elapsed he could remember how Dr. Sayre placed him face downward across his knees and by separating his legs and producing extension thus relieved pain and reduced deformity. This was the inception of a principle now carried out by suspension. That he remembered how Dr. Sayre placed his broad hands on either side of the spinal column and, by gentle pressure, maintained the correction secured and gave support and immobilization to the back. This was the inception of the principle now carried out by the plaster cast. Dr. McGuire said that the first attempt at the practical application of the brace consisted in laying him upon a table and producing extension by manual traction on his head and feet and then the application of alternate layers of squares of flannel and wet plaster to his back. This formed a "turtle shell," which was held in place by circular turns of a cotton bandage. Dr. McGuire then outlined the evolution of the plaster jacket, and spoke of its advantages—cheapness and effectiveness, and of its disadvantages—short life and lack of cleanliness.

In regard to the aluminum corset invented by Dr. Phelps he said that it was a perfect substitute for the plaster brace, combining all of its virtues and having none of its vices; that unfortunately, owing to its cost, it would never be widely adopted, but for the well-to-do it was a luxury which should not be lost sight of.

In conclusion, Dr. McGuire spoke of the muscular atrophy and diminished chest expansion which resulted from the long use of any brace, and of the advisability of taking them off as soon as they could safely be discarded. He asked Dr. Phelps what were the evidences of cure of Pott's disease and what was his rule as to the length of time a brace should be worn.

Dr. J. A. Hodges said he would be glad if Dr. Phelps told the ultimate results of lateral curvature and Pott's disease on respiration, and also the forms of paralysis in patients left untreated. It was sur-

prising that there was not more paralysis resulting from destruction of the vertebrae and from pressure on and degeneration of the spinal nerves.

Dr. George Ross reported the following case: A theological student went coasting the hillside and caught cold. He was unconscious of having sustained an injury, and yet in a few days he found himself unable to walk up the steps. His feet were leaden. He was placed in the hospital of the school, where he remained for six weeks. No improvement following the treatment advised, he was sent to a hospital in Baltimore. Paraplegia with myelitis was diagnosed, and a fatal prognosis made. Two months of observation failed to warrant a change of opinion and the patient was sent home to die. Being the family physician, Dr. Ross was summoned to see the patient, and found him with thighs flexed on the abdomen, knees close under his chin, limbs in spastic rigidity, emunctories paralyzed and pains excruciating. The history furnished seemed to warrant the conclusion that the case was one of acute ascending myelitis, with paralysis from pressure. Months rolled by without material change other than the advent of girdle pains of the abdomen and chest and harassing bronchial cough, with difficult asthmatic breathing and repeated threatenings of impending suffocation. Then there appeared a swelling near the cervico-dorsal vertebral junction and a culminating abscess, which was lanced. It was long in healing, and, though naturally to be looked for, there is no record of necrosing bone escaping from its cavity. The presence of this abscess proved clearly to his mind that the case was one of Pott's disease of the upper dorsal vertebrae. No mechanical appliance was at any time used, and the reliance for treatment rested solely on spinal counter-irritants, constitutional reconstructives and supportives and an intelligent dietary. The surprising outcome of the case is that today, though deformed by a posterior upper dorsal curvature, the patient is healthy and vigorous, and, while engaged in no special work, is quite competent to do many things.

Dr. Phelps said, in closing the discussion, that the mode of manufacturing the aluminum corset was to extend the patient and apply the bandages so as to make a plaster cast. This was cut off, stuffed with oakum and plaster of Paris, after which shellac was applied to the stuffing. Sheets of the softest aluminum were laid on the mold and shaped with a wooden hammer. It was then coated inside and out with white shellac and alcohol to prevent the action of perspiration. He said he had hope that as time progressed the apparatus could be made and sold at a lower price.

How aptly Dr. McGuire tells of Dr. Sayre! The orthopedic hand is the best brace made; it can mold the corset to fit, and is in partnership with all the ideas conducive to best results.

The indications of cure are the same as those of hip-joint disease. Here I never remove the brace until the limit of movement is increased, and so I do in Pott's disease, which is never cured in less than three years.

Atrophy is always produced by degeneration of the nervous end plates in the muscles. Braces do not produce atrophy. If a brace gives room in front there is no interference with the play of the chest.

The wire corset does not support as it should. Patients using it are two inches taller when placed in a plaster corset. The aluminum cast fits the patient like a French corset.

A complete cure cannot be produced in lateral curvature, because the ribs overlap, the intercostal muscles are shortened and the spaces obliterated. The ribs cannot be separated except by means of the knife, and if this is used the patient dies.

Concerning paralysis, I will venture to say that from 15 to 20 per cent. of patients afflicted with Pott's disease manifest it at some stage, it varying from involvement of groups of muscles to total paralysis. Of the estimated 20 per cent. 95 per cent. will recover without operation from the complication; the remainder will not. It is not always due to bending; sometimes it is from involvement of the canal, producing thickening and pressure myelitis. In some cases I have seen tubercular meningitis; in

others penetration of an abscess. My observation is that those cases attended by bladder and rectal incontinence never recover, but I have seen recovery where these organs were only irritated.

Dr. Ross' case was one of osteo-myelitis recovering without treatment, but this should not be an argument against treatment.

Correspondence.

IMPORTANCE OF VACCINATION.

BALTIMORE, *February* 11, 1899.

Editor of the Maryland Medical Journal:

DEAR SIR—The editorial on vaccination in your issue of week before last is most timely. Last May, in view of the presence of smallpox in the States contiguous to Maryland, and recognizing the increased danger of invasion by smallpox in time of war, the State Board of Health began to urge upon local boards of health and upon school boards the importance of thorough vaccination. The response to this agitation was fairly encouraging and has increased very rapidly since the anticipated spread of smallpox occurred.

The school-children in all parts of Maryland are probably better vaccinated now than at any previous time in the history of the State. Not only have a larger number of children presented certificates of vaccination and revaccination, but the certificates of vaccination guarantee better protection. Taking advantage of a loose interpretation of the law, many physicians have hitherto been in the habit of certifying at the time of operation. A form of certificate has been prepared by the State Board of Health and adopted by many of the school boards which requires a statement of the result of vaccination. This has undoubtedly brought about a greater degree of immunity. Below is a copy of the certificate:

CERTIFICATE OF VACCINATION.

Public School No.....District No....
County............

This certifies that on.........I vaccinated............with lymph obtained from..........and that on........... a typical vaccine vesicle, scab, or scar was present at the site of operation.

Signed..........M.D.
Address..........

On the opposite side of this certificate is the following:

"Teachers should carefully preserve all vaccination certificates. Those which do not report the presence of a 'typical vaccine vesicle, scab or scar at the site of operation' admit a child to but one year's attendance at school. At the beginning of another term revaccination should be done.

"Successful vaccination, duly certified, admits a child throughout school life."

Meanwhile, what is being done by the physicians to bring about a general vaccination of adults? Very little, I fear. The necessity of revaccination is not at all appreciated by the general public, and an excellent opportunity is present to impress this lesson on the popular mind. If medical men would inquire whether the families which they attend are prepared to resist an invasion of smallpox they would usually be met with the inquiry, "What is a necessary defense against smallpox?" and from this point the way is easy to revaccination. A general vaccination would undoubtedly materially increase the earnings of the physicians in this State for the year, but I do not believe that people would ascribe to the profession interested motives in advising vaccination. On the contrary, the vast majority of intelligent people rest entire confidence in the family doctor. Certainly if smallpox should be as prevalent in Maryland as it has recently been in Pennsylvania, Ohio or Virginia the earnings of the profession would be far greater, though less distributed, than if a general vaccination should occur.

The danger of serious outbreak of smallpox, already great enough, is not diminishing. Few things could be more unfortunate than for the profession to create a popular alarm, but nothing could so surely defend the State as to be thoroughly prepared. In a well-vaccinated community an epidemic of smallpox is impossible.

Yours, very truly,
JOHN S. FULTON, M.D.,
Sec'y State Board of Health of Maryland.

Medical Progress.

Perforating Typhoid Ulcer.—If many typhoid cases die it is interesting to know what the final cause of death is. Dr. Harvey W. Cushing, resident surgeon at the Johns Hopkins Hospital, reports in the Johns Hopkins Hospital Bulletin four recent cases of laparotomy for perforating typhoid ulcer, with recovery. He finds that surgical intervention in these cases is often the only hope for recovery, and the results of his four cases rather support his premises. From his work he concludes as follows:

"The diagnosis of intestinal perforation in typhoid fever may present many difficulties. No abdominal symptoms, either subjective or objective, occurring in the course of the fever should be regarded as trivial, and a sudden change of any sort in the patient's condition should lead first of all to the suspicion of this most serious complication. A distinction should be drawn between the two varieties of perforation, the appendicular and those occurring in the free bowel, as their symptoms, course and prognosis vary considerably. Many cases, however, even those of perforation from the free bowel, present what may be recognized as a pre-perforative stage, which in some cases calls for a laparotomy in anticipation of a complete perforation with extravasation. The presence of leucocytosis is not an infallible sign of perforation, as it may disappear with the onset of general peritonitis. It is most valuable in this anticipatory stage.

"When the diagnosis is made operation is indicated, whatever the condition of the patient. As Abbe's case exemplifies, no case may be too late. A precocious exploration from an error in diagnosis is not followed by untoward consequences such as must invariably be expected after a neglected and tardy one.

"Our present knowledge amply corroborates the statement of Miculicz made at Madgeburg in 1884: 'If suspicious of a perforation one should not wait for an exact diagnosis and for peritonitis to reach a pronounced degree, but, on the contrary, one should immediately proceed to an exploratory operation, which in any case is free from danger.' "

* * *

Drug Habitués.—It is no easy matter to break some persons of drug tippling. Dr. J. M. French draws in Medicine some practical conclusions in the treatment of such drug patients. His experience convinces him that in all cases of any considerable standing the disease to be treated includes much more than the habit of drug-taking, and the breaking up of the habit is not the cure of the disease. There are three stages in this. One is the stopping of the drug-taking, then the overcoming of the drug-craving and last of all the removal of the drug effects. No cases can be treated outside of a hospital or sanitarium. The drinker or the drug-taker needs constant companionship, sympathy and encouragement, and withal he must be ruled with an iron hand. When liquor is withdrawn from such a case strychnia is used to tone up the system. It should be given both hypodermically and by the mouth, and to the extent of one-fifth to one-fourth of a grain a day. Drugs affecting the liver, kidneys and bowels should also be used. When opium or morphia is withdrawn from an habitué such soothing remedies as the bromides, with other sedatives and hypnotics, are indicated. A strong will power is necessary to effect a cure, and the higher the social and mental scale of the patient the less the liability to a relapse.

* * *

Dangers of Ovarian Cystoma in Pregnancy.—Schwarz (British Medical Journal) reports that a woman with a dermoid cyst was taken with labor pains at the sixth month, but as the tumor was impacted in the pelvis and could not be reduced, and flooding had set in, the fetus was extracted. During version the cyst burst and the patient died on the third day of peritonitis. Tenesváry observed that the result once more impresses upon us the necessity of ovariotomy in such a case, delivery to be effected afterwards.

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BALTIMORE, FEBRUARY 18, 1899.

Home and Foreign Products.

It is admitted that the price of an aniline derivative, used medicinally, in this country, compared with its cost in the markets of Europe, or even in Canada, is a question of simple economics to be discussed together with tariff, revenue and, perhaps, reciprocity. But the question: "Do the conditions created and controlled by our present patent and trade-mark laws, as they relate to medicinal products, conduce to higher ethical standards or insure more earnest scientific research?" must be considered by the profession and the science of medicine as it relates to these divisions, respectively. No inherent or assumed responsibility touching this much-discussed matter should be shirked or slighted.

The broad, positive statement may be made that in no other country of equal enlightment is a medicinal or food product patentable, and in no other country, until very lately, could the common trade name of an article become private property. It naturally follows, therefore, that in no other country is there a possibility of the profession of medicine prescribing "patented" and "proprietary" medicines, nor does it occur elsewhere that students in pharmaceutical chemistry cannot vie with each other in originating new processes for producing a well-defined chemical. It is undoubtedly true that physicians are daily prescribing patented and trade-marked (proprietary) medicines and that scientific research, looking toward the production of synthetic remedies, is scarcely apparent in this country. Why is this so? Certainly the distaste for unethical practices is well marked in the personnel of the medical profession here, and the United States boasts of an abundance of raw material, plenty of capital, unequalled universities, and will not own to less talent or application.

Patented and proprietary medicines are prescribed, because they have been created and maintained by our patent laws and a misconception of our trade-mark laws. Scientific men are denied all encouragement, because they are effectually prohibited from using any new, profitable processes they may discover. No matter what our individual ideas of property and justice may be we must submit to facts, and the conditions conclusively show that there is but one interest conserved by these laws, and that is not the elevation of medicine nor the advancement of science—at home.

* * *

The Cold Weather.

The extreme cold weather and heavy snows have had their effect on all callings, and especially has it been severe on the physician, who must be out in all weathers and often at night. The severest time will be when the snow begins to melt and the air has that treacherous feeling midway between spring and winter. Medical societies and medical schools have suffered and all such work came to a standstill for a few days. If extreme cold can freeze organisms, then Baltimore and its vicinity must be in a very healthy and sterile condition, and it is likely that many contagious diseases have been frozen out by the cold.

* * *

Vaccination.

Attention was called last week to the importance of vaccination at this time, and in this issue there is a very strong letter from Dr. John S. Fulton, secretary of the State Board of Health, urging on physicians the same thing. Also it is noted, as a piece of news, that Health Commissioner Jones has appointed a large number of extra vaccine physicians to see that the city is thoroughly protected. This subject is so important that it must be impressed on the profession.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending February 11, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	1	..
La Grippe	..	10
Pneumonia	..	35
Phthisis Pulmonalis	1	15
Measles	23	..
Whooping Cough	1	..
Pseudo-Membranous Croup and Diphtheria.	29	5
Mumps	..	..
Scarlet Fever	7	2
Varioloid	..	..
Varicella	8	.
Typhoid Fever	3	2

Christian Scientists will soon erect a temple in Baltimore.

New York is to have a law regulating the sale of poisons.

Ohio University has decided to create a medical department.

Behring has made an application for a patent for a serum to cure consumption.

Dr. James Etheridge, the gynecologist of Rush Medical College at Chicago, is dead.

The American Neurological Association will hold its next meeting at Atlantic City in June.

The Ninth International Congress of Ophthalmology will be held in Utrecht in August.

Missouri, Michigan and Illinois are all seeking laws to regulate the practice of medicine.

Dr. G. T. Simonson of Crisfield has been appointed vaccine physician for Somerset county.

The Jenner Society has sent congratulations to Mr. Rider Haggard on his novel, "Dr. Therne."

The *Medical Times and Register* of Philadelphia now appears as a monthly, with an increase in the number of pages.

Dr. H. V. Wurdemann of Milwaukee has succeeded Dr. Casey Wood as editor of the *Annals of Ophthalmology*.

The Meharry Medical College of Nashville, a school for colored men alone, held its twenty-third anniversary recently.

At the annual meeting of the Lancaster (Pa.) City and County Medical Society officers were elected for the ensuing year.

Japan has compulsory vaccination and revaccination every five years, and only aseptically prepared calf lymph is used.

The German Congress of Internal Medicine will be held at Carlsbad in April under the presidency of Professor H. Quincke.

Messrs. E. B. Treat & Co. have bought the *International Medical Magazine*, but Dr. Boardman Reed will still continue to edit it.

Dr. Paul F. Mundé has been made the honorary president of the International Congress of Gynecology and Obstetrics to be held at Amsterdam in August.

The *Atlanta Medical and Surgical Journal* has been made the official organ of the Atlanta Society of Medicine. It is an attractive and well-edited monthly journal.

The Seventh International Congress Against the Abuse of Alcoholic Liquors will be held in Paris in April. Dr. T. D. Crothers of Hartford will represent this country.

Menelek, the Emperor of Abyssinia, is said to be greatly interested in medicine, and it is reported that he will read a paper on vaccination at the International Medical Congress at Paris next year.

Until an editor has been elected to succeed the late Dr. John B. Hamilton, Dr. Truman W. Miller, the chairman of the editorial committee, will edit the *Journal of the American Medical Association*.

Dr. Robert C. Stewart, a prominent physician of Shippensburg, Pa., was accidentally asphyxiated by illuminating gas at his home. Dr. Stewart was a graduate of the University of Pennsylvania in 1872.

Health Commissioner Jones of Baltimore has appointed the following additional vaccine physicians: Drs. W. Clyde Burns, Clendinen Teal, W. F. Pentz, J. L. Winner, M. C. Robins, W. G. Townsend, W. S. Kirk, M. L. Todd, Henry Nice, J. H. Ullrich, C. W. Didenhover, Robert S. Page, L. C. Stitely, A. B. Giles, E. A. Munoz, Wm. B. Hawkins, Charles L. Ney, Joseph Hart, J. H. Groshaus, Joseph L. Spruill, Joseph E. Muse, J. W. Lubchansky, C. G. Keefer, William Grant, H. C. Knapp, A. D. Atkinson, Wm. J. Pillsbury, Gilman Evans, Richard M. Johnston, A. McG. Belt.

Washington Notes.

A few more cases of smallpox are added to the list.

Acting Assistant Surgeon H. R. Carter, now in this city, is ordered to Atlanta, Ga.

Acting Assistant Surgeon Chas. R. Gill, U. S. A., has been ordered from Brooklyn to Havana for assignment of duty.

At the Medical Society Wednesday evening Dr. E. L. Munson, U. S. A., read a paper upon "Lay Suggestions on Medico Military Affairs."

The death rate for the past week was 20.41 for each thousand of the whole population. There were five deaths from diphtheria and one each from typhoid fever, measles and scarlet fever. There are ninety-three cases of diphtheria and 144 cases of scarlet fever under treatment.

At the regular meeting of the Therapeutic Society Saturday evening papers were read by Dr. Benjamin G. Bool, subject, "Treatment of Eclampsia," and Dr. L. Kolipinski reported cases—1, foreign body in the stomach expelled by vomiting; 2, arrest of hiccough by depressing the tongue.

Health Officer Woodward is engaged in investigating the circumstances attending the death of the two children of Wm. G. Crable, who died of diphtheria and under Christian Science treatment. He will endeavor to sustain a charge against any of the parties concerned of practicing medicine without a license and of failing to report the cases as diphtheria, as required by law.

Book Reviews.

Text-Book of Mechano-Therapy (Massage and Medical Gymnastics). For Use of Medical Students and Trained Nurses. By Axel V. Grafstrom, M.D., late House Physician, City Hospital, Blackwell's Island, New York. Philadelphia: W. B. Saunders. 1899. Pp. 139. Price $1.00 net.

After Kleen's masterly work (translated by Hartwell), Posse's "Medical Gymnastics" and Dr. Kellogg's "Art of Massage" this little book seems rather unnecessary, except as a remembrancer in connection with lectures for nurses and medical students.

There is a lack of clearness and completeness in describing the positions taken by the operator and the different manipulations, as on page 59, "Kneading," and on page 69, "Pressure."

There is also some confusion in the use of terms, as in speaking of "abduction and adduction of head and trunk," pp. 27 and 49.

Why add "dorsal massage" to palmar, digital and ulnar methods of manipulation, as recognized by Taylor, Kleen and Posse?

Eleven pen-and-ink sketches accompany the text.

It is a difficult task to teach a mechanical art in books, and there is always danger of adding to the ranks of the unskilled laborer by incomplete instruction. The author is a late lieutenant in the Royal Swedish army, and has been a contributor to various journals.

The *Psychiater*. Published quarterly. Price $2. This is the organ of the Illinois Eastern Hospital for the Insane and is edited by the staff of that hospital. The first number is well printed and illustrated.

Western Clinical Recorder is a new monthly published at Chicago, and is conducted by Drs. Fred Jenner Hodges and William T. Rinehart. It is a very pretentious journal and contains much excellent matter and is well printed. The cover is very unique.

The *Southern Medical Journal* is a new monthly journal published at La Grange, N. C., with Dr. J. W. P. Smithwick as editor. The opening article is by Dr. Randolph Winslow of Baltimore. It is rather unfortunate to issue a journal hurriedly, but the editor promises a better number next time.

The *Memphis Lancet*. This is a new monthly published at Memphis at $1 a year, and has a large corps of editors. It starts off well, with an article by Dr. W. L. Estes on "Surgical Shock." Other articles are by Dr. Charles W. Burr, H. A. Hare and many other well-known men. It promises to be very successful.

The *St. Paul Medical Journal*. This is a monthly published and edited by the Rumsey County Medical Society. It is more like the larger and more serious monthlies than most of its contemporaries. While it is not specially well printed, it is an able journal and will be a formidable rival to *Medicine*, published in Chicago. Dr. Burnside Foster is the editor, and there is a large force of collaborators. It is $2.50 a year.

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Original Articles.

A CASE OF MULTIPLE OSTEOMYELITIS.

By S. J. Windsor, A.M., M.D.,
Dames Quarter, Md.

As it did not occur to me for the first few weeks of this case that it might present so many points of interest, and as I only saw it at long intervals after this time, but few notes were taken, and I am, therefore, compelled to report it for the most part from memory. This is, to my mind, an extremely interesting case, and I regret that I cannot give its clinical course in detail. However, I have watched it as closely as I could and have tried to keep some of the most interesting points as clearly as possible in mind, as I have intended almost from the first to report it at some time.

It was in July, 1893, that I was called to see Raymond B., an intelligent youth, aged fourteen years, and found him with temperature high and pulse rapid. He had diarrhea, and had had a chill the night before. He complained of pain just below the left knee, and I noticed a furuncle on the left arm. But little attention was paid to the leg or arm at this time. He said he had not been feeling well for more than a week, and the description he gave of his symptoms for this time was very much in accord with the prodromic stage of typhoid fever. I made a diagnosis of typhoid fever, with malarious complication—the so-called typho-malarial fever of some authors—and instituted treatment accordingly.

On the following day I found him with temperature and pulse about as at my previous visit, diarrhea unchecked, pain in the leg persisting and much tenderness at the seat of pain. He also complained of pain at the left shoulder. It now looked to me as if the case was one of rheumatism, or there was, at least, a rheumatic complication, and anti-rheumatic remedies were added to the treatment.

I made my next visit on the following day and found his condition no better. The treatment of the previous day was ordered to be continued. At this time I was attacked with remittent fever, and did not see him again for more than a week. In the meantime he was not seen by any physician. The nearest physician living at a considerable distance, and being very busy at the time, the young man's parents relied on having me send him treatment until I could return to the case. When I returned to the case his condition was indeed critical. There was an immense abscess just below the left knee, an abscess in the left clavicular region, and he was in a typhoid condition. It was now evident to my mind I had a case of osteomyelitis of the tibia and clavicle to deal with, and so notified the family. At the same time I gave a very unfavorable prognosis. I was not allowed to open the abscesses.

Upon seeking the cause of this attack I learned that about two years previous to this time he fell from the top of a load of fodder to the ground, a distance of about six feet. I also learned that about two weeks prior to the beginning of this attack he went in bathing about midday immediately after coming out of the field from plowing and while perspiring freely, and that as soon as he plunged into the water he became cramped in his lower extremities and had not felt well since. His health was good until this attack. He suffered from scarlet fever and measles

when quite young, but made a good recovery in both instances. He has a younger brother who has always had good health. His maternal relatives are free from any dyscrasia so far as I am able to learn, but not so with his paternity. One paternal uncle, who died of cancer a short time since, had an attack of osteomyelitis in his youth; an aunt is afflicted with cancer, and other uncles and aunts show evidences of a scrofulous diathesis.

I continued in attendance upon the case about two weeks from the time I returned to it, when I was dismissed. Spontaneous opening of the leg abscess occurred before I was dismissed, but the abscess in the clavicular region was left unopened. As soon as the abscess of the leg opened there was an amelioration of his symptoms. His fever now ran a more moderate course, the pulse became less rapid, diarrhea subsided and he gradually emerged from the typhoid condition in which he had been for two or three weeks.

About two months after my dismissal I was called in to open the abscess in the clavicular region. This abscess was now quite large. The disease was now extending down the tibia and several sinuses had opened. Cod-liver oil was prescribed.

I saw the case a few times in the next twelve months, and at the expiration of this time the whole tibia had become affected and several sequestra had been cast off; the knee and ankle joints had become involved and both were completely ankylosed, with the knee flexed at an angle of about 120° and the foot extended; the whole clavicle had become necrosed and had been cast off almost entire, and a new clavicle had formed; several small pieces of bone had exfoliated from the inferior maxillary bone and passed through the soft parts just under the tongue, and a small piece of bone had exfoliated from the right astragalus.

There was also false ankylosis of the right hip and knee joints, probably the result of catarrhal synovitis, with the knee flexed at a right angle and the thigh flexed at an obtuse angle. He was extremely emaciated and cachectic. At no time did I find him with temperature below 101° F. or pulse below 115, until after the necrosed clavicle had been cast off in August, 1894, when his temperature fell a degree or so and his pulse was reduced to within the neighborhood of 100.

After the subsidence of the trouble at the shoulder the leg was apparently the only diseased part remaining, and I advised amputation at the thigh. His mother took him, in September of the same year, to the Johns Hopkins Hospital to have done for him whatever might there be thought best. It was decided at the hospital that amputation was the proper thing to be done, and he was put upon treatment to build him up for the ordeal. But, after a short stay at the hospital, he became dissatisfied and returned home without having the operation performed.

I saw him several times in the next twelve months, and his condition continued about as when he left the hospital, the tibia still suppurating and many new sinuses opening. Several pieces of bone were exfoliated.

When he returned from the hospital I think he and his parents had abandoned all idea of having the thigh amputated, but by insisting that amputation was probably necessary to prevent fatal exhaustion, and that if he could recover without the operation this member would be useless, I finally got the consent of all concerned to operate. On Thanksgiving day, 1895, with the assistance of Drs. Monmonier, Rowe and J. Zachary Taylor, I amputated the thigh at the middle third. The operation was done under strict antiseptic precautions, and the wound healed beautifully.

The scene now seemed to change for the better. After having been bedridden for more than two years, with suppuration going on as already described, he was in a short time after the operation free from any point of suppuration, clear of fever and able to sit up in a chair. He put on flesh rapidly and continued to improve for about nine months. During this time he was able to sit up most of the day and was out in the open air much of the time, being taken out driving often by different members of the family and

rolled about in an invalid chair by his younger brother. The wasted and contracted muscles of the right lower limb were treated with passive motion, cod-liver oil and massage, and under this treatment, though imperfectly carried out, the muscles improved and the hip and knee joints became to some extent relaxed.

All went well, and I thought the young man was getting along splendidly and would soon be ready for an artificial limb, until August, 1896, when he was again attacked. This time the right femur and tibia were affected. There was a circumscribed abscess in each of these bones. A small piece of bone was exfoliated from the tibia, but none from the femur. Healing soon took place at both points. His general condition did not seem to suffer much from this attack, but it showed that the disease was not spent, and was a warning that an attack of more gravity might at any time appear. In November of the same year the right humerus became involved. No bone was exfoliated, and suppuration at this point was of short duration. This attack was complicated with synovitis of the elbow joint, and the muscles of this member became atrophied and the joint contracted.

After the subsidence of this attack his case again seemed to take a more favorable turn and improvement went on until the summer of 1897. In the early part of this summer the second right rib and right ilium were affected. The rib was only slightly involved, but an abscess over the ilium was quite large and very painful. There was no necrosis of either bone and the abscesses soon healed. But a little later in the same summer the bone of the stump became affected and an immense abscess formed. This came very near closing the scene, and he was prevented from sinking only by free stimulation. This abscess opened spontaneously at the right side of the anus. I was present at the time, and I am sure one gallon of pus was at once discharged. Healing soon ensued without any exfoliation of bone, and he again mended rapidly.

His condition during the winter of 1897 was about as good as during the previous winter. Now noticing that he got along fairly well in winter and that the attacks returned in hot weather, and thinking that he might escape these recurrent attacks by spending his summers in a cooler climate, I ordered him North to spend last summer. On the 6th of June his mother left with him to visit friends in Troy, N. Y., where they remained until the 1st of August.

While in Troy he improved wonderfully, and returned home apparently better than since he was first attacked. But he returned a little too early, and in August the sternum, upper part of the right humerus and bone of the stump began to suppurate. Healing has taken place at the sternum and humerus without any loss of bone, but the stump still gives him considerable trouble and a few sinuses have opened. There is also at this time tenderness of the first right rib and lower part of the right humerus.

The knee is still a little contracted, owing to shortening of the hamstring muscles, and he cannot quite extend the thigh. The right arm is a little smaller than the left, and the elbow joint still contracted a little. However, his general health is tolerably good, and he is nearly as stout as he ever was.

The cause of this young man's trouble is a question of extreme interest. There is the history of a fall, and this has been accepted as the cause by most of the physicians whom he has consulted; but I am not so sure of this. Professor Senn of Chicago attributes to cold an important *rôle* as an exciting cause of the so-called spontaneous variety of osteomyelitis, and in his "Principles of Surgery," 1891, writing of the etiology of osteomyelitis, p. 236, says: "I have repeatedly observed cases of osteomyelitis in boys who, after active exercise, suddenly became chilled by bathing in cold water, or who, after an exciting game of baseball, stretched themselves out on the cold ground to rest."

But Professor Senn does not claim that exposure to cold alone could ever result in an attack of osteomyelitis. He holds that the essential exciting cause is the presence of one or more varieties of pus microbes. I believe this young man's attack was precipitated by the disturb-

ance of the equilibrium of the circulation, caused by his becoming suddenly chilled by bathing immediately after active exercise, his system being already infected with the essential cause and an hereditary predisposition to this disease probably existing.

I cannot believe that the pathological condition which prepared the soil for the action of pus microbes or their ptomaines was in this case an injury. The fall he got was about two years prior to the beginning of this attack, and he never complained of being hurt. I do not wish to be understood to doubt that an injury does very often stand in etiological relation to this disease, but I do believe there are other causes apart from an injury capable of setting up the disease.

When an attack of osteomyelitis develops, and it is believed that an injury is necessarily the cause of it, it is generally easy for the patient or parents to recall a time when the former was hurt.

There are very few young persons that do not get hurt to a greater or less extent at some time, and a person in whom osteomyelitis develops may have received such a trivial injury that it would never be thought of by patient or parents if not made to believe that an injury is necessarily the cause of the attack. I am aware I have been criticised by some members of the profession for maintaining that this young man's attack was caused by his suddenly becoming chilled by bathing just after active exercise, but I still hold to the same opinion.

The manner of infection in these cases is another extremely interesting subject. It is held by leading surgeons that infection usually takes place through a wound or abrasion of the skin, but sometimes through the intestinal canal or respiratory organs, and in one case Kraske traced the infection distinctly to a furuncle of the lips.

Infection through the intestinal canal would be expected to give rise to diarrhea as a premonitory symptom, and diarrhea was one of the premonitory symptoms in this case, yet I do not believe the intestinal canal was the seat of invasion. Every recurrence of the disease has been attended with diarrhea, and these recurrent attacks were probably due to microbes that after the first attack had remained latent in the tissues until conditions were created which enabled them to display their pathogenic properties, and not to a new infection. Anyway, in most instances localized points of tenderness in the osseous system preceded the diarrhea by several days, showing that infection had already taken place when the diarrhea appeared, and that diarrhea was only an accompanying symptom, due perhaps to an effort of nature to eliminate the pathogenic micro-organisms through the intestinal canal.

I believe the diarrhea attending the first attack was, as in the recurrent attacks, only an accompanying symptom, and that the furuncle seen on his arm at my first visit was the source of infection. This furuncle made its appearance about the time he went in bathing, which, as before stated, was about two weeks before I saw him, and while he did not feel well for these two weeks, showing that the disease must have been forming, diarrhea had made its appearance only a day or so before my first visit.

Another interesting point in this connection is the fact that this disease is arrested in cold weather and reasserts itself as the hot season comes on. It seems while the microbes can inhabit his system without any deleterious effect in cold weather, the depression of his system, caused by a continuous high temperature, is sufficient to prepare the soil for their pathogenic action, the cachexia resulting from the first attack greatly predisposing him to the disease. He says that while he was in Troy the days were very hot, but the nights were cool and bracing. There was a much greater fall in the temperature at night than is the rule here. This variation of temperature gave his system a chance to react in every twenty-four hours and probably explains why he did so well in Troy.

According to the description of osteomyelitis given in the text-books, I think this is a typical case, and to a physician who had seen the disease before an early and correct diagnosis should have been easy. My only excuse for not arriving at a correct diagnosis at my first few visits

is that this case happened in the first years of my practice and was the first case of the kind that had come under my observation. I think that pain in one or more bones, especially if near the epiphyseal line of long bones, with tenderness at the seat of pain and without redness or swelling for a few days, attended with fever following an initial chill, and resembling typhoid fever, occurring in a child or young adult, would justify a diagnosis of osteomyelitis.

Pain and tenderness at the seat of disease were early symptoms in this case. There was absence of swelling and discoloration of the skin for the first few days. The fever resembled typhoid fever, but I noticed the temperature showed less variation than is the rule in the latter affection. But, according to the best authorities, a large percentage of cases do not run such a regular course, and mistakes in the early diagnosis of this disease are not infrequent, even in the practice of experienced surgeons. In fact, Professor Senn is authority for the statement that Mr. Holmes has said that acute suppurative osteomyelitis is more frequently recognized at post-mortem examinations than at the bedside of the sick.

It is hard to predict what will be the ultimate result of this case, but it looks to me as if he would recover. His general health is fair, he is developing into manhood, and the disease is, so to speak, wearing itself out. The right hip and knee joints are gradually relaxing, and I think before a great while he will be able to straighten the limb without having to undergo an operation.

One of the most interesting points in the case is the formation of a new clavicle. The new clavicle is a little irregular in outline, broader than its fellow of the opposite side and more than an inch shorter. It appears shorter than when it was first formed, but I think this is only relative and not actual, the rest of the osseous system having grown, while this bone has remained at or near its original length. There is complete ankylosis of the sternal and acromial articulations.

Professor Wyeth, New York, in his "Text-Book on Surgery," 1893, p. 522, records a case of his own, in which a new clavicle was formed after subperiosteal excision of a necrosed clavicle, but such an event must be of extremely rare occurrence. In the case I report the vitality of at least a part of the periosteum of the clavicle must have been retained.

While the treatment of these cases is mainly surgical, and very little surgical interference was allowed in this case until the thigh was amputated, I believe the disease was modified and a fatal issue probably averted by the treatment he received in the beginning.

UNDER-AVERAGE RISKS IN LIFE INSURANCE.

By Charles C. Bombaugh, M.D.
Baltimore.

The growth of the life insurance system in the United States is without parallel in the history of financial institutions. The charters of the oldest of our life companies date but little beyond half a century, yet within that comparatively brief period they have attained a degree of development, a breadth of operation and a measure of systematic provision for dependents which place them in the front rank of the marvels of the nineteenth century. Within that period they paid to beneficiaries more than $1,500,000,000 and accumulated $1,000,000,000 more toward the fulfillment of contracts in force. The tireless energy, the persistent activity, with which their claims have been pressed upon public attention, and the extent of responsiveness and acceptance on the part of all classes may be regarded as one of the most potent forces of modern civilization.

But while these great organizations have become the custodians and investors of hundreds of millions, British corporations of thrice their age, handicapped by pertinacious adherence to time-worn traditions, have been plodding along at a stage-coach pace, content with limitations which broadly contrast with the vigorous methods and the adventurous spirit of American executive officers and agents. They still hedge their contracts with the restrictions and warranties of antiquated policy forms, and are reluctant

to adopt the liberal concessions of our companies—non-forfeiture provisions, incontestability except for fraud, guaranteed surrender values, and modification or removal of burdensome stipulations.

In one material respect, however, the British life offices, home and colonial, have shown that they are more in line with the teachings of experience and the demands of the present age than their *confrères* in America or on the Continent of Europe. With us there are but two classes of applicants for insurance—eligibles and non-eligibles, the qualified and the disqualified. In England there is a class between these extremes, the under-average or substandard class, which the companies consider entitled to protection and for which they make provision by a compensating addition to the tabular premium rate. Our American companies, with few exceptions, charge extra rates for extra risks, not for hereditary or acquired infirmities, but for exposure, as, for example, military risks in active campaigns, females during the child-bearing period, locomotive engineers and mail, baggage and express agents on railroads, and travel or residence in tropical climates. There are also cases in which there is a lack of robustness or a history of degenerative changes in the family, and cases in which the individual manifests certain inherited susceptibilities or influences which may shorten the duration of life. To meet these the companies issue short endowment policies, on the assumption that payments limited to a term of ten or fifteen years may correspondingly exclude the extra hazard of a whole life insurance. Then there are cases which call for delayed consideration and postponement of final action, such as nephritic colic; albuminuria, when the cause is not differentiated between transient conditions and organic disease of the kidneys; recurrence of rheumatism uncoupled with transmission, diathesis or cardiac complication; recurring asthma; fistulas and abscesses; pulse rate over 90; blood-spitting from strain or injury to the air-passages. The period of probation, according to the instructions to the medical examiners of the companies, runs from six months to ten years.

When it comes to the morbid conditions which, under ironclad rules, call for imperative rejection, such as the lesions of tuberculosis, cerebral diseases, cardiac hypertrophy, dilatation, fatty degeneration and valvular lesions, clearly-marked albuminuria and glycosuria, gouty diathesis, scrofulous taint, ascites, hepatic colic, deformities, total blindness and deafness, etc., the way of the examiner is easy and the burden is light. When it comes to under-average or substandard features, due to flaws in family history, personal history or environment, our transatlantic cousins have taken the lead in grappling with the difficulties which such cases present in the adjustment of premiums commensurate with the extra hazard. One difficulty, obvious at first glance, arises from the insufficiency of data for the framework of a mortality table for lives not acceptable at ordinary rates. From the carefully compiled experience of the companies in the selection of healthy lives we obtain a trustworthy comparison of actual to expected deaths. But the data based on the widely variant mortality ratios of the companies dealing with impairment are of no practical value for tabular arrangement. The committee of the Scottish offices reports an extra mortality of 13 to 15 per cent. The Australian companies show a percentage of 18 per cent. But the London companies jump from a minimum of 44 per cent. to a maximum of 78 per cent. in excess of healthy lives. Notwithstanding such diversities the Institute of Actuaries added to its mortality tables, the value of which is gratefully recognized, a Dmf table. But in the construction of this table the framers included a large number of lives so slightly impaired as to impose an extra of only two or three years. Obviously such irregular grouping would be an unsafe and uncertain guide in the adjustment of premium rates without adding to the latter a corresponding loading.

The American text-books or handbooks of medical examinations by Allen, Stillman, Levan, Keating, etc., and the manuals issued by the companies make little or no reference to the question of depreciation or deterioration and the assessment for its money equivalent. They

proceed on the lines originally laid down by such English authorities as Brinton and Sieveking. But the later English writers, Pollock and Chisolm, Haviland Hall, Thompson, Manly, Lyon, Hughes, etc., have given special consideration to lack of vital stamina and hereditary transmission and their place in the scale below the first-class standard. In determining the question of adequate rating they deal with each individual case separately on its own merits. This procedure may in some cases involve arbitrary or empirical ruling, but under existing conditions it offers the most available means of discrimination. In thus fixing an equilibrium between medical selection and finance, the medical director and the actuary must work hand in hand. In life insurance, medicine and mathematics are, as Dante says, *duo che insieme vanno*—two that go together.

The chief causes for the imposition of extra premium are thus classified by Dr. Pollock, physician to the Imperial Life, the Queen Insurance Co. and the London and Lancashire Life:

1. Family history of consumption or other diseases which set in before middle life.

2. Family history of gout, rheumatism and other diseases which set in mainly after middle life.

3. Flaws in personal health, defect in or excess of weight, etc.

4. Unhealthy or dangerous occupation.

In dealing with these forms of impairment, equity and security for both parties to the contract call for a careful estimate of the amount of extra premium and the way in which it should be applied, or, where this is undesirable, the alternative plan of scaling the face value of the policy—a sliding scale sometimes called the lien system—and by successive annual gradations decreasing the lien until it is extinguished. Under the latter plan the life that drops by the wayside early in the race pays the prescribed penalty of deduction from the face value, while lengthened continuance is rewarded with payment of the full amount when it becomes a claim. The English companies prefer the increased rate of premium, assuming that where the life is not up to the normal standard it may be considered as equal to a normal life of a greater age. In arriving at this age some of the actuaries prefer the statistical method, yet statistics here, as elsewhere, are often misleading. Keeping in view the classifications of vital statistics, they want to treat all cases on general principles, yet here, if anywhere, each case, as already remarked, must be considered on its individual merits.

Life companies are organized to meet contingencies, and the exclusion by our American companies of a large class who are justly entitled to their guardianship is not creditable to their principles and practice. Their governing maxim declares that the maintenance of selection is the security of the company. They lose sight of the fact that in underwriting everything is insurable at an adequate price. Refusal to bring the class in question within the fold of insurability frequently leads to satirical flings at the rejection of men who persist in walking the streets with a firm step year after year. There are thousands of declined cases of mitral regurgitation with sufficient muscular tone to resist dilatation and to maintain the balance of the circulation for a long period of years; thousands with occasional exhibitions of albumen or sugar whose unfailing endurance, elastic vigor and activity in business pursuits are remarkable; and thousands who are engaged in occupations in which there is liability to accidents from special exposures and exigencies, but where safety is assured by prudence. To this add the well-known fact that athletes, the pick of the gilt-edged class so eagerly sought by the companies, often die from heart strain or from reckless prodigality and exhaustion of their physical gifts before middle age, while the lightweight, with lack of vital force, whose application is unceremoniously turned down, prolongs his life by orderly, temperate, systematic habits, and defers the services of the undertaker until he becomes an octogenarian.

The fact that three attempts to insure impaired lives in the earlier years in this country ended in failure in consequence

of incompetent management should not discourage intelligent effort in this desirable direction. The same may be said of the recent discreditable history and disastrous ending of a Minnesota company which had been organized to solve the problem of compensatory rating. A Philadelphia company which has undertaken to insure substandard risks is, fortunately, in the hands of capable and honorable managers, and its course will be watched with confident anticipation of satisfactory results. The published mortality records of our leading companies embody much useful statistical information respecting hereditary taint; family history of fatal inheritance—consumption, cancer, heart disease, rheumatism, apoplexy, insanity and intemperance; underweights and overweights beyond the marginal allowance; dealers in intoxicants; and unhealthy or wearing occupations. With hints from such readily available sources, conjoined with the advantages of long training and experience, the medical directors of our life companies are admirably equipped for the estimation of under-average risks and the adequacy of the rates that will safely carry them to maturity.

It is said that an individual is very much more disposed to insure when he is convinced that he falls below the standard, and when anxiety in such a case is manifest, suspicion is aroused, either of a want of consciousness, or possibly of fraudulent intent. But if the applicant understands that special provision is made for his weakness there will be no reason for concealment, and the all-important question of moral hazard will be eliminated from the investigation.

ARREST OF HICCOUGH BY DEPRESSING THE TONGUE.

By Louis Kolipinski, M.D.,

Washington, D. C.

Hiccough, like vomiting, is often so severe and persistent that credit or discredit is bestowed on a physician in a case dependent on his ability to stop it. The method described below is offered that further trial may demonstrate whether it possesses sufficient value to be included in the list of means at present in our possession for checking this troublesome and often distressing symptom common alike to a number of curable and fatal diseases.

C. H., fifty-nine years of age, a shoemaker of vigorous constitution, but somewhat impaired from the long-continued use of alcoholic intoxicants, had suffered from chronic gastritis. December 14, 1898, he was able to go to work, but complained of headache, vomiting and oppression of the chest. A persistent hiccough began. That night he could obtain but little sleep. The next day he was not able to eat his meals. The hiccough growing worse, he took some remedies of an apothecary and also sent for a physician. He made an attempt at his daily work, but soon gave it up and returned home. He slept but little, the hiccough being so violent that his bed shook, and he passed the night mostly sitting up. Various home remedies next were tried, but without relief.

On the 16th he found himself too weak to work, and remained in bed, passing another sleepless night. December 17, condition the same; he went to his shop, but had to return home. He had no sleep at night, but was "up and down." His throat felt swollen and full, so that he suffered much from dread of death by suffocation.

December 18 the condition is the same. I saw the patient that night. He was much alarmed; declared the hiccough was killing him. I tried to reassure the patient, and directed him to breathe slowly, lying supine and to extend his arms above his head. The hiccough caused a tremor of his whole body.

He complained of the fullness in his throat, a condition which he thought the result of the hiccough. I directed him to sit up, and, with a large spoon handle, pressing the tongue down and back with steady force, was enabled to inspect the fauces. I found the soft palate congested and the uvula thickened and elongated. The hiccough recurred twice, and I could note each time the elevation of the soft palate and uvula in the act.

I continued the firm pressure on the tongue with the hope of further noting

the action of the palatal muscles, when, to my surprise and to the patient's great astonishment and joy, the hiccough ceased. Under a dose of morphine and chloral he passed a comfortable night.

An hour after my departure the hiccough returned, but the patient, with great zeal and confidence, placed himself in front of a mirror, passed the spoon handle to the back of the tongue, and with both hands, depressed and steadied it. The hiccough at once ceased. In the morning, on awakening, the hiccough again returned, but stopped spontaneously on his getting up and dressing.

Two days later it reappeared, but was promptly arrested by the patient himself in the manner described. The time required in each instance to accomplish the desired result was one minute or less.

Society Reports.

NEW YORK ACADEMY OF MEDICINE—SECTION IN ORTHOPEDIC SURGERY.

MEETING HELD NOVEMBER 18, 1898.

Dr. W. R. Townsend read a paper entitled "The Prevention of Deformity After Excision of the Knee in Children."

He reported the histories of eight cases seen within the past two years at the Hospital for the Relief of the Ruptured and Crippled, in which excision had been performed in early life in other hospitals. All of these cases presented some shortening, the greatest amount being nine and one-half inches, the least one-half inch. They all presented flexion deformity; the greatest was held at right angle, the least deformity was 25 degrees, the average being nearly 50 degrees. Two showed bow-leg deformity and one knock-knee. Two had motion and six were firm. He quoted the views of several orthopedic text-books and the "Treatise of Surgery by American Authors" to show that the operation was indicated only in exceptional cases. The shortening was greatest when both epiphyses of femur and tibia were removed, and in early childhood, with extensive disease present, it was difficult to remove all diseased tissue without invading the cartilage between the epiphysis and the shaft of the bone. He showed the necessity of long-continued after-treatment, either by plaster of Paris or some form of brace if deformity was to be prevented, for many cases of apparent bony union began to present deformity months after the operation, and in some it rapidly decreased. The different methods of correcting the deformities were referred to, and forcible correction, under an anesthetic, was advised only in those cases where, by very slight pressure, the flexion deformity could be overcome. In several cases osteotomy or another excision was advised. Braces and operative procedures were advocated for the bow-leg and knock-knee deformities.

To illustrate some points made in the paper he presented two patients who had had excision of the knee in early life. The first patient was a boy fifteen and one-half years of age, who had an excision performed when he was three years old for a tubercular osteitis of the right knee. He was admitted to the Hospital for the Relief of the Ruptured and Crippled at the age of six, with slight flexion deformity and two discharging sinuses. The treatment was local and constitutional. The flexion deformity was corrected by manual force under an anesthetic. At the age of ten there were six inches of shortening. At present there were nine and one-half inches—six inches in the femur and three and one-half inches in the lower leg. By tilting his pelvis he walks quite well with a seven-and-one-half-inch patten, despite the bow-legs on the right side and the absence of the motion at the knee. The bow-leg deformity has increased of late years and is now well marked. This and knock-knee deformity were both liable to occur unless protection was given to the knee for a considerable time after the operation of excision.

The second patient was a boy of nine years whose left knee was excised in Germany. On admission to the Hospital for the Relief of the Ruptured and Crippled, when he was eight years of age, there were 65 degrees of flexion deformity and slight motion. The flexion was easily reduced by manual force to 20 degrees,

with less than 10 degrees of motion. His right femur was eleven and one-quarter inches long, his left ten, his right leg thirteen inches, his left twelve. The shortening was a trifle over two inches. He illustrated the ordinary form of flexion deformity and also the fact that bony union did not always occur. He was wearing a Thomas knee brace, with straps attached to the foot-plate and these fastened to buckles and adhesive plasters applied to the leg below the knee. Continual traction was thus made, and the knee was slowly but surely being straightened. It was needless to add that for this traction to be efficacious in reducing the deformity it should be continuous and carried to the full limit.

Dr. R. Whitman added foot-drop, from division of the external popliteal nerve, as a possible disability following excision of the knee. He had seen two cases in which the nerve had been divided, either during excision or else during previous treatment of an abscess. One of these patients had four inches of shortening and knock-knee, but his most serious disability was caused by the foot-drop, which necessitated a special apparatus. The course of this nerve should be borne in mind in all operations about the knee.

Dr. R. H. Sayre said that operative surgeons were too prone to think that supervision of a case might cease with healing of the wound, whereas they would learn, if they followed their results for several years, that relapses were very frequent in cases that were not protected for long periods of time after operation. This was especially true, not only in excisions, but also in club-foot and various rachitic deformities. In using the Thomas splint, with a foot-plate to prevent dropping of the anterior part of the foot, he thought that friction and the pressure of the foot would prevent the foot-plate from sliding on the rods and would thus interfere with the straightening of a bent knee or the relieving of an inflamed knee from pressure. He preferred to keep the toe up by pulling down the heel by a strap fastened to the bottom of the splint and buckled to the back of the heel of the shoe.

Dr. Townsend said that the foot-plate on the Thomas knee brace was intended only for patients who were not walking and when there is no danger of injury being done by jarring. The leather traction strap was used for walking patients.

Dr. A. B. Judson said that these deformities were simple in kind—lateral bending, which caused knock-knee or bow-leg and antero-posterior bending, producing flexion or hyperextension. The mechanical treatment was also simple, consisting of the application of pressure and counter-pressure in such directions as to oppose the deformity. If the patient was walking much of the force thus applied laterally would be absorbed in helping to sustain weight, instead of being used against the deformity, and the recumbent position or an ischiatic crutch would have to be considered. Patients deformed after excition did not readily submit to tedious mechanical treatment, which, if it had been prescribed at first, might have led, in due time, to recovery without deformity. Formerly the established treatment for white swelling of the knee was amputation. Then the high-water mark was found in the conservative operation of excision. We now, however, had a more perfect conservatism in mechanical treatment, which avoided the reproach of being mere expectation, because it gave to the affected part a new and radically different environment, taking the limb from its laborious position under the weight of the body and giving it pendency and rest.

Dr. V. P. Gibney said that if the case was desperate enough to demand excision, then amputation was the preferable operation. He had been forced to this conclusion by many years of hospital out-patient observation. The high, ungainly pattens, supplemented by springs for the legs to protect the ankles, did not compare with an artificial limb either practically or cosmetically. He would ask the author of the paper whether a patient with extreme shortening following excision would not be better off in after life if an amputation were done. After the leg was straightened in these cases the patients were sure to return later for treatment. He would amputate and apply an artificial limb, especially when the

patient was as old as the fifteen-year old boy who had been exhibited.

Dr. Townsend said that if the patient referred to were a man instead of a boy he would advocate amputation. For himself, if he had such a leg, and were rich enough to have a new artificial leg every three or four years, he would much prefer to have the leg amputated than to wear such a heavy apparatus.

Dr. Sayre said that if the amputation should be thought best on account of the great shortening of the leg after excision it would be best to amputate above the knee and so gain the advantage of a movable knee-joint. But it would often be wiser to fasten an artificial limb to the patient's foot when in a position of marked equinus than to do a Syme's or Pirogoff's amputation. He recalled a case in which there had been a failure of growth in one femur, with shortening for nine or ten inches, all the joint motions being perfect. The patient wore an artificial leg attached to his foot and walked with hardly any limp, the difference being noticed only when he was seated, the knees then being at different heights above the floor.

Dr. Judson said that the apparatus referred to was very useful, but that generally it could be improved by making a firmer pocket for the reception of the foot as it inclined downward in extreme extension. This part could be made not only extremely firm, but also adjustable at will by the use of webbing and buckles. The apparatus could also be improved by making it strong enough to transfer a part of the weight of the body from the anterior part of the foot to the tibia, near its tubercle, as was done in the ordinary brace for talipes calcarious.

Dr. Townsend said that people walked better when the limb was amputated below the knee, but, of course, this applied to persons with a movable knee. When the femur was shortened several inches and the knee anchylosed an amputation of the thigh would have to be done in the lower third of the femur, and by so doing a movable knee could be obtained.

Elongation of the Femur Following Necrosis.—Dr. Townsend also presented a man fifty-five years of age, a laborer by occupation, whose right femur was two and one-eighths longer than his left. He walked with scarcely any limp and wore a shoe raised one and one-half inches. The history he gave was that he was perfectly well until the age of twelve, when, from some unknown cause, a swelling occurred on the lower and inner side of the thigh and when it broke some pieces of dead bone came away, and pieces continued to come away for nearly a year. Up to the time of this swelling his two limbs had been of equal length. The lengthening began to be noticed about the age of thirteen and had reached its maximum when he became of age. The knee joint had always been freely movable and was perfectly so today. The necrosis affecting the lower end of the femur evidently in this case had produced an irritation and increased growth of the cartilage and bone at the junction of the lower epiphysis to the shaft. Lengthening from this cause had been noted in osteitis, but this was the greatest amount Dr. Townsend had ever seen. The circumference of the thighs and legs was the same, and there was a small depressed white cicatrix above the inner condyle.

Dr. Sayre said that the suggestion had been made that after excision of the knee the epiphysis of the opposite leg be scratched in order to prevent it from outstripping the affected limb in growth. But the effect of the irritation of the epiphysis in the patient exhibited would indicate that artificial irritation might cause increased instead of diminished growth. He recalled a case in which ostitis affecting the hip had caused increase in the length of the limb, but not so much as in Dr. Townsend's patient.

Dr. Gibney said that Dr. James Berry of Portsmouth, N. H., had analyzed a large number of cases of ostitis of the knee-joint, and in all of them there had been elongation. He wrote a paper upon the subject some ten or twelve years ago based upon his observations at the Hospital for the Ruptured and Crippled, at which time he was house officer. None of the cases analyzed was treated by the protection apparatus, and a perineal crutch was not used. So we need not lay

this elongation to the apparatus now employed.

Dr. Whitman recalled a case similar to that of Dr. Townsend. A man was admitted to hospital for fracture of the femur, which was found to be one and one-half inches longer than its fellow. There were several sinuses of indefinite duration. The thigh was amputated because of failure in repair. At the point of fracture the bone was hypertrophied and eburnated, which accounted for the non-union. The lengthening had been due to constant irritation of a fragment of necrosed bone. The most common cause of elongation of bone was specific disease.

Coxa Vara.—Dr. Whitman exhibited a boy seventeen years old affected with typical left coxa vara of two and one-half years' duration. The patient had been under observation for two years. A perineal crutch, after being in use for about eight months, was discarded nine months ago. He had had no other treatment. The trochanter was above Nélaton's line and displaced forward, causing a very noticeable change in its contour. The leg was adducted and rotated outward, and a moderate degree of compensatory knock-knee was present. Flexion of the thigh was checked at 120 degrees, but extension was more than normal. These appearances and changes indicated that the neck of the femur was depressed beyond a right angle with the shaft and twisted backward. The patient had been before the Section on May 21, 1897. At that time the actual shortening had been one-half inch (see the MARYLAND MEDICAL JOURNAL, July 31, 1897, p. 282.—*Editor*), which had increased to one and one-half inches. Apparent shortening, due to adduction, had increased from one and one-half inches to three inches, and motion had become more limited. An operation was advised, in order to secure relief from the discomfort caused by lameness and restricted motion. Osteotomy would be done below the trochanter to correct the adduction and outward rotation. In younger subjects with less advanced deformity a cuneiform section should be made from the base of the trochanter to actually restore the proper angle of the neck.

Erythema Nodosum or Neuromata.—Dr. S. Ketch presented a man who had applied to the Orthopedic Dispensary for relief from a condition which could not be classified among the affections known as orthopedic, the diagnosis lying between erythema nodosum and neuromata. The patient was a Russian, thirty-five years of age, and a peddler. He complained of intense pain in the lower extremities, coming on eighteen months ago in the right leg and a few weeks ago in the left. The pain was more severe when he was resting, and was limited to an increasing number of points below the knee, one being at the lower part of the posterior surface of the right thigh. At these places there were slight reddened swellings, pressure on which caused pain altogether out of proportion with the appearances. There was a moderate degree of double flat-foot, of which he did not complain, and a slightly varicose condition of the veins. Otherwise he appeared perfectly well and denied rheumatism and venereal disease.

Dr. Whitman did not think that the pain was due to neuromata, because the swellings did not correspond to the course of any nerve, and the appearances were not those of neuromata.

Dr. Sayre said that, as there was some evidence of acute inflammation of the veins, the trouble might have had its origin there.

Dr. Ketch said that acute erythema nodosum might well cause an inflammatory condition of the veins.

Medical Progress.

REPORT OF PROGRESS IN ORTHOPEDIC SURGERY.

By R. Tunstall Taylor, M.D.,

Surgeon to the Hospital for Crippled and Deformed Children, Baltimore; Fellow of the American Orthopedic Association, etc.

FORCIBLE CORRECTION OF THE DEFORMITY OF POTT'S DISEASE.

ROBERT JONES (*Liverpool Medico-Chirurgical Journal*, January, 1898,) reports seventy cases operated on more or less successfully, with but two deaths. Their

ages ranged from eighteen months to twenty-two years. The curves had existed from six months to six years, and eight of the patients had recovered from one or more attacks of paraplegia. Five had paraplegia at the time of the operation, and three recovered after the operation and apparently as the result of the operation. A fourth was very much improved. Of the reductions two-thirds were completed at the first sitting and "of the rest it might be said that either other operations were required or I thought it inadvisable to use sufficient force to completely overcome the hump." Four-fifths of the cases were in the dorsal region, where the deformity is most easily reduced, on account of favorable leverage.

In one of his cases (an adult) with paraplegia there was loss of sensation, which returned over a large area after reduction of the deformity. The curves that he has found best suited for reduction are (a) those occurring in the young, (b) those in which the disease is active, and (c) those in which the deformity is changing. Ankylosed spines render the operation more dangerous, but subsequent consolidation is more rapid. The presence of lumbar abscess is a contraindication for operation, but psoas abscess is not. He uses practically the Calot operation of traction on the head and extremities under an anesthetic (chloroform), pressure down upon the kyphos, and pressure upward against the lumbar vertebrae, which is facilitated by previously purging the bowels for several days. He requires seven assistants, and estimates the traction at seventy kilos, while 220 kilos would be required to fatally fracture the neck. He includes the head and neck in the plaster corset, which he applies while traction is maintained after reduction, but he prefers an apparatus similar to the double hip splint of Thomas, by which he can preserve the forced lordosis.

In one private case that died no postmortem was allowed; the other died apparently of scarlet fever, and no peritonitis nor adhesions to the spine were found. There was no tearing of the soft parts in front of the deformity, no collection of pus nor blood. He reports the case of a child, a subject of spinal caries, who died of some intercurrent disease, on whom Mr. Murray performed a postmortem reduction of the deformity. The autopsy showed laceration of the right longus colli muscle and an opening one cubic inch in size where the bodies of the seventh cervical and first dorsal vertebrae had been. This space was bounded laterally by fractured cancellous bone, exposing posteriorly the intact dura mater of the cord. The capsular ligaments of the right articular processes of the sixth and seventh cervical vertebrae were also torn through.

A CASE OF FORCIBLE REDUCTION OF THE DEFORMITY OF VERTEBRAL TUBERCULOSIS; DEATH AFTER THREE MONTHS AND AUTOPSY REPORT.

Sherman (*Pacific Record of Medicine and Surgery*, San Francisco, October 15, 1898,) reports the successful correction by manual traction and pressure of a rectangular deformity in a lad of eight. The patient's condition was unfavorable from the first. Temperature, pulse and respiration went up gradually. At the end of six weeks he had pain in the anterior chest. On the 102d day he died suddenly. An autopsy showed abnormal mobility and crepitation from the sixth to the eleventh dorsal vertebrae. Right pleura lacerated in three places, partially closed by adhesions, contained four ounces of creamy-green offensive tubercular pus; left pleura contained twenty ounces of the same, admitted through two large patulous openings; no adhesions. The pericardial sac contained a large quantity of straw-colored fluid. Large abscess revealed, surrounding spine on removal of heart and lungs. From sixth to twelfth dorsal vertebrae "wormeaten," and bodies of eighth and tenth entirely gone. Miliary tuberculosis of liver and spleen. The writer lost two other cases in addition after forcible correction, one of asthenia following syphilis, and the other of an abscess which developed subsequently and discharged freely in the neck. He condemns the present "furor for doing this operation."

MECHANICAL TREATMENT IN FORCIBLE STRAIGHTENING OF ANGULAR CURVATURE.

Toles (*Southern California Practitioner*, Los Angeles, November, 1898,) describes a troughed table, with lever and ratchet arrangement to control the horizontal traction by means of a modified Sayre head sling. The pelvis is made fast to the foot of the table by means of a plaster of Paris pelvic girdle previously applied, in which straps are incorporated. Pressure is exerted downward on the kyphos in the usual manner when traction alone will not straighten the deformed spine. The correction is maintained by a plaster corset and a jury-mast and head sling of original construction. The jury-mast has two uprights from the antero-lateral aspect of the jacket, which arch over the head diagonally to be imbedded in the postero-lateral aspect of the jacket. The head sling is applied to the center of this arch while the mechanical traction of correction is maintained.

CORRECTION OF DEFORMITY IN POTT'S DISEASE.

Goldthwait (*Boston Medical and Surgical Journal*, July 28, 1898,) describes an original apparatus for the correction of hump-back dependent not so much upon traction on the spine as upon its hyperextension. The patient lies upon two padded bars of steel partly bent to conform to the curve of the spine from the knuckle to the buttocks. The bars lie immediately under the transverse processes of the vertebrae. The portion of the spine above the deformity is unsupported, and it, with the head, is allowed to sag down until the desired amount of hyperextension (i. e., straightening) is attained. In this position a plaster of Paris jacket is applied, including the supporting steel bars, which can subsequently be withdrawn. No head support is used. He reports numerous successful cases and marked improvement in paraplegic symptoms in some cases.

A NEW METHOD OF RESTORING THE ABSENT FUNCTION OF MUSCLES IN INFANTILE PARALYSIS.

Noble Smith (*Lancet*, November 5, 1898,) reports two cases in which the weakest muscles of the paralyzed legs, on electrical examination before operation, showed an almost total absence of response to faradism, and the reaction of degeneration to galvanism, after tenotomy of their tendons showed most marked gain in electrical irritability and power. He was led to do this operation by the well-known gain in circulation, warmth and power seen after division of the tendo Achillis in cases of simple talipes equinus in the whole leg, and found on trial that the weaker as well as the stronger were greatly improved after tenotomy. He has had satisfactory results in a number of cases, but in only two were complete electrical records kept before and after operation as reported above.

ON THE PREVENTION AND CORRECTION OF SHORT-LEG IN HIP DISEASE.

Robert Jones (*Lancet*, December 17, 1898,) suggests, in common with American orthopedists, that even when the tuberculous process is active, contrary to the opinion of Watson Cheyne and others, any malposition of the hip should be corrected manually or by *brissement forcé* or pulleys, and further (1) that abduction of the diseased limb should be maintained; (2) that the apparatus to attain this should also govern flexion and adverse pelvic tilting; (3) that where arrest of growth threatens pelvic obliquity should be summoned to assist, and (4) that where displacement of the head has occurred immediate reduction should be attempted. For the correction of short-leg with bony ankylosis suggests: (1) That oblique transtrochanteric osteotomy should be performed;* (2) that the adductors should be subcutaneously divided; (3) that the limb should be placed in the position of abduction and extension and kept there until firm union occurs; (4) that after union the splint should be removed and the limb allowed to slowly leave the abducted position; (5) that exercises should be systematically performed in order to depress the pelvis towards the affected side; (6) that in case of fibrous ankylosis, where no osteotomy has been performed, in order to avoid re-

*Preferably to Gant's or Adams' operation.

currence the abduction should be maintained for considerably longer, and (7) that this treatment should as much as possible be carried out in the open air.

HOT AIR IN JOINT DISEASES.

Wilson (*Annals of Surgery*, February, 1899,) states that he has used superheated air with the hot-air ovens in a large number of the various joint troubles with varying results. He advocates flannel bandages to the limb instead of gauze or cotton as being more absorbent to the perspiration incident, to prevent scalding. In acute sprains, with rest, the application of a temperature of 380° F. twice has proved curative in thirty-six hours. This method of treatment has been disappointing in acute and chronic gout, rheumatism and rheumatoid arthritis. Hydrarthrosis appears to offer a field of usefulness and the effusion is more rapidly absorbed. He uses a lower degree of heat (250° to 300°) for two hours daily, as this produces more sweating in the last-named trouble.

In fibrous ankylosis it is undoubtedly indicated with a beginning temperature of 300°, and running it up to 400° several times in an hour, with occasional ventilation to get rid of the excess of moisture. This treatment led to a gain in the range of motion from 15° to 45°. There are cases, however, that show no gain.

Inveterate flat-foot yields good results to this method of treatment when supplemented with forcible manipulation and mechanical correction.

As yet the writer will not speak definitely on the action of high heat in tuberculous joints, but is led by his experience with it, plus immobilization, to think that decided and appreciable benefit has been obtained with the highest degrees.

THE BOOT AS AN ORTHOPEDIC APPLIANCE.

Galloway (the *Canadian Journal of Medicine and Surgery*, 1899, pp. 17 to 25,) calls attention to the importance of having the sole of flat-foot and club-foot boots, as well as cork-soled boots, spread out like a truncated pyramid, to afford as large a bearing surface for the weight of the body as possible. Few shoemakers make the soles of shoes flat, but convex from side to side, and are, therefore, unstable supports, a marked error in orthopedic cases, where there is a deficiency and lack of support on one or both sides.

He names five chief faults in the ordinary cork-soled boot:

1. The shape does not correspond to the shape of the foot.

2. The sole is too narrow.

3. The sole is convex from side to side.

4. The heel is too small and it is preferable to have sole and heel one piece.

5. The shank is weak and unsupported.

Studies in Serum Diagnosis.—Drs. Richard C. Cabot and F. L. Lowell have been making an investigation on the out-patients of the Massachusetts General Hospital on Widal's reaction and especially the three points, the frequency of the reaction in non-typhoid cases, the frequency of a reaction persisting after convalescence and the intensity of the reaction at different periods of the course of cases of typhoid. Their results, which appear in the Boston Medical and Surgical Journal, are as follows:

1. The Widal test can easily be carried out in out-patient work.

2. Two hundred and four cases of disease other than typhoid tested, all with negative results.

3. Thirty-nine cases of sure typhoid tested at periods of from one to eighteen months after defervescence; thirteen of these reacted positively, one at a dilution of 1 to 100.

4. Nine cases tested quantitatively; one case reacted at 1 to 1000 for several weeks. No data of prognostic value obtained.

* * *

Ovary Abscess after Pneumonia.—Dirner (British Medical Journal) reports the removal of an ovarian tumor as big as the fetal head from a multiparous woman, aged thirty-two. It had developed during convalescence from double pneumonia. Thus puerperal infection was out of the question, whilst there was no evidence of the existence of the bacillus coli communis.

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BALTIMORE, FEBRUARY 25, 1899.

The Right to Practice.

THE State Medical Examining Board had, at the time of its creation, the duties only of examining candidates and weeding out the fit from the unfit. Later it was seen that those who failed, too often practiced without respect to the law or their failure, and the difficulties of convicting such men were great. Now the Board has extended its work and not only examines and licenses or rejects, but it attempts to spy out the unfit, and employs a lawyer to see that such lawbreakers are punished—truly a work which the State ought to do, but which the proper State official has never done.

One of the main obstacles to convicting these lawbreakers has been the difficulties of defining what the practice of medicine is. In the *New York Medical Journal* of the past few weeks there is running a series of articles of especial interest entitled "The Law In Its Relation to Physicians," by Arthur N. Taylor, LL.B., and this series every physician should read. One of the questions put by this authority is, "What constitutes practicing medicine?" and this he does not answer in so many words, but proceeds to quote cases and decisions which have been left to a judge and jury.

According to the decisions quoted in this article almost any kind of medical advice and treatment, whether it be from a clairvoyant or a so-called "divine healer," is practicing medicine, and as such the one practicing is amenable to the law and its consequences. The great difficulty State boards have—and this seems to be especially marked in Maryland—is to obtain a sufficient number of reliable witnesses who will give intelligent testimony and who, when on the stand, will not be frightened out of saying what they have already in private told the Board.

The object of these laws is not to restrict personal liberty in practicing medicine, but to protect ignorant persons who are so easily robbed of health and money by irregulars. The profession should help their State boards and give them credit for the hard work they do.

* * *

The Faculty's Centennial.

AS WEEK by week the various committees of arrangement for the State Society's centennial celebration in April meet, the work is gradually brought nearer completion. At the last meeting acceptances were read from several of those invited to make addresses. There was also read a communication from President D. C. Gilman of the Johns Hopkins University, putting at the disposal of the Faculty any of the public halls of that university. This offer was accepted and a vote of thanks was passed.

The committee on transportation will probably arrange special rates from all parts of the State and from the bordering States.

A committee of which Dr. Charles M. Ellis of Elkton is chairman was authorized to communicate with all county medical societies in reference to a representation at this centennial meeting, and this committee will also endeavor to have formed societies in those counties in which heretofore no societies have existed or do exist. Further announcements will be made from time to time.

Attention is again called to any portraits, engravings and relics of interest, notice of which should be sent to Dr. Osler or Miss Noyes, the Faculty librarian.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending February 18, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
La Grippe	..	10
Pneumonia	..	39
Phthisis Pulmonalis	1	20
Measles	8	..
Whooping Cough	..	..
Pseudo-Membranous Croup and Diphtheria.	36	12
Mumps	..	..
Scarlet Fever	9	2
Varioloid	..	..
Varicella	3	.
Typhoid Fever	2	1

New York is still struggling with a pure-food bill.

Harvard University is to have a professor of hygiene.

Joseph Coats, the celebrated Glasgow pathologist, is dead.

Dr. W. T. Sutton, a leading physician of Norfolk, is dead.

Every now and then the papers announce "mild cases" of smallpox.

New clinical wards in the Hospital of Santa Maria Nuova at Florence have been opened.

Brouardel has been re-elected dean of the Faculty of Medicine of the University of Paris.

Dr. J. M. Da Costa has been elected as a member of the board of trustees of the University of Pennsylvania.

Helferich, late of Greifswald, has been elected to succeed Esmarch, who lately resigned the chair of surgery at Kiel.

Dr. Roux, the subdirector of the Pasteur Institute at Paris, has been elected a member of the French Academy of Sciences.

A bust of von Helmholtz is to be erected in the court of the University of Berlin between the statues of the two Humboldts.

The Vienna Medical Club has established a prize of 300 golden crowns in memory of Dr. Miller, who died of the plague recently.

Dr. G. C. Thieme has been appointed a vaccine physician for the third ward of Baltimore to succeed Dr. C. F. Blake, who resigned.

Dr. George H. Stone, who for two years was president of the Georgia State Medical Society, died at his home in Savannah last Sunday.

The International Hospital at Paris, founded by Péan, is now called l'Hôpital Péan. Delaunay, formerly Péan's chief of clinic, succeeds him.

Wisconsin is considering the passage of a law against tight lacing. All the young legislators are trying to get on the examining committee.

At last accounts there were fourteen cases of smallpox at the Emergency Hospital in Washington and two at the Quarantine Hospital in Baltimore.

It is said that 100 deaths occur in New York annually from drug substitution caused in part by the long hours which drug clerks are obliged to keep.

The three medical examining boards of Connecticut have agreed that 75 per cent. of all the questions asked must be answered correctly. This past year 40 per cent. of the candidates failed to pass.

The Tri-State Medical Association of Mississippi, Arkansas and Tennessee has passed resolutions of sympathy and support for Parke, Davis & Co. and the *Medical Age*, who are defendants in a suit brought by a certain osteopath named William Smith.

A French physiologist claims to have discovered a chemical substance which, when put in a closed space, will thoroughly renew the air. Thus small rooms may be ventilated and renewed sufficiently for use for twenty-four hours by the use of this new substance.

The physicians of the extreme Northwest, including such States as California, Oregon, Washington, Nevada and Arizona, are talking of forming a medical association of their own, because they are usually so far away from the meetings of the American Medical Association.

Among the recent deaths among physicians is that of Dr. William C. Campbell of New York, who died recently of pneumonia. Dr. Campbell was a graduate of Princeton and later of the College of Physicians and Surgeons in 1880. He was at one time resident physician at St. Luke's Hospital, and had just been appointed visiting physician to that hospital.

Washington Notes.

Acting Assistant Surgeon George A. Sheldon, now in this city, has been ordered to Havana for duty.

The prevalence of diphtheria at Congress Heights has necessitated the closing of the public school for an indefinite time. Whole families of from five to eight members have been stricken with the disease.

There were 120 deaths in the District last week, twenty-five of which were from pneumonia, one from typhoid, four from diphtheria and ten from grippe. There are seventy-six cases of diphtheria and 122 cases of scarlet fever in isolation.

General Sternberg has placed before the Senate a reply to the criticisms of Dr. Leffingwell in reference to the surgeon-general's experiments. The General ably defends himself, and points out the necessity of the experiments for the advancement of medical knowledge and the good of humanity.

The House has reported favorably upon a bill to give Surgeon-General W. A. Hammond (retired) the pay of his rank. When Dr. Hammond retired in 1878 he was a rich man, and at his own request was retired without pay. His recent business reverses have prompted him to ask that he be given his pay as a retired officer. The bill carries no arrearages of pay.

A Cesarean operation was performed Sunday last at the Freedmen's Hospital. The patient was a small hunchbacked colored woman weighing about ninety pounds and standing four feet two inches high. The mother and infant are doing well. This makes the third operation of the kind performed in the hospital in the last two years, and in none was there a fatal conclusion.

Fifty thousand dollars has been appropriated by Congress to fight the present epidemic of smallpox, which has already reached some proportions. About twenty-five cases are now in the hospital and the suspects are innumerable. Every few days an unsuspected case turns up at some dispensary with the characteristic eruption, which has been present for some two to five days. In every section of the city cases have developed and much apprehension is shown by the health department. A house to house inspection and compulsory vaccination is the plan of campaign in thickly populated alleys in all parts of the city.

Book Reviews.

A Text-Book of Practical Therapeutics. With Especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis. By Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, etc. Seventh Edition, Revised. Philadelphia and New York: Lea Bros. & Co. 1898.

Hare's works are evidently very popular, for new editions of them rarely fail to come out annually. This work on Therapeutics has reached its seventh edition and is again revised up to the time of publication. A few new illustrations have been added. The text conforms to the Pharmacopeia of the United States and to the British Pharmacopeia. Like the former editions, it is divided into four parts. Part I contains general therapeutical considerations; Part II contains a list of drugs; Part III contains remedial measures other than drugs and foods for the sick, and Part IV contains a list of the diseases and various tables and indexes. The work is conveniently arranged and will long be used.

Obstetrics is a monthly journal published in New York and edited by Dr. Edward A. Ayers and an advisory board on which is, among others, Dr. John Whitridge Williams of Baltimore. It is an attractive monthly, well printed and in a most convenient form and contains work by good men. It has no salutatory or apology for existence and looks as if it had come to stay.

REPRINTS, ETC., RECEIVED.

Maryland Medical College of Baltimore, 1898-99.

Annual Announcement and Catalogue of the Baltimore Medical College, 1898-99.

Modern Treatment of Tuberculosis. By Charles Denison, A.M., M.D. Reprint from the *Journal.*

Nitroglycerine as a Hemostatic in Hemoptysis. By Lawrence F. Flick, M.D. Reprint from the *Philadelphia Medical Journal.*

Immunity the Fundamental Principle Underlying All Treatment of Tuberculosis. By Lawrence Flick, M.D. Reprint from the *Journal,*

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Original Articles.

HEADACHES.

CAUSES AND TREATMENT, WITH ESPECIAL REFERENCE TO NASAL AND OCULAR HEADACHES.

By A. D. McConachie, M.D.,

Physician to the Presbyterian Eye, Ear and Throat Charity Hospital; Ophthalmologist to Bay View Hospital, Baltimore, Md.

READ BEFORE THE MARYLAND OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY, FEBRUARY 23, 1899.

Headache—intense or slight, dull, sharp or cutting, superficial or deep-seated, confined to special parts, as the temples, forehead, occiput, vertex, or to one spot, of sudden or gradual onset, of short or long duration, associated with disordered sensations, as giddiness or disturbed vision—occurs in one or more members of nearly every family at some time during their lives. There are many varieties—structural headache, dependent upon disease within the skull; congestive, sick headache or migraine, toxemic headache and reflex. But, whether of one kind or another, there is no functional disease or symptom of disease that is so general, so obstinate, that causes so many ruined lives, that reduces the vitality and thus opens the way for the onset of other and more fatal diseases. Many have been treated for a lifetime without cure. Headaches and sick headaches have been an opprobium to medicine, but, thanks to the searchlight of the study of origins or cause and effect, we are now able to battle successfully with a large percentage of them.

Hitherto the phenomena of headache have been viewed too much from one organ instead of the whole individual. I think in all cases presenting persistent headaches it is our duty to go beyond the examination of the eye, nose or nervous system. We should examine the case from the standpoint of internal medicine, because those conditions can be relieved in many cases, only by the treatment of the patient as an individual. This was emphasized to me recently in a case of periodical, persistent headache for which I had corrected anomalous conditions in refraction and muscles and removed nasal spurs which had impinged upon congested and partially hypertrophied turbinateds; yet headaches continued. Upon examination of the urine, albuminuria was discovered and suitable hygienic exercise and dietary prescribed with marked amelioration, his exacerbations being less intense, of longer intervals and much shorter duration. Many headaches may be considered as belonging to the class of functional neuroses, and are a common phenomena among hysterics and neurasthenics in whose blood is found abnormal amounts of fibrin and fibrinogen, shown in the spontaneous sedimentation. Headache is one of the neuroses, and, therefore, is another manifestation of disturbed oxidation processes, as are gout, diabetes, rheumatism, infectious diseases, etc. The so-called functional neuroses are not a primary affection of the central nervous system, but a secondary symptom-complex, resulting from the effect on the nervous system of the products of primary abnormal oxidation processes.

The pathology and symptoms of structural headache, due to disease of the brain or of its membranes, such as meningitis, cerebral abscess and tumor, are not difficult to account for. In meningitis, abscesses and tumors it is quite probable that the severe headache is caused by the

irritation of the meningeal nerves, and if it be true, as is claimed by some observers, that sensory nerve fibers exist in the vessels of the brain the phenomena of congestive, toxemic and reflex headaches can be accounted for, as their distention would give rise to pain. It is quite probable that the congestion of the mucous membrane lining some of the accessory cavities of the nose, viz., antrum of Highmore, ethmoidal cells, sphenoidal cells or frontal sinuses, is accountable for many of the frontal headaches coming on after the use of the eyes or as a sequel to active or passive inflammatory conditions in the nose.

Congestive headaches, active or passive, may be brought about by mental or emotional excitement, menstrual irregularities, general plethora or hypertrophy of the heart, due to structural valvular disease, dyspnea, asthma, defective action of the bowels, liver or skin. It may be the after-effect of drunkenness, or it may result from any depressed condition, as anemia, fatigue, loss of blood, or follow mental exertion, overexcitement or bodily fatigue, all of which reduce the tonicity of the blood-vessels of the brain and favor congestion. Toxemic headache attends all inflammations and fevers, and though due in some measure to cerebral congestion, is largely dependent upon an altered condition of the blood, changed in character and carrying toxines or ptomaines which act detrimentally on the nervous elements of the brain.

So in uremia, headaches which point to renal deficiency result from the morbid condition of the blood; so the headaches of malaria and other acute diseases. In the more chronic affections, rheumatism, syphilis, gout, etc., all, no doubt, cause to be thrown into the blood stream toxic agents, which, when surrounding nerve elements, interfere with their nutrition and thus give rise to expressions of pain in the form of headache. In that form of headache known as nervous or sick headache, hemicrania or migraine, considerable diversity of opinion exists as to its pathology. Some have considered it dependent upon gastric and hepatic derangement, others that it is essentially neuralgic, but doubtless the causation which has the most followers lies in the belief that it is due to an affection of the sympathetic nervous system. If, through emotion, fatigue, bodily or mental, or any depressing cause, the nervous tone of the body be lowered, and hence the regulating power of the cerebro-spinal over the sympathetic impaired, then irritation of some portion of the latter takes place, causing contraction of the blood-vessels and producing the sensation which usually precede the headache. This excitement is followed by exhaustion of the sympathetic, dilatation of the vessels and headache.

If this be the true solution of its origin the avoidance of irregular habits of life and adoption of proper hygienic, dietary and physical exercise routine should so fortify the bankrupt nervous system as to make its removal easy. It is a truth that most cases of migraine get well or improve beyond middle life, possibly explained by the fact that at that time of life the sufferer begins to understand better how to live. It is true, we have learned the lesson late in life how to take care of ourselves, and thus our internal resistance, so to speak, to infective processes, disturbing reflexes and toxemias is fortified. Eliminating headaches due to structural intracranial diseases, those of acute febrile and inflammatory processes, the vast majority of the balance are practically poison and starvation cases; by this I mean that the general neurotic condition underlying most of these cases is brought about by intemperance in living, underfeeding or overfeeding, thereby interfering with proper digestion in the gastro-intestinal tract, fermentation and decomposition toxines and ptomaines being absorbed into the blood stream, the proper metabolism of the tissues being interfered with, assimilation and elimination being retarded, thereby producing that fertile soil so productive of that ever-increasing body of unfortunates labelled neurasthenics, with their headaches and protean discomforts.

As convincing evidence of these facts, who has not seen the uremic headache of Bright's disease much ameliorated or altogether relieved by proper dietary measures, also those of the uric acid diathesis

disappear by the interdiction of certain articles of diet, viz., starch? I am quite sure I have seen many cases of habitual headaches permanently relieved by abstinence from all forms of mush and porridge.

That auto-intoxication, acting upon a predisposed organism, creates a susceptibility to reflex impressions, due to anomalous conditions of the eye, nose, teeth, stomach or pelvic organs, there is no doubt. My experience with headaches pertains largely to those dependent upon troubles of the special senses, yet I have had invaluable experience from a close study of those headaches which, on elimination of the special senses as the prime cause, proved to have their origin in other causes. As stated above, I believe a large number of headaches begin from some anomalous condition of the eye, nose, teeth, or are of peripheral origin, yet this is not the essence of their beginning. The state of the general nervous system must be considered.

Certain acute suppurations in the nasal sinuses, or acute inflammations of the eye, as iritis and cyclitis, will necessarily cause headaches, but many chronic inflammatory affections of the eye or errors in refraction only give rise to headaches in some and not in all, much depending upon the condition of the subject's nervous system. Take a well-nourished, in every respect normal, individual, and rarely do we find an error of refraction give rise to headache. The same prevails with subjects having nasal deformities, the subjects of such having rarely any reflex phenomena, as headaches, if in normal health; but if for one reason or another any impairment of the general nervous tone be manifested in subjects having abnormalities or obstructive lesions in the nose severe and persistent headaches are a consequence until relief by operative intervention is afforded.

On noting the close anatomical and physiological relations of the nose to adjacent structures, through the medium of the nerve and blood supply, there can be no surprise that the headache, in many cases, can be traced to some derangement of the nose or its sinuses, the pathological conditions giving rise to pressure, atrophy or inflammation of the accessory cavities.

Headaches due to pressure arise from hypertrophic rhinitis, deflected septum, nasal spurs, tumors, including polypi, fibroma, sarcomata, foreign bodies, rhinoliths, parasites and purulent processes in the accessory cavities, e. g., frontal sinus, antrum of Highmore, ethmoidal and sphenoidal cells.

The atrophic conditions do not give rise to headaches so frequently as the hypertrophic conditions, but may be due largely to impaired respiration, the air entering the lungs insufficiently warmed and moistened; as a consequence such patients are anemic, enfeebled and badly nourished, all of which may give rise to disagreeable head pains.

Headaches of nasal origin usually begin intermittently; an attack of cold or undue excitement increases the severity and frequency of the pains. When the nasal stenosis becomes complete the pain is continuous. In a dry atmosphere the exacerbations cease, to recur with increased humidity and turgescence of the tissues. These cases are liable to be mistaken for malarial pains. The pain may be referred to the brow, temples, eyes or scalp. The general health of the patient suffers, inability to sleep supervenes, fretfulness, peevishness and irritability follow, mental vigor and memory become impaired and melancholia may follow.

Complicating the nasal disease, we may have a catarrh of the pharynx, larynx and bronchial tubes, cough, dry throat, and muco-purulent expectoration results.

The obstructed nasal passages makes mouth-breathing imperative; hence a foul-coated tongue is noted, and this may suggest to the careless observer that dyspepsia is the cause, and treatment so directed would be misplaced. A foul tongue in a mouth-breather more frequently indicates nasal obstruction than dyspepsia.

Acute inflammation of the nasal passages gives rise to more severe headaches than do chronic. With a history of catarrhal symptoms and long-continued pain the diagnosis of headache from nasal obstruction is easily verified by inspection with the nasal speculum and by cocainization, which gives temporary relief

from the headache if due to obstruction. Manipulation over sensitive areas, the extremities and center of the inferior turbinateds, may increase the pain, yet with these aids pain may persist, and a positive proof that the condition is not due to the nasal condition can only be had after treatment. Several instances of persistent, irregular, one-sided headache, not yielding to ocular, nasal or general therapeutics, I have seen relieved only after referring to a dentist who removed or plugged carious teeth.

That the eyes are a frequent source of headache every ophthalmologist will agree. That the eyes are the prime cause in all cases I cannot assent to. As stated before, there is an underlying depravity in the general nerve tone which cannot assert itself under certain refractive and muscular anomalies.

That there are headaches induced by eye-strain is undeniable, but rarely in a well-nourished, normally healthy individual. Certain general conditions usually underlie the development of headache, and the ocular condition may be only a factor, yet it may play the predominant role in the case. If after relief from pain by the correction of the eye condition a recurrence of the head pains takes place this does not make the treatment valueless, but simply shows that some of the other underlying factors had become dominant. Such cases show the importance of a careful correction of the ocular condition where the etiology of the headache is in doubt.

Investigators have shown, among civilized races, the percentage of abnormal defective eyes to be 75 to 90 per cent. Taking a series of 400 cases of errors of refraction from my record book I find that of that number from 50 to 60 per cent. complain of headache, more or less, and the exciting cause to be eye-strain. It has been my habit, in examining patients with errors of refraction, to ask about eyeaches or head pains before the use of glasses, and, after correction, to ask the patient to return in a short time—a few weeks—and tell me whether he had been relieved. From those who did so report I find that about 60 to 75 per cent. were relieved; the balance not at all or partially so. This alone, to say nothing about the improvement in vision through proper adjustment of glasses, is a great boon to humanity and proves the utility of a conscientious ocular examination under a mydriatic in most cases. In patients complaining of eye and head pains following the use of their eyes, or even when the pain does not follow the use of the eyes, but is ever present, our everyday experience teaches us that severe, excruciating occipital, frontal or vertical headaches, without reference to the use of the eyes, are frequently relieved by wearing appropriate glasses. The statement by the patient that he has perfect vision need not prevent a thorough examination, as thereby a latent hypermetropia revealed by the use of a mydriatic may be shown, and, when corrected, give relief.

One cannot be sure that no ocular defect exists because pain does not show itself with or immediately after the use of them. Where no ocular defect can be found, many times we will find the headache due to a hypersensitiveness of the retina from bright lights, particularly the electric light. Strain of accommodation in hypermetropia or astigmatism is the most frequent cause. The extrinsic muscles may not act harmoniously, and are frequently either alone or associated with refractive error, the cause of the worrying reflexes.

In our diagnosis of ocular headache we must take into consideration the time and location of the pains. The localization is difficult. In a general way we may say that ocular headaches are of a dull, heavy nature, yet may be sharp and severe. The most frequent seat is the frontal region, causing browache or referred to the back of the eyes; next in the temporal region, of a throbbing character; occipital headaches, radiating to the nape of the neck, base of the skull or reflected down the shoulders and back. Vertex pains are least common. Occipital and vertex pains, in my experience, point to muscular insufficiencies, functional or organic. The most characteristic time of occurrence is with or after the excessive use of the eyes, as in book-work, shopping, sightseeing, etc., but there are exceptions, as noted before.

The headache may exist on arising in the morning, and be due to an error of refraction. Migraine of ocular origin I believe to be true, but the majority of these are not amenable to ocular treatment. It has been my observation that those cases yielding to ocular correction are usually one-sided constantly, and the defect in the eye is most marked on that side and an astigmatic anomaly.

Treatment.—Where headache is dependent upon structural intracranial trouble, or due to acute inflammatory or febrile infectious diseases, the treatment will be adapted towards the recognized disturbing factor. But it is to the treatment of that large, mysterious class of headaches obscure in origin that I wish to especially refer to. As stated, in this class of cases of headache I think we usually find a lowered condition of nutrition, and while the local conditions—the eye, nose, ear, teeth and pelvic organs—require attention, it is extremely important to keep the general health up to the very highest point of excellence by the use of pure, nutritious food, outdoor life as far as possible and surround the patient with the best of sanitary and hygienic measures. Treat the patient as you would a race-horse if you wanted him to win the race. Keep the patient in that condition constantly, and I am sure the possibility of headaches will be reduced, or, at least, their severity much ameliorated. I am quite sure these principles, vigorously followed out, have, in the hands of many of you, been efficient in banishing or materially lessening the head pains attendant upon the more chronic conditions, as Bright's disease, diabetes, epilepsy, rheumatism, gout, malaria, dyspepsia and so-called biliousness—gastro-intestinal indigestion. Our bodies are made up of what we eat and drink—it is not what we swallow, but what we digest and assimilate—and our happiness and health depend largely upon the proper selection of our food, and by that selection our health is made or marred; hence it behooves us as rational beings to make a minute study of the subject in order that we may attain the perfection of physical vigor and intellectual force, for a man succeeds or fails in the many struggles of life in proportion to his mental clearness. As man improves in his dietetic habits he will advance mentally, morally and physically.

When we consider how systematically man abuses his stomach by eating and drinking we must admit that we are great sinners against the laws of health. Mankind must be neither overfed or underfed in order to preserve that happy medium which goes for the most perfect condition of health; in fact, a carefully regulated diet has, in hosts of cases, proven one of the best, if not the very best, corrective of disease, headaches included. Given, by birthright, a clean, vigorous constitution, and then surrounded by the most sanitary influences, man should consider it a disgrace to be sick, and would live to the fullness of his intended years; but this is too idealistic for our intemperate age.

To secure the best possible results to the human race the regulation of diet, hygiene, etc., should begin with the parents before the child is born, so that the largest possibility for a strong child at birth will be the result. From birth on the diet should be carefully regulated, keeping in mind the proportionate amount of the various foodstuffs necessary for the proper maintenance of growth, heat and energy. To do this we must comprehend fully the chemical composition of all the foodstuffs, their digestive possibilities and the methods by which they are used by the animal economy.

The same rigorous dietary should be maintained through the developmental and adult period of life. The diet should be composed chiefly of eggs, milk, meats of all kinds, excluding much pork in any form, and veal. Under meats I include game, poultry and fish; with this bread and butter and a limited amount of vegetables, rice, macaroni, string beans, spinach, lettuce and peas being the least damaging. Many other vegetables are and can be used, but should be used sparingly. Potatoes (white, never sweet) should be used sparingly, if at all. Fruits, recommended for their highly laxative and nutritive qualities, should be cooked. The excessive use of fruits is one of the chief errors that has befallen humanity in connection with the errors of diet. Fruits

are laxative, but largely so due to the excessive fermentation that they produce in the alimentary canal, and not, as is usually believed, to a natural stimulation of an increased flow of bile and an increased production of glycerine and soap in the alimentary canal. By following strictly these simple dietary measures and avoiding all fried forms of food, sweets, pastries, cakes, hot breads, buckwheat cakes and molasses, the best type of nutrition will be developed and sustained; the individual will easily ward off disease and possibly headaches. A neglect of these strict dietary rules will sooner or later be followed by disaster and headaches. When it comes to treating the absolutely afflicted—with headaches dependent upon disturbed nutrition—then the diet must be rendered still simpler and easier of digestion. Each case will suggest its appropriate dietary. These, I take it, are the elementary principles involved in the treatment of nineteenth-century headaches.

I have said nothing of the medicinal aspect. I am not a therapeutic nihilist, but do not give precedence to drug administration for the cure or alleviation of disordered conditions due to intemperance in living. Let us first correct these by timely and judicious advice as to correct dietary exercise and habits of life in general, then call in our aids in the form of medicinal measures which will aid nature to battle with the ravages of the underlying cause. Who would not give mercury and the iodides in syphilitic headaches? Who would not give quinine and arsenic in malarial headaches? Who would not give iron, arsenic and strychnine in anemic or chlorotic headaches? Who would not give the salicylates and alkalies in the rheumatic or gouty headache? Who would not give plenty of water and the diuretics in uremic headaches? Who would not, in conjunction with proper dietary, give digestive aids—the digestive ferments, hydrochloric acid, nux vomica, purgatives, etc.—in the so-called stomach and liver headaches? Who would omit to specifically mention the daily routine—the specific articles for supper, breakfast and dinner, the amount of alcoholics (if any), the amount of tobacco (if any), the amount of exercise, the amount of tea and coffee, the amount of physical and mental work—in one and all of the above diseases? Many.

I think, then, if we will combine with our medicinal agents, in the same prescription, the proper amount and quality of food, exercise, sunlight, fresh air, recreation, mental and physical work, we will offer the majority of our poor headache sufferers a something that will forever give them relief, and the balance we will refer to the oculist, rhinologist, dentist, aurist and gynecologist, for each can add something by way of surgical or mechanical intervention to the above prescription to be of needed service in banishing many of the headaches not amenable to sanitary and medicinal means.

The treatment of nasal headaches is the cure of the causal condition in the nose. Hypertrophies and growths must be removed by snare, saw, cautery or trephine; congestion relieved by cautery or medicinal agents, as alkaline sprays and camphor menthol in some petroleum oil; atrophic conditions relieved by cleanliness and stimulants, and suppurations in the accessory cavities emptied by surgical measures.

The anomalies of the eyes must be corrected. Hypermetropia, astigmatism, presbyopia and myopia corrected by suitable adjustment of glasses under a mydriatic in most cases. Muscular insufficiencies relieved by suitable exercise with prisms or by tenotomies. These combined forces would leave but little room for the lucrative operation of that preying horde of charlatans and impostors who offer their headache powders and potions and catarrh cures to an afflicted public, except to administer to our failures—few indeed, if we can ever arrive at that ideal treatment which I have tried to outline.

Oil of Gaultheria in Chorea.—Luigi reports in the British Medical Journal the use of oil of gaultheria, either pure or mixed with vaseline, and applied to the upper limbs and lower limbs. It was also given internally. This was often successful when the other salicylates were not well tolerated.

TWO CASES OF CHRONIC DIARRHEA DUE TO ULCER OF THE UPPER RECTUM.

By J. M. Hundley, M.D.,
Clinical Professor of Diseases of Women, University of Maryland.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, MARCH 3, 1899.

About two years ago Mrs. D., thirty years old, consulted me relative to a diarrhea she had had for about a year. She also had a retroverted uterus, and for some reason had come to believe that her diarrhea was due to the misplaced organ. She said she felt a constant pressure on the lower bowel; the pressure and discomfort she thought came from the womb resting on the bowel. The displacement had been corrected for a short time by wearing a pessary. Correction of the misplacement exerted no beneficial influence on the diarrhea, and as the pessary gave her pain she had it removed.

In getting her history I found she had had prior to the diarrhea a dysentery. I immediately caught hold of that point in her history and kept it in view while searching further for a probable cause of the diarrhea. She had taken various remedies by the mouth for her diarrhea, and also had resorted to starch-water and laudanum enemas, with no lasting benefit. Pain was experienced about the umbilical region as well as low down in the pelvis just before each bowel movement. She had gotten down to quite a rigid diet, as almost everything she ate seemed to increase the frequency of the bowel movements.

After going over her history carefully, besides making a vaginal examination, I concluded that the cause of the diarrhea must be sought for in her bowel. She was put in the knee-breast position, her corsets and clothing having been previously loosened, and a cylindrical speculum introduced into the rectum as far as the sigmoid. With an electric headlight it was now an easy matter to inspect the rectum. I found the mucous membrane of the entire rectum very red and in places denuded of its epithelium.

Just this side of the sigmoid I found a well-defined ulcer. There was an abundance of tenacious mucus, which had to be removed before a thorough inspection could be made. At this examination I applied a 10 per cent. solution of nitrate of silver to the mucous membrane, beginning at the sigmoid and ending at the external sphincter. Six applications were made. The intervals between the applications varied from three to four days to a week. She was greatly benefited, whether permanently or not I cannot say, as she has not been heard from since the last application.

Case 2.—Mrs. X., thirty-two years old, married, consulted me January, 1898, one year ago, concerning a diarrhea she had had for four years. About four years prior to her visit to me she had had dysentery, and since then has had loose bowels. Her diarrhea was worse in summer than winter. She has been unable to eat but sparingly of vegetables and fruits during the entire four years. Her diet consisted principally of milk and bread, with some little meat and an occasional simple dessert.

In spite of this restricted diet her bowels moved three and four times a day unless restrained by opium in some form. After each movement of her bowels she was greatly prostrated and had to lie down for a time. The pain, as in the other case reported, was in the umbilical region and low down in the pelvis, more frequently low down. In this case there was tenesmus, which varied in severity, one time slight, at another time severe. She was anemic and somewhat emaciated and practically an invalid. Rarely a day passed without the necessity arising for the use of some preparation of opium either by mouth or rectum. Exercise, even moderately, seemed to increase the number of bowel movements. Aside from this bowel trouble she was free from disease.

From the history of the case and the ill-success attending the treatment of her diarrhea by the usual methods I advised inspection of the rectum. On the 19th of January, 1898, the first examination was made. The same method was used as in the case just reported. On inspection

about two inches of the upper rectum next to the sigmoid was found to be very red, denuded of its epithelium and with blood exuding from numerous little pore-like openings on the surface of the mucous membrane. In this area just described three superficial ulcers were seen. This inflamed area stopped short of the sigmoid.

In the treatment of this case a 10 per cent. solution of nitrate of silver was used, applied directly to the inflamed surface. In addition, in the beginning of the treatment only, 10-grain doses of subgallate of bismuth were given three times a day. At the end of two months the diarrhea had ceased, the rectal inflammation had disappeared and the patient expressed herself as feeling perfectly well. She has had no return of the diarrhea up to this time and has no occasion to restrict her diet.

Society Reports.

THE JOHNS HOPKINS MEDICAL SOCIETY.

MEETING HELD MONDAY, FEBRUARY 20, 1899.

EXHIBITION OF SURGICAL CASES.

Dr. Cushing: 1. *The Radical Cure of Hernia under Cocaine Anesthesia.*—Dr. Cushing said that out of perhaps 125 hernias operated upon during the past fifteen months seventeen had been done by means of local anesthesia. Where a general anesthetic could be safely administered for various reasons it was easier for both patient and operator.

The patient exhibited was a type of the case in which a local anesthetic had been used. He was a man seventy-four years of age and had had an uncontrollable double hernia of large size for years. He said that the relief afforded men advanced in years by such an operation was very great; they were able to lead a much more active life, and the greatest advantage gained from the operation being the relief to the bowels, as constipation is a very marked feature of a large hernia in old men.

2. *Splenectomy for Primary Splenic Anemia.*—Dr. Cushing said that recently two rare cases had been admitted into Dr. Osler's ward. In both there was a pronounced degree of anemia; both had a history of attacks of profuse hematemesis and a markedly enlarged spleen. The first of these cases was transferred to the surgical side after a diagnosis of gastric ulcer had been made. It was suspected that the hemorrhage might be associated with his splenic enlargement, and it was determined to remove the patient's spleen should no primary gastric lesion be discovered. Laparotomy was performed through the right rectus muscle, no lesion whatever being found in the stomach, the spleen being fairly free from adhesions. A long oblique incision was made, and an effort to free the spleen met with serious bleeding. The splenic artery and vein were isolated and divided between two ligatures, and the organ was freely delivered from its bed. The patient made a good recovery; he has gained thirty pounds in weight and had no further hemorrhages.

3. *A Case of Jejunal Fistula.*—This case was one with a good many points of physiological interest. The patient was admitted to the hospital several months ago greatly emaciated, weighing but ninety-three pounds. In the median line was a fistula which constantly discharged an irritating fluid, which had produced an acute dermatitis, extending from the costal margin almost to his knees. The patient's mental condition, due possibly to the state of chronic starvation, was unbalanced, and he had several epileptiform convulsions during his first days in the hospital, and gave a history of similar attacks during the past few years. The fistula was said to be the result of a razor cut across the abdomen received ten years previously, which had completely severed the intestine in one place and had opened it in two others. He was placed in a continuous bath and was fed with nutritive enemata, attempts to feed through the fistula being unsuccessful. The condition of the skin under the bath improved rapidly, and he began to gain in weight under rectal feeding. Several months later he was operated upon. The fistula was closed by a resection of the bowel and end to end suture, and the patient has made an uneventful recovery.

His weight, 180 pounds, is now almost double that at entrance.

Dr. Cushing said that the fistula was evidently high up, as was evinced by the irritation produced upon the skin by the discharge. He said attempts had been made to find the exact situation of this fistula, one being suggested by the accidental discovery that oysters would be discharged from the fistula a few hours after ingestion practically unchanged. A piece of silk was tied around one of these before it was swallowed, and three hours later the oyster appeared at the fistula with just three feet and eleven inches of string from the patient's teeth to the fistula. Peristalsis was so strong and tugged at the string so vigorously that the patient had tied it to a pencil which he carried between his teeth to prevent its disappearance. This measurement showed the fistula to be high in the jejunum, possibly a foot below the duodenum. Examination of the stomach showed that there was no dilatation, despite the extraordinary amount of food, solid and liquid, which the patient took at frequent intervals.

Dr. Cullen: I would like to ask Dr. Cushing the routine method and the steps he pursued in the removal of the spleen, and why it is that patients, in so many cases, die within a few hours of hemorrhage after removing the spleen.

Dr. Cushing: It was impossible to remove this spleen as ordinarily advocated. It could not have been delivered through the wound, because the adhesions to the diaphragm were too dense. The vessels were ligated before the spleen was removed. There was a good deal of hemorrhage. These cases are predisposed to hemorrhage, but whether the anemia favors hemorrhage I cannot tell. The cases that have been operated upon for pure leukemia have all terminated fatally from hemorrhage; the other kinds are less apt to do so. This is the only case of the kind that I know of.

FURTHER USES OF THE URETERAL CATHETER.

Dr. Kelly said that it seemed some months ago that certain discoveries would limit very much the use of the renal and ureteral catheter. It was found to be possible to separate the urines and retain them separated in the bladder until discharged from that organ by tubes. This was done by means of an instrument which consisted of a tube with a solid septum running down the center and projecting beyond the end of the glass tube, so that urine running down from one ureter remained on its own side of the septum, while that from the other ureter was confined to the opposite side. This method was published in the *Deutsche Medicinische Wochenschrift* of October, 1898, and not long after Dr. Harris of Chicago was able, by the use of an instrument, to form two little pockets in the bladder for the accumulation of the urines from each side, which could then be drawn off by a suitable catheter. At first it lookd as if these methods might limit very much the further use of the high catheter, but a new and very important use for them has developed.

In a certain number of cases we have to deal with vague but depressing pains in the side, particularly the right, and one is long in doubt as to whether they are renal, hepatic or intestinal in character, or whether they are really hysterical. He has been able to include or exclude the kidney as a causative factor by the use of the catheter. When the ureteral catheter presses upon the pelvis of the kidney the patient will sometimes say that that is the very point where she had the pain. Further than that, he has been able to produce an attack of artificial renal colic by injecting a solution of boracic acid into the kidney through the catheter.

Dr. Kelly then referred to a recent case which illustrates well the value of the catheter. The condition was so like a floating kidney that he unhesitatingly made that diagnosis, but passed in a catheter first and produced an attack of colic, which the patient did not locate in the lump which was felt in front, but insisted that it was in the back. At the operation he found an enlarged gall bladder in front of the kidney, which was in its normal position, so that the location of the pain by the patient outside of the kidney when artificial colic was produced was correct.

Dr. Welch: I would like to ask Dr. Kelly whether he has ever observed that infection had been carried from the bladder into the kidney as the result of catheterization.

Dr. Kelly: I have never seen an infection introduced from the lower into the higher urinal tract by catheterization of the ureters.

THROMBOSIS OF VEINS OF THE NECK AND ARM IN A CASE OF CARDIAC DISEASE.

Dr. Welch: The patient was a young colored woman, seventeen years of age, admitted to the hospital November 26, 1898, and who died January 16, 1899. She gave a history of acute articular rheumatism, followed by a cardiac affection, which, during life, was recognized as affecting both the mitral and aortic valves. There was displacement of the apex beat, great increase in the area of cardiac dullness and accentuation of the second pulmonary sound. There was marked pulsation over the heart and especially in the neck and over the upper part of the clavicle and sternum. She had the usual signs of insufficiency, and at the autopsy the following condition was found: There was very great hypertrophy and dilatation of the heart, especially of the left side; the aortic valve was thickened and retracted; the mitral valve was likewise thickened and its orifice much widened. There were the usual signs of passive congestion of the viscera. There was edema of the lower extremities and some increase of serum in the serous cavities. The point of special interest was the thrombosis. Before the body was opened there was noticed an edematous swelling of the left arm, chiefly in the neighborhood of the elbow. This swelling had been noticed during the last day or two of life. The left innominate, left jugular, external and internal and left axillary veins were all involved. It was a mixed thrombosis.

Dr. Welch stated that the main points of interest in the case were (1) the association of peripheral thromboses with heart disease, (2) the location of the thrombosis in the veins of the upper extremities, and (3) the causation of the thrombosis. A careful bacteriological examination was made of the thrombosis and a pure culture of the streptococcus pyogenes was obtained.

Dr. Futcher said this was one of the most interesting heart cases seen in the hospital for a long time. The patient came in with very marked dyspnea and some edema. On examination of the heart the condition of cardiac dullness was found to extend far out into the sixth interspace. There was very marked precardial bulging, with at times a diastolic retraction. There was a very marked dynamic pulsation of the vessels of the neck and a typical Corrigan's pulse. There was definite evidence of aortic insufficiency and possibly also of a lesion of the mitral valve. Broadbent's sign in the back was very distinct, and that in connection with the other symptoms made it very probable that there was also an adherent pericarditis. The evidences of thrombosis of the veins in the arm and neck appeared about two days before death.

EXHIBITION OF SPECIMENS.

Dr. Cullen: 1. *Carcinoma of the Ovaries.*—Dr. Cullen exhibited two large ovarian tumors which examination had shown to be carcinomatous. The patient had been in a poor condition before the operation, her pulse being 140 and temperature 103°, but immediately after the operation she seemed very much improved. On the eighth day, however, she complained of sudden pain in the left shoulder, and within a few minutes the veins of the arm showed the presence of a thrombus. It was feared that gangrene and sloughing of the arm might follow, as it was swollen to four times the size of the other arm. She greatly improved, however, and is now about to leave the hospital.

2. *Fecal Concretion.*—This patient had had no movement of the bowels for nine days, and at the end of that time was vomiting fecal matter. At the operation the small intestine was found much distended, and down in the pelvis was found a hard nodule, which, on elevating the intestine, proved to be a concretion within its lumen. It was situated about the middle of the small intestine and had completely blocked its lumen, so that gangrene was commencing. The patient died within twenty-four hours.

MARYLAND OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY.

MEETING HELD THURSDAY, FEBRUARY 23, 1899.

THE meeting was called to order by the president, Dr. Aaron Friedenwald.

Dr. A. D. McConachie exhibited a case of "Double Retinal Detachment." The patient was a young colored man, about nineteen years of age, an elevator runner, and about two weeks ago suddenly discovered that he could not see, his vision up to that time, according to his own statement, being perfectly good. On inspection, without a mydriatic, it was found that he apparently had floating bodies in each vitreus. On dilatation with a mydriatic the question arose as to whether he had detachment in both eyes or keratitis, with much exudate of the vitreus. He was put under more thorough mydriasis, and it was plainly shown that he had a double detachment of the retina, possibly peripheral in both eyes. Dr. McConachie thought this case might be of interest to the society, as he considered it quite unusual to see a double detachment occurring in a person so young.

Dr. McConachie then read a paper entitled "Headaches: Their Causes and Treatment, with Special Reference to Nasal and Ocular Headaches" (see page 133).

Dr. George J. Preston said he was afraid if we were to follow the very wise dietary restrictions proposed by Dr. McConachie the average human being would keep his buckwheat cakes and molasses and keep his headache. He says there is perhaps no one symptom that requires the same amount of dietetic work on the part of the ophthalmologist and neurologist as does headache, and that when we come to look at the true physiological and pathological conditions of headache it is really a very puzzling question. We may have headaches due to certain conditions of the scalp itself, to the skin or the muscles; for example, the headache that Ruskin alluded to as "gallery headache," which was brought on by looking at the pictures in the Royal Art Gallery, due partly to the vileness of the pictures and partly to the muscles of the persons looking at them. Then we may also have headaches due to certain diseased conditions of the aponeurosis itself.

Dr. Preston, in speaking of the intracranial cause of headache, said it is a rather doubtful matter whether the brain is sensitive in the way the term is ordinarily applied; certainly the inflamed brain is sensitive. There is no doubt that the dura mater is highly sensitive; the pia mater and arachnoid are only sensitive under inflammatory conditions. Then, of course, we have to take into consideration the cranial nerves, the fifth and upper cervical nerves being the important ones concerned in headache. When we come to classify, etiologically, headaches it is extremely difficult. Leaving out traumatism, which undoubtedly is quite frequently the cause of head pains, we are obliged to think of headaches caused either by vascular disturbances, by new growths in the brain somewhere, or within the cranium, by certain general or toxic conditions or certain reflexes, particularly reflexes connected with the special senses. Vascular disturbances are undoubtedly responsible for the large proportion of ordinary headaches, particularly the transient head pains. The congestive headache has been supposed to be due to what is spoken of by many modern writers as a "colic of the artery," a rather curious term to apply, but one which the English writers are fond of using, and supposed to be due to the fact that the artery is constricted peripherally, and the blood coming behind distends the artery behind the peripheral constriction, the pain being due to the nerves of the vessel itself. He said this was an exceedingly difficult headache to get rid of, and that perhaps the old custom of blood-letting was a good form of treatment, as the modern treatment had been far from successful in his hands.

Dr. Preston said he had become to some extent a convert of Haig, although he thinks latterly Haig has gone too far in his uric-acid theory, but unquestionably a great deal of the headache which we think of as due to imperfect metabolism is due to what Haig calls "uric acidemia," or an excess of uric acid in the blood. Another form of headache he

spoke of particularly was that due to the overuse of coffee and tea. He says it is rather striking to see the amount of tea and coffee that is consumed with the idea that they are perfectly harmless.

A continuous headache, he says, is usually due either to some intracranial trouble or to some form of chronic disease. The headache of brain tumor is characterized by its being continuous; it may at times be intense; it may have exacerbations which are intense; but the characteristic feature of the pain from brain tumor is that it is constant. It may be less or greater now and then, but it never absolutely leaves the patient. It is not distinctly localized. He says he has seen frontal headache from a tumor situated in the cerebellum, and occipital headache from a frontal tumor; so that one cannot absolutely localize a tumor by the position of the headache. He says he has been struck with the fact that head pains in the cerebellar tumors are apt to pass down the neck.

In referring to neurasthenias and hysterias, he says it is extremely difficult to explain the cause of headaches in such cases. We are apt to have more or less gastric disturbances, though this is not necessarily the case, as we have cases with very little gastric disturbance, but one should hardly diagnose a case as neurasthenia without the presence of the characteristic headache, which may be in various parts of the head, but which are always down the neck. In hysteria the most characteristic head pains are those of diffuse, uncertain, irregular character, which spread over the head, first on one side and then on the other.

Dr. Preston says he does not know of any one symptom that requires more patient, careful work than that of headache, but one is apt to be rewarded, because, fortunately, except in a few cases of brain tumor or nephritis, when one does discover the cause, that cause can be removed.

Dr. John N. Mackenzie said that the head pains of various kinds which are associated with sinus disease are generally referrable to some one of the branches of the fifth nerve, and are usually located, not at the seat of the disease, but at some point remote from the origin of the disease. Their localization, therefore, is a very difficult matter. Generally speaking, they may be produced in one of three ways—either by pressure of the exudate in the cells, for example the ethmoid cells; or, from sagging, so to speak, of the inflamed membrane, or they may be the result of pure neuritis. These pains, of course, are not absolutely characteristic of sinus disease. They derive much of their importance from the fact that in many instances they are the solitary symptoms, as far as the patient observes. He spoke of one case in which these periodic pains lasted for a period of eighteen years without the cause being detected. The individual had never had her attention sufficiently called to her nose to notice a very slight discharge which was found upon examination. These pains may be divided and thrown into two groups, speaking broadly—pure headache, or dull, oppressive pains in the head, or another group comprising pains of a boring, rasping nature that occur all over the skull or its individual parts. They are also often associated with sleeplessness, incapacity for mental labor and many other phenomena. He said that we have many cases recorded in which certain mental states have been relieved after the removal of obstructive intranasal lesions.

In cases of obstruction of the orifices of the accessory sinuses, of which the pains above mentioned are the solitary symptoms, we possess a method of determining the diagnosis with considerable accuracy by means of the Politzer method of inflating the middle ear, and by the same means these pains can literally be blown away, so that the method can be utilized both in diagnosis and in treatment. As this is the solitary method of determining the cause of these pains, so it is the only way of causing their destruction. If we contract the tissues by means of cocaine we will gain a more ready access to the sinus. He says that it is generally his custom in cases in which cocaine is not contraindicated to contract the erectile tissues with cocaine as a preliminary to the Politzerization.

Dr. Mackenzie said there is another kind of pain which is associated with sinus

disease, and especially chronic empyema, and that is a dull pain which may be referred to almost any part of the cranium, but is generally referred to some area between the eyes and along the bridge of the nose, which is not in itself characteristic, but which in doubtful cases, when we are in the dark concerning the etiology of the headache, should always lead us to examine the sinuses. This pain is almost always relieved after the patient gets rid of a quantity of the muco-pus from the nose. It is sometimes continuous and sometimes not so; it seems its continuousness depends upon the amount of fluid in the cells; when that is excessive we have the pain; when the cells are evacuated, either naturally by the patient or by artificial means, the pain either diminishes in severity or ceases altogether. It is sometimes possible to locate these pains by means of a probe, and especially in cases of ethmoiditis. It is sometimes possible when the pain is absent to reproduce it, or when present to greatly exaggerate it by irritation of various parts with the probe. If we find that pressure with the probe at any one given point, for instance the ethmoid region, gives rise to pain at any one particular point we can pretty nearly be sure that that is the primary seat of the disease, or, if not the primary, the one most affected.

Dr. Mackenzie said that this whole subject of the relation of nasal disorders to headache and mental states is a most interesting one.

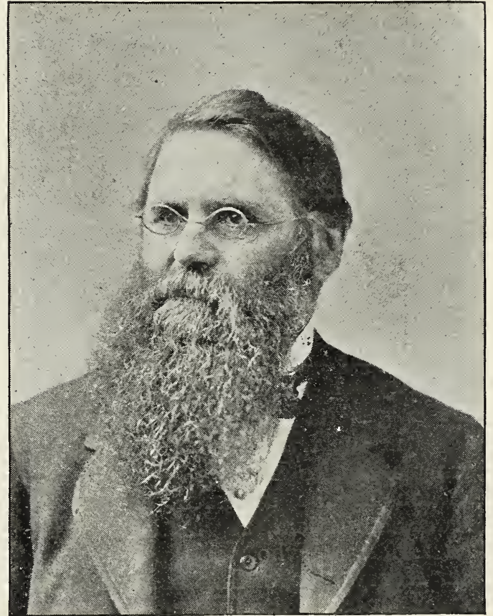
Dr. Samuel Theobald reported "A Case of Atrophy of the Optic Nerve Caused by a Fall from a Bicycle."

Obituary.

CHARLES F. TAYLOR, A.M., M.D.

In the death of Dr. Taylor the profession has lost one of the foremost orthopedic surgeons in this country. He was the founder of numerous methods in this specialty which are recognized as the best, not only in this country, but abroad, and was probably one of the foremost inventive surgeons living. To his pioneer work is largely due the dignified and important position which orthopedic surgery assumes today. He was one of the incorporators of the American Orthopedic Association, and at the time of his death was an honorary fellow of that body.

Dr. Taylor, in 1866, while active in his specialty, called the attention of the public to the need of a place where the crippled poor of New York could receive treatment. His energy and great tenacity of purpose, together with the aid and co-operation given by Howard Potter, James Brown, Governor Roosevelt's father and others, led to the foundation of the New York Orthopedic Dispensary



and Hospital, now at 126 East Fifty-ninth street. The first home of the institution was nothing more than a room in a building between Thirty-fifth and Thirty-sixth streets on Broadway. About 1873 the institution moved into its present quarters, which were built especially for its needs. When Dr. Taylor resigned as active surgeon the present incumbent, Dr. Newton M. Shaffer, was chosen as his successor.

Besides his identification with the New York Orthopedic Hospital, Dr. Taylor was for a number of years orthopedic surgeon to St. Luke's Hospital.

Perhaps to the profession at large Dr. Taylor is best known from the association of his name with the back brace and head support for the treatment of Pott's disease, the traction splint for coxalgia and the club-foot brace for use after operative correction. He possessed to a marked degree great ingenuity and intelligent dexterity, not adapting the deformity to a special brace or treatment, but the reverse. He had no sympathy, as shown frequently in his writings, for the application of braces, splints, etc., by those ignorant of the anatomy, pathology and mechanism of the joints, and his detailed and painstaking care explain to a certain extent his wonderful record of cured cases.

His writings, chiefly on orthopedic subjects, comprise some fifty books and monographs, many of which are almost classics, especially on the mechanical treatment of Pott's disease and coaxalgia.

Dr. Taylor was the son of a farmer, and was born at Williston, Vt., April 25, 1827. He was educated in the schools of his native town, and was graduated in 1856 from the medical department of the University of Vermont. After a few years of general practice he interested himself in the treatment of deformities. During a visit to London he paid much attention to the treatment termed the Swedish movement, as practiced by the elder Dr. Roth, who was a pupil of Dr. Peter Henry Ling of Sweden. Dr. Taylor was probably the first person to use Swedish movements in this country. He received medals and diplomas for original exhibits at the Paris Exposition in 1867, at Vienna in 1873 and the Centennial Exhibition in Philadelphia in 1876.

For the past fifteen years he has been an invalid and retired from active practice, spending most of his time in California, where he died on January 25 at Los Angeles of influenza.

His unusual success in treatment and teaching served as a stimulus to the work of his many followers, who will always owe an allegiance to a leader who so often made by his example the path of uncertainty a way to a satisfactory result.

Medical Progress.

Blaud's Pills.—The principal ingredient of Blaud's pills is ferrous carbonate, which is called Vallet's mass. Blaud's pills contain also potassium carbonate, together with acacia, water and syrup. The mass is to be mixed carefully. Joseph W. England, Ph.G., the chief druggist to the Philadelphia Hospital, suggests in the Philadelphia Medical Journal the following modification of the pills of ferrous carbonate. He says:

"Some years ago I devised for use in the Philadelphia Hospital a formula for Blaud's pills that has been found most satisfactory. Taking advantage of the fact that the official mass of ferrous carbonate—containing about 42 per cent. of iron-salt—of good quality is always available, this was used in place of the ferrous sulphate; and the by-products of the reaction—potassium sulphate and potassium carbonate—were directly added. The relative proportions were decreased somewhat, so as to permit a more gradual increase of dose in increasing the number of pills given. Each pill, or rather capsule (which is the preferable form of administration), contains three grains of mass of ferrous carbonate, two grains of potassium sulphate and one-third grain of potassium carbonate, with sufficient althea and acacia to make a mass of proper consistency. The pills (in the capsules) weigh a little over five grains each, are of medium size, keep for months, remaining soft and readily disintegrable. The formula recommended is: Mass of ferrous carbonate, 36 grains; potassium sulphate, 24 grains; potassium carbonate, 4 grains; powdered althea, 1 grain; powdered acacia, sufficient. Make into twelve pills and enclose in No. 4 gelatine capsules."

* * *

The Use of the Hypodermic Syringe.—The American Medical Compend gives the following useful hint on the use of the hypodermic syringe: Drop a small piece of absorbent cotton into the fluid to be drawn into the syringe. Press the syringe against the cotton and the syringe will be filled with a filtered solution; no specks to stop the syringe and

less risk of after-irritation at the point of puncture. Hold the syringe so that the beveled surface of the needle's point shall be firmly pressed against the skin. If the syringe is held at the right angle the least puncture of the mere point of the needle will permit the fluid to pass under the scarf skin on a firm pressure of the piston. A white spot marks the success of the dose. We have thus caused the least pain. If slowly and carefully done no pain whatever is felt. The tissues are wounded the least and absorption is hastened. Always hold the syringe so that the needle points outward, and on having introduced a mere drop, wait a few seconds for a sedative effect on the tissues, then slowly push the piston home. If the needle becomes stopped, introduce the wire at the point of the needle, as the plug can be forced more easily in the direction from which it came. If the needle be stopped by a vegetable substance, hold the needle in the flame of the gas or the lamp and the plug will burn out.

* * *

A Swallowed Dental Plate Vomited.—Dr. Louis Kolipinski of Washington reports the following interesting case: This partial dental plate, which measures 2 by 4.5 centimeters, was accidentally swallowed by its owner in the act of beginning to take his dinner. Hurrying to a drug store, he was given an emetic. He then called on me, complaining of a heavy feeling in the epigastrium. He was directed to drink freely of milk, and, in case that vomiting did not ensue, to eat as freely as possible of mashed potatoes. He returned home, took the fluid suggested and in an hour and one-half after the accident had occurred began to vomit. The coagulated milk came up first and later the foreign body, with much distress and sense of suffocation as it passed the larynx. There were likewise some traces of blood apparent. He suffered no further discomfort. In this case the use of an emetic seems to me hardly appropriate, nevertheless "nothing succeeds like success."

Causes of Cough.—In the New York Medical Journal Dr. F. E. Hopkins gives some overlooked causes of cough. He says there are two kinds of cough, one the explosive and the other the useless and tormenting kind. In the latter class the cause often lies outside of the thoracic cavity. There is the reflex cough from the auditory canal through the pneumogastric nerve, and the same nerve may cause cough from other sources. Cough may be caused by irritation in the nose and in the pharynx. Children and even adults often cough in the night from the draining of mucus into the larynx. One of the most common causes of cough is the hypertrophied lymphoid tissue at the base of the tongue. Of this kind of cough the author gives many examples in cases which he presents. The treatment in enlarged lingual tonsil is carried out by local applications of iodine, by the modified tonsillotome and by the galvano-cautery. The nervous cough and the unnecessary cough are often heard on the approach of the physician. It is a kind of cough stopped by a strong will.

* * *

Pebbles in the Stomach.—Dirt-eating is occasionally met with in some children, but pebble-eating is rare. This case is reported by Dr. Eugene Argo in the Alabama Medical and Surgical Age. A child six years old was a dirt-eater. It was closely watched, but one day escaped, and when found had great pain. When Dr. Argo examined it he discovered hard substances over the stomach and some of them could be felt up the rectum. He finally gave chloroform, and with patience and sweet oil extracted 705 pebbles. The child recovered.

* * *

Granular Conjunctivitis.— There is quoted in the New York Medical Journal an apparently effective method of treating granular conjunctivitis by local application of a solution of salicylic acid in alcohol, one to ten parts. It is applied on a pledget of cotton, and a few seconds are sufficient to be beneficial. There is pain at first, which may be prevented by cocaine. The recovery is rapid.

MARYLAND

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BALTIMORE, MARCH 4, 1899.

Feats of Memory.

IN the last number of the *Alienist and Neurologist* there is an account of an actress who is said to have been driven insane by excessive mental strain in her work. She was in a stock company which gave eight performances a week for twenty weeks, and she was in a new *rôle* every week, always rehearsing during the daytime of one week what she was to play the next, and in this editorial is given a list of her *rôles*, with the number of words in each part.

That this article is misleading is evident, for there are stock companies in many cities in which just as much and more work is done, and, with the exception of some temporary brain fag, no serious consequences follow. In some cities stock companies give two performances a day for six days, with change of bill weekly, and rehearse in between when opportunity offers. In other places two new plays are put on each week. Of course, such hasty work is not always the best, but it rarely injures a healthy person who has a sound mind in a sound body. Lack of sleep, intemperance or excesses of a more serious kind unfit persons for this work, and it was just these troubles that drove this actress to the insane asylum.

In Baltimore, for instance, there is a stock company which presents in an admirable and artistic manner thirty consecutive weeks of good plays, a different play each week, with eight and sometimes nine performances a week, with constant rehearsals during the day, hard study at odd moments snatched from a much-needed sleep, and working on Sundays as well, and with all the incidents of costume preparation. Up to the present time no member of this excellent company has found refuge in an insane asylum nor have the papers exploited the marvelous feats of memory, and yet the record of 140,000 words memorized and played in twenty weeks, which is said to have been the feat of this poor degenerate above noted, has been far exceeded by some members of a company within the State of Maryland.

Hard work does not usually cause physical breakdown, but mental worry, dissipation of many kinds, intemperance or dissipation and excesses may undermine even the strongest constitution.

* * *

Vaccination.

THE fact that the number of cases of smallpox in Washington continues to increase, and that there are still cases in Norfolk and Alexandria, should make the necessity of vaccination very evident. Sporadic cases are also picked up in Baltimore. One mistake made is calling light cases "mild," thus giving the impression that mild cases are less dangerous, which is true as far as the individual attacked is concerned, but the mild cases may be less carefully watched, and as they are just as able to spread the disease, the same vigilance should be taken.

In Baltimore recently many extra vaccine physicians were appointed. Although there were already twenty-two vaccine physicians, the city council authorized the employment of about thirty more, and, with the many persons who prefer their own family physician, it seems a wonder that the whole city is not visited and each person vaccinated. While vaccination is not only important, but almost imperative, still the appointing of so many extra physicians was a questionable procedure, and so many may have not been needed had the regular force done their work as laid down for them. The trouble has been that vaccine physicians are underpaid, and the less conscientious of them neglect their work, and some have even said that they report visits and vaccinations which have never taken place.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending February 25, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
La Grippe	..	10
Pneumonia	..	37
Phthisis Pulmonalis	2	34
Measles	13	..
Whooping Cough	1	..
Pseudo-Membranous Croup and Diphtheria.	22	8
Mumps	..	..
Scarlet Fever	8	3
Varioloid	..	..
Varicella	2	.
Typhoid Fever	*4	1

* 1 imported.

The Paris Academy of Medicine is to have a palatial new home.

The annual report of Bayview Asylum shows a steady improvement in all departments.

The German Commission for the Study of Malaria has made an extended and valuable report.

The Brompton Hospital for Consumption in London is shortly to establish a country branch.

Dr. J. C. Clarke has succeeded the late Dr. George H. Rohé as superintendent of Springfield Insane Asylum.

Some teachers in the more prominent medical schools of Baltimore are earnestly advocating a consolidation of the larger schools.

The mayor of Alexandria has refused to pay a physician for vaccination, and has employed a citizen to do the work at ten cents a person.

The Red Cross Society of Buffalo is a commercial organization, which furnishes medical attendance and medicine to the middle class for a fixed sum annually.

Illinois is considering a bill to regulate and restrict the sale of compounds or preparations of drugs or chemicals which may be poisonous or deleterious to health.

Many cases of poisoning have occurred in Paris from bread which had been baked in ovens heated by old bits of painted wood gathered from destroyed houses.

The city of Baltimore has made contracts with the National Temperance and Provident hospitals to treat the city poor in addition to other contracts announced some time ago.

Sir John Struthers, M.D., LL.D., vice-president of the Royal College of Surgeons, Edinburgh, and examiner in anatomy, Royal College of Surgeons, is dead. He was born in 1823.

The North Dakota legislature is considering a bill to regulate marriage, and a board of physicians is to be appointed to examine matrimonial candidates. It is hardly probable that such a bill will become a law.

Dr. George H. Simmons of Lincoln, Neb., and formerly editor of the *Western Medical Review*, has been unanimously elected editor of the *Journal of the American Medical Association* to succeed the late Dr. John B. Hamilton.

The Esquimau gives the doctor his fee as soon as he comes. If the patient recovers he keeps it; otherwise he returns it to the family. In Mexico the doctor gets his fee before the patient is buried; otherwise the deceased is believed to dwell in purgatory until the fee is paid.

The American Academy of Medicine has prepared a very elaborate and interesting programme for the Columbus meeting in June. The three subjects, "Specialism in Medicine," "Advertising and the Medical Profession" and "The Medical Service of the Army and Navy," will be discussed.

The death is announced in Richmond of Dr. Creed Thomas, aged eighty-seven. Dr. Thomas studied first at the University of Virginia and later came to Baltimore, where he received his medical degree at the University of Maryland in 1835. He had not practiced for several years before his death.

Many of the New York theater play-bills contain the following notice: "Physicians who have patients to whom they may be called suddenly, and who have heretofore remained away from the theater for fear of being out of call in such cases, can now leave their seat numbers in the box office and be called as quickly as in their office. Ushers will deliver messages to them promptly upon receipt of same over the telephone."

Washington Notes.

The building for minor contagious diseases on the grounds of the Providence Hospital will soon be in process of construction.

The remains of Dr. John B. Hamilton, late surgeon-general of the Marine Hospital Service, were transferred to this city from Elgin, Ill., and interred in Arlington National Cemetery. Dr. Hamilton died December 24, 1898.

At the last meeting of the board of directors of the Eastern Dispensary and Emergency Hospital Dr. George N. Acker was elected to the consulting staff and Drs. Edward F. Pickford and Archie W. Boswell were elected to assistant staff.

There are now over thirty patients at the Smallpox Hospital. It is the intention of the Health Department to lease several buildings in the neighborhood of the hospital for the purpose of placing in quarantine persons who may be found in infected houses.

At the Medical Society of the District of Columbia Wednesday evening Dr. Richardson reported a year's work in intubation, and Dr. De Schweinitz reported the bacteriological examination of the milk from the Pasteur Laboratory since January, 1898.

The Second Annual Report of the Episcopal Eye, Ear and Throat Hospital shows that from January 1, 1898, to December 31, 1898, 1279 patients were treated at the institution, 173 of which were house patients. The number of operations for the year was 220; number of revisits, 6237.

Book Reviews.

American Pocket Medical Dictionary. Edited by W. A. Newman Dorland, M.D. Containing the Pronunciation and Definition of over 26,000 of the Terms used in Medicine and the Kindred Sciences, along with over 60 Extensive Tables. Philadelphia: W. B. Saunders. 1898. Price $1.25 net.

It seems to be the order of the day to publish medical dictionaries. This little one is well bound in flexible morocco and contains over 26,000 words. The spelling is not objectionable. It is a handy volume and will prove a favorite.

Griffith's Materia Medica for Nurses. Philadelphia: P. Blakiston's Son & Co. 1898.

This may prove to be a very useful little book for students. The author has followed the advanced manner of spelling and uses such words as "chemic," which are not beautiful. There are questions at the end of each chapter. The book contains no therapeutics.

REPRINTS, ETC., RECEIVED.

University Medical College of Kansas City, 1898-99.

Bicycling: Its Use and Abuse. By Carl Anderson, D.D.S., M.D.

Advances in the Domain of Preventive Medicine. By J. M. G. Carter, M.D.

College of Physicians and Surgeons of Baltimore. Annual announcement and Catalogue, 1898-99.

Seventeenth Annual Anouncement and Catalogue of the Woman's Medical College of Baltimore, 1898-99.

Sponge-Grafting in the Orbit for Support of Artificial Eye. By E. Oliver Belt, M.D. Reprint from the *Journal.*

Glaucoma, with Detachment of the Retina. By William Cheatham, M.D. Reprint from the *Annals of Ophthalmology.*

Orthoform and Extract Suprarenal Glands. By W. Cheatham, M.D. Reprint from the *American Practitioner and News.*

Principal Poisonous Plants of the United States. By V. K. Chesnut. Washington: Government Printing Office. 1898.

Sponge-Grafting for Reinforcement of the Stump Enucleation. By E. Oliver Belt, M.D. Reprint from the *Ophthalmic Record.*

Sanitation and Cleanliness in the Prevention of Yellow Fever. By Stephen Harnsberger, M.D. Reprint from the *Philadelphia Medical Journal.*

The *North Carolina Medical Journal* will hereafter be published in Charlotte. Dr. Robert D. Jewett will continue as editor, and associated with him are Drs. Robert L. Gibbon and W. K. Wakefield.

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Original Articles.

THE RADICAL CURE OF FEMORAL HERNIA.

By J. M. T. Finney, M.D.,

Associate Professor of Surgery, Johns Hopkins University.

READ BEFORE THE BALTIMORE MEDICAL AND SURGICAL ASSOCIATION, NOVEMBER, 1898.

WHILE the medical journals of recent years abound in articles that have to deal with the radical cure of inguinal hernia, one who has given any attention to the subject must have been struck with the paucity of literature dealing with the operative treatment of the femoral variety. Still, in reviewing the work done in the past twenty years one finds that a not inconsiderable amount of very interesting material has accumulated.

The subject of this paper was suggested to the writer last year while doing some special work in the dissecting room. The collection of material for the paper progressed rather slowly until the appearance of a very complete and exhaustive monograph on the subject by Dr. Henry M. Silver of New York in the *New York Medical Journal* for August 13 and 20 of last year, and it is to this author that I am indebted for many references to the writings of others.

While dissecting the femoral region it occurred to the writer that, from its anatomical relation, the adductor longus could be advantageously used in filling up the femoral canal. The operation was practiced repeatedly on the cadaver, and later opportunity offered in the operating-room. At the time I supposed this operation to be a new one, but, as is often the case, upon investigating the subject further I found that I had been preceded. Before detailing the steps of the operation let us review briefly some of the operative procedures that, from time to time, have been suggested. I shall divide the various operations found described in the literature into three main groups, as follows:

Group I.—Those which deal with the sac alone, making no effort to close the canal or rings.

Group II.—Those which deal with the closure of the rings and canal, either partially or completely, with tissues transplanted from the immediate neighborhood, paying more or less attention to the sac.

Group III.—Those which deal with the plugging of the canal or rings by foreign substances.

In the second group is to be found the large majority of the operations.

A word as to the management of the sac in general. Much importance is attached by many writers here, as in the case of inguinal hernia, to the disposition of the sac. It must be so left, they say, that there will be no depression or "dimple" from within out, to act, when filled with omentum or bowel, as a wedge in the subsequent reproduction of the hernia. To overcome this real or fancied objection (and we cannot but believe it to be more of the latter than the former) various devices are made use of; for instance, Macewen folds the sac upon itself several times, making it into a pad, which he places over the internal ring. Kocher twists the sac upon itself several times and brings it out through an opening in the fascia of the external oblique and sutures it to Poupart's ligament. Bassini twists the sac, ligates it high up, cuts off and returns the stump into the abdominal cavity. Fowler cuts away the

sac entirely and sutures the peritoneum as in ordinary laparotomy.

Many other methods of disposing of the sac are devised by different authors with the same object in view, namely, that of leaving the peritoneal surface smooth, and some still further make use of the sac as an additional barrier. We cannot but think that the peritoneum, thin and elastic as it is, can offer at best but a slight resistance to the progress of the hernia, and so make no attempt to do more than ligate the sac, relying upon it little or not at all for assistance.

Under Group I, that is, those dealing with the sac alone, Socin, who is credited with the origination of the operation in 1879, simply ligates the sac high up and cleans out the canal, leaving it to fill up with fibrous tissue. Others make use of a similar procedure, as Banks, Halsted, etc., who, after ligating the sac, pack the canal with gauze and allow it to granulate up.

Group II, that is, those making use of some substance transplanted from the immediate neighborhood of the canal, we will again subdivide into five divisions as follows:

(a) Those who make use of the sac with which to plug the canal; for instance, Macewen, as described above, Kocher and others. Davis and Phelps tie the sac, invert it into the peritoneum and then take a purse-string suture outside, around the base.

(b) Those who relax Poupart's ligament by dividing it wholly or partially, thus bring it down and obliterate the canal. Fabricius, Fowler, etc., advocate this procedure. The objection to it is that by pulling down Poupart's ligament in this manner the tendency is to weaken the external abdominal ring.

(c) Those who suture the iliac and pubic portions of the fascia lata over the saphenous opening. This class includes by far the greater number of operators. Bassini, Cabot, Cushing, Salzer and others have accomplished the same thing by slightly different methods. The objection to this operation is that it does not always close the canal and places the barrier to the progress of the hernia at the lowermost end of the canal, leaving the canal itself open.

(d) Those who plug the canal with muscle transplanted from the immediate neighborhood—Watson Cheyne, Moullin, Swartz, Poullet and the writer. Watson Cheyne turns up a flap of the pectineus muscle and fascia, with which he fills up the canal. Moullin uses the pectineus and adductor longus. Swartz used the adductor longus alone. (*Assoc. Franc. de Chirug.*, VII, 689, Paris, 1893.)

Poullet used portions of the tendon of the rectus femoris and adductor longus. In our work we have made use exclusively of the adductor longus, and believe that, from its anatomical relations and structure, it is the muscle best adapted for the purpose. Starting as it does with a tendinous origin from the front of the pubic arch, and bellying out rapidly as it extends down the front of the thigh, it is peculiarly well adapted for this purpose.

The steps in the operation are briefly these: After exposing the femoral opening, isolating, ligating and resecting the sac, the canal is laid open. Upon retracting the lower skin flap strongly downwards the adductor longus is exposed, and a portion (say a piece the size and length of the little finger, or larger,) is split off up to near the origin of the muscle. When freed from its attachments, except the origin, it is brought up and laid in the femoral canal throughout its entire length and held there by a suture somewhat similar to the purse-string suture recommended by Cushing of Boston; that is, beginning through the fascia of the external oblique down through the muscle, through the pectineal fascia, across the muscle, through the falciform ligament, through Poupart's ligament and tied. This holds the muscle firmly in place, plugs completely the femoral canal, and, with a few additional sutures below, through the pectineal fascia, muscle and falciform ligament, completely closes the femoral opening.

The advantages of muscle for plugging the canal are that it is better supplied with blood, is more elastic, and, while some or all of it probably becomes transformed later into fibrous tissue, it is a more resisting form of scar tissue than that which comes from the fascia, and it is also easily accessible.

(e) Those who close the canal with an osteo-plastic flap—Trendelenburg, Koerte, Wolf and others. These operators chisel up a flap of bone and cartilage from the anterior surface of the pubic arch, reflect it back, and with this fill the femoral canal, leaving free drainage. This makes a very extensive operation, and the results of the few cases so far reported are not satisfactory.

In the third group are those who plug the canal with foreign substances, absorbable or otherwise, among whom are Salzer, Thierner, Schwartz and Kelly. The materials that have been made use of are decalcified bone, glass-wool, glass ball, strands of catgut, etc. The objection to these is the same as to any other foreign body, that they are liable to produce irritation and may eventually work to the surface.

Some operators recommend the inguinal incision, as in inguinal hernia—Tuffier, Ruggi, Silver and others—claiming that one gets a better exposure of the sac and contents by this method. This is probably true, but it seems to us that a sufficiently good exposure can be obtained through the ordinary incision and that the inguinal route is unnecessarily involved. One should always bear in mind, in operating upon inguinal hernia, the liability of injuring the bladder. A number of such cases have been reported in literature, one of which happened to the writer.

As to final results from the radical operation, there have been too few cases by any one method, and the length of time has been too short to judge as to the respective merits of the different operations. It may be claimed, and with justice by some, that any operation will cure a femoral hernia. It is true that, as compared with inguinal hernia, there are few recurrences, but one should aim always to find the best method and the one best adapted to all cases.

In the Johns Hopkins Hospital twenty-six cases have been operated upon for the radical cure of femoral hernia—seven of these by the open method, fifteen by closure and excision of the sac and suture of fascia over the saphenous opening, three by muscle transplantation. So far no recurrences have been observed.

A full list of references to the literature of the subject will be found in the article by Silver, above referred to; they are, therefore, omitted here.

NOTES ON RECENT SCIENTIFIC LITERATURE.

By William Lee Howard, M.D.,
of Baltimore.

IV.

No physician today can offer as an excuse for not being familiar with psychological matters, the scarcity of books upon the subject. The correlation of physiological science and psychological investigation has brought us nearer the understanding of self and personal motives than man has ever been. A proper understanding of modern psychological investigations will do more for the moral improvement of man than any teaching heretofore premonstrated. In its present state it bears no relation to the senile philosophy of the past, or the false reasoning of the early metaphysicians—that distasteful psychology of the theologians which taught that consciousness reveals certain great ideas as simple and original, consequently they must be so. If you do not find them in the child-mind, then you must read them into it.

The genetic idea reverses all this. Instead of a fixed substance, we have the conception of a growing, developing activity. Functional psychology succeeds faculty psychology. Instead of beginning with the most elaborate exhibition of this growth and development, we shall find more instruction in the simplest activity, that is, at the same time, the same activity. Development is a process of involution, as well as evolution, and the elements come to be hidden under the forms of complexity which they build up. Are there principles in the adult consciousness which do not appear in the child consciousness? Then the adult consciousness must, if possible, be interpreted by principles present in the child consciousness, and where this is not possible the conditions under which later

principles take their rise and get their development must still be adequately explored.

Something after this method of reasoning is to be found in Prof. Mark Baldwin's "Mental Development" (MacMillan & Co.). The book should be read by every physician who cares about keeping in touch with the advances in material science. The man whose profession brings him in contact with children, be they feeble-minded or not, should study this work.

One fact regarding this country's present political condition bears directly upon the study of psychology, yet it has been thus far overlooked. The psychologist finds that many men who are apparently in a normal mental condition, are in reality moral perverts. Such persons have mental qualifications of sufficient force and intensity to hide their real condition; in fact, their lower moral responsibility is seldom noticed until some force of circumstances brings it prominently forward. It is then often too late; the man has been given power and control, and is blamed and anathematized for actions due to moral palsy as uncontrollable as physical palsy.

Such a man has been taught the same lessons as the rest of mankind, and has a full theoretical knowledge of them, but he has not really assimilated them; the principles inculcated never gain that hold of his mind which they gain in a sound and well-constituted nature. No amount of advice, no pressure of ridicule, is forcible enough to change a congenital condition. A man born with a false idea regarding his relation to society is, indeed, unfortunate. To the end he will feel and think that he is right; that all others are wrong. To him evil is good, and good, evil. Controvert this man's opinion and he will cry "persecution," and reckon himself with St. Barnabas, who was sawn in two. We have had many examples the last few months of the want of conscience among men, and, personally, I am grateful for the opportunities of studying this phenomenon.

Conscience is a function of organization—the highest and most delicate and most complete development thereof—and man's moral nature is determined by the strength and intensity of this conscience. It is often perverted by disease and injury of brain; often it is undeveloped, and throughout the individual's existence remains an unknown factor. To such a man the amenities of life are nothing; moral obligations a myth, slander, insults and gibes, the mere growlings of jealous and disconcerted enemies. But above all this hiatus of conscience rises the forcible stigmata of the moral degenerate as seen in morbid egoism and the impassioned desire for power and notoriety.

A book has been sent me, entitled "Sunny Life of an Invalid Fifteen Years in Bed." I refrain from giving this laughable hypochondriac's name. The author evidently has just enough medical lore—all these troublesome neurasthenics and hypochondriacs read more or less medicine—to make himself ridiculous. A specimen of his wail will help our digestion. Says this *heautontimorumenos:* "My opinion of diphtheria is that it beats hanging as a capital punishment.

"For a disease which, for pain, should take the first prize at an international congress of disease, I should, after a fair trial, recommend pectora angina (*sic*). To sum up, in 1897: Fourteen years in bed; twenty-six years an invalid; twenty years without vegetables or fruit of any kind; twenty-three years without pastry or candy; two years on scraped beef (raw), for six months nothing else; fifteen years on milk, raw eggs and chopped beef (often raw).

"As to diseases: First, fifty-four attacks of pectora anginus; second, heart disease; third, rheumatism; fourth, neuralgia all over; fifth, dyspepsia; sixth, kidney trouble; seventh, semi-paralysis of the legs; a second shock, which left me for two years unable to turn my neck; [What an acrobat he must be!] eighth, feet have to be propped up day and night; ninth, hands propped up by tapes (*sic*); tenth, twelve years bowel trouble, caused by malaria, diarrhea and dysentery in Italy, followed by three years of constipation, necessitating every second day an injection of water at 98°, self-administered (2400 injections to date, of one quart water, with a touch of castile)."

But this is sufficient. We can now easily diagnose his case.

Medical Progress.

PROGRESS IN SURGERY.

By Randolph Winslow, M.D.,

Professor of Anatomy and Clinical Surgery, University of Maryland.

During the past year the liver and its appendages have been the recipients of a considerable amount of surgical attention. Previous to 1878 the gall bladder was considered to belong to the realm of medicine rather than to that of surgery, though cholecystotomy had been performed by Bobbs of Indianapolis in 1867. In 1878 Marion Sims perfected the operation and established it on a permanent basis. Since that time operations on the gall bladder and biliary passages have been performed with constantly increasing frequency and success.

Cholecystotomy for the removal of biliary calculi is one of the most successful operations of surgery. When, however, the calculus is impacted far down the common bile duct it may become necessary to incise this duct in order to effect the removal of the concretion. As this duct lies deeply it is neither easy to remove the calculus nor to suture the incision in the common duct after its removal. To facilitate this suturing Halsted of the Johns Hopkins Hospital has devised a series of small hammers, with long handles, for insertion into the duct. After the insertion of the sutures the hammer is withdrawn and the sutures tied. It is claimed that the operation is much expedited by the use of this mechanical device. Dr. Halsted's article is published in the *Bulletin of the Johns Hopkins Hospital* for April, 1898.

Recognizing the difficulty in some cases of locating and exploring the common bile duct, Weller Van Hook, in the *Annals of Surgery* for February, 1899, advocates "air distention in operations upon the biliary passages," and reports a case in which this device was successfully employed. He has summarized his conclusions as follows:

1. It enables us quickly, safely and absolutely to identify these tubes without overlooking any part of them. This is of especial advantage in the dissection of adhesions and neoplasms about the ducts.

2. It enables us to readily locate obstructions.

3. It enables us to approximately determine the degree of obstruction.

4. It will facilitate the location of diverticula.

5. It will guide us to perforations leading to abscess cavities or to the free peritoneum.

6. It will enable us to open the ducts safely and without the fear of incising a collapsed vein.

7. It enables us to sound the ducts for stone or stricture by passing the sound into the distended duct, either through the gall bladder or through an opening in one of the ducts.

8. It enables us more effectually to palpate the walls of the ducts both from without and from within.

9. It gives us an ideal method of testing the accuracy of our sutures in the duct walls.

Whilst Van Hook has devised a special apparatus for distending the ducts, it may be readily done with any force pump, and in the case reported he used an ordinary bicycle pump which had been sterilized.

At times a calculus becomes impacted in the diverticulum of Vater at the termination of the common bile duct in the duodenum, and it is impossible either to extract it or to push it forwards or backwards. The suggestion to open the duodenum and incise the orifice of the bile duct from within the duodenum was made by McBurney six years ago, and has been done in a number of instances with excellent results. Dr. McBurney again brings the matter to the notice of surgeons in the *Annals of Surgery*, Vol. XXVIII, page 481.

In the same journal, page 518, laudatory expressions concerning the value of this operation are made by Drs. Briddon, Weir, Kammerer, Curtis and McCosh. McBurney says: "My conviction is that this operation has a much wider application than I have thus far given it, and my experience would lead me to prefer this plan for the removal of a calculus

situated at almost any point from the termination of the cystic duct to the point of entrance of the common duct into the duodenum."

Another remarkable publication, entitled "On Re-establishing Surgically the Interrupted Portal Circulation in the Cirrhosis of the Liver," by Robert F. Weir, M.D., appears in the *Medical Record* for February 4, 1899. Dr. Weir gives a short *résumé* of the efforts that have been made in this direction.

In 1896 Dr. Drummond and Mr. Rutherford Morison published in the *British Medical Journal* a communication entitled "A Case of Ascites Due to Cirrhosis of the Liver Cured by Operation." The operation consisted in making an incision and causing adhesions between the omentum and parietal peritoneum and between the liver and the diaphragm. The incision between the umbilicus and pubis opened the peritoneal cavity. The peritoneum on each side of the incision was thoroughly scrubbed, as was that of the liver, spleen and organs opposed to them. The omentum was sutured across the anterior abdominal wall and the wound closed, except where a glass drainage tube was introduced into the pelvis. Two operations of this character were performed. In one patient no improvement followed; in the other a brilliant success was achieved, and she was exhibited at the meeting of the British Medical Association eleven months later in apparently perfect health.

Talma of Utrecht, in *Berliner Klinische Wochenschrift* for September 19, 1898, reports a case successfully treated by operation. A boy nine years old, who was suffering from anasarca and ascites, due to lesions of kidneys, liver and spleen, was subjected to three laparotomies. The first operation was an exploratory incision, followed by gaping of the wound for five days, with prolapse of the omentum, a part of which was cut off and the rest replaced and the incision closed. Six weeks later a second laparotomy was done and the omentum stitched in the wound. No further ascites occurred, but the enlargement of the spleen remained, and a third laparotomy was done and the lower end of the spleen was tucked in between the peritoneum and skin to facilitate adhesions and venous intercommunication. One year later the patient was in good health, the urine normal, the liver reduced in size and the spleen much smaller. Large veins were seen in the skin running from the region of the spleen toward the coural region.

Dr. Weir's case was that of an inebriate, aged thirty-nine years, who had noticed an enlargement of the belly for nearly two years. A diagnosis of hypertrophic cirrhosis of the liver and portal obstruction was made. He was tapped many times without lasting benefit, and it was thought a suitable case for surgical effort. A four-inch incision was made through the upper part of the right rectus muscle and the peritoneal cavity opened. Several quarts of fluid escaped and the abdomen was thoroughly emptied. The superior surface of liver and the diaphragm and parietal peritoneum were scarified with the point of a steel hat pin and the omentum stitched on each side of the wound and the wound closed. A glass tube was also passed into the pelvis through a small incision over the pelvis and drainage effected by syphonage. The patient died on the fifth day from infection through the drainage tube.

Of seven cases operated on by different surgeons two recovered, two recovered from the operation, but were not benefited, and three died, one from shock and two from infection through the drainage wound.

This subject is an interesting and suggestive one and will doubtless be heard of again in the future.

Constipation in Children.—Dr. Louis Fischer (The Canadian Journal of Medicine and Surgery, January,) writes: "An invariable rule followed by me in children is never to permit a child to retire for the night without a movement of its bowels; consequently, if the infant has been constipated during the day I advise the injection of one pint of a mixture consisting of two-thirds warm water and one-third glycerine—the latter to be used to soften hardened accumulations of feces in the rectum."

Society Reports.

THE JOHNS HOPKINS MEDICAL SOCIETY.

MEETING HELD MONDAY, MARCH 6, 1899.

TENDON TRANSPLANTATION.

Dr. Knox read a paper entitled "Tendon Transplantation," with a report of seven cases. The author reviewed at length the literature bearing upon this subject and described the methods adopted today in the effort to regain lost functions in a limb that is distorted or paralyzed. He reported seven cases of tendon transplantation performed in the Hopkins Hospital by Drs. Finney and Cushing, and exhibited photographs showing the remarkable improvement in patients brought about by such an operation.

DISCUSSION.

Dr. Cushing said he had nothing to add to Dr. Knox's very careful review of tendon transplantation, but that one could readily see what extreme interest there must be to a surgeon in cases of this kind. The interest at the operating table is intense—first, watching the readjustment of muscles for the sake of getting new functions in a foot which is without proper muscle, and, secondly, the pleasure of seeing lame individuals made to walk better. When one sees, as we do every day, cases of paralytic club-foot walking badly on the street, we feel that if they are only brought to the attention of surgeons with sufficient emphasis, during the next few years such cases will be rare—in fact, as rare as cases of Pott's disease are today.

Dr. Finney said that it is a most interesting subject, one comparatively young, and in which there is great field for development; also, the methods which are in vogue at present must be tested by the great rule of time to try their efficiency, and even these methods are undergoing constant change. It certainly offers a most interesting field for the surgeon and a most helpful one for the patient.

TREATMENT OF ACUTE OTITIS MEDIA FOLLOWING INFLUENZA.

Dr. Theobald wished to speak especially of the abortive treatment of these cases when one could see them in the earliest stage. Everyone knows that many serious cases of ear disease have followed influenza, and a larger number than usual have involved the mastoid process, also many the bone in the neighborhood of the tympanic cavity.

The statistics which Dr. Bacon gives bearing upon this subject are very interesting. A few years ago from twelve to twenty cases of mastoid disease were about the average number met with at the New York Eye and Ear Infirmary; in 1896 there were 135 mastoid operations; in 1897 there were 161, due to the prevalence of influenza and the great number of serious ear cases which have followed it.

The most serious involvement is when the brain is affected. The brain as secondary to suppurative trouble of the middle ear, may be involved in several ways. Epidural abscess is one of the more common forms of purulent meningitis; abscess of the brain substance itself is another, and thrombosis of the lateral or sigmoid sinus is still another.

In reference to infection of the middle ear, he said there are several ways in which the tympanic cavity and mastoid cells may be involved in this affection, as in other types so common, such as scarlet fever and measles, the most common being through the Eustachian tube. Nature has provided an arrangement to lessen the likelihood of this occurring, the citiated epithelium of the Eustachian tube acting to prevent the entrance of bacteria from the nasal cavity to the middle ear, but it is only partially successful. The middle ear is also not infrequently involved through perforation of the tympanic membranes, the entrance in that way being through the blood vessels or lymphatics. Various organisms have been found in the suppurative middle ear inflammation in connection with grip and other diseases. Staphylococcus aureus and albus are frequently found, and are more apt to be present in the milder cases; pneumococcus and streptococcus pyogenes mark the more serious cases as a rule. The micro-organism which is supposed to be at the bottom of the influenza is occasionally found, but not usually in the suppurative cases without the

accompaniment of other organisms. His own experience is that the purulent infection occurs very frequently in middle-ear inflammation, either after the perforation of the tympanic membrane (in some instances the infection occurs, of course, after an incision of the drum membrane) or after the attack has actually occurred, but it is not always so. Often on making an incision of the tympanic membrane the discharge which comes through the incision is not purulent but sero-mucous in character, somewhat tinged with blood, and does not contain pus. It is a very difficult matter, even with full antiseptic precautions, to prevent infection after incising the tympanic membrane, the skin lining the external auditory canal not being so easy to get at as that of other parts of the body.

He thought if we could see these cases within a few hours the attack could be cut short. This is to be desired, because if the inflammation runs to the point where an incision of the tympanic cavity is necessary, it is extremely difficult to prevent suppuration.

He then referred to a fatal case of middle-ear disease. The patient had had influenza and was afterward exposed to cold. On Friday evening she was taken with earache and suffered severe pain; the next day she was given morphia rather liberally, and on Sunday she began to show symptoms of muscular irritation, with something like spasmodic movements of the limbs. On the following evening she was entirely unconscious, with a temperature of 105° and a very rapid pulse. There was no reason to suppose that the mastoid process was involved, and but little optic neuritis, so that he decided there was nothing for him to do, but that an operation upon the brain itself might be necessary. Dr. Finney was called, but decided that it was too late to take any operative steps.

This, of course, is an extreme instance of what may happen with suppuration of the middle ear, the patient being taken Friday evening and died on Tuesday before noon. If we can then abort these cases, it is most important to make the attempt, and make it very early.

Dr. Theobald's plan of treatment is to use, promptly, in the ear a solution of atropia. To this he has added recently cocaine, giving one grain of atropia sulphate and two grains of cocaine muriate in two drachms of distilled water, about eight drops being poured into the ear three or four times a day, according to the pain. Several years ago he had prepared an oily solution with the alkaloids of atropia and cocaine which has certain advantages. The oil remains in contact with the tympanic membrane and walls of the canal better than the watery solution, and where there is a small perforation it does not find its way so readily into the middle ear, to produce more constitutional effects than is desirable. With this local treatment which he has prescribed he often combines the administration of small doses of calomel until it produces the desired effect upon the bowels, or, failing to get such an effect, he follows it up with a saline cathartic. He has often found it convenient where acute tinnitus is present to give muriate of ammonia in 10-grain doses perhaps four times a day. The pain, of course, is not always relieved by the local anodynes, and then it may become necessary to supplement them with morphia. It is not safe, of course, to wait indefinitely for the action of this remedy, but he is sure he waits longer than some would before incising the tympanic membrane. Not infrequently he uses the local treatment, when many others would be called upon to incise the tympanic membrane; he may even find some bulging, and yet feel warranted in treating the case in this way. If the pain is not overcome, and there is evidence that the tympanic cavity is distended, free incision should be made, and preferably through the posterior portion of the membrane. One does not make a small puncture, but makes a liberal incision, beginning in the upper posterior border and carrying it down parallel with its posterior margin. After this has been done, syringing out with an antiseptic solution like boracic acid two or three times a day is adopted, and if this treatment does not promptly bring about a change, a weak solution of bichloride, from 1 to 8000 to 1 to 4000, is used. The effect upon the hear-

ing is not usually disastrous, even in the more serious cases, and in the less severe cases we expect the normal hearing to be restored.

DISCUSSION.

Dr. Reik wished to add a few words as to the treatment of these cases. He believed in free and early incision of the tympanic membrane; but, where it is possible to adopt the conservative line of treatment as given by Dr. Theobald, he would, in addition, make use of the local extraction of blood, either by natural or artificial leeches applied over the mastoid region. He had tried this a number of times during the recent epidemic of grip (he thinks these cases have been much more common this year than in the former epidemics), and had been pleased with the result. In many cases the cocaine and atropia seem to have little or no effect upon the pain, but a few minutes after leeching the pain disappeared and the patient went to sleep.

Dr. Theobald said there was no question as to the value of local extraction of blood in these cases, especially in the more severe attacks.

Dr. Finney said that when he saw the patient Dr. Theobald had referred to she was comatose, with a pulse that could hardly be counted, and a temperature of 105° or 106°, and utterly beyond operative treatment. No evidence whatever could be obtained that would aid in the localization of the trouble, and even if the location of the trouble could have been ascertained, at that time there could have been no operative interference.

He referred to a similar case, but with a more happy termination. About ten days after she had apparently recovered from grip the patient was taken with earache in the right ear. She noticed some slight discharge on the pillow, but the physician was unable to find any discharge from the ear, nor was there any from either ear when seen by Dr. Finney. The patient was stupid and dull, different from her usual manner; could be roused to answer questions intelligently, but had to be shaken, and upon pressure upon the right mastoid she evinced some pain, though nothing else seemed to disturb her. There was no evidence of swelling or redness or other mastoid trouble other than history of headache on that side and some tenderness. He thought it best to open the mastoid cell, and did so, but found it empty, and no evidence of trouble so far as he could detect. He continued the opening in the bone until the lateral sinus was exposed, and this he punctured. It bled very freely, and he was quite convinced that the lateral sinus was not thrombosed, at least. He drained the wound, and the patient made a rapid improvement and is now entirely well.

A HITHERTO UNDESCRIBED PEPTONIZING MICROCOCCUS CAUSING ULCERATIVE ENDOCARDITIS.

Dr. Hastings related the history of a case of ulcerative endocarditis, from which Dr. MacCallum secured the organism in question.

Dr. MacCallum said the autopsy revealed an endocarditis of the aortic and mitral valves, both of which were covered with vegetations. The organism is a small micrococcus, appearing in pairs for the most part; is not motile, and stains well by Gram's method. It somewhat resembles the diplococcus lanceolatus, and is not a profuse grower. It grows best upon glycerine or glucose agar. In litmus milk it first decolorizes, then coagulates, and peptonization and digestion of the clot follows. This appears to be a new organism not hitherto described, and Dr. MacCallum suggests for it the name of diplococcus zymogenes.

DISCUSSION.

Dr. Flexner thought there could be no question that this is a new organism. Although it resembles some of the known forms, yet its differences are greater than its resemblances.

THE MEDICAL SOCIETY OF THE UNIVERSITY OF MARYLAND.

MEETING HELD TUESDAY, FEBRUARY 21, 1899.

THE meeting was called to order by the president, Dr. John S. Fulton.

EXHIBITION OF CLINICAL CASES.

Dr. Blackburn: Man, forty-three, with no history of any nervous disease in family; no remembrance of diseases of childhood; no remembrance of being sick in bed until twenty-five years old, when he

had malaria; never been sick since. About 1st of last August patient noticed that his fingers on each hand became numb and stiff; gradually his entire hand became stiff; then had a feeling as though pins and needles were sticking in his feet, and by degrees he became unable to tell where his feet were unless he could watch them. Feet became numb, and felt as though drawn toward the instep. This feeling extended toward the thighs, where he now has the sensation of being pricked with pins and needles. For the past week or ten days has had a twitching of the legs, and has had shooting pains in lower part of abdomen. For the past three or four weeks he has felt as though something were tied around abdomen. Sensation is less acute than normal, and, although sometimes delayed, is usually transmitted normally. The impairment of sensation is more marked in the hands, ankles and in a zone around the body just above the umbilicus. There is loss of power in the hands and wrists and a decided tendency towards spastic contraction of the fingers and toes—more marked on the right side. Otherwise the strength of the patient seemed unimpaired. The skin reflexes were rather feeble, the deep reflexes exaggerated, with slight exaggeration of the knee-jerk and a tendency towards ankle-clonus in each ankle. There was marked loss of co-ordination, involving the upper as well as the lower extremities, the inco-ordination being much more marked when the eyes were closed. The pupils react both to light and accommodation, and there were no retinal changes. Patient has never had any disorders of vision, no paralysis of the ocular muscles and no double vision. He has some difficulty in micturition, which is only momentary, however; is constipated, but has complete control over the sphincter muscles. The muscles of the hands react sluggishly to the Faradic current.

Dr. Robert Reuling said there were some points of especial interest in the case. First, it did not correspond to the ordinary cases of spastic paraplegia; also that it might be a case of amyotrophic lateral sclerosis, in which the spastic condition often shows itself in the lower extremities first and the muscular changes come on later. The disease, he says, is a progressive one, and the process, as a rule, extends downwards and upwards in the cord, so that later symptoms of the affection of the middle come on.

Dr. Robins said there were some very striking points about the case rather suggestive of tabes dorsalis; for instance, the inco-ordination was extremely marked in this case, and there was also a slight area of anesthesia. While some of the symptoms were against tabes dorsalis, others, he thought, were for it, and a diagnosis of lateral trouble should be made with a certain amount of hesitation.

Dr. Reuling said that he could not see any of the cardinal symptoms of tabes dorsalis, as the whole appearance of the case positively excluded tabes dorsalis as he knows the disease.

APPENDICITIS, WITH GROSS AND MICROSCOPICAL SPECIMENS.

Dr. Wm. R. Stokes first made a few remarks concerning the bacteriology of appendicitis, saying that it simplifies matters considerably to bear in mind that the vast majority of appendicites are caused by the presence of some variety of the pus organism, and it was well to include under this the bacillus coli communis. As is well known, the bacillus coli communis is a normal inhabitant of the intestinal canal, and under normal conditions is harmless, but if, for some reason or other, the mucous membrane of the appendix becomes irritated the colon bacillus is there and sets up an inflammation of the mucous membrane. In a number of cases there is simply a gangrenous condition of the appendix, the blood supply will cease, offering the bacteria an excellent opportunity to penetrate through the gangrenous appendix. Even so harmless an organism as the bacillus coli communis is able to penetrate and get into the peritoneal cavity, and there is little doubt that this organism can set up irritation and produce peritonitis. We, of course, have appendicitis from the rupture of the appendix, the most frequent cause of actual rupture being either an ulcer from tuberculosis or typhoid fever.

Dr. Tiffany then exhibited seventeen specimens of appendices removed by operation for inflammation, four of them being perforations. He said that in a certain number of cases the appendix is often represented by an entirely black mass. In one case the inflammation and ulceration in the bowel had caused obliteration of the vessel, and the part of the appendix distal to the ulcer was black. This, he said, he had the opportunity of seeing two or three times, and in all cases where the appendix was black and gangrenous he found obliteration of the nourishing vessel, so that the gangrenous appendix is probably the result, in many cases, of appendicular ulcer.

Dr. Tiffany said that among the questions that naturally suggested themselves regarding this subject of appendicitis comes the one, "How is it that appendicitis is at the present day such an extremely prominent subject, and yet several years ago it was very rarely heard of?" He says there are probably two causes, one that they did not have appendicitis in times gone by, the other that the physician failed to recognize it. During three years of his student life, out of about 350 post-mortems he saw but one of appendicular disease. The most successful of all operations are those done between attacks; the next most successful are those done both after and before the peritoneal coat is involved.

Dr. Randolph Winslow said that he thought the sooner a case of appendicitis was operated upon the better for the individual, and that he would always advise an operation. When removed in a clean peritoneum the dangers are practically nothing; when removed after the peritoneum has been involved, but an abscess has not formed, the dangers are still slight; when the operation is not performed until after the peritoneum is damaged the danger is greater and the operation more difficult.

Dr. A. D. Atkinson said he thought there was no disease that so often misleads the physician and surgeon as appendicitis, so far as the diagnosis is concerned. He said the ordinary typical cases of appendicitis could readily be recognized from the swelling in the lower abdomen, the pulse and the temperature, but not so with the cases where all the symptoms are obscure, where there is probably but little pain in the abdomen, the pulse good and no swelling at all, and it is in just these cases where the diagnosis is often of so much importance. He said that in many instances a great deal can be discovered by the very careful examination of the blood and the careful counting of the leucocytes. In almost all inflammatory troubles there is an increase of leucocytes per cubic millimeter.

"A Case of Infantile Paralysis, with Exhibition of Brain and Cord," was reported by Dr. L. M. Allen, with the pathological report by Dr. Latané.

Dr. Reuling, in referring to this case, said the important features were the muscular atrophy and the shortening in the bones, which is especially characteristic of these cases of infantile paralysis.

The Treatment of Asthma.—The Therapeutic Gazette quotes Von Noorden as having stated that atropine in ascending doses is the best treatment of asthma of spasmodic type. The treatment should be continued for from four to six weeks. In his hands the method consists in administering 1-120th of a grain of atropine every two or three days, and then gradually increasing the dose until it reaches as much as 1-20th or 1-12th grain, after which the dose may again be decreased. It is necessary that the patient should be continually under the observation of the physician to avoid accidents under this method of treatment, but with care accidents are not met with.

* * *

Surgical Sins.—Dr. Emory Lanphear considers the following as surgical sins: First, operating in hopeless cases; second, delaying opinion as to the gravity of a disease; third, failure to operate in depressed fracture of the skull; fourth, pretending to be clean; fifth, undercharging in order to secure an operation; sixth, stealing patients; seventh, representing capital operations as trifling; eighth, keeping patients too long under chloroform. Unwise speed is bad; chronic surgery is worse.

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MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets,
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, MARCH 11, 1899.

New Medical Products.

FAITH plays an important *rôle* in every calling. Life is too short to prove every step we take, and hence we look to some authority for results, and accept these statements without further verification on our part. The use of new chemical and medicinal products rests largely on the experience of others, and for this reason new remedies should be tried with a reasonable amount of caution.

Professor His, in some remarks before the Leipsic Medical Society, as reported in the London *Lancet*, says that the great majority of new compounds are recommended before they have been sufficiently tried, and as a consequence poor and even serious results follow. In the present degenerate days it is possible to secure testimonials galore on new products from physicians who have used these products very little, or in some cases have never seen them, and serious poisoning cases have resulted, says the speaker, from the blind following of such testimonials.

What is needed is an impartial test on animals by a skilled pharmacologist and also by a clinician of some reputation in the wards of a hospital before the drug is put on the market. And here it may be said that some of the larger manufacturers follow this method, with the result that valuable therapeutic aids have been added to our armamentarium.

The advantage of using new remedies in hospitals is evident. Many cases can be treated at once under the same conditions and under constant supervision. The danger is of drawing hasty conclusions from an insufficient number of cases or with a mind already made up. There should be in every country a board of control who should pass on products before they are generally used.

In spite of these objections it is astonishing how some products, which are not definite chemical compounds, but are secret formulae or known formulae with a secret trick of compounding, have become indispensable to the practicing physician, who uses them in spite of every theoretical objection, because the results are good. With the activity of drug and manufacturing houses these questions are yearly growing more important.

* * *

Postponing Old Age.

IT is very evident from even a cursory examination of the mortality tables that man is living longer than formerly, and it is certainly due in part to his more general attention to matters pertaining to health. The subject, too, of keeping young and postponing old age is very much in evidence in medical and lay journals. The daily papers teem with rules for the suppression of the tell-tale wrinkle, and it must be said that, as a rule, these directions are usually harmless and tend to stimulate a spirit of temperance in all things, and, indeed, raise the standard of health.

For example, directions to prevent obesity may call for a certain kind of drug, but also rules for a strict diet are laid down, and a certain amount of exercise is called for. It is women usually who look out for these rules, and the woman's page, which is now so prominent in many papers, contains numerous directions how to become beautiful and stay beautiful. Woman will take almost any step within reason to preserve or improve her complexion, and the physician who wishes to interdict a certain kind of food or some form of dissipation need only say that it affects the complexion, and his directions are implicitly obeyed. Physicians who pay attention to what are considered the trifles in practice make many friends and soon grow popular.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending March 4, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	1	..
La Grippe	..	10
Pneumonia	..	25
Phthisis Pulmonalis	..	24
Measles	3	..
Whooping Cough	..	2
Pseudo-Membranous Croup and Diphtheria.	31	2
Mumps	1	..
Scarlet Fever	6	..
Varioloid	..	..
Varicella	..	.
Typhoid Fever	1	2

Dr. Wolffhügel, professor of hygiene in the University of Gottingen, is dead.

Dr. G. Sims Woodhead has been made professor of pathology at Cambridge, England.

The Prince of Wales is the president of the National Association for the Prevention of Consumption.

The daily press announces that Wassermann, a pupil of Koch, has discovered a serum for the cure of pneumonia.

A hospital for consumptives has been established at Rutland, Vt., as a branch of the Massachusetts General Hospital.

Dr. G. C. Thieme has been appointed vaccine physician for the third ward of Baltimore, vice Dr. C. F. Blake, resigned.

Dr. B. G. D. Moxley, a life-time resident of Greenwich, Prince William county, Virginia, died recently, aged ninety years.

Dr. Alexander Laboulène, professor of the history of medicine in the University of Paris, died recently, aged seventy-three.

Dr. John E. Prichard, a physician, a native of Wales and for many years a resident of Baltimore, died at his home recently.

Dr. George A. Noble of Atlanta has opened a private infirmary in his city for the treatment of diseases of women and abdominal surgery.

The old mansion at Springfield Asylum, formerly occupied by Dr. Rohé and his family, is now to be used as a hospital for epileptic women.

Dr. William G. Jeffries, a prominent and well-known physician of Essex county, Virginia, died at his home, in Tappahannock, that county, last week.

Both houses of the legislature have passed a bill prohibiting the practice of Christian Scientists' cure in Oklahoma. The governor, it is said, will sign the bill.

Dr. Henry C. Scott, a native of Baltimore and since the civil war a resident of Ashland, Va., died last week at his home, aged seventy-one years. He was graduated from the University of Maryland in 1857.

Dr. Paulus A. Irving, president of the Virginia State Board of Health, states that there are at least 1000 cases of smallpox in Virginia. Nearly all of them are between a line that, if drawn from north to south, would strike Richmond and the seashore.

Dr. Edward P. Hurd of Newburyport, Mass., is dead. Dr. Hurd was a hard-working physician and had contributed extensively to literature and had made many translations from the French and German. His daughter practiced medicine in Baltimore several years ago.

The Rev. Father James O. S. Huntington, superior of the Order of the Holy Cross, a congregation of celibates in the Episcopal Church, having their mother-house at Westminster, Md., proposes the establishment of a new religious sisterhood, whose lifework would be to nurse consumptive patients.

Dr. Charles S. Buckner, a native of Richmond, Va., and for many years a practicing physician of Baltimore. died here last week, aged seventy-eight years. Dr. Buckner received his degree at the University of Maryland in 1843. He had practiced in South America and also in San Francisco, and had traveled extensively.

The subject selected for discussion during the next annual meeting of the Tri-State Medical Society of Virginia and the Carolinas, to be held during the fall of 1899 in Charleston, S. C., is "The Southern Negro," taking up the following points in connection with him: First, his hereditary tendencies, as learned from his race history in America and Africa; second, his racial fecundity, the influence of climate, city and country life; third, his race mortality, in childhood, in adult life, in city and in country; fourth, his recent erratic tendencies, the cause, and suggestions as to prevention.

Washington Notes.

Dr. Jessie Ramsburgh has been appointed substitute physician to the poor, with the usual compensation of $30 per month.

Passed Assistant Surgeon Joseph A. Guthrie of the U. S. N. is in the city on a short leave from the arduous duties of the Naval Hospital at Norfolk.

At the District Medical Society Wednesday evening Dr. S. S. Adams read a paper upon the result in immunizing against diphtheria, and Dr. Lamb reported cases of cancer, with specimens.

The mortality in the District during the past week was 111. There were six fatal cases of diphtheria, one of typhoid fever, two of measles and six of grip. There are sixty-one cases of diphtheria and eighty-seven of scarlet fever in isolation.

The ninety-second meeting of the Medical and Surgical Society of the District of Columbia met at the residence of Dr. Llewellyn Eliot Friday evening, the 10th. Dr. Moran presented a paper upon "Puerperal Sipsis: Its Prophylaxis and Treatment," and Dr. E. L. Morgan, "Antitoxine in the Treatment of Diphtheria." The members and guests were treated royally by the host.

No deaths thus far have occurred from smallpox, and cases are being discharged from the hospital at about the same rate they are taken in. For a few days the epidemic appeared to be on the decline, but new cases are now being reported in greater numbers. One school building has been closed for disinfection, and many teachers and children will be kept under close observation. At this writing there are thirty-five cases in the hospital.

Book Reviews.

Diet in Illnfss and Convalescence. By Alice Worthington Winthrop. Illustrated. New York: Harper & Brothers. 1899. Cushings & Co. of Baltimore.

Physicians who know little or nothing of the science and practice of dietetics are lacking in one of the most essential qualifications for successful practice. The most extensive formulary and the best diagnostic skill cannot compensate for a too limited knowledge of the curative effects of diet in disease. Doubtless more suffering is alleviated and diseased conditions more often corrected through the right application of the principles of dietetics than in the administration of drugs.

This book is not a scientific work, although portions of it are the result of scientific experience as gained by such observers as Pavy, Fothergill and other English authorities, while the author also acknowledges indebtedness to Dr. Thayer of the Johns Hopkins University.

The purpose of the work is thus set forth in the author's preface: "In a work on diet for invalids it is essential to consider the chemical constituents of food and to describe the processes of digestion—briefly, but with sufficient detail to aid an intelligent nurse in preparing and administering food for the sick and in observing its effects. A good nurse will never exceed or depart from the doctor's instructions; but there are occasions when her possession of accurate, even if limited, knowledge on the subjects of chemistry and physiology will enable a physician to give more definite directions, will assist him in the performance of his duties, and will add greatly to the comfort and well-being of the patient."

Essentials of Materia Medica, Therapeutics and Prescription Writing. By Henry Morris, M.D. Fifth Edition, Revised. Philadelphia: W. B. Saunders. 1898. Price $1.

This is the fifth edition of a little student helper which seems to have gained some popularity. In this edition much that is old has been omitted, and new parts have been added without materially increasing the bulk of the volume. The newer antipyretics are added, and the metric system is used because it has been adopted by the Medical Corps of the United States Army. The arrangement is one of drug classification rather than an alphabetical one which so many authors like. There are no illustrations. This set of books is very popular, as over 160,000 have been sold.

REPRINTS, ETC., RECEIVED.

Medical Education. By Leo M. Crafts, B.L., M.D. Reprint from the *Northwestern Lancet.*

The Physician in Practice. By Leo M. Crafts, B.L., M.D. Reprint from the *Journal.*

Holocain in Ophthalmic Surgery; Its Superiority Over Cocaine; Its Therapeutic Value. By Hosbit Derby, M.D. Reprint from the *Archives of Ophthalmology.*

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Original Articles.

A NEW METHOD OF DEMONSTRATING THE PRESENCE OF MALARIAL ORGANISMS IN THE BLOOD.

A PRELIMINARY NOTICE.

By Charles E. Simon, M.D.,

of Baltimore, Md.

WHILE the great majority of observers are agreed that the best results in the examination of malarial blood are obtained by making use of fresh specimens this method is not always applicable, for, although such preparations will usually keep quite well for several hours, especially if a little vaseline or melted paraffin be placed along the edges of the cover-glass, so as to guard against evaporation, the time-limit is often too short for the purposes of the general practitioner. He is, therefore, forced to resort to the use of dried and stained specimens.

For staining purposes a large number of methods have been suggested, the dye which is most commonly employed being methylene-blue, with eosin as a contrast-stain. The pictures which are thus obtained are sometimes good and sometimes bad. Very often the preparations contain such an appalling amount of precipitated methylene-blue as to be actually useless. In others the red corpuscles are so faintly stained that the search for the organisms is most trying to the eye. With some methods, furthermore, the time which is required for hardening and staining is entirely too long for practical purposes.

For routine work the method which has recently been proposed by Dr. Futcher is certainly the most convenient and to be preferred to all others with which I am acquainted. His procedure is the following: The air-dried blood-films are fixed for one minute in a 1 per cent. alcoholic solution of formalin, and, after draining off the excess, are stained in a solution of thionin of the following composition:

Saturated solution of thionin in 50 per cent. alcohol, 20 c.c.

Two per cent. aqueous solution of carbolic acid, 100 c.c.

After staining for thirty seconds the specimens are washed in water, dried between filter paper and mounted in Canada balsam or oil of cedar. The red corpuscles are stained a light lavender, while the nuclei of the leucocytes and the malarial organisms are colored a purplish red. The method is thus both expeditious and yields good results. I have found, however, that, owing to the comparatively faint color of the red corpuscles, the eye-strain, with this method also, is not inconsiderable, and that it is likewise almost impossible to obtain specimens which are free from precipitated pigment. This is unquestionably not present in such large amounts, as is so often seen, when methylene-blue is used, but nevertheless disturbing, and especially so to the unexperienced, who will frequently mistake bits of pigment for extracellular organisms. The albuminous film, moreover, which so constantly overspreads the whole specimen like a veil when formalin and alcohol are used as fixing reagents, with subsequent staining in alcoholic and aqueous solutions, and the tears and rents in its surface, which result from washing, are likewise annoying.

Some time ago, while examining specimens of blood for the presence of glycogen, according to Ehrlich's most recent method, I was much impressed with the clean appearance of the specimens and the resemblance of the color of the red corpuscles to that observed in fresh blood. It occurred to me that this method could also be well employed for the detection of the malarial organism, and that by its use all the difficulties attaching to the other methods would be overcome. The results which I have thus far obtained have been entirely satisfactory, and I have no hesitancy in recommending the method for general use.

In my first experiments the blood-films were not fixed at all, and the red corpuscles retained their normal appearance. But during the very cold weather not long ago, when the stage of my microscope was very cold and many of my reagents were frozen, it was observed that in the unfixed specimens the hemoglobin dissolved out from the red corpuscles almost as soon as the specimen was placed upon the stage of the microscope. Since that time I have occasionally succeeded with unfixed specimens, while at other times, without any apparent reason, the dissolution of the hemoglobin occurred. For the present, then, I should suggest that the air-dried blood-films be fixed for a few minutes in absolute alcohol, but I trust that ere long I shall be able to modify the method such that fixation will not be required. After drying, the fixed blood-films are then exposed to the vapors of iodine for from ten to fifteen minutes. To this end I place some metallic iodine in a small glass dish, provided with a well-fitting cover, and the specimens, blood-side down, upon little tripods of glass or a similar contrivance, so as not to come in direct contact with the iodine. When the specimens present a well-marked yellow color they are removed, carefully dusted off with a camel-hair brush and mounted in a drop of syrup of levulose. The color of the red corpuscles is now very much like that of fresh blood somewhat intensified, and the malarial organisms appear as in fresh specimens. If the finger has been carefully cleansed and clean glasses have been used no foreign material will be present to interfere with the examination. Unfortunately the color of the red corpuscles fades after twelve to twenty-four hours, so that the preparations cannot be preserved, but as the object of the examination has been accomplished when the organisms have been found this is immaterial.

For teaching purposes the method will be found very convenient at times when fresh specimens of malarial blood cannot be readily procured.

OUR MATERIA MEDICA.

By Joseph T. Smith, M.D.,

Associate Professor of Medical Jurisprudence and Hygiene and Clinical Medicine, University of Maryland.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, MARCH 3, 1899.

In a short time the committee will meet to subject the United States Pharmacopeia to its decennial revision. Very great and unusual interest attaches to this revision. Some of the societies have had it under discussion, and our materia medica is called to your attention this evening in view of its exceptional importance.

Many reasons have combined to bring the subject prominently before us—the coming revision, the growth of the new departments of serum and organotherapy, the experimental activity in regard to old and new drugs, the development of physical and natural therapeutics to an extent heretofore unknown, and the labors of the pharmacist and manufacturer, in furnishing us with cheaper drugs in forms more available for use.

In order to stimulate greater interest in the approaching revision of that book (The United States Pharmacopeia) the Medical Society of the State of New York has sent out, through its committee, six questions, which doubtless many of you have received, tending to view the drugs and their arrangement from the standpoint of the physician, with the result, we trust, of having the new United States Pharmacopeia conform more completely to the needs of the physician and surgeon. The questions proposed are as follows:

1. That all drugs and preparations, not now prescribed to any extent by physicians, be dismissed.

2. That all chemical drugs necessary to other preparations, but which are not directly prescribed, be placed in a list apart from the body of the work.

3. That doses be included in the next revision.

4. That doses be placed in the index rather than in the text of the book, in order to readier reference and to avoid making them official.

5. That a section be devoted to giving reliable information concerning new remedies, without in any sense making them official.

6. That an annual supplement of a few pages, for the purpose of continuing similar disinterested information concerning new drugs, be issued.

I think we all recognize the value of a working standard, an official guide, which shall have eliminated from it many drugs of doubtful value and all that have proven themselves, upon trial, to be useless. The question of value, while not always easy to determine, is not very difficult if we take as our guide "All drugs and preparations not now prescribed by physicians." Such a standard might be a revised pharmacopeia, or, if the pharmacists desired to have that devoted to too great an extent to experimental drugs and methods of preparation, a committee could readily be secured from physicians and surgeons to form a standard as may be required. This, however, would hardly be necessary, as, doubtless, the pharmacopeia could be modified to meet the demands of all.

Such a standard would embrace only those articles that had the sanction of usage, either in special departments or generally; it might be thoroughly revised every ten years, and a supplement issued every three years. It would be an exposition of the drugs needed and in use by the profession. The teacher would find a work of the kind of inestimable value; he could then confine his attention to the drugs in use; he could carry on and develop his instruction in regard to them, instead of, as is now too often the case, being obliged to devote time and energy to matters of but little interest and of no value. If the State examining boards could be induced to confine their questions to the field covered by such a standard it would add to their efficiency and popularity. It ought to cause more uniformity in the prescribing of drugs and in helping us to control the avalanche of new remedies continually pouring in upon us.

The most difficult, important, and, at the same time, necessary, decision would be that of elimination. The number of drugs recognized—by that is meant published in text-books or large works of reference—is much greater than those in use. Thus in Hare's "Practical Therapeutics" there are 383 articles; in Butler's "Materia Medica" there are 457, and in Shoemaker's there are 675. These represent only such as have special attention called to them by being printed in large type, many more, of presumably minor importance, being in small type. With our present United States Pharmacopeia as a standard, most of these must find a place, but it is evident that useless drugs are to be found among them, and we call attention to a few as suggesting the lines that might be pursued in an elimination.

Mezereum might with advantage be dispensed with. Hare says: "It is never used internally except in compound decoction of sarsaparilla." Butler says: "Internally, it is seldom if ever used alone."

Musk is practically abolished. Shoemaker says: "Its high price and the difficulty of obtaining an unadulterated article take it out of the ordinary range of medicines." Butler does not treat of it at all. Hare says: "Very little of the musk for sale in the shops is pure, and most of it is not musk at all."

Pentol can hardly be said to be recognized by us. Hare remarks: "Pentol is an anesthetic which so far promises very little." Butler says but little concerning it. Shoemaker quotes Dr. D. Cerna as saying that he "does not regard it as a safe or even efficient anesthetic."

Sanguinaria and stillingea may now be looked upon rather as curiosities, and sarsaparilla can hardly, on account of a pleasant flavor, be worthy of a place amongst our therapeutic agents.

Taraxacum represents a class of drugs which, while they may be possessed of some virtues, are obtained with so much difficulty as to render them almost useless. Squibb says: "Of the large quantities of dandelion root in the market, very little is fit for use, and the difficulty and expense of getting a root which has been taken from the ground at the right season for its medicinal activity are constantly increasing. Many physicians now regard it as worthless, when such a charge only lies against that which is not collected at the proper time." Is the drug of sufficient importance to be retained under such circumstances?

While the elimination of drugs is difficult, to have a proper control over the introduction of new ones is still more difficult. The possible additions to our materia medica are illimitable; an infinite number of combinations can be made with the organic and inorganic materials at our disposal, and some standard is needed that, through it, unusual restraints can be secured, and that only after the most searching tests and varied clinical experimentation shall such be admitted to a place. Our daily mail attests the activities that are at work. A few of the new combinations are made with a desire to aid us, but a large number have no such end in view; indeed, we can almost retain in the memory the really valuable additions that were made last year. The activities do not need restraint so much as that they be given a proper direction. If more unanimity could be secured in the use of those drugs known to be valuable there can be no doubt but that the manufacture of many useless combinations would cease and no encouragement be given to add such to an already full treasury.

During the past year our materia medica has had added to it many articles; it has been a very fruitful year in numbers; the reason is not hard to find; the ease with which such additions can be made cause many poorly equipped for work to enter the field. As important additions are made an effort should be at the same time made to eliminate. We are prone to add that which is new and go no farther; but it is no less desirable to get rid of the materials which a riper experience has shown to be more or less valueless. We should have prominently before us the keeping of our drug list within usable limits.

We have passed the drug limit, and wholly new materials and methods clamor for recognition.

Serum and organo-therapy require new articles. These are acknowledged by all, and satisfactory progress has been made in their development, so that we must regard some of them as permanent additions. Dr. Solis-Cohen says: "He has found the suprarenal extract the most reliable remedy for raising blood-pressure, the thyroid extract very useful in restoring the functional activity of the skin and kidneys, and the thymus extract a valuable means of improving general nutrition." Dr. J. V. Shoemaker says: "As the active principles of all plants have not yet been isolated, it need be no wonder that in a new field * * * this problem for most substances remains unsolved. * * * The active principle of the thyroid gland is believed to be iodothyrin. * * * Schaefer and Oliver have obtained from the medullary portion of the suprarenal bodies an organic principle. * * *" He here points out a new field of inquiry just opening up, and which promises to add other new agents—the active principles of our newly-found organic remedies.

Dr. F. B. White, in his report of the experiments "Upon the Germicidal Properties of Blood Serum" as conducted in the pathological laboratory of the Massachusetts General Hospital, shows the growing importance of the subject, and opens up for our thought and consideration a much wider field than was dreamed of. He says: "The source and chemical nature of the germicidal substance in the blood, the so-called 'alexin,' is still an open question. * * * The white corpuscles of the blood seem to be intimately concerned in its production." And again: "In general, a serum which kills one kind of germ does not on that account kill all kinds of bacteria. * * * It appears that the serum of an animal has a definite specific power over certain bacteria, and not that the serum contains an antiseptic

substance which injures all bacteria more or less."

In reading these statements, it is easy to see what possibilities are here opened up for an increase in the articles of the materia medica. If the polynuclear leucocytes produce the "alexin," if we can produce a hyperleucocytosis by injections of tuberculin, etc., and if we find that the serums from different animals differ in the character of the germicidal substances they produce, the future may have in store for us an entirely new source from which remedial products may be supplied.

Experimental activity in regard to both old and new drugs is marked at this time. Probably the most conspicuous of the newer activities is that of one firm in the substitution of acetic acid as a menstruum instead of alcohol in the making of a large number of fluid extracts. In regard to the matter, in a personal letter, they write: "We do not hesitate to say that they are reliable in every respect, being of the same strength as the alcoholic extracts of the pharmacopeia. On the whole, these extracts are more compatible and more adapted to prescription work than the alcoholic extracts. Their incompatibility may be practically limited to mixture with alkaline hydrates, carbonates and Rochelle salt. They are far more miscible one with another than the alcoholic extracts. Each extract contains a sufficient excess of the acid to pickle the organic matter in the solution, and they should be, and, in our opinion, are permanent."

Such a substitution has many points to commend it; but no clinical opinion can as yet be formed, as they have been little used, two of our largest prescription stores, not having had any calls for them, had none of the extracts on hand.

Iodine is still looked to to furnish new compounds, and iodopin (iodine and Sesame oil) is brought to our attention.

Albumen, to which possibly the work with the serums has given special prominence, has recently been called upon to form a basis for new combinations, among which may be noted one with iodine, the eigon group, alpha, beta, etc., with ichythyol, ichthalbin; with iodoform, iodoformagen; with silver, largin.

Creosote in combination with phosphoric acid has given phosote, which is said to do away with ingestive difficulties—quite a broad claim.

Bismuth, tannic and gallic acids have given us isutan, tannapine, etc.

The older drugs have not been altogether neglected, and the *Medical Record* well observes in an editorial that "It is a sign of new and better things when students are to be found turning to the investigation of the relationship of the physiological action of a drug to its chemical constitution." A more careful study of and intimate acquaintance with the drugs we have is more to be desired than the addition of new ones. Moore and Row have set a good example in this direction in discussing the physiological actions and chemical constitution of piperidine, conine and nicotine. They find "the three alkaloids are very similar in physiological action, although the intensity of action varies." The résumé of Dr. S. E. Jelliffe on the "Pharmacognosy of Ergot" is an excellent one. Three peculiar bodies are found—ergochrysin, secalin and spacelotoxin. The point of interest is that the latter is the most important, and that in union with ergochrysin it forms chrysotoxin. This is active in causing the circulatory change in the cock's comb, resulting in dry gangrene, and it produces uterine contractions in pregnant animals with a resulting abortion. Very much will have been gained if the active agents can be isolated from ergot and a stable compound obtained. This is in line with the activities that are so much needed.

The field for the increase in our resources is still further widened by what Hayem is pleased to call physical and natural therapeutics. Here we draw our supply of remedial agents neither from the animal nor vegetable world, but we invoke the aid of the forces of nature. In connection with this matter Dr. Solis-Cohen directs attention "to the influence of high altitudes in increasing the hemoglobin and the number of red blood corpuscles." The work in this direction is destined to occupy no little of our time and attention.

In view of what we have tried to outline it is evident that our materia medica is in danger of becoming too cumbersome to

be efficient, of being unsatisfactory from the confusion produced by numbers, and of being regarded as less valuable than it is from the large number of agents whose activities are but little known. We look to the new revision of the pharmacopeia to help avert the dangers, as physicians and surgeons, in our individual capacities, we can accomplish much by withholding our sanction from a remedy until its value has been assured, and we can discourage the practice among those with whom we are brought into contact of purchasing drugs and remedies of which they know nothing, as this tends to create a popular demand and a resulting fictitious usage.

THE SCHLEICH METHOD OF GENERAL ANESTHESIA.

By E. J. Bernstein, M.D.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, MARCH 3, 1899.

Dr. Willy Meyer is authority for the assertion that about one in every two thousand chloroform anesthesias and one in every ten thousand ether anesthesias results fatally. However accurate this may be, we do know that accidents occur occasionally, and one can never tell in a given case whether it will befall this one or not. Many have given chloroform or ether or both for years and never seen an accident; still the facts are such as above stated. It is just this uncertainty which has led so many to experiment for a safer anesthetic, the results of which are the A. C. E. and Vienna mixtures of chloroform one part, ether six parts.

Schleich, who in 1894 did so much for local anesthesia by his solutions of minute quantities of morphia, cocaine and sodium chloride to be injected into the skin, undertook the problem in a thoroughly scientific manner, and found as a result of his work that anesthesia was dependent on two conditions—the surrounding temperature and the relation of the maximum evaporation or boiling point of the anesthetic.

The more rapidly volatile—i. e., the lower the boiling point—the more rapidly is the drug eliminated, and if the boiling point and the temperature of the body were identical and respiration were efficient, no narcosis could be induced. It is only when an excess of the drug is absorbed and carried to the brain by the blood that we accomplish our end.

This is the case when using ether, whose boiling point is 93° F., in a temperature of 100.4°, and it is only when we crowd the drug and force it to expand and distend the alveoli that narcosis ensues. It is this obstruction to respiration which causes a certain degree of cyanosis. Another result is the excessive secretion of mucus and the frequent occurrence of subsequent pneumonic infiltration. The pressure of carbonic acid gas accumulating in the blood partially overcomes the tension of the ether vapor in the alveoli and permits its escape—then cyanosis disappears and true ether narcosis begins. Death from ether on the table is, therefore, impossible so long as respiration is efficient.

Ether is so rapidly converted into vapor that it would not enter the alveoli at all were it not for the fact that the carbonic acid gas overfills them. From the high boiling point of chloroform the absorption is greater than the need, and so in leaving the organism overtaxes the parenchymatous organs. Now, when chloroform is used, the boiling point or maximum evaporation of which is 149°, so much more is absorbed than can properly be eliminated by the lungs, and the overplus is forced upon the heart, kidneys and liver for elimination. (This explains the deleterious after-effects on these organs.) Narcosis is here profound.

In bromide of ethyl we have similar conditions. Its boiling point is slightly over that of the body. Anesthesia is produced by crowding the drug. It is an ideal anesthetic for short operations, especially those done about the nose and mouth, but it is administered with such a degree of brutality that makes one hesitate. As Dr. H. A. Hare says: "Surgeons become callous and indifferent as to the after-effects of anesthesia, and think only of the perfection of their immediate results. It is the physician who has to care for the shocks and ravages on the nervous system."

From the foregoing it is seen that a

safer anesthetic is such a one in which the amount eliminated during expiration nearly equals that absorbed in inhalation.

Schleich was the first to show the reason for the greater safety of the Vienna and A. C. E. mixtures; only it is safe to say that they are not mixtures, but real solutions, though Weiding of New York says the chloroform in the new solutions is not free in the mixture, but that the ether is in its free state. He says that solution No. 1 contains 53.7 per cent.; No. 2 contains 44.6 per cent., and No. 3, 36.96 per cent. of free ether. This led him and Meyer to experiment with such a solution that all the ether shall be in combination, and they produced what they call molecular solutions. They are mixtures of 43.25 per cent. (by volume) of chloroform to 56.75 per cent. (by volume) of ether. Schleich maintains that his object is brought about by the use of a combining agent—petrolic ether—whose boiling point should be 65° C. He discovered this agent after numerous experiments, and employs it because he is able to use larger doses with minimum serious effects, and it diminishes the action of the chloroform. It should be administered, or rather it is best administered, by the towel and paper cone or Esmarch's inhaler, covered (except for a central round opening) by tinfoil—that coming in tea chests is probably the best. It is given in drop doses about 1.5 grammes every half minute. One should note the quantity used and watch the respiration. The latter is the advantage in this anesthetic, for it is only necessary to observe this during the narcosis. Real danger lies in its effect on respiration, the frequency of which is invariably increased, commonly between 30 and 40, with a minimum rate of 24 and a maximum of 65. Deep and frequent respirations are a warning that the patient needs more free air; slow and superficial respirations are of worse purport and mean that the anesthesia should at once be discontinued and the usual remedies for failing respiration employed. The contracted pupil is the natural state in sleep, so that dilatation indicates that the cone should be removed and more oxygen should be admitted. It is found that the corneal reflex is often abolished before the anesthesia is complete. Operation should not be undertaken before the narcosis is deep—not because dangerous, but because it lessens trouble from reflexes. Bad results are due to faulty administration.

For an operation lasting half an hour from 8 to 10 drachms of No. 1 solution would be used; if for an operation requiring longer time, use one of the other two solutions, having a higher boiling point, as less anesthetic will be required and narcosis more profound. Practically most men have disregarded the No. 2 solution, and have used either No. 1 alone or with No. 3. The latter is especially fitted for lengthy operations on fever patients.

Patients go under the anesthesia promptly, from two to ten minutes being all that is required; as an average but six minutes will be required. They awake to full consciousness in an average of fourteen minutes, with very little nausea or other discomfort; in fact, they often go home after such an anesthetic. There is no stage of excitement and no tendency to irritate the bronchial mucous membrane. The pulse has good tension and never increases perceptibly, but may decrease. Stillman and Greely report forty-four anesthesias with an average of ten and one-half minutes to produce full sleep, and consciousness returned in an average of fourteen minutes. So far no deaths have been reported from its use, though, like all other anesthetics, it is an element of danger. Schleich himself reported 1000 cases six months ago, and fully as many have been reported by others.

The formulae are as follows:

No. 1. Boiling point, 38° C., 100.5° F.; chloroform, 15; petrolic ether, 5; sulph. ether, 60.

No. 2. Boiling point, 40° C., 104° F.; chloroform, 15; petrolic ether, 5; sulph. ether, 50.

No. 3. Boiling point, 42° C., 107.5° F.; chloroform, 10; petrolic ether, 5; sulph. ether, 26.6.

Lumbago.—Lumbago, or what the Germans call "Hexenschuss," is a painful, but not dangerous, ailment. Many remedies have been suggested, but few equal the application of heat.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

MEETING HELD FRIDAY, MARCH 3, 1899.

The meeting was called to order by the vice-president, Dr. B. B. Browne.

Dr. J. M. Hundley reported "Two Cases of Chronic Diarrhea Due to Ulcer of Upper Rectum" (see page 139).

Dr. E. J. Bernstein read a paper entitled "The Schleich Method of General Anesthesia" (see page —).

Dr. Joseph T. Smith read a paper entitled "Our Materia Medica" (see page 166).

Dr. C. Urban Smith said he thought this subject a very important one, indeed, and that our materia medica is certainly a very unfortunate combination. He says it is very hard to tell what to eliminate, because we are likely to eliminate many drugs that are of great use, but they have not been studied carefully, and their general action upon the system is hardly known. The physiological action of the drugs is the most important part, and when they are so studied by the pharmacists we will then be able to see the advantages and disadvantages of the different drugs.

Dr. McConachie said he thought the author of the paper was correct when he said our materia medica is in danger of becoming too cumbersome. He says there must be a cause for this, and he thinks it is due to the fact that we want something to relieve something, and have not quite made up our minds what we intend to relieve. The manufacturers have noted this uncertainty in diagnosis, and if medical men will carefully study the nature of their cases and make an exact diagnosis, not for the sake of the diagnosis, but for the sake of applying appropriate treatment, the manufacturers would largely get out of business. What we need, he says, is something, not for the operator or for the doctor, but something appropriate and safe for the patient.

Dr. A. K. Bond says he believes thoroughly in drugs, but he believes still more in the power of the human body to heal itself. He says a great many people think of man as a test-tube with a certain amount of disease germs and poisons in him, and that certain drugs must be administered to either kill or cure him. He believes the best doctor is the one who gives the patient a chance to get well of himself.

Dr. W. J. Todd says it is hard for many men to rise above their early teachings, and very often they get the idea that they must use the drugs simply because they are in the materia medica. He said he would only suggest what he considered an appropriate quotation: "Approve all things, and hold fast that which is good."

Dr. Robert Reuling presented the record of a "Case of Hemiplegia, Showing Hemianesthesia and Muscular Atrophy, Due to an Intracranial Lesion."

Dr. Paton said he was sure the society was very much indebted to Dr. Reuling for his very interesting presentation of this rare case. He said he wished all could be made to feel how very important the cases of hemiplegia are. The question of diagnosis is a very important one for the patient, because that involves the question of treatment and prognosis, and really there is no more difficult diagnosis to be made than the diagnosis between the functional and organic hemianesthesia. Dr. Paton said that the atrophy referred to in this case was a very interesting point, and one that has been under dispute for a very long time. He said it had been referred to by certain writers as being probably due to the disturbances in the cord, due to adhesions that followed the cerebral lesion. The question has been debated very seriously, and recently the question has been taken up anew. A great many think that these atrophies after cerebral lesions are really due to latent disease in the joints, and not due to the cerebral lesion. It is also believed by some that they are probably due to paralysis of the vascular system.

BALTIMORE MEDICAL AND SURGICAL ASSOCIATION.

MEETING HELD MONDAY, FEBRUARY 27, 1899.

The meeting was called to order by the president, Dr. C. Urban Smith.

Dr. W. B. McDonald was elected to membership.

CONVERGENT STRABISMUS.

Dr. Samuel Theobald said the two prominent causes of convergent strabismus are the paralytic process of the external rectus and the so-called concomitant squint. He says the usual form of convergent squint is that which is always in one eye, but, fortunately for the individual, we sometimes find an alternating squint, indicating that the eyes squint alternately. It is often very difficult to detect the presence of a squint, and one must rely upon another test than the judgment, the simple color test being almost always trustworthy. Often, he says, eyes appear to have a convergent squint when there is nothing of the kind present.

Dr. Theobald says there are different views being held as to the origin of amblyopia in connection with squints—whether it is a consequence of the squint, whether it antedates it, or whether it is the cause of the squint. Some maintain that it is a congenital defect. His own views are that amblyopia is not the cause of the squint, but a consequence of it. If the amblyopia is a consequence of the squint it is apt to become more and more prominent, and it is a very important matter to deal as early as possible with the squint, in order to prevent the further development of the amblyopia. As to the treatment of squints, they can be dealt with in two ways—one by glasses and one by operation in combination with glasses. In almost all of these cases operative treatment is what one must resort to. Some surgeons have advised advancement of the muscle, but it is generally believed that tenotomy is the safer and more exact way of dealing with these cases. It is much more difficult to determine what is to be the result of the advancement of a muscle than of a tenotomy. The operation for squint is practically free from danger, done under cocaine, and almost painless. He says he does not hesitate to operate just as soon as he sees a case of convergent squint, even in comparatively young children, although this view is not held by a great many ophthalmologists.

Dr. A. K. Bond said he felt very much indebted to Dr. Theobald for what he had said. He had a little child referred to him quite recently for squint, and he advised the parents not to have any operation performed until the child was considerably older, but he believed, from what Dr. Theobald had said, it was an unwise plan.

Dr. Bernstein said he did not think Dr. Bond need feel that he had given unwise advice, as a great many surgeons hold to the opinion that it is unwise to operate upon a child unless under exceptional circumstances. When the squint is very marked they do operate occasionally, but, as a rule, they do not operate upon concomitant squint until over ten years of age, and attempt to cure or treat the squint in the meantime by the correction of the hypermetropia. He said he knew of instances where patients had been spared an operation altogether by this treatment.

Dr. McConachie said he thought most ophthalmologists would agree with what Dr. Theobald had said with regard to the origin of convergent squint, and that his own observations had led him to believe as Dr. Theobald does, that amblyopia follows the squint and is not antecedent. As to the treatment, too, he thought nearly all would agree with Dr. Theobald that it is best to deal as early as possible with the squint in order to prevent the advancement of the amblyopia.

Dr. Harlan said the subject was an exceedingly interesting one and, at the same time, a very large one. For his own part the more he learned about squints the less positive he feels about his knowledge in regard to them. He said he thought the cases would simply vary, and the treatment must vary, and that, in his opinion, there is no one theory that we can fit all cases of squint to.

SOME RECENT WORK IN OPERATIVE SURGERY.

Dr. John D. Blake said the case he wished to relate was one particularly interesting, he thought. The patient was about thirty-three years of age, approaching pregnancy, within a few days of the tenth month. At the suggestion of the patient's physician Dr. Blake said he made an examination with a view to extra-uterine pregnancy. Upon vaginal examination he found the os about the nor-

mal size of a multipara, somewhat softer. The os was somewhat patulous, so much so that the finger could be made to enter. At the time of operation upon examination he found that the finger could easily be passed into the uterus and that the uterus was entirely empty. He then made an incision in the abdominal wall, exposing an immense tumor; passing his hand well up under the rib he lifted out the entire mass, the tumor containing the child. This tumor showed that it was muscular in character, while its walls were extremely thin, and it seemed that it had started off at right angles with the uterus. He immediately excised this muscular sac, and passing his hand through the membrane lifted out a child weighing ten and one-half pounds, afterwards removing the entire sac. This sac was muscular in character, and as the child was removed it feebly contracted down to probably one-fourth its size. The child lived about fourteen days, when it developed some pulmonary trouble and died. The mother continued to improve, the most peculiar development in connection with the case being noticed the day before the patient was permitted to leave the hospital.

Upon examination he discovered in the vaginal margin a small opening which ran back into the posterior portion of the canal. Examining further, he found a small os, about the size of an os of a girl ten or twelve years of age. Dr. Blake said it was evident to him that he was dealing in this case with a double uterus, and the fact of having had to deal with that showed that this was a very diminutive uterus, with an exceedingly long neck, and one with extremely thin walls. He said he had seen a number of pregnant uteri and observed their thickness, and this one he supposed to be about one-third the normal thickness. The patient is doing well now, has recovered her strength, and says she does not feel any worse. Dr. Blake says he is quite positive she would never have been able to give natural birth to this child without operative measures.

Dr. Blake then referred to two cases of gall stone, for which he had done the typical cholecystotomy. In one case he removed twenty-four and in the other seven stones. He says that in doing the typical operation the danger in sewing up the gall bladder is that there may not be drainage from the gall bladder into the bowel, and that there may be an accumulation of fluid in the gall bladder, causing overdistention of its walls. Dr. Blake says that of the number of gall-stone cases he has operated upon these are the only two in which he has closed up the gall bladder entirely.

Dr. Sellman asked if the uterine appendices were attached to the tumor which he removed in the first case.

Dr. Blake replied that he removed one of the ovaries with the tumor.

Dr. Chambers said he thought the case an interesting one and remarkably successful surgically.

Medical Progress.

Hemianopsia and Blindness Following Uterine Hemorrhage.—A. R. Amos (American Journal of the Medical Sciences) reports the case of a woman, aged fifty years, extremely anemic after repeated uterine hemorrhages, who suffered from right hemianopsia, coming on suddenly with dizziness and headache. Subsequently she underwent an operation for removal of a uterine fibroid, and three days later became entirely blind. Subsequently central vision returned so that she could read Jaeger test-type at fourteen inches, but only one letter at a time, the rest of the field of vision remaining entirely blind. The restored field was not over five degrees in diameter. The ophthalmoscopic appearances remained normal throughout. The case is probably one of double homonymous hemianopsia from two lesions symmetrically placed, occurring at different times.

* * *

Foreign Bodies in the Ear.—Hummel (Therapeutic Gazette) makes the following deductions: First, the relation of the normal ear canal to inanimate foreign bodies is entirely without reaction—that is, a foreign body in the ear does not, *per se*, endanger the integrity of the ear; second, hasty endeavor at removal is not only unnecessary, but can become very

injurious; third, in all cases not previously interfered with (with few exceptions) foreign substances can be removed from the ear by syringing; fourth, general practitioners should never employ anything but the syringe in endeavoring to remove foreign bodies from the external auditory canal; fifth, instrumental removal of foreign bodies from the ear should be effected only by one fully able to examine the ear with the otoscope and acquainted with every operative manipulation in this region.

* * *

Typhoid Fever and Insanity.—Paris (University Medical Magazine) narrates the case of a woman, aged forty-four years, who had been insane for several years with ideas of persecution and grandeur. During the subsidence of an uncomplicated attack of typhoid fever the insane ideas became less manifest and less fixed. The patient suffered a relapse of typhoid fever, with severe symptoms, and upon its subsidence she seemed perfectly sane. As the case had been regarded incurable the amelioration was considered temporary only, and the patient was confined in the asylum for some months longer. At the end of three years, however, she was still entirely sane. Hyvert also narrates the histories of three cases of insanity in which typhoid fever occurred. Two of the patients, both women, aged twenty years, completely recovered from their insanity. The first had suffered from acute mania for two months, and the second had been weak-minded and had had hallucinations and insane ideas.

* * *

Ophthalmic Zoster Due to Potassium Iodide.—Jacquet (American Journal of the Medical Sciences) presented to the Société Médicale des Hôpitaux de Paris a patient affected with a chronic blennorrhagic rheumatism, who, after the daily administration of two grammes of iodide of potassium for four days, developed a slight ophthalmic zoster, accompanied by neuralgia of the right facial nerve. That the zoster was due to the iodide was probable from the fact that four years previously the administration of the same dose produced, at the end of some days, a left facial paralysis which lasted six weeks, and two years later the ingestion of the iodide was followed by severe dorso-lumbar pains.

* * *

The Treatment of Rachitis.—Dr. Lor (in the American Journal of the Medical Sciences) insists upon proper feeding and sea baths, either hot or cold, according to the season. He prescribes phosphorus systematically as follows: Phosphorus, 0.01; lipanine (pure olive oil with 6 per cent. of oleic acid), 30; powdered sugar, 15; powdered gum, 15; distilled water, 40. Of this a teaspoonful a day represents 1-64th of a grain of phosporus. Large children of good digestion may take the drug dissolved in cod-liver oil. No serious disturbances have followed the use of this remedy, but it is well to omit it for four days out of every twelve.

* * *

Diabetes Mellitis in a Ten-Year-Old Girl.—Haushalter (University Medical Magazine) reports a most unusual case of diabetes in a young girl, aged ten years. The glycosuria amounted on an average to about 122 grammes of sugar a day, during an irregular observation of seven months. Polynuria was not excessive. The subjective manifestations consisted of thirst and polyphagia, which were not marked. Various abscesses developed on the lower extremities, the disease progressed, the child became marantic and died at the end of about two years, despite all treatment.

* * *

Danger of the Nasal Douche.—Lichtwitz (British Medical Journal) advises that the nasal douche should be used only in cases where there is increased secretion or crust formation; in fact, where something has to be removed. The dangers in the use of nasal douches are as follows: First, disturbance in the sense of smell due to the action of chemicals on the nasal mucous membrane; second, headache; third, suppuration in the middle ear.

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MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets,
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, MARCH 18, 1899.

Physicians and Climatology.

SIR ARCHIBALD GEIKIE, the noted English geologist, in a recent address to college students, strongly urged that, along with scientific work, they should not neglect the literary side of their education. His advice seems equally applicable to the rural practitioner, who, too apt to become wholly absorbed in a purely medical routine, loses golden opportunities to be of service to his community, broaden his mental range, and acquire interests which, in after life, prove valuable sources of solace and refreshment.

As a stimulus in this direction, attention is called to the admirable publications of the Maryland Geological Survey, under the editorship of William Bellock Clark, the State geologist. Geology has intimate relations with sanitary improvements, drinking-water resources, climatic and health data, etc., and Maryland, with her unusually diversified physiography, stands only at the threshold of future possible development.

A country physician may easily bring to bear his trained powers of observation in noting and recording the destructive physical characteristics of the region which he traverses in his extensive daily rounds, in keeping accurate weather reports in connection with the morbidity and mortality statistics of his locality, etc.

The two volumes of this Geological Survey already published should promote a new era in the social and industrial recognition of our great natural resources, attract capital to our borders, stimulate the growth of rural communities, advance sanitation and yield returns of the widest importance to the people of the State.

* * *

State Board of Health.

THE annual report of the State Board of Health for the past year has been made public and it is a great credit to that body. There are decided evidences that the secretary has given the work much time and careful thought. One of the advances to which this Board may point with pride is the infectious-disease notification act, which, together with the act regulating the practice of midwives, has already shown its good effects. Another great step forward is the partial, at least, enforcement of the law to return all births and deaths outside of Baltimore, and the secretary has been able to build up some valuable statistics on the records already obtained.

Local boards of health have been organized in all the counties, and separate health officers hold sway in some of the larger towns, and even with their inadequate pay, and the risk of becoming unpopular, they have accomplished much good.

The statistics of the State so far collected show that typhoid fever, along with the infantile diseases, ranks next to tuberculosis in the mortality tables in this State. Diphtheria and smallpox both receive attention in this report, and the necessity of vaccination and revaccination is dwelt upon. The great need of a suitable State hospital for consumptives is spoken of, and reference is made to the one small institution which has done good work in proportion to its facilities.

The secretary is to be heartily congratulated in bringing out a report which will compare favorably with those of the most advanced States and which gives such evidences of conscientious and intelligent work. The reports of the biologist, chemist and water inspectors are also included in this volume, and also the transactions of the Maryland Public Health Association. The graphic charts add greatly to the usefulness of this report.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending March 11, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
La Grippe	..	6
Pneumonia	.	34
Phthisis Pulmonalis	1	26
Measles	6	..
Whooping Cough	..	..
Pseudo-Membranous Croup and Diphtheria.	21	2
Mumps	1	..
Scarlet Fever	15	..
Varioloid	..	..
Varicella	1	.
Typhoid Fever	4	3

The College of Physicians and Surgeons of Baltimore contemplates adding a new building on its Saratoga street side.

The building for the Cornell Medical School will be erected soon at a cost of $300,000, which has been given by Col. O. H. Payne.

Mr. J. B. Noel Wyatt, the well-known Baltimore architect, has been made a member of the State Board of Health to succeed the late Mr. Frederick H. Smith.

Dr. C. E. Chamberlayne, a prominent physician of Middleburg, Va., died at his home last week, aged fifty-two years. Dr. Chamberlayne received his degree from the University of Maryland in 1875.

The State Board of Health has passed an order prohibiting farmers, canners and fish packers from taking into their employ any person who does not show proof of a successful vaccination of more recent date than July last.

The French Medical Press Association held its forty-third meeting on February 3 under the presidency of Dr. Gézilly. It was decided to organize an international congress of the medical press, to be held in Paris in 1900, at the same time as the other congresses which are to take place there in that year.

The abundance of money at this time has opened generous hearts and wealthy pockets. Mr. H. C. Fahnestock has given the New York Post-Graduate Hospital Training School for Nurses a gift of $100,000, and eight women have given $5000 each to begin a fund of $400,000 for a new building in connection with the Woman's Hospital of New York.

After so many years of didactic teaching the University of Virginia has decided to add a hospital to its medical department, and an appropriation of $20,000 has been made to inaugurate this movement. The school will also have a course lasting four years from now on and will once more take its old rank as one of the leading medical schools of this country.

All the medical schools are preparing for their commencements. The graduating classes are not very large, and owing to the distribution of the students among the various schools of the city little money is made by any one school. It was this fact, together with a laudable desire to improve facilities, that suggested a consolidation of two or more of the largest schools.

Dr. Edmund Souchon, president, and Dr. Quitman Kohnke, secretary, of the Louisiana State Board of Health, have been indicted by a physician of one of the parishes, who charges these State officers with allowing yellow fever to enter without any notification of it, these officers being of the opinion that yellow fever was not as infectious as other diseases, such as typhoid fever.

The death of Dr. Delano Ames of Baltimore was a great shock to many who knew him, as he had been seen so lately attending to his duties, and while he did not look especially vigorous his death was hardly expected so soon. Dr. Ames was a graduate of the Johns Hopkins University in 1891 and of the University of Maryland Medical School a few years later. Dr. Ames was a skilled pathologist and a keen diagnostician. He had given much attention to tuberculosis.

The withdrawal of Dr. Simon Flexner from the Johns Hopkins University will be a great loss to that institution and naturally a great gain to the University of Pennsylvania, which gets him. He is to succeed Dr. Guitéras as professor of pathology in that university. Dr. Flexner is a native of Louisville, and came to the Johns Hopkins University as a graduate student in 1890. The following year he was made fellow in pathology, and in 1892 he succeeded Dr. Councilman in the chair of pathology.

Washington Notes.

There are quite a few cases of cerebro-spinal meningitis in the southwest section of the city, and some fear is expressed that the disease may become epidemic.

Acting Assistant Surgeon J. J. Curry has been relieved from duty at the general hospital, Fort Myer, Va., and ordered to duty at the general hospital at Savannah, Ga.

There is a decrease in the roll of smallpox patients at the hospital. The number now under treatment and rapidly recovering is twenty-five. The disease is gradually dying out.

Dr. Walter Beatty has returned from Cuba, where he has been with the immunes for several months. He will enter into the practice of medicine in the southeast section of the city.

At the Therapeutical Society Saturday evening Dr. Dufour read a paper on "Oto-Massage for Chronic Catarrhal Otitis." Dr. Kolipinski presented a case of torn scalp.

At the society Wednesday evening Dr. Roy presented an essay entitled "The Bronchitis and Pleuritis of Uric Acid." Dr. Lamb presented specimens illustrating diseases of the kidneys, and Dr. Glazebrook also presented specimens.

Dr. Wesley Thompson of this city, while in New York waiting to sail for Manila for duty in the Philippines, was stricken with la grippe and died. He was twenty-five years old, a graduate of Harvard University.

The following report comes from the adjutant-general's office: Between May 1, 1898, and February 28, 1899, the number of men killed in battle was 329; number dying of wounds, 125; number dying of disease, 5277—total, 5731. Thus during the recent unpleasantness about 93 per cent. of the deaths in the army were due to disease.

The following surgeons have been ordered to Manila for duty in the Philippines: Acting Assistant Surgeon George W. Roberts, U. S. A.; Assistant Surgeon Capt. Charles Lynch, U. S. A.; Acting Assistant Surgeon Walter H. Dade, U. S. A., now at Chicago; Acting Assistant Surgeons Shannon Richmond at Greenville, S. C.; H. E. Menage at Fort Sam Houston, Texas, and John T. Helsell at Fort Sam Houston; Assistant Surgeon Capt. Wm. F. Lewis of the Eighth Cavalry at Baltimore; Majors Henry St. Harris, William P. Kendall and Henry I. Raymond of the U. S. V.

Book Reviews.

The Natural History of Digestion. By A. Lockhart Gillespie, M.D., F.R.C.P. Ed., F.R.S., etc., Edinburgh. Illustrated by Figures, Diagrams and Charts. London: Walter Scott, Limited. New York: Imported by Charles Scribner's Sons. Pp. 427. Price $1.50.

This book is one of the Contemporary Science Series. The author has had abundant facilities at command in the preparation of the volume. Its teachings are very lucid and the text is copiously illustrated. The size and general order of arrangement are commendable features. The seventeen chapters, forty-eight figures, twenty-three charts and ninety tables embrace a vast deal of valuable matter; in fact, the book treats every subject within its scope in the light of modern-day science. Any physician can well afford to own such a volume and familiarize himself as far as may be practicable with its demonstrations and deductions.

REPRINTS, ETC., RECEIVED.

The Antitoxine Treatment of Diphtheria. By H. K. Mulford Co.

The Progress of Otology. By M. D. Lederman, M.D. Reprint from the *Laryngoscope*.

Appendicitis. By Joseph Eastman, M.D., LL.D. Reprint from the *Medical and Surgical Monitor*.

A Conclusive Proof of the Efficacy of Vaccination. Reprint from the *Philadelphia Medical Journal*.

Boston University School of Medicine. Twenty-sixth Annual Announcement and Catalogue, 1898-99.

The Treatment of Chronic Naso-Pharyngitis. By Lewis S. Somers, M.D. Reprint from the *Memphis Lancet*.

The *American Medico-Surgical Bulletin*, now published twice a month, will be issued in future monthly.

Positive Proof that the Blood Can Circulate Without the Aid of the Heart. By Matthew Joseph Rodermund, M.D.

The Effect of Hypertrophy of the Inferior Turbinal on the Nasal Septum. By Lewis S. Somers, M.D. Reprint from the *University Medical Magazine*.

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THE TREATMENT OF CROUPOUS PNEUMONIA WITH HOT-WATER BAGS.

By Louis Kolipinski, M.D.,
Washington, D. C.

I CLAIM no originality in the use of hot-water bags in the treatment of croupous pneumonia. This contrivance, which is as common in an American houshold as a syringe or a spray atomizer, is but an improvement on the primitive hot poultice. My only claim is that when used systematically the results are very good, that in fact it is often possible to abort the disease.

The concurrent treatment by physical means, the application of cold, either as ice to the chest or a general cold bath, which is well established in Europe and growing in favor in this country, is a rival to the method of the local application of heat. It is one, however, that possesses objectionable features in private practice which are often sufficient to cover the treatment with disfavor when successful, and with severe condemnation when a fatal issue results. To overcome a prejudice or dislike is often so tedious and annoying that frequently it is by far the better policy to select agents less repugnant to the feelings of the sick or their families whenever we can honestly do so without becoming guilty of neglect of the end in view.

The early recognition of croupous pneumonia is of prime importance in the treatment. In most cases this is not difficult. In some the disease is first detected after the lapse of two or three days, which may be a lamentable loss of time. In other instances the disease may be entirely overlooked, as in children when it simulates meningitis, in drunkards when croupous pneumonia is complicated with catarrhal jaundice, or when it occurs in the course of other acute or chronic diseases.

The chief clinical varieties of croupous pneumonia are (1) the abortive, (2) the typical, (3) the typhoid or asthenic, (4) the migratory, (5) the central, (6) pleuro-pneumonia, (7) with delayed resolution, (8) ending in lung abscess or gangrene.

Central pneumonia, in which the physical signs are absent or tardy in appearing, is a clinical form of particular interest. A diagnosis must be made by combining the other objective and subjective symptoms, and those which ordinarily are of chief value can possibly be but of use as a means of confirmation later on in the course of the attack.

The symptoms which lead to early recognition are the fever, with or without the initial chill, the bloody sputum, the crepitant rale and patch of solidification. The other symptoms which are encountered, and which in individual cases are often conspicuous or made prominent by the complaints of the sick, must also be considered, as often leading when recognized and weighed to a ready understanding of the actual malady. These are:

1. Sensation of being stricken with a serious malady.
2. Apathy and denial of illness.
3. Nausea and vomiting.
4. Acute pleural pain, epigastric or lateral thoracic.
5. Dyspnea and cyanosis.
6. Headache.
7. Harassing cough in the beginning, characteristic short hack in the stage of solidification.
8. Delirium or somnolence.
9. Herpes facialis.

10. Insomnia.
11. Icterus.

Of these the acute pain of an accompanying pleurisy (variety pleuro-pneumonia) should be separated from the symptoms of croupous pneumonia, for whilst, in fact, often present, its existence so alters the treatment both in the onset and from possible terminations that a clearer conception of the disease under discussion is obtained by its elimination. Icterus clinically may be ranked as a symptom, whilst pathologically correct it is a complication like pleuritis, meningitis, nephritis or pericarditis.

As soon, then, as croupous pneumonia is diagnosed, the treatment is as follows: A pair of hot-water bags are selected, the largest size found in the shops, preferably of the capacity of a gallon. These are filled with boiling water, well secured from leakage, and each one wrapped in a small shawl of compact texture, or in a portion of blanket cut for the purpose. They are then placed side by side on the bed so that the mouths of the bags point upwards; over them is placed a third shawl, folded several times, or a further piece of blanket; above them two or possibly three pillows are arranged for the patient's head. The bags thus form a sort of shallow cradle for the post-scapular regions. To make the plan clear to the attendant he is told that the bags must be placed like a knapsack on the back of a soldier and a little higher up as well. The bags are refilled every three or four hours. The exterior temperature, found by placing a common atmospheric thermometer between the coverings of the bags and the patient, varies from 95° to 130° F. A mean temperature of 110° F. should be aimed at, as an elevation of 120° F. or more is liable to inflict severe burns on the skin, particularly so if the patient's cutaneous sensibility is for the time obtunded. These burns, which I have frequently met with, due to the overzeal or excitability of the attendants, have no untoward effect in the course of the lung fever, but very probably the opposite, and a pneumonia may disappear in a day or two when this accident has happened, although the injury itself may remain for two or three weeks.

The bag treatment is continued without intermission until the body temperature returns to normal and remains so for a day or two.

In croupous pneumonia the diet, for obvious reasons, should be of liquid foods of any description, the ideal ones being milk and cocoa. No remedial treatment is necessary. If by the topical application of heat we can often prevent hepatization, or if by the same means we can clear up that which is solidified, internal medication is superfluous, or, in fact, injurious. The symptoms and their palliation which in practice are apt to tempt one to the use of some drug are the insomnia and the cough. For the insomnia, which disappears with improvement or with the crisis, a hypnotic is needless. The cough, which at times is most violent, needs no suppression, for, in fact, we can assure the patient and his friends that thereby life is assured; that the absence of cough or its suppression is far more dangerous to recovery.

The pain of a beginning pleuro-pneumonia must often be relieved by morphine, but in croupous pneumonia alone I consider opium or morphine inadmissible, be it to relieve the cough, check delirium or to produce sleep. In small or timid children, but not in infants, the treatment described is impractical, it being impossible to restrain their motions or to prevent them from seeking a more comfortable posture. In these cases the older method by flaxseed-meal poultices is the better.

The nursing in croupous pneumonia should be one of constant attention, and for this reason and from natural causes the work of family or friends is equal in efficacy to that of trained nurses. The cases appended had these volunteer services, and in my personal experience it is but exceptional that a trained nurse is needed or is available.

The following, treated during part of the winter of 1898-1899, may serve in illustration of what has been said:

Case I.—C., female, sixty years; had tubercular anemia, croupous pneumonia, with insidious onset, symptoms simulating influenza, with cough loose and bronchial; on fourth or fifth day the pneu-

monia fully developed; much prostration, free bloody expectoration, restless, sleepless and slightly delirious at night; typhoid state during the day; crepitant rales middle of both lungs posteriorly; hot-water bags applied on fifth day; temporary improvement on the sixth; solidification then rapidly advances; no cough; loud tracheal rattle; becomes unconscious and death on the seventh day from extensive lung solidification and pulmonary edema.

Case II.—M., man of twenty-five, of fleshy habit; previous health good; family tubercular on the mother's side; convalescent from epidemic influenza; exposed himself on a cold, wet night; chill, fever and oppression in breathing on retiring; bloody expectoration; evening temperature 102.5°, pulse 96, respiration from 36 to 50; second day evening temperature 103.6° F.; third day evening temperature 102.6° F.; fourth day evening temperature 101.8°F.; fifth day evening temperature 102.6° F.; sixth day evening temperature 102° F.; crepitant rale on the middle left side posteriorly; also impaired respiratory sounds opposite side approaching solidification; treatment begun at once; crisis on seventh day, with subnormal temperature and profuse sweating. The patient at first was afraid of the treatment; later he could not be induced to discontinue it. Five days later he was seized with acute right-sided fibrinous pleurisy; morphine in heavy doses necessary for the pain; recovery in nine days and a very tedious convalescence, due to rupture of a lung adhesion and accompanying symptoms of shock; later thrombi of veins of both lower extremities.

Case III.—H., male, sixty-three; previous debility of chronic lead-poisoning; developed asthenic pneumonia whilst convalescing from acute pleurisy of the right side; bloody sputum, moderate cough, insomnia, fever slight; diplococcus pneumoniae abundant in expectoration; auscultation: moderate dullness near the center of the right lung posteriorly; crepitant rales over corresponding part of the left side; hot-water bags applied; no further cough; pulmonary sounds and percussion note normal in twenty-four hours; hot-water bags continued three days. This case is peculiar, because of the very slight fever, typical sputum and very marked pulmonary physical signs.

Case IV.—M., a girl of sixteen, of very good family history; suddenly seized with oppression in breathing; cough and tendency to faintness; evening temperature 103° F.; crepitant rales in the middle portion of the right lung posteriorly; hot-water bags applied the next morning; in the afternoon temperature 103.5° F., condition same; gelatinous, stringy sputum; morning of the third day temperature normal; rapid convalescence; extensive posterior bilateral burns (second degree), due to applying the bags without sufficient covering.

Case V.—B., female, sixty-four; for a week complained of feeling badly; no appetite, restless nights, aches and pains in back and in extremities; develops cough and general prostration; morning temperature 102° F. Lateral aspect right lung, near base, crepitant rale shading into absence of respiration; on applying the hot-water bags decided improvement at once, the succeeding night being one of ease and refreshing sleep; second day disease arrested, pulmonary sounds normal, no fever; owing to her age and the insiduous onset of the croupous pneumonia, convalescence prolonged, but no further local or general symptoms.

Case VI.—Mrs. S., sixty-two years. February 3, 1899, confined to her bed with la grippe; slight fever; much hacking cough; no appetite; sleep disturbed; aching in the limbs; prostration moderate. February 5 and 6 improving; cough less intense and frequent. February 8 called suddenly by the alarmed family, I not having seen her on the previous day; in the afternoon she had developed much unrest and nervous excitability; had a chill; expectorated blood; evening temperature 103° F.; at posterior inferior portion of the right lung, crepitant rales; hot-water bags every four hours; the next afternoon temperature normal; moderate cough remains, for which a codliver-oil emulsion; convalescence smooth, but strength returns somewhat slowly.

Case VII.—S., daughter of preceding, age twenty-four; well developed; had a bronchial cough for a week; was her mother's nurse and occupied the same bed at night; February 12, at night, a chill; February 13, afternoon, first saw her, temperature 103.5° F.; much cough; rusty sputum; crepitant rales inferior portions both lungs posteriorly; complains of severe pain in lumbo-sacral region; is nursed by a girl friend; hot-water bags. February 14, in afternoon, found the patient lying on her left side, a single hot-water bag at the interscapular region, a second one at her feet; slept little during the night; moderate cough; rusty sputum continues; manner composed; some sweating; pulse febrile; temperature 104.5° F.; no crepitation and no evidence of lung solidification; hot-water bags reapplied in proper manner and treatment to be pushed with energy. February 15, afternoon, no local signs; the preceding night one of acute insomnia; moderate cough; temperature 103° F.; an eggnog, if desired, for the sleeplessness. February 16 temperature normal; patient is well; treatment continued for a day; very rapid convalescence.

Case VIII.—H., seventy-six years; decrepit with age, but mental vigor well preserved; croupous pneumonia, with insiduous onset; cough at night; loss of appetite; aching in limbs; irritable bladder; rusty and bloody sputum; temperature 101° F.; crepitation roots of both lungs—this was evident on the fourth day; hot-water bags continued four days; no further symptoms after third day of their use; convalescence uncomplicated.

Case IX.—McG., female, sixty years; tubercular tendency during an attack of influenza; began to cough, with an abundant expectoration of blood; temperature 101° F.; no chill; slight crepitation roots of both lungs; hot-water bags; no further symptoms after second day and convalescence short.

Case X.—P., middle-aged man; old dilatation of heart, with irregular pulse; fully-developed picture of chronic alcoholism; slight picture of chronic alcoholic mania, with pronounced alcoholic ataxia; seized suddenly with oppression in breathing; temperature 102° F.; restless and apprehensive, with presentment of speedy death; bloody sputum, also typically rusty; extensive crepitation base of left lung posteriorly; hot-water bags; next day no crepitus; much sweating; feels relieved in breathing; had a fair night, but still apprehensive, and realizes that he has felt very sick; disease arrested; bags continued two days longer; recovery very speedy. Before the onset of the lung fever this patient, who had given up whiskey a few weeks before, consumed daily from eighteen to twenty-four bottles of ale. Notwithstanding the grave general condition in this case, all alcoholics were at once withdrawn in beginning the treatment proper, and that with no untoward effect.

These ten cases show one death and nine complete recoveries. In the fatal case the treatment was begun with the disease fully developed and extending. Case II ran a normal course. Cases III, IV, V, VI, VII, VIII, IX and X were aborted. One patient was sixty years of age; five each over sixty; one was seventy-six. Five were unfavorable subjects. The seventh, Miss S., was an instance in which contagion was evident. Her initial chill was on February 12. That of her mother, from whom she contracted the disease, occurred on the eighth of the month.

PURIFIED VACCINE VIRUS.

By W. F. Elgin, M.D.,
Glenolden, Pa.

The present unusual and widespread prevalence of smallpox would be an excuse, were an apology needed, for calling the attention of the profession to the question of vaccination. Physicians, as a rule, are conservative, and justly so, in their attitude toward new remedies, or old remedies in a new form, since it is a deplorable fact that the vast majority are in reality of little or no value, although recommended by eminent authorities. It is my purpose in this paper to present to the thinking though conservative mind such an array of facts and authorities in reference to the now all-important question of vaccination, as to compel at least a personal investigation of the claims ad-

vanced on behalf of improved vaccine virus.

Until very recently a sore arm after vaccination was considered sufficient evidence of protection invariably to warrant the issuing of the certificate. Bacteriologists tell us that "sores" may result from inoculation of various kinds of bacteria which are prevalent in vaccine lymph, blood serum being one of the best media known. In fact these organisms may and do produce tissue necrosis when the specific element of vaccinia is absent, or when the latter is present and aggravates the normal or pathological condition of vaccinia. Now if we admit this, and no well-read physician will deny it, we are instantly confronted by a degree of solicitude lest we issue to confiding patients certificates declaring them immune from a loathsome disease and thus lull them into a false security, infinitely more dangerous to the public health than entire absence of vaccination.

This may seem an extreme position to take, but with an experience covering hundreds of thousands of points as previously prepared and from which 75 per cent. of successful vaccinations was considered good showing, while frequently the results were much less than this, I find no other position tenable. With virus properly prepared with glycerine, as shown by the report of the New York Board of Health, 98 to 100 per cent. of successful vaccinations is the rule. My own recent experience confirms this statement and this should be conclusive on the question of reliability.

As to contamination I will present the conclusions of eminent authorities, all the results of original investigations.

Probably Crookshank has made more extensive researches in this line than any other man. He finds in all virus a number of micro-organisms and sums up his report as follows:

"Most of the organisms present are well-known saprophytic bacteria, while others are identical with the group of pyogenic bacteria. Vaccine lymph is a most favorable cultivating medium for micro-organisms, and bacteria invariably gain access to the vaccine vesicle."

Cohn, Sanderson and Godlers have made similar observations. Voigt of Hamburg, whose experience covers thirteen years' supervision of the production of vaccine virus and constant personal investigations, fully agrees with Crookshank. Pfeiffer asserts after extensive investigations that the virus of the market nearly always contains micrococcus pyogenes albus, and frequently also aureus and cereus albus. The latter in pure culture inoculated upon the skin of calves rapidly produces a local irritation followed by vesiculation, but without the essential characteristics of the vaccine vesicle. The sore arm runs its course and heals in from three to five days and offers an explanation of the so-called false vaccinations. Pfeiffer emphasizes the importance of avoiding inoculating a child with erysipelas by first inoculating the ear of a rabbit with the vaccine to be employed. If erysipelas does not follow in the rabbit within two days it will not in the child.

In 1895 Landmann found that in Germany no less than 80 per cent. of certain children vaccinated successfully, presented an inflammatory condition of the arm, sometimes of an erysipelatous or hemorrhagic character. In searching for the cause of this he examined lymph from thirteen German vaccine plants. He found that the germs in these specimens varied from 50 to 2,500,000 per cubic centimeter, and among those isolated were the various streptococci. Similar conclusions were reached by Copeman, Kline, Menard and others.

The reports of Kline, Copeman, Kent, Chambon, Menard, Straus and others in Europe, and Sternberg, Reed, Kinyoun, Huddleston, Weaver and others in this country, all eminent bacteriologists, confirm the above statements. More than that, with one or two exceptions, and these producers of vaccine material, I know of no one who claims that the old forms of vaccine crusts, quills, points, etc., are sterile. Syphilis, tuberculosis, erysipelas, etc., as Copeman well states, have been charged to vaccination with impure lymph. Dr. Joseph Jones claims that during our Civil War vaccination with dried lymph or crusts resulted in hospital gangrene, tetanus, septicemia,

pyemia, etc. Even leprosy has been carried in this way. Dr. Hildebrandt notes that simultaneously with indiscriminate arm-to-arm vaccination on the Hawaiian Islands leprosy revived and was spread over the whole territory. Webster Fox reports three cases of lupus having their origin in vaccination scars. One case was in an infant and dated from the healing of the vaccination wound. Toussaint vaccinated a tuberculous calf with lymph from the arm of a healthy infant. When the vesicle was mature, he inoculated with the lymph four rabbits, a pig, a cat and a pigeon. Two rabbits killed two months later displayed local glandular and pulmonary tuberculosis; the third, killed after 218 days, and the fourth, after 246 days, were also tuberculous.

These facts emphasize two things, namely, the dangers lurking in vaccine material as formerly exhibited, and the importance of demanding improved methods in preparing virus.

In 1891 and again two years later, Copeman called attention to the value of glycerine in preserving vaccine lymph as then employed by Chambon and Menard, and claimed priority in calling attention to the fact that not only was it a preservative of vaccine, but a purifier as well, since it destroys all extraneous bacteria present in the lymph. He pointed out that whereas all lymph when collected and mixed with glycerine contains numerous organisms, lymph so mixed and allowed to stand in a suitable place from four days to one month is sterile so far as inoculations in the usual culture media will show. This claim for glycerine has been investigated by numerous commissions, all of which have practically sustained it. The result is that Paris, Berlin, Dresden, Cologne, Geneva and Brussels have special stables and laboratories for preparing vaccine lymph mixed with glycerine, controlled or patronized by the governments of these cities.

Upon the special report of Bichard, Thorne and Copeman, commissioners appointed by the London Local Government Board, a similar laboratory was recently established by that city. Several propagators in the United States have since also adopted this form of virus. The Medical Department of the United States Army, also the United States Marine Hospital, recommend it, and the New York Board of Health has been preparing the product exclusively for a few years.

The most progressive health boards of the various States have adopted glycerinized vaccine lymph, and so far as I know not one had withdrawn their approval. The new product is so easily employed and is not followed by the suffering, the uncertainty and the actual risk of infection by organisms (which the virus may carry) that always attends employment of the older forms.

In proof of the fact that glycerine does destroy pathogenic organisms I quote from Copeman as follows:

"In 1896 a commission, under the presidency of Dr. Schmidtmann and including Drs. Koch, Pfeiffer and Frosch, also directors of vaccine laboratories of Berlin, Cologne and Stettin, was appointed by the German Government. To test the efficiency of glycerine as pathogenic organisms they mixed numerous streptococci and diphtheria bacilli with vaccine lymph in glycerine. The result was that the streptococci were killed in eleven days and the diphtheria bacilli in twenty days."

It is not claiming too much, therefore, to state that with the employment of none but lymph preserved and purified in glycerine we obtain a vaccine vesicle uncomplicated by excessive inflammation and necrosis and affording protection with the minimum of inconvenience and suffering to the patient.

Suprarenal Extract in Addison's Disease.—Destot (British Medical Journal) relates a case of Addison's disease which was treated with suprarenal extract. Injections of the liquid extract were given with gradually increasing doses. The pigmentation diminished in a remarkable manner. The unfavorable condition of the stomach and bowels, however, made it impossible to continue the treatment. The case ended fatally.

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD FRIDAY, MARCH 17, 1899.

THE meeting was called to order by the president, Dr. Lord.

Drs L. M. Allen, Harry G. Beck and A. Cotton were elected to membership.

Drs. Stewart Paton and Robert Reuling gave a "Demonstration of Serial Sections of the Brain."

Dr. J. Whitridge Williams reported a "Case of Successful Cesarean Section." The patient, aged 22, had never been pregnant before, had complained for several years of pain in the back and lower abdomen, and of menstrual irregularity; she was a well-nourished woman with a normal pelvis, about eight months pregnant. Upon examination Dr. Williams found that the pelvic cavity was markedly pushed upon by the tumor, which extended almost entirely over the posterior part, then extended directly across the pelvis, following out the curve of the sacrum and reaching down to its lower margin; in other words, producing very marked relative contraction of the pelvis. He said he attempted to push the tumor up into the abdominal cavity, but was absolutely unable to budge it, and therefore concluded that some means must be adopted for its removal, a number of possibilities suggesting themselves as to the best means of treatment. In the first place, had the woman been seen at an earlier period—some months before—an operation could have been performed, removing the tumor and allowing the pregnancy to go on, but in this case the woman was seen by him only about six weeks before labor, so that the question arose as to what was the best method of treatment. He said it seemed hardly fair to remove the tumor and allow the patient to go into labor with an abdominal wall which was weak; another alternative was to induce labor, which at that time would be very fatal; another was to let the woman go on to the end of the term, then puncture the tumor, which he believed to be a cyst; so that he concluded that the most conservative thing to do was to perform a Cesarean section just about the end of the term, take the child out of the uterus and remove the tumor and child at the same time.

When the patient fell into labor she was examined by Dr. Dobbin, who found the cervix dilated to about four to five c.m. in diameter and the membranes ruptured. She was placed in the horizontal position, and Dr. Williams then made an incision in the median line of the abdomen about twenty centimeters long, extending an equal distance above and below the umbilicus. The woman was quite fat and there was some hemorrhage from the wound, which was, of course, readily controlled by clamps. After making an incision in the anterior wall of the uterus about 15 centimeters long, he passed his hand in, seized the child by the leg and extracted it. The entire time from the beginning of the operation until the child was born was something less than three minutes. After the child was extracted, he extracted the placenta, and then began to close the uterine incision. After removing the placenta, Dr. Dobbin grasped the lower part of the uterus and compressed the vessels to avoid any hemorrhage. After sewing up the uterus, he passed his hand down back of the uterus and brought out a cystic tumor filled with fluid. The abdominal wound was covered with sterile towels and the woman changed from the horizontal to the Trendelenburg position. The tumor was removed in such a way as to leave the ovary and part of the tube on that side, the left tube and ovary being normal, and the stump of her right tube. The abdominal wall was then closed with catgut suture, and the skin wound closed with continuous silk and catgut suture.

The patient made a most excellent recovery and left the hospital thirty-three days after operation. The highest temperature was 101°, which was reached only twice, and was due to a condition of the patient's breasts. The child was perfectly healthy and weighed a little less than seven pounds.

Dr. Williams said that in the treatment of the obstruction of labor by ovarian cysts about eight methods of treatment have been pursued, the most popular

method being to puncture the tumor and empty its contents into the vagina and then extract the child; two other methods are to attempt version and apply forceps; then in a number of cases craniotomy is performed, and a dead child extracted; another is the Cesarean section. He says that if we puncture these tumors through the vagina, we will, in about 50 per cent. of the cases, let the contents into the peritoneal cavity. Laparotomy has been done in a great many instances, but not very satisfactorily, and to subject the woman first to laparotomy, which is not a light matter, and then subject her to labor, he thinks is rather a brutal method of procedure. The method of removing the tumor by the vagina can be adopted in a certain number of cases, but the walls of the uterus are well supplied with blood and one runs a great danger of hemorrhage. He, therefore, thinks most of these methods are contraindicated, or certainly not to be earnestly advocated; and if the tumor is any size and likely to require a serious operation, if the woman be in good shape and in a locality where competent aid can be called in, he believes the Cesarean section is the most conservative way of delivering the woman and removing the tumor, and from his reading and experience he thinks the operation par excellence in these cases is Cesarean section.

Dr. B. B. Browne said he had never had any experience with ovarian tumors in pregnant women, but he believed the plan Dr. Williams had laid out was the proper one to be pursued in all of these cases.

Dr. A. D. McConachie read a paper entitled "Cerebellar Abscess of Otitic Origin," in which he referred to a case with the following history: The patient was a boy 12 years old, whose right ear had been discharging three years, following convalescence from typhoid fever; previous to that the boy was robust, always well and cheerful; since then he has been irritable, peevish and illy nourished. The usual measures for the arrest of the otorrhea were employed, with frequent cessation of discharge, to recur at intervals. About a year ago he had a marked recurrence of the otorrhea with certain cerebral manifestations, as vomiting, nausea and vertigo, followed by a cessation of the discharge, with coma, and as a consequence death was looked for. On chiseling into the mastoid it was found dense, the antrum being reached at half an inch depth and a small amount of cholesteatomatous material removed, the post-superior wall of the meatus was partially knocked down and a curette passed into the tympanic cavity. Free communication was established between the external meatus and antrum, manifested by syringing through the antrum into the tympanic cavity and out at the external meatus and vice versa. On the tenth day after operation Dr. McConachie found the boy semi-conscious, with marked retraction of the head, pupils dilated, eye ground normal, temperature normal, pulse 60, restless and apathetic. He advised further operative intervention, as he suspected either a cerebellar abscess or an extra-dural abscess, but was prevented from reaching the patient in time, and on the eleventh day after operation the boy died. At autopsy the meninges and sinuses were found normal except a small area of meninges at the outer border of the right cerebellar lobe, where the meninges were necrotic, and about two ounces of pus escaped from a large pus cavity in the right lobe on removal of the brain from its cavity. The necrotic process had made an opening two millimeters in diameter through the tympanic wall anterior to and above the lateral sinus.

Dr. McConachie said the case was interesting in many particulars as not only indicating the possible menace to life which a neglected otorrhea entails, but also the symptomatic variability in cerebral complications of the same. A cerebellar abscess usually terminates in death when operative procedures are not used. The abscess contents escape and a new inflammatory action is set up. Abscesses have become encapsulated and remained quiescent for years without giving rise to serious trouble, but such cases are rare. The duty of the physician is to operate early if a successful result is to be hoped for, and the time to operate is when the differential diagnosis is made—a deep problem and sometimes very speculative.

In referring to the treatment of these cases, Dr. McConachie said that the complete removal of these obstructive conditions to respiration and proper ventilation of the tympanic cavity is often all the treatment that is necessary if the case is seen early, before any necrotic process has taken place in the tympanic or neighboring structure. When indicated, the mastoid operation should be done and done promptly, but other and more conservative measures should first be given a fair trial. There is a time, of course, in these cases when delay is dangerous and hesitancy may cost the life of the patient, and for these the radical surgical procedure is necessitated. These surgical measures may begin with the removal of adenoids or other obstruction to free respiration or tympanic damage; it may mean the incision of a drum at the right time for removal of purulent contents; it may mean the removal of carious or necrotic ossicles or tissue therein; it may mean the thorough intra-tympanic washing by antiseptics, or it may mean the opening of mastoid antrum and cells and the removal of other tissues, made necessary by involvement in the diseased process.

Dr. Reik said the case of Dr. McConachie's was an exceedingly interesting and a very important one, in that it illustrates so thoroughly the necessity for treatment in all cases of suppurative otitis media, and probably no surgeon in any branch of medicine would take the chances that the otologist takes with this class of patients. He says there has long been a popular impression that a long-continued discharge from the ear should not be stopped for fear of an eruption elsewhere on the body. It is needless to say that this is a surgical fallacy. Within very recent years the otologists have begun to apply surgical common sense to the treatment of these cases, and we cannot feel that a patient is safe until such discharge has been absolutely cured.

He wished to strongly emphasize the points Dr. McConachie had made with regard to the treatment—that it is wise first to try the simpler measures, such as local treatment by douching, etc., but if this is not successful surgical measures should be adopted. So long as there is a continuous discharge from the ear there is always danger of a cerebral abscess, and to wait until such symptoms develop renders the chances of recovery by operative procedure very much less favorable. The time to operate is before the abscess has started, or before general infection has taken place; in other words, to operate for the cure of the local suppurative trouble.

Dr. Reuling said the case referred to by Dr. McConachie did not seem to present any typical symptoms of brain abscess; but he believed that where the diagnosis is certain to any extent, the opening of the brain is very advisable.

CENTENNIAL MEETING, MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

McCoy Hall, Johns Hopkins University,
April 25-28, 1899.

Tuesday, April 25.

8 P. M.—Address by Prof. S. C. Chew, President of the Faculty.

9.30 P. M.—Reception by the Faculty.

Wednesday, April 26.

10 A. M. to 1 P. M.—Demonstrations and Clinics at the College of Physicians and Surgeons, Baltimore University and the Johns Hopkins Hospital.

1.30 P. M.—Luncheon at the Johns Hopkins University, provided by these Institutions.

3 P. M.—Scientific Meeting, McCoy Hall. Papers by:

Dr. Herman Knapp of New York, on Some Landmarks in the History of Ophthalmology.

Dr. E. G. Janeway of New York, Clinical Observations on Some Forms of Heart Disease.

Dr. George Ben Johnston of Richmond, How Far Myomectomy Is to Supplant Hysterectomy.

Dr. W. W. Johnston of Washington, J Hughes Bennett; His Services to Medicine.

Dr. Samuel Alexander of New York, The Management of Vesical Calculus in Prostatics.

8 P. M.—McCoy Hall. Annual Oration by Prof. W. W. Keen of Philadelphia, on The Debt of the Public to the Profession.

9.30 P. M.—Private Receptions.

THURSDAY, APRIL 27.

10 A. M. to 1 P. M.—Demonstrations and Clinics at the University of Maryland, Baltimore Medical College, Woman's Medical College and the Maryland Medical College of Baltimore.

1.30 P. M.—Luncheon at the Johns Hopkins University, provided by these Institutions.

3 P. M.—Scientific Meeting, McCoy Hall. Papers by:

Dr. A. Jacobi, European Medicine About 1799.

Dr. E. H. Bradford of Boston, A Study of the Human Gait.

Dr. H. C. Wood of Philadelphia, Nostrums; the Profession, the Law.

Dr. Roswell Park of Buffalo, Cancer As a Parasitic Disease.

Dr. J. C. Edgar of New York, Obstetrical Teaching.

7 P. M.—Annual Dinner of the Faculty.

FRIDAY, APRIL 28.

8 P. M.—Business Meeting of the Faculty.

The various Hospitals and other State Institutions in the vicinity of Baltimore will be thrown open for inspection at fixed hours, to be announced on the programme.

In the corridors of McCoy Hall and in the Donovan Room there will be a series of most interesting exhibits:

(a) Portraits of distinguished deceased physicians of Maryland.

(b) Diplomas and relics, etc.

(c) In the Donovan Room a literary and pictorial representation of the chief epochs in medicine.

(d) A collection of relics illustrating the text-books and literature of the year of the founding of the Faculty, 1799.

(e) A collection of the published works of the medical profession of Maryland.

(f) A collection of works illustrating the development of art in medicine.

The large drug houses and publishing firms have signified their intention of making important exhibits of pharmaceutical preparations and the recent published works.

Reduced rates on the railroads and steamboat lines will be arranged by Dr. J. D. Iglehart, Secretary of the Transportation Committee, 1214 Linden avenue.

A full programme will be issued about the middle of April and mailed to every registered physician in the State.

MEDICAL MEETINGS IN THE COUNTIES.

Dr. Charles M. Ellis has arranged a series of meetings in the various counties, preparatory to the Centennial Meeting, with the objects of interesting the physicians in the coming celebration and of organizing a local society in the places where none at present exist. The following are the delegates selected from the State Faculty to meet the profession in the counties:

Allegany, Cumberland, Drs. Tiffany and Osler, March 30.

Anne Arundel, Annapolis, Dr. Ashby, April 4.

Calvert (to be arranged)

Caroline, Denton, Dr. Sellman, April 4.

Carroll, Westminster, Dr. Woods, April 4.

Charles, La Plata, Dr. Finney, April 4.

Dorchester, Cambridge, Dr. Harlan, April 4.

Frederick, Frederick, Dr. Johnson, April 12.

Garrett, Oakland, Drs. Tiffany and Osler, March 30.

Harford, Belair, Dr. Kelly, April 10.

Howard, Ellicott City, Dr. Streett, April 4.

Kent, Chestertown, Dr. Jacobs, April 4.

Montgomery, Rockville, Dr. Welch, April 4.

Prince George, Upper Marlboro, Dr. Lord, April 4.

Queen Anne, Centreville, Dr. Earle, April 4.

St. Mary's, Leonardtown, Dr. Preston, April 4.

Somerset, Princess Anne, Drs. Fulton and Thayer, April 5.

Talbot, Easton, Dr. Cullen, April 4.
Washington, Hagerstown, Dr. O'Donovan, April 12.
Wicomico, Salisbury, Dr. Theobald, April 4.
Worcester, Snow Hill, Drs. Fulton and Thayer, April 4.

Medical Progress.

The Removal of Adenoids in Infancy.—Fortunately post-nasal adenoids when they are present in young infants do not commonly give rise to troublesome symptoms. There are exceptions to this rule, however, and one such is quoted by the Lancet. In this case the child was aged four months. He had suffered at birth from purulent ophthalmia, a fact which may partially explain the urgency of his adenoid disorder. During sleep his breathing was so difficult that Dr. Thomas, who has reported the case, found himself obliged to resort to surgical treatment for its relief. The result was successful. The mode of procedure adopted is interesting as bearing upon the performance of an operation requiring some delicacy of manipulation. As was to be expected, a small, specially-constructed forceps was employed, and a piece of vegetation was detached by a single effort, no more being done on each occasion. The process was repeated at intervals of a week, and after three sittings the naso-pharynx was clear. In order to avoid injuring the vomer—the chief danger to be guarded against—particular care was taken to direct the forceps upward and backward. In most cases of adenoid overgrowth in infancy medical treatment happily suffices to relieve symptoms and postpone the need of operation. Dr. Thomas' experience is suggestive in conection with those rare cases which call for active surgical measures as proving what may be accomplished by patience, tact and gentleness.

* * *

Syphilis Treated by the Intravenous Injection of Cyanide of Mercury.—Dr. Arthur Chopping suggests in the Lancet the treatment of syphilis by the intravenous injection of cyanide of mercury and quotes eighty-five cases. After washing and thoroughly cleansing the part of the arm where the injection is to be made the veins of the arm near the bend of the elbow are made prominent by a rubber tourniquet and about twenty minims of a 1 per cent. solution of mercury is injected into the distended vein. The injection is made every morning unless there is diarrhea. The following advantages for this method are claimed: 1. As the injection is made daily the patient is under constant observation. 2. The exact quantity of mercury introduced into the system is known. This is not the case when pills or inunctions are used. 3. As the drug is administered by intravenous injection the patient is rapidly brought under its influence (with greater rapidity than when administered by the mouth or skin), a marked advantage in cases where it is necessary to produce the full effect of the drug as speedily as possible, such as iritis, otorrhea, bad ulcerative laryngitis, etc. 4. The rapidity with which serious lesions and visible evidences of the disease clear up. 5. The treatment by intravenous injection is especially useful in cases which have not responded to the ordinary methods of treatment, such as pills, inunctions, etc.

* * *

Ichthyol Suppositories in Chronic Prostatitis.—Freundenburg of Berlin (International Medical Magazine) recommends suppositories of ichthyol, .3 grm. to .75 grm., in cocoa butter, to relieve painful defecation, unpleasant sensations in the perineum, dysuria, etc., and for the diminution in the swelling of the prostate gland itself. The relief usually follows quickly and rarely requires a larger quantity than .6 grm. to each suppository.

* * *

The Laborde Method of Resuscitation.—Herzog (American Journal of the Medical Sciences), after a series of experiments upon dogs which had been anesthetized to the point at which respiration ceased, shows that the Laborde method of resuscitation by rhythmical traction upon the tongue is of no value except in the early stages of the anesthesia.

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

MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets,
BALTIMORE, MD.
WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, MARCH 25, 1899.

Foreign Products.

PRODUCTS made outside of the United States will always find a ready market here, provided, of course, they give good results. Some of our most valuable therapeutic agents come from foreign laboratories. That the United States does generously (?) contribute to the maintenance of numerous foreign "laboratories" is rightly inferred from the statement of Mr. E. N. Dickerson, their authorized agent and attorney. Why a special levy should be laid upon this country is not easy to understand, yet we find compensation in learning that we are contributing to scientific research abroad and also pay the cost of the many miscarriages that occur. We must not, withal, allow ourselves to be misled and to enjoy a credit not entirely due us. This same Mr. Dickerson would make it appear, in his statement before the commission on revision, that all these thousand and one synthetics are the direct result of unselfish effort to discover new remedies, when there is no doubt that ninety-nine out of every hundred, and perhaps more, of these products are either by-products or accidental results obtained in the effort to discover a new process for making some already discovered substance or found while trying to make, synthetically, some one or another of nature's products.

Again, we must not give ourselves too much credit for paying the tribute, willingly or unwillingly, as you please, because it is not the substance itself that is valuable to medicine, but the clinical facts connected with its use, and it is well to remember in this regard that the reports that are paid for are generally good and the good reports are generally not paid for. Skeptics are always wondering if we do not sacrifice a good deal by discarding the "tried and true" for the untried and unproven. The fact that a new synthetic is popular and has paid a handsome tribute does not convince us that humanity has suffered less or that medicine has accomplished more by its advent. We must not, consequently, be fully assured that our present patent and trade-mark laws have done so much for science and souls as the aforesaid attorney would credit. There is a doubt remaining.

* * *

The Faculty's Centennial.

ATTENTION is called in this issue to the elaborate programme of the State Society and the careful preparations that have been made. It is noted that men of reputation are gathered from various parts of the country to contribute to the occasion, and at such a time as this the profession of Maryland should use every effort to make the meeting a memorable one. Every physician in the State of whatever society, creed or school should come to a meeting of such historical interest, and physicians from the counties should give especial heed to the personal invitations that will be given them between the present time and the time of the meeting. The physicians of Baltimore especially should take a patriotic pride in the success of this meeting and contribute time, money and interest to its success.

* * *

Glycerinated and Point Virus.

THE paper by Dr. Elgin in this issue makes a strong plea for glycerinated virus, and will probably find many advocates. Of equal force is a paper recently published by H. M. Alexander of Marietta, Pa., claiming superiority for the dried or point virus. The point virus is certainly much more convenient and handy, and if made under the proper precautions gives great satisfaction; but the fluid vaccine has the advantage of lasting longer. The two methods, both of which are old, will find advocates at this time, and after the smallpox scare is over statistics, if it is possible to compile them honestly, will decide on the merits of this case.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending March 18, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	1	..
La Grippe	..	6
Pneumonia	..	31
Phthisis Pulmonalis	..	15
Measles	5	..
Whooping Cough	3	..
Pseudo-Membranous Croup and Diphtheria.	23	5
Mumps	..	..
Scarlet Fever	13	..
Varioloid	..	..
Varicella	1	.
Typhoid Fever	1	1

Cleveland has a German medical society.

Martin of Berlin is now professor of gynecology at Greifswald.

The French surgeons now wear masks over the nose and mouth while operating.

Dr. Henry P. Quincy, formerly professor of histology at the Harvard Medical School, is dead.

The University College of Medicine at Richmond has also adopted a four years' graded course.

B. Fraenkel has been elected president of the Berlin Laryngological Society on its tenth anniversary.

The Medical Examining Board of Virginia will hold its next examination June 5, 6, 7 and 8 at Richmond.

Dr. John H. Piper, a prominent physician of Wheeling, W. Va., and a member of the State Board of Medical Examiners, is dead.

A special meeting of the Maryland Public Health Association was held yesterday afternoon in memory of its late president, Dr. George H. Rohé.

Dr. John B. Moorman of Roanoke, Va., died last week after a short illness. Dr. Moorman was a graduate of the University of Maryland in 1888.

Dr. Pierre G. Dausch is about to open a sanitarium near his house on Jackson Place in Baltimore. Dr. Dausch is a graduate of the University of Maryland in 1868.

Dr. C. Hampson Jones has been appointed chairman of the committee on contagious diseases of the National Sanitary Association which meets in Atlanta in October.

The next regular meeting of the Frederick County Medical Society will take place on Wednesday, April 12. Dr. Robert W. Johnson of Baltimore will deliver the address.

The next meeting of the Medical Association of Georgia will be held at Macon April 19, 20 and 21. Drs. Senn, Hare, Joseph Price and others will be present and take part.

The annual report of the Garrett Free Hospital for Children shows that excellent work has been done in that institution during the past year. Dr. Walter B. Platt is surgeon in charge.

In Cuba prostitution is licensed and under government control, and frequent medical inspection of the women is required. In the province of Pinar del Rio the inspection is done by the United States army surgeons.

Drs. Simon Flexner, L. F. Barker and two students of the Johns Hopkins Medical School, along with Mr. John W. Garrett, who defrays a part of the expenses of this expedition, have gone to Manila to study the diseases of the country.

The fiftieth annual session of the American Medical Association will be held in Columbus June 6 to 9, 1899. The orations will be: On medicine, Dr. James C. Wilson, Philadelphia; on surgery, Dr. Floyd W. McRae, Atlanta; on State medicine, Dr. David W. Brower, Chicago. Dr. Starling Loving of Columbus is chairman of the committee of arrangements. No one connected with any substandard medical school will be allowed to register as a delegate or member of the association.

The International Congress for the Protection of Infants will be held in Buda-Pesth in September next. The medical section will discuss the following questions: (1) Hygiene of the infant in the family; (2) Assistance for foundlings and for children morally deserted or poor; (3) The care of children suffering from disease or having some bodily defect; (4) Playgrounds and places of recreation; (5) Hygiene in schools; (6) Hygiene of persons under age in various industries or forms of labor; (7) Alcoholism. In addition to the medical there will be legal, pedagogic, charitable and philanthropic sections.

Washington Notes.

Three new cases of smallpox have been discovered, the number of patients at the hospital increasing to seventeen. The disease, however, is on the wane.

Acting Assistant Surgeon John N. Goltra, now at Anniston, Ala., has been assigned to duty at Fort Niagara, N. Y., relieving Major William J. Wateman, brigade surgeon U. S. V., who is transferred to duty at Philadelphia.

During the last week 108 deaths were recorded. One was from typhoid fever, one from diphtheria, two from croup and thirteen from meningitis. There are seventy-five cases of scarlet fever and fifty-five cases of diphtheria in quarantine.

Wednesday evening at the District Medical Society Dr. Mary A. Parsons read an interesting essay entitled "Has Mankind a Rudimentary Sixth Sense in Process of Evolution?" Dr. W. W. Johnston presented case and specimen of carcinoma of the gall-bladder.

A whistle, one inch in diameter and one-quarter inch in thickness, located by the *x*-ray process in the stomach of a three-year-old child, was successfully removed by surgical operation at the Emergency Hospital Saturday afternoon. The child is recovering rapidly.

Cerebro-spinal meningitis is increasing the mortality of the District. During the first week of this disease there were four deaths reported, during the second week nine and for the third week thirteen deaths were recorded. The disease and its mortality is still increasing.

The following physicians are applicants for membership in the District Association and will be acted upon April 4, 1899: Of the Columbian Medical College—Drs. Thomas Dowling, Wm. N. Fisher, Thomas H. Groover, Carl S. Keyser, Wright Rives and William E. Whitson; of the Georgetown Medical College—Drs. Lewis A. Walker, Levin J. Sothoron and John A. Clark; of the University of Maryland—Dr. Horace B. Coblentz; of the University of Rome (Italy)—Dr. Anthony Crocicchia; of the Medical College of Ohio—Dr. Wallace Neff; of the Woman's Medical College of Pennsylvania—Dr. Laura M. Reville; of the Howard University—Dr. Robert S. Lamb.

Book Reviews.

An American Text-Book of Gynecology. Second edition. J. M. Baldy, M.D., Editor. Philadelphia: W. B. Saunders; Baltimore: Medical and Standard Book Co., 3 W. Saratoga street.

Any text-book that is written by a number of men, and therefore putting forth the ideas of the number rather than the principles of a single authority on the subject, is bound to contain material which is, in a certain sense of the word, heterogeneous. This is the fault, if such a condition exist, of the entire "American Text-book" series, and although written by good men, in fact, the best known in the country, we do not think that such volumes can be of as much value to the student as if the work were the embodiment of the ideas of any one of the various authors.

This volume under discussion is no exception to the rule, and although the individual sections are in every respect good, being written by such men as Baldy, Byford, Cragin, Etheridge, Goodell, Kelly, King, Montgomery, Pryor and Tuttle, yet we think had any one of these men written the entire work it would have been more serviceable in the hands of the student.

The subject is opened by sections on the methods of gynecological examinations and operative technique; this is followed by sections on menstruation, abnormalities and sterility; tuberculosis and diseases of the external organs are then taken up, and neoplasms, benign and malignant, displacements, lacerations, diseases of the ovaries and the urinary system follow in their proper sequence. The final section, that on the after-treatment of the patient following gynecological operations, is an excellent one—a subject often omitted in text-books on this subject.

The illustrations and general appearance of the book are good, although many of the colored plates are not as well reproduced as those published in some of the other volumes of the American text-book series.

REPRINTS, ETC., RECEIVED.

Tuberculosis and Consumption. By H. H. Spiers, M.D., Ravenna, Ohio.

Irrigation with Salt Solution and Other Fluids in Surgical Practice. By Hunter Robb, M.D. Reprint from the *American Journal of Obstetrics.*

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Original Articles.

DR. CHRISTOPHER TODD.

By William J. Todd, M.D.,
Mt. Washington, Md.

READ BEFORE THE BALTIMORE COUNTY MEDICAL ASSOCIATION.

Mr. President, and Gentlemen of the Baltimore County Medical Association:

While preparing this sketch of the life of Dr. Christopher Todd for another purpose, it occurred to me that as physicians of Baltimore county, and as an association representing the medical profession of that county, we could pay, in part, a debt we owe to the medical men who have gone before, by learning more of their times, their work, their hardships, their pleasures, and recording such information.

Some one has said "Man is a quotation of his ancestors and teachers." This is doubly true of the medical man.

I am sure we in this day of advancement—with stethescope, microscope, antiseptic surgery, and all the up-to-date appliances—do not realize, I fear the tendency is to discount, their successes.

How many medical students spend seven years in preparation these days before commencing the active medical life? This man was proud that he had taken that number of years to fit himself for his life's work. I most respectfully offer this brief sketch as the first in a line of new work for this association. Others I hope will take up this work of writing sketches of the lives of Baltimore county physicians who have borne the heat of the day and have gone home to their deserved rest.

Dr. Christopher Todd.—The genealogy of this gentleman is found in both Virginia and Maryland records. Capt. Thomas Todd arrived in Virginia about 1637, married and had a son Thomas of Gloucester, Robert and William. Capt. Thomas Todd brought up the Puritan settlement to Annapolis in 1650, for which Edward Lloyd granted him the land upon which Annapolis stands. He took up lands also at North Point and upon Bush river, reaching back to Worthington Valley. His will of 1665 mentions a brother, Christopher Todd of England, to whom he granted 500 acres upon Corsica creek. Thomas Todd the younger left his Virginia estate and settled at North Point, becoming his father's executor. His will of 1714 refers also to a brother Christopher, whose children, in the absence of male heirs of his son Thomas, were to inherit his home place. Thomas Todd the third married Elinor Dorsey, daughter of Caleb and Elinor (Warfield) Dorsey, and left a son, Thomas Todd, whose will is not on record. The date of the birth of our subject would seem to place him as the heir of Thomas Todd the fourth, or if not, of Christopher Todd above mentioned. We know that Dr. Christopher Todd settled first at "Hampton," the home of Charles Carnan Ridgely, whose wife was a daughter of Caleb Dorsey of Belmont—brother of Mrs. Elinor (Dorsey) Todd. He located there, no doubt, because of the family connections, which is strong evidence that he was closely connected with Thomas Todd the third, whose will of 1738 made his friends Basil and Caleb Dorsey, Jr., executors with his wife Elinor.

"Belmont" and "Hampton" were rival estates of many thousand acres, the latter close to the equally large estate of Thomas Todd, which extended along the Chesapeake from Bush river to North

Point. Another evidence is found in the fact that Dr. Christopher Todd's estate was at North Point Neck, which was handed down always to Thomas Todd, and is still in the possession of Thomas B. Todd, one of the leading truck farmers of Baltimore county.

Dr. Christopher Todd was born in Maryland, February 22, 1763. He, together with Drs. Thomas Cradock, Thomas Love, John Cromwell and Philip Trapnell, represented Baltimore county in the board of incorporators of the Medical and Chirurgical Faculty of the State of Maryland, incorporated January 20, 1799.

Of his early life and education I could not learn anything. He graduated in medicine in Philadelphia. As mentioned above, he spent seven years in preparing himself to practice medicine.

A Dr. Alexander was a classmate of his. This Dr. Alexander was more than likely Dr. Ashton Alexander, born in Virginia, who became pre-eminent in the profession in Maryland, and an active member of the Faculty. He was one of the incorporators of the Faculty representing Baltimore city.

In the transactions of the Medical and Chirurgical Faculty of Maryland, in the report of the Memoir Committee for 1856, I found that Dr. Ashton Alexander completed his medical studies under Dr. Benjamin Rush and lived in his house. He obtained his degree from the University of Pennsylvania May 22, 1795. He was born in 1772 and died in February, 1855, of pneumonia, six years after his classmate.

As Dr. Alexander was a close friend and classmate of Dr. Todd, I assume that the date of his graduation was the same.

Commencing his life's work Dr. Christopher Todd located at "Hampton," the Ridgely homestead. Later he removed to Garrison Forest, Green Spring Valley. He lived there about the year 1824, during the rectorship of Rev. Charles C. Austin. His name appears in the list of vestrymen of St. Thomas' Parish Church. There he raised the larger number of children. Being desirous that they should receive a good education, he had the children of his friends live at his house, having in fact a boarding school; in this way he was able to pay a qualified teacher and have the children under his immediate care and direction.

Dr. Todd had a family of eight girls and two boys. The youngest, Christopher, died in his ninth year. Thomas was prepared by his father for the medical profession and graduated from the University of Maryland. (I have not been able to confirm this statement from the list of graduates of that school of medicine.) Dr. Thomas Todd died January 13, 1833, in his 24th year, from pneumonia, caused by exposure in rescuing his friends from the Patapsco river, the boat in which they had attempted to cross the river capsizing.

Dr. Christopher Todd married Miss Susanna Sindell, who survived him twenty-eight years, dying in 1877 at the age of ninety-one.

In January, 1899, I visited the graves of both Dr. Christopher Todd and his wife, in Waugh Chapel Cemetery, Greenwood Postoffice, Baltimore county, Md. The dates of their birth and death are taken from their tombstones.

Dr. Todd removed from Green Spring Valley to Baltimore city, living on what is now known as Philpot street, remaining one year. This property is still in the possession of his descendants. From Baltimore city he removed to Taylor's Chapel, a small settlement some five miles from the centre of the city on the Hillen road. At this place he met with an accident, while superintending the felling of a tree, causing his death. He lived but a few days, dying March 30, 1849. He was buried on the Sindell farm at Taylor's Chapel. Later his wife had his body moved to Waugh Chapel Cemetery.

Dr Todd was a surgeon in the War of 1812. His library and papers were destroyed by fire. If he contributed to the literature of his day his contributions have been lost—at least, I have not been able to collect any of his books or papers. He was a large landowner in the Patapsco Neck. In the division of property January 13, 1800, he was allotted "Todd's Neighbor" and part of "Todd's Inheritance," North Point, 343 acres. The

government had erected lighthouses on the property that was originally his. The name of Dr. Christopher Todd appears in the list of active members of the Medical and Chirurgical Faculty of Maryland of 1848.

In a list entitled "List of the Living Members of the Medical and Chirurgical Faculty of Maryland," prepared by Dr. William J. Wroth, dated July 1, 1853, his name appears; this is an error, as Dr. Todd died in 1849.

I am indebted to Mrs. Bealle Burton, the youngest daughter of Dr. Christopher Todd, for much of this information. I am also indebted to Prof. J. D. Warfield, genealogist of Mt. Washington, Md., for his kind assistance.

After finishing writing the above I found an indenture—a partition of land registered in the Land Records of Baltimore City (W. G. No. 62, 1800.) Thomas Todd dying intestate, this partition of land was agreed to by William, Dr. Christopher, Bernard, George W. and Thomas Todd, proving conclusively that Dr. Christopher Todd was the son of Thomas Todd the fourth.

To William was allotted all of "Tripple Union" and "Todd's Range," to Dr. Christopher all of "Todd's Neighbor" and part of "Todd's Inheritance," to Bernard part of "Todd's Inheritance," to George W. part of "Gassaway's Ridge," to Thomas part of "Gassaway's Ridge."

THE USE AND ABUSE OF ATROPINE IN OCULAR THERAPEUTICS.

By A. D. McConachie, M.D.,

Assistant-Surgeon to the Presbyterian Eye, Ear and Throat Charity Hospital; Ophthalmologist to Bay View Hospital, Baltimore, Md.

READ BEFORE THE MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, MARCH 13, 1899.

THE misuse and senseless employment of atropine in every kind of eye disease is very apparent to anyone having the opportunity of seeing a large number of eye cases in any of our large dispensaries. The extensive employment by ophthalmic surgeons encourages general practitioners with less experience in eye diseases to instill it almost promiscuously in any and all inflammations without specific indications. It is in many cases not only superfluous, as in simple conjunctival inflammations, but it may also cause the patient much annoyance through disturbing the vision by its use, and bring about positive damage in those whose eyes are disposed to glaucoma, by setting up an attack of acute glaucoma. Its employment should be based upon specific indications, and should be used only so long as is required to obtain the desired results. It is unlike many remedies whose use can do no harm if no good. It is potent for good in suitable cases, but mischievous when applied inappropriately.

The object of this brief paper is to try to give a clear idea when to use and when not to use this remedy. A clear comprehension of this one therapeutic fact will be the means of saving many eyes that might otherwise be destroyed.

Its potency is expended upon the musculature of the iris and ciliary bodies through its effects on nerve endings therein. To thoroughly understand its action, certain physiological and anatomical facts pertaining to these parts must be kept in view. The anterior chamber is bounded in front by the cornea and behind by the iris, and in the region of the pupil by the anterior capsule, and at its margins by the tissue of the ligamentum pectinatum, beneath which lies Schlemm's canal and the anterior border of the ciliary body. The anterior chamber is filled with the aqueous humor which is supposed to be secreted by the ciliary processes, the aqueous passing from the posterior chamber—a space produced by the iris not being in contact with the capsule of the lens by its whole posterior surface, but only by its pupillary margin. Thus an open space is left between the iris and the lens, bounded in front by the iris and to the outer side by the ciliary body, and behind by the lens.

The aqueous passes through the pupil into the anterior chamber to make its escape through Fontana's spaces in the ligamentum pectinatum and into Schlemm's canal and out into the veins

passing from the eye. If for any reason these spaces at the iris angle be blocked, the exit of aqueous is stopped, and as the aqueous is being constantly secreted by the ciliary processes, the tension of the eye increases and vision deteriorates and the condition of glaucoma supervenes. These spaces can be occluded by anything that will dilate the pupil, pushing the iris back into the iritic angle and thus occlude Fontana's spaces.

This is the known physiological action of mydriatics and markedly so of atropine. Occlusion of these spaces in young persons and in those under forty or fifty years does not interfere with the drainage, as the tunics of the eye are not so rigid as after that time, when the tendency to glaucoma becomes marked, the tension is apt to be increased by the use of mydriatics, especially atropine.

Again, when the pupil is contracted by miotics, as eserin, the iris is drawn away from the iritic angle and Fontana's spaces left free and open, and the aqueous can readily pass into Schlemm's canal and on into the veins, and if any tendency towards glaucoma be present the effect of the eserin would be to reduce the tension of the eye.

With these preliminaries kept in view, we can readily understand why atropine should be used at times and why it is contra-indicated at other times.

Uses.—Its greatest indication is in iritis, whether rheumatic, traumatic, syphilitic or idiopathic, the characteristics of which are almost unmistakable—as contracted, sluggish or immobile pupil; discolored iris, adherent to capsule (posterior synechia) of the lens, either partially or totally (seclusio pupillae). These phenomena distinguish it from glaucoma, in which we have a dilated, sluggish pupil, and usually occurs beyond forty years.

In adults a solution of 1 per cent. strength usually suffices to fully dilate the pupil if a drop is instilled every two to three hours. Many times the first instillation gives a regular dilatation. At other times various points of adhesions (posterior synechia) will be noted and stronger solutions (1 to 2 per cent.) must be used, the frequency of instillation and length of time to be used to be regulated by the needs of the case. In children, one to five years, weaker solutions, say $\frac{1}{4}$ per cent. should be used, owing to their extreme susceptibility to its poisonous effects—as restlessness, rash, like scarlatina, mouth becomes dry.

With many people there is an intolerance of atropine. This is manifested in various ways: (1) Toxic symptoms, as dry throat or nausea. (2) By the production of catarrh (atropine conjunctivitis). These symptoms usually follow the long-continued use of the drug. (3) By redness and swelling of lids, looking like erysipelas. In such cases we must discontinue the use of the atropine and substitute other mydriatics, as hyoscyamin, scopolomin, homatropin.

In all traumatisms of the eye, including wounds of the cornea, where we suspect iritic or cyclitic involvement, atropine should be instilled as described. In corneal inflammations (keratitis) it is indicated not so much for its specific influence over the keratitis, as to combat the possible iritis accompanying the keratitis. It also puts the eye at rest by paralyzing the accommodation.

In ulcer of the cornea its use is imperative to avoid and control hernia of the iris and iritic adhesion to the cornea (anterior synechia). Where the ulcer is peripherally situated, it is usually better to use a miotic. It may be used to dilate the pupil so as to explore the interior of the eye ophthalmoscopically, but in adults especially, it is safer to use a milder mydriatic, as cocaine or homatropin. In young adults it can be used with safety, but its long-continued disturbance of vision is objectionable. For refraction work it is being largely discarded by most ophthalmologists, owing to its prolonged effects. Personally, I can accomplish equally good results with homatropine or scopolomin, with less disturbance of vision.

In convergent strabismus, daily continued instillations of atropine will, with suitably adjusted glasses, in hypermetropia, bring about a parallelism of the visual axes and thus obviate a tenotomy. This it does by paralyzing the accommodation and inhibiting convergence.

Atropine is frequently of service in diagnosticating an old iritis, active evidence of which is absent, by showing old iritic adhesions—partial or total—to the capsule of the lens. Its continued use in such conditions is, however, not only valueless, but may be deleterious. Atropine in any case should be continued only so long as beneficial results accrue or the desired results are obtained.

In any and all of the above conditions, whilst positive indications exist for its employment, caution and close observation in its use should at all times be borne in mind, especially where increased tension actually exists or a tendency thereto pre-exists, for fear of precipitating an attack of glaucoma and destruction of vision. In cases of acute iritis (small plastic pupil, with pain and redness of the eye) we must use atropine, no matter whether the patient is five or seventy-five years of age.

Abuses.—In simple uncomplicated conjunctivitis it is not only useless, but positively injurious, not only by its possibility of increasing the conjunctival inflammation, but on account of the unnecessary inconvenience produced by its disturbing effects upon vision—paralyzing the accommodation for one to two weeks and producing dazzling, thereby seriously interfering with daily pursuits. Where the conjunctivitis is complicated with corneal ulcer, keratitis or iritis, atropine is indicated. It should never be used simply to dilate the pupil temporarily in patients beyond forty years of age, for reasons already given, the glaucomatous tendency being more marked at this time and its instillation can readily so occlude Fontana's spaces as to precipitate an attack of acute glaucoma. It must not be understood that it should never be used in persons beyond forty years; it can, but should be used only by those whose experience warrants them in judging of its fitness. At this age and beyond a milder mydriatic—as cocaine and homatropin—is safer, and even this should be carefully watched.

The mydriatics, especially atropine, are positively prejudicial in glaucoma—a condition whose pathology is increased tension. The tension is determined by palpation with finger tips through the closed lids, comparison being made by palpating the other eye, if sound, or one's own eye. Other phenomena of glaucoma beside increased tension may be present, as a widely dilated sluggishly moving pupil. It is axiomatic that increased tension has accompanying it a more or less dilated sluggish pupil. The reverse, a contracted pupil, accompanies abnormally soft eyes. Pain and injection in varying degree may be present. The cornea may be insensitive and hazy, the latter giving rise to colored rings about a gas flame or light of any kind. This condition usually ocurs beyond forty years of age. Under no circumstances must we use a mydriatic, as atropine, in such conditions, as destruction of vision will surely follow.

From what has already been said, the indications are such as cause us to think of something to decrease tension by making Fontana's spaces more pervious by withdrawing the iris therefrom. This we can do by the use of miotics—eserin or pilocarpin in $\frac{1}{4}$ per cent. strength. Should the process not cease and the pupil cannot be contracted by the eserin, an iridectomy should be advised and done at once.

This outline of when to and when not to use atropine in eye diseases, if consistently followed, will be the means of saving many eyes that might otherwise be destroyed.

A CASE OF HEMOCHROMATOSIS.

By Eugene L. Opie, M.D.,
Of Baltimore.

REPORT OF REMARKS MADE BEFORE THE JOHNS HOPKINS MEDICAL SOCIETY, MARCH 20, 1899.

The patient was apparently in good health until about six weeks before his death, when he was taken with symptoms of typhoid fever, and when seen two weeks later, rose spots were well marked over the abdomen, and there was elevation of temperature and extreme weakness, a most striking feature being the extreme pigmentation of the skin, which was of a brownish color and most marked

about the nipples, genital organs and the backs of the hands, strongly suggesting Addison's disease. The urine at no time showed sugar, the first examination being made about four weeks before death, and, subsequently, on several occasions, the last about three days before death.

The autopsy was performed about nine hours after death, the body being that of a very much emaciated man, with pigmentation extremely well marked. On opening the abdomen there was found pigmentation of the parietal peritoneum; the liver was somewhat cirrhotic and presented a marked brownish pigmented appearance; the pleural cavities showed no evidence of inflammation; the heart was sound and not increased in size, the muscles having a yellowish-brown color; the lungs were normal, except for bronchopneumonic areas; the spleen was enlarged and very soft, with no evidence of any extreme pigmentation. The gastrointestinal tract showed extreme pigmentation, more marked in the duodenum and stomach than in the ileum and jejunum, but again there was well-marked pigmentation in the large intestine and pancreas, with thickening of the capsule and septum extending into the organ. The adrenals were of normal size and showed nothing particularly abnormal. The kidneys were not markedly pigmented, but somewhat cloudy. The lymph glands throughout the abdomen were enlarged and presented a very brilliant brownish orange-yellow appearance. In the lower part of the ileum there were ulcers with clean bases and confined particularly to Peyer's patches. Cultures made from the heart's blood showed pure typhoid bacillus, which was also present in the liver and gall-bladder, with lactis aerogenes in the lungs and kidneys, and colon bacillus in the pancreas.

The case, then, was one of typhoid fever, with pigmentation of the various organs, notably the liver, pancreas, heart and gastro-intestinal tract, associated with cirrhosis of the liver and chronic interstitial pancreatitis. Bands of connective tissue separated the liver lobules one from the other, and there was slight infection of the periphery of the lobules, more marked along the central vein, from which bands of connective tissue extended between the columns of liver cells. The most striking feature was the abundant deposit of pigment throughout the tissue, particularly in the center. Occasionally the whole cell body is filled with pigment, and in the most extreme cases there is evidence of cell degeneration; the nucleus becomes shrivelled and loses its staining properties, becomes very pale and finally disappears, leaving a clump of granules, still retaining the outline of the cell. This pigment, when treated with ferrocyanide of potassium and hydrochloric acid, gives the Berlin blue reaction, characteristic of iron, and its intensity shows the amount of iron present in the tissue.

In addition, there is a second form of pigment which has a different reaction. It is in the form of small granules of brighter yellow color, and is deposited about the blood vessels and in the smooth muscle cells of the vessel walls, particularly the portal vein, and in the connective-tissue cells in the sheath of the vessels. In this case the blood vessels show the iron-free pigment, which was also present in a section of the pancreas, while in the heart the iron-containing pigment was present in great quantity in the muscle cells. In the gastro-intestinal canal the iron-containing pigment was present in small quantities, but the iron-free pigment in great quantities, particularly in either the smooth muscle cells or in the connective tissue cells. The greatest quantity in the stomach was deposited in the most internal portion of the circular layer; other organs showed a less degree of pigmentation. In the lungs, here and there, was found connective tissue cells which contained the iron-containing pigment. In the lymph glands was found a great quantity of the iron-containing variety, which was present in the form of intracellular globules of varied size, the pigment almost entirely replacing the gland substance, very few of the lymph cells being seen. The case then shows throughout the internal organs a deposit of two forms of pigment within the gland cells, notably in the liver, pancreas and heart muscle cells there is the iron-containing pigment, while in the smooth

muscle cells of the blood vessels and the gastro-intestinal canal, as well as in certain connective tissue cells, there is a deposition of the iron-free pigment.

Dr. Opie said certain writers had ascribed the pigmentation to blood destruction and some cause which, acting on the red corpuscles, sets free the hemoglobin, and from this is formed the iron-containing pigment. A second condition of general pigmentation has been described by the French writers, two cases being diabetes associated with bronzed pigmentation of the skin, and the pigment being of the iron-containing variety. In most of the cases the iron-free variety was not described, but it is very much less conspicuous than the iron-containing pigment, and might readily have been overlooked. Recently there has been described a case of cirrhosis of the liver, with interstitial pancreatitis and general pigmentation of the organs with the two forms of pigment, associated with diabetes with glycosuria. Cases have been reported in which purpura was associated with hemochromatosis, and in a number of cases there has been a local hemorrhagic condition; for example, hemorrhagic pleurisy or pachymeningitis associated with hemochromatosis. It is evidently then associated with the conditions in which there is a destruction of the blood cells, and therefore a possibility of the setting free of the hemoglobin in the blood.

There are a number of cases, however, in which there are no such evident blood-destroying factors, and in the case described by Dr. Opie there was no history of any such condition. In the cases of bronzed diabetes there are two factors present—one, the diabetes with glycosuria, and the other the hypertrophic cirrhosis of the liver. In ordinary cases there is no tendency to the deposition of an iron-containing pigment, and there is no evidence in diabetes that there is a marked blood destruction. He said it would seem that the liver suggests itself as a possible origin of the iron-containing pigment, but if the pigment is formed in the liver, it must be carried to the other organs in the form of emboli, and there was no evidence of such emboli in this case, nor was there any evidence of phagocytic cells carrying them to other organs. The deposition of pigment in the various organs, the heart and pancreas, for example, takes place by just the same method as it does in the liver, so that it seems more reasonable to suppose that the pigmentation is a condition which takes place in the cell in which the pigment is formed, rather than that it is formed in the liver or other organs and carried to more distant parts.

In connection with the accumulation of pigment in the liver there is often cell degeneration and cell death, and accompanying this cell death there is an increase of connective tissue, and it seems plausible to believe that the cirrhosis and inflammation of the liver and pancreas are a result of the death of the cell following the deposition of pigment.

In all cases of diabetes which have been described there has been found a cirrhosis of the pancreas, and the fact that the cirrhosis is an etiological factor in the production of diabetes has been pointed out by many observers. The diabetes then seems to be a result of the cirrhosis of the pancreas and to be a terminal event in the hemochromatosis; the original factor, then, would be some blood-destroying cause, which in many cases is very obscure. Following this blood destruction there is a formation of iron-containing pigment, which is deposited in various portions of the body; with this deposition of iron pigment there is a cell death, and a consequent interstitial inflammation of certain organs, particularly of the liver and pancreas. When the pancreatitis has reached a certain degree of intensity, it seems possible to believe that there is an onset of diabetes, thus accounting for the diabetic condition in the bronzed diabetes described by some of the French writers. In the case described by Dr. Opie the patient's death was caused by the typhoid fever before the pancreatitis had reached a sufficient intensity to cause death.

Carbolic Acid in Tetanus.—Ascoli records in the University Medical Magazine his success in the treatment of tetanus by the hypodermic injection of large doses of carbolic acid.

Society Reports.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY.

MEETING HELD MONDAY, MARCH 20, 1899.

Dr. Eugene L. Opie presented a "Case of Hemochromatosis" (see page 197).

Dr. Welch said this was the first instance he had seen of this condition, and that it had interested him very much. From what he had read on the subject it seemed impossible to explain the condition as the result of formatioin of pigment from any hemorrhage, and equally impossible to explain that the pigment is formed in any one organ and transported from that to other parts of the body. He thought Dr. Opie had made very clear the objection to either of these two explanations, and also the conception of the condition as a disease by itself, with the changes in the liver and pancreas and elsewhere secondary to the hemochromatosis. This he considers a very important view, and one that seems the most reasonable to him—that we are to recognize as a disease hemochromatosis. It hardly seems easy to understand how mere destruction of the red corpuscles as it occurs in many conditions can be altogether an adequate explanation. We have, of course, in other conditions—pernicious anemia, for instance—an extreme degree of the destruction of red corpuscles. We have there a deposition of iron-containing pigment, though not like that of hemochromatosis, and Dr. Welch asked Dr. Opie if it was not to be thought that the destruction was certainly along definite lines, and whether the chemistry of the process was not somewhat different from that in ordinary destruction of the blood; otherwise, how could we account for the fact that this is a definite and peculiar disease, and whether this destruction of the red corpuscles, although we could not perhaps define the character of it, was not a peculiar kind of destruction?

Dr. Osler said the condition had interested him very much in connection with the question of cutaneous pigment apart from Addison's disease. He said there had been a number of interesting cases in connection with hypertrophic cirrhosis. He referred particularly to the case of a young man who had been operated upon on the supposition that he might have a tumor in the liver, and which had proved to be a condition of hypertrophic cirrhosis, the patient having a most extreme degree of pigmentatioin. There are also cases of enlarged spleen in which there is a considerable degree of staining of the skin, and occasionally we meet in pernicious anemia a degree of pigmentation which is quite suggestive of Addison's disease, so much so that one is in doubt as to the nature of the case. There are certain instances, too, in which one can in no way account for the diffuse pigmentation of the skin; for example, a patient in one of the wards now has a chronic pericarditis, with general pigmentation of the skin, but has not the three cardinal symptoms of Addison's disease.

Dr. Osler says he thinks it a little doubtful, considering the varied conditions under which widespread pigmentation can occur, whether we should accept the view that it is a separate and distinct disease, and when we know that pigmentation occurs so extensively in connection with hypertrophic cirrhosis. He asked if this patient of Dr. Opie's had any pigmentation of the mucous membrane.

Dr. Opie, in reply to Dr. Osler, said there was no pigmentation of the mucous membrane except that of the stomach.

In answer to Dr. Welch, he said there certainly would seem to be some other condition necessary for the production of the cirrhosis and pigmentation in addition to the mere destruction of blood corpuscles. There have been various attempts to reproduce the condition by the injection of substances which cause the breaking down of the red corpuscles, and in such cases there is a formation of iron-containing pigment like that in hemochromatosis, but this is present only in a very moderate degree. The attempts to produce a similar condition have failed.

Dr. Opie referred to the work of a certain writer who had described a series of cases of cirrhosis of the liver, and in about half of them he found a deposition of iron-containing pigment in large quan-

tities in the liver, and in considering the relation of the pigmentation to the cirrhosis, he comes to the conclusion that, with certain varieties of toxemia, there is destruction of the liver cells, which he thinks is the cause of the cirrhosis, and at the same time this poison circulating in the blood, whatever it is, causes a destruction of the blood, and with this combination of blood destruction and injury to the liver cells there is a favorable condition for the deposition of iron-containing pigment. This, of course, is in large part theoretical.

Dr. Thayer then read a paper entitled "Typhoid Fever Associated with Quartan Malaria," written by Dr. Craig.

Dr. Craig gave the history of a case of quartan malarial fever associated with true typhoid. By blood examination and accurate temperature charts he was able to trace the simultaneous course of each disease and to show that each pursued its own way without practically influencing the other.

Dr. Osler said this was the first instance he believed in which the quartan infection had been demonstrated in connection with typhoid, so that the history was really completed. He wished to enter a protest against the use of the term typhomalaria in these cases. We do not speak of dysentero-malaria or pneumo-malaria, and we should not speak of typhomalaria. These are cases of combined infection, and as shown by Dr. Craig's chart, the malarial infection does not seem to influence very materially the course of the typhoid.

Dr. Thayer said he had been very much interested in the reports which were coming in from the various military hospitals with regard to the frequency of these combined infections. Early in the fall and summer the papers were full of statements that combined malaria and typhoid were very frequent, and the society records in New York stated that 10 or 15 or even 20 per cent. of all the cases were said to be combined, but as the accurate reports come out it is surprising to find how few cases of combined infection have been reported. The conditions that existed in the army camps in Cuba and the South were almost the ideal conditions for typhoid and malaria to develop together, and one would expect a considerable number of combined infections to occur, but, as a matter of fact, those cases seem to have been relatively few.

Dr. Paton read a paper entitled "Some of the Objections to the Neurone Theory."

Dr. Dobbin reported a "Fatal Case of Puerperal Sepsis with Extensive Pulmonary Thrombosis."

GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

MEETING HELD TUESDAY, MARCH 14, 1899.

THE meeting was called to order by the vice-president, Dr. Thos. S. Cullen. He said that in the commencement of this year's work it was suggested that occasionally we have outside talent at the meetings, and as a result he took pleasure in presenting Dr. E. P. Davis of Philadelphia, who spoke on "The Treatment of Labor in Abnormal Pelves."

Dr. Davis referred particularly to the work done in the Jefferson Maternity during the past two years, and said as regards the diagnosis of abnormality of the pelvis, that had been made by pelvimetry, palpation and vaginal examination. The diagnosis of disproportion between the child and the pelvis is evidently of much greater importance than the diagnosis of the absolute size of the pelvis. It is not the number of inches or centimeters in the dimensions of a given pelvis which interests us, but the question as to whether the pelvis is of sufficient size to permit the passage of the child. The diagnosis of disproportion is made largely by palpation, and if necessary by palpation under an anesthetic combined by vaginal examination during the first stage of labor. Especial attention is paid to the question of the engagement of the presenting part. To obtain an accurate idea of the frequency of pelvic abnormality, not simply those in which difficulty occurs in labor must be measured, but that all the cases available must be examined. The results of the examinations made at the Jefferson Maternity showed that out of 466, the total number

examined, 153 abnormal pelves were found.

Dr. Davis called particular attention to the very interesting methods by which nature effects delivery in contracted pelves. In women who move about, and especially in those who work during pregnancy, the contraction of the uterus and abdominal muscles brings the presenting part to the pelvic brim. Partial engagement occurs in many cases of contracted pelves comparatively early in pregnancy. If no obstacle is offered by an impacted bowel, and if the age of the patient be such that the joints of the pelvis are movable and her physical strength be good, the process of accommodation ensues, which brings the child into the pelvis and sets up labor before the usual termination of pregnancy. The child is thus delivered before it becomes too large for the mother, and the mother is spared the dangers of labor in contracted pelvis. This, however, can only happen in young and comparatively healthy women, and especially in those who exert muscular force.

Acting upon this observation, the patient is urged and required to do housework, and directed to do considerable work in a kneeling posture. They are not allowed to lift heavy weights, but active exercise in the semi-prone position is encouraged. The condition of the bowels is very carefully watched, and such patients are frequently and thoroughly purged for two reasons—first, to remove the mechanical obstacle, which impacted feces may furnish, and second, to empty the intestine of the bacillus coli communis, whose presence may complicate an important obstetric operation. At intervals of about two weeks palpation is practiced, and the engagement of the head or its failure to enter the pelvis is noticed. When the head does not enter the pelvis at eight months in these cases, the decision to induce labor or to allow the patient to go on to the end of the term must be considered.

If the disproportion between the head and the pelvis is very considerable, and at thirty or thirty-two weeks of gestation the head failed spontaneously or under pressure to enter the pelvic brim, the induction of labor is declined. If, however, the head dips into the pelvis, and the vertex descends at this period, the patient is again examined in about two weeks, and, if engagement and descent have begun, the induction of labor may be properly considered.

In choosing symphysiotomy as a method of delivery, Dr. Davis said they had selected those cases in which disproportion was evidently not marked, in which the genital canal was well developed and distensible, and in which vigorous labor pains, or possibly a cautious use of forceps, had failed to produce descent. In cases, however, where disproportion was considerable, where the birth canal was small and ill-developed, he had declined symphysiotomy and chosen abdominal section.

In referring to the statistics, he said that in one case symphysiotomy and in six Cesarean section had been performed because of some pelvic abnormality. So far as his experience goes, there is in the result of symphysiotomy, celiohysterectomy and celihoysterotomy no difference in the success of each operation performed upon uninfected patients in fair condition. Cesarean section may be utilized simply as a method of delivery, and as a last expedient in complicated and infected cases.

Dr. Davis says he is led to conclude that patients having abnormal pelves, who are placed under proper care before the beginning of labor, are favorable subjects for obstetric operation. In cases infected before admission to the hospital, or complicated by a profound constitutional disorder, such as eclampsia or pernicious enemia, obstetric operations do not improve the prognosis for the mother; they do, however, save many of the infants in such cases. Surgically speaking, celiohysterectomy with intrapelvic treatment of the stump fulfills all indications where the patients are not distinctly capable of producing further offspring advantageously.

The treatment of labor in justo-major pelves requires but little interference as a rule. Occasionally version must be performed when an unfavorable position develops.

His own personal experience in Cesarean section and symphysiotomy includes fourteen of the former and eight of the latter. The mortality rate of these operations for the mother was nil in cases where the patient was uninfected and sound before delivery.

Dr. Kelly said it was a pleasure to congratulate Dr. Davis on his admirable work, and it was particularly pleasing to note that it falls in line with the excellent work that has been done at the Johns Hopkins Hospital by Dr. Williams. He also thought Dr. Neale's work would bear out the statements concerning the frequency with which deformed pelves are found in this country, and that this scientific work is interesting when compared with the statements made by Dewees in 1889, that deformed pelves were not found in this country, which opinion must have been formed in connection with the study of the aborigines. The work done by Dr. Davis, particularly in the line of estimating the relation between the container and the contained—the birth canal and the body to pass through it—is refreshing in obstetrics.

Dr. Kelly said he well remembered in his earlier days in Philadelphia, when he had the pleasure of doing several successful Cesarean sections, a number of friends were inflamed with an ardor to do the same thing. He was called to see a woman with contracted pelvis, upon whom it was proposed to do a Cesarean section, and found the head well down in the canal. He suggested that the patient might get through without an operation, but later he received a courteous note from the attending physician saying that he did not propose taking any chances of losing the patient's life, and would operate. However, labor came on rapidly, before a section could be done, the physician arriving just in time to put on forceps. He said this work was not in his line, and that he had merely started the discussion in order to draw out Dr. Neale.

Dr. Neale said he thought all present thoroughly appreciated the most excellent guidance of Dr. Davis. It is a teaching that has unquestionably come to stay, and one which he sincerely hopes will be adopted more and more generally throughout this country, referring especially to pelvimetry, and particularly to the preliminary examination of all pregnant women prior to pelvimetry. He was very much pleased to hear Dr. Davis state that not so much reliance is to be placed upon the number of inches or centimeters in the dimensions of a given pelvis, but that we should consider whether a particular pelvis is capable of permitting the passage of a particular child, for in that lies the keynote that solves the whole problem. We cannot always positively foretell the character of the procedures to be followed in such cases of labor, for, as a matter of fact, pelves presenting the same measurements may give rise to different precautions and different procedures. He referred to one case, where after having opened the symphysis to its full extent, 9 c.m., he found that the delivery could only be accomplished after a most difficult operation, during which the child was lost; while, had the case been submitted to Cesarean section at once, the result might have been different and the child saved. It is rather difficult to determine what ought to be done in these cases prior to labor; perhaps by palpation or by manipulation under anesthetic as good conclusion can be reached as by pelvimetry, still uncertainty will follow these cases no matter what methods we use. Dr. Neale referred to a particular case, where upon examination he found a contracted pelvis, due to long-standing hip-joint disease. His first impression was that the patient would require, probably, a Cesarean section. In order, however, to have his views either disproved or substantiated he consulted with Dr. Williams. The woman was most carefully examined by pelvimetry, and under an anesthetic by manipulation; the opinion as to the indication of a Cesarean section was not concurred in, and the patient was allowed to go the full term, with the suggestion that possibly forceps might aid in the delivery. The woman did go the full term, forceps were applied, and after a most difficult operation, including considerable lesion on the part of

the mother, a female child was delivered, so that, notwithstanding the application of the excellent rules given by Dr. Davis, he felt that in this particular case the result was not, perhaps, what it might have been if Cesarean section had been adopted in the beginning, and that, try by all known means of accuracy, certainly it seems that errors will be made from time to time; this, however, should not deter us from resorting to all possible means of discovering the indications for these operations, and surely the method of resorting to preliminary examination is the most important.

Dr. Dobbin said he had been very much interested in what Dr. Davis had said, particularly on account of the fact that it is exactly in accord with the work done by Dr. Williams and himself some two years ago. He said the percentage given by Dr. Davis is higher than theirs, except those referring to operations. Dr. Williams, he said, was impressed with the belief that contracted pelves were not so rare in this country, and started out with the idea of proving that there were more than anyone had supposed, and that they would be found if careful measurements were made. The only statistics they found were those given by Dr. Reynolds of Boston, who had not measured all his cases, which accounts for the difference between his and their own.

Dr. Dobbin said the cases reported by Dr. Williams and himself were given in two groups. In the first, containing 100, fifteen pelves presented more or less severe degrees of contraction; the second group, containing 350 cases, showed 11 per cent. of contraction. They were surprised and somewhat disappointed that the percentages had not been higher.

Dr. Dobbin said he would like to ask Dr. Davis what his limits of measurement for the normal pelves were, and what he considered a contracted pelvis; also, if all the cases under consideration were measured, by whom it was done, and if the doctor had control of all the measurements.

Dr. Kelly said he could not let the old go out and the new come in without referring to two interesting cases. One occurred in a Pennsylvania city and another in this State. The first was that of a woman who had had extremely difficult labor, and when she was pregnant the second time went to a certain physician, who told her she would have to have a Cesarean section performed to save her life and that of the child. She was very much depressed, but on her way home she met an old doctor, who asked what was the matter; upon being told, he said for her to wait until the proper time came, to send for him, and he would bring her through all right. She fell into labor, and after considerable mutilation on the part of the mother, they drew the body of the child out, but the head remained in the uteri; the problem was then solved in a pecular way—they did a Cesarean section for the head, which they succeeded in delivering, and the woman died.

In the other case, the patient being a colored woman with some pelvic contraction, the physician determined that the woman must have a Cesarean section performed. She had fallen into labor, and in attempting to draw off the urine there was great difficulty in passing the catheter; finally they succeeded in passing it, and upon withdrawing the catheter found it full of brains. When the child was subsequently delivered, the head showed a number of small holes, a condition which very much puzzled the neighbors to account for.

Dr. Cullen said he had recently heard of a case where Cesarean section had been performed for the delivery of the head.

Dr. Davis said he had very much enjoyed the discussion, and that he was pleased to know that Dr. Neale was with him as to the question of disproportion between the child and the pelvis, this being the cardinal point. He said he wished to call attention to one or two factors that help us out in the diagnosis. First, in hospital cases, we rarely see the father of the child whose interest we are studying; in private cases, however, we may observe the type. He referred to one case in Philadelphia, where the patient in her first confinement had lost a fine, large male child through an effort to deliver with forceps, the child's head being crushed and the mother being torn. He

then set to work to discover the reason why she could not have had a child born the first time. He found that the father was an exceedingly well-developed man, with a very large head, which, by the way, contained an active and valuable brain; the mother was small, though well nourished, and everything pointed to a large head on the part of the child. The mother was very carefully watched, and at the proper time labor was induced, and as a result a fine child was delivered without difficulty. About a week ago, Dr. Davis delivered her again of a large female child. The induced labor was decided upon not only in consideration of the pelvic proportions, but from a consideration of the size of the father also, for it was one that excess in the size of the fetus was to be expected.

Referring to the comparative advantages of symphysiotomy or Cesarean section, Dr. Davis said he could best sum up his experience by saying that symphysiotomy is a useful but disagreeable operation. He said he had one point to make regarding Dr. Neale's remarks about the uncertainty of the outcome in these cases. Sometime ago he was asked to see in consultation a woman who was in labor, and who had a contracted pelvis, but who absolutely declined to be taken to the hospital, and he declined to do any major operation because of the impossibility of asepsis. He told the family that the child would be born dead, and placing the patient in a sitting position on the edge of the bed, he proceeded to apply the forceps, and was very much surprised to deliver a living child..

Replying to Dr. Dobbin's question, he said the limits were as follows: A pelvic contraction was thought to be present when a diminution of 2 c.m. in any diameter existed; for example, a pelvis normal in every diameter except the antero-posterior, which latter fell short of the normal measurement, 2 c.m., was considered to be an abnormal pelvis. The total number of women examined and measured was 466, measured either by himself or by his first assistant; of this number, 153, or 32 per cent., had abnormal pelves.

Dr. Dobbin read a paper entitled "A Demonstration of a Spondylolisthetic Pelvis."

Dr. B. B. Browne reported a "Case of Sarcoma of the Vagina in a Child Three Years Old."

Medical Progress.

Hemiplegia With Complications.—At a recent meeting of the Clinical Society of Maryland Dr. Robert Reuling reported "A Case of Right-Sided Hemiplegia Associated with Complete Hemianesthesia and Unilateral Muscular Atrophy on the Paralyzed Side." The author said that what was especially striking in the case was the advanced muscular atrophy of the right upper and lower extremities, particularly of the arm, none of the muscles being apparently spared. The right hand was slightly swollen (edema), especially the dorsum. None of the atrophic muscles showed fibrillary tremors. There was complete anesthesia to touch, pain and temperature, and absence of the muscle and stereognostic on the paralyzed side, there being complete hemianesthesia which ended abruptly at the median body line. The mucous membrane on the right half of the mouth and palate also showed a diminution of sensibility. The conjunctiva of the lids on the right side appeared less sensitive to painful impressions than that of the left. He said he did not believe the cornea was anesthetic, but since the studies of V. Frey and Nagel have shown that areas of anesthesia exist on the normal conjunctiva, and that a special instrument is required for such investigation, one could speak with but little certainty on the subject.

Dr. Reuling said as to the most likely pathological lesions which caused the paralysis, etc., in this case, there could be little doubt from the sudden nature of its onset that either a hemorrhage occurred in the brain substance or that a sudden disturbance in the blood supply of certain areas from thrombosis or embolism of the cerebral arteries took place. The mildness of the apoplectic insult—the patient not losing consciousness and her general condition improving rapidly—would suggest that if a hemorrhage was

the cause it involved no very large surface. The absence of the usual causes (mitral disease, infectious processes, recent labor, etc.) for the formation of emboli tends to exclude this etiological factor, and it seems more likely that a thrombus had formed in a sclerotic cerebral vessel, whose endothelium being injured, produced a favorable site for such a process.

That cortical lesions may produce hemianesthesia we see from the cases reported by Vetter, Nothmagel, Luciani, Starr and others. Dr. Reuling said that he believed only a comparatively small surface was involved in this case, and that it probably involved the sensory portion of the internal capsule of the left cerebral hemisphere. It is more difficult to exclude the sensory portion of the medulla, but there were no symptoms suggesting pressure on any of the cranial nerves. Of course, the facial was involved, but one could almost exclude the possibility of this being due to injury to the trunk of the nerve itself or its nucleus in the medulla, as the frontalis muscle was not paralyzed. Lesions in the lower portion of the medulla are very often associated with alternating anesthesia or bilateral hemianesthesia, in the latter instance one half of the body being usually more anesthetic than the other. These changes are, of course, due to the crossing of the sensory fibres in this portion of the medulla.

Dr. Reuling says there is at present no very satisfactory explanation for the muscular atrophy following cerebral lesions. Charcot and his pupils, Pitres and Brissand, believed it could be explained by the degenerations occurring in the pyramidal tracts, and that this extended to and gave rise to secondary degenerative changes in the motor cells of the anterior horn, and as these are also the trophic cells for the muscles, the muscular atrophy seemed easily explained. Senator in 1879, and later Baginsky, demonstrated that this muscular atrophy could occur without such changes in the anterior horn cells, so that the theory of the Charcot school no longer held good. Darkschewitzoch holds that the muscular changes are secondary to changes in the joints; but these are by no means constant, although comparatively frequent complications. In this case no arthropathy existed, the increased size of the right hand certainly being due to a serous infiltration and probably a vasomotor phenomena. Some observers till believe in the presence of special trophic nerves in the central nervous system and associate all such changes in the muscles, etc., to an interference in their functions. Dr. Reuling believes the views of Monakow explain the muscular changes better than those of any other observer. Monakow believes the atrophy is due to an absence or want of the several physiological impulses which are apparently necessary for the activity and growth of muscles, namely, the motor, sensory and vasomotor impulses which are constantly present; it is, therefore, the injury of several sets of fibers conveying these that produce the degenerative changes. It is certainly striking how frequently sensory and vaso-motor phenomena are associated with the cases in which muscular atrophy appears soon after an intracranial lesion.

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Liability of Master for Attendance on Servant.—It is a well-settled doctrine, says Mr. Arthur N. Taylor in the New York Medical Journal, that the master is not by reason of his relation to the servant liable for medical attendance upon such servant. If, however, a physician is called by a master to attend a servant in his employ such engagement has been held to amount to a direct undertaking by the master to pay, but if he is called by the master's wife, even with an express agreement that her husband will pay, the husband is not bound unless it can be shown that the agreement is made with his knowledge and consent or that he subsequently ratified the hiring. The reason for this rule may be readily perceived; the husband is never bound by the contracts of his wife except for necessaries furnished to her or to her children; therefore a contract imposing a liability upon him for medical attendance upon a servant, which he is not primarily liable to pay, is beyond the scope of her authority.

Diabetes Incipidus and Hysteria. Mathieu (British Medical Journal) has for long noted that polyuria was very often associated with hysteria. Babinsky made out that diabetes insipidus sometimes meant hysteria itself, all the other and far more familiar symptoms being absent. Suggestion, Mathieu finds, may make the polyuria disappear. A patient under the care of Lancereaux, who passed about forty-two pints of urine daily, was cured by small doses of table salt, which Thiroloix had substituted for the phenacetine originally prescribed by Lancereaux without letting the patient know that the medicine had been changed. Gilles de la Tourette, in a discussion on Mathieu's views, did not feel sure that polyuria and its cure by suggestion necessarily implied hysteria. Hayem noted that in diabetes insipidus the total excretion of nitrogen was usually increased. This contraindicated theories of simulation. Diabetes insipidus usually, no doubt, appeared in neuropathic subjects, but it could arise from quite different causes. Ehrard had observed that in this polyuria allied to hysteria chlorides were excreted in abnormal proportions. There was no increase in the excretion of urea; indeed that compound was usually diminished in amount in the urine of hysterical women.

* * *

Dyspepsia and Gastric Dilatation. Sir William Murrell, in a clinical lecture in the Pacific Medical Journal, gives some points of difference and also the treatment of dyspepsia and gastric dilatation. Physicians too often accept the patient's diagnosis without further question. In dyspepsia alkalies increase acid secretions and decrease alkaline secretions, while acids have the opposite effect. Physicians should not always give the same thing. Gentian may fail where quassia, calumba and others succeed. Three drops of oil of cajeput on a lump of sugar or a small piece of bread, taken frequently, is agreeable and effective. Glycerine or glycerine of borax, with lemon juice, is very helpful in dyspepsia. Capsicum is drunkard's gastritis; if given in small doses is very good, and a few drops of the tincture of iodine in water and a little glycerine will stimulate the gastric mucous membrane. Fraser of Edinburgh has recommended the bichromate of potassium, one-twelfth to one-sixth of a grain in a capsule, after meals. The indiscriminate prescribing of pepsin is not to be advised. The only way to treat a dilated stomach is by operation, by taking a tuck in the walls of the stomach, and this is easy and safe.

* * *

Glycosuria in Diphtheria.—The occurrence of glycosuria in diphtheria has been noticed in a few cases, but few observers have been able to make a careful serial test in a large number of cases. Dr. Charles Simon of Baltimore has referred to this condition in a number of cases, and Drs. Cleon Melville Hibbard and Michael J. Morrissey, in the Journal of Experimental Medicine, have noted a number of cases, from which they draw the following conclusions:

1. There is a transitory glycosuria in diphtheria which is found frequently in the severe cases and is usually present in the fatal ones.

2. This glycosuria is often associated with albuminuria.

3. Injections of diphtheria antitoxine are occasionally followed for a few days by a slight glycosuria.

* * *

Night Sweats.—The treatment of night sweats in phthisis is very discouraging. The first thing to be thought of is atropine, either by the mouth or hypodermically. If it causes dry mouth it will have to be substituted by other things, and here the oxide of zinc with the extract of belladonna may be used. Aromatic sulphuric acid, or even ergot, may be tried. Agaricin is also a very good remedy which does not always fail in time of need. Frequently a combination of these remedies, and by alternating them, good results may be accomplished.

* * *

Twenty Thousand Lives Saved Yearly.—According to the North American Medical Review, England, by the maintenance of special hospitals for her consumptives, saves the lives of 20,000 of her inhabitants yearly.

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BALTIMORE, APRIL 1, 1899.

The Physical Status of Prophets.

THE tendency of modern times is to explain, or to attempt to explain, everything, and busy investigators do not spare the sacred book in their endeavors to clear up, according to our modern light, the occurrences narrated there.

Dr. James Weir, Jr., of Owensboro, Ky., has contributed an article to the *Denver Medical Times* in which he asserts that, judged by modern alienism, many of the prophets, both major and minor, and of sacred as well as profane history, were undoubtedly the victims of mental dyscrasias. This he not only attempts to prove from sacred history, but by what Egyptologists and Assyriologists have given us through long and faithful study.

The ancients believed that the insane were the especial wards of divinity, and this belief is still current at the present day among some of the Eastern nations. The insane man was supposed to be in direct communication with God. The ancient Hebrews used the same word to designate the religious lunatic and the holy prophet. Saul was troubled by an evil spirit, and "prophesied" is translated now as meaning that he was a lunatic and raved. He was seized by religious mania at times, especially when he sent for David to soothe him with his harp and hurled javelins at him. It was then his friends said, "Is Saul among the prophets?" meaning "Has Saul become insane?"

In the same way the author explains the peculiar performances of Ezekiel, Hosea, Isaiah and Jeremiah. He even goes so far as to say, which, of course, has been said before, that the Revelation of St. John were evidently the result of mental dyscrasia, supposing, of course, that John thought he saw these things, but if he is only speaking metaphorically then no charge of insanity can be brought against him. He thinks that Saul, afterwards called Paul, was a victim of epilepsy.

In later times such men as St. Anthony, Ignatius Loyola and Francis de Assisi were also victims of insanity. Jeanne d'Arc, Savonarola, Luther, Huss, Joseph Smith, Swedenborg, Mahomet and many others were also mentally unsound, and much has been written of the insanity of Richard Wagner.

While the writer does not bring forward anything especially new, it is interesting in that it shows the eccentric and especially clever persons were looked upon as mentally unsound. The alienists at the present day leave no ground, however sacred, untouched, and they attempt to explain from our present knowledge many things formerly obscure and mysterious.

* * *

Gifts to the Library.

SOME time ago it was urged on the profession through these columns that physicians of Maryland, as far as practicable, leave a written request or distinctly state it in their wills that their medical books be left to the Faculty library. As a rule, a medical library is of little or no value to a physician's family after his death, unless there be another physician in that family to inherit it. It is with great pleasure and gratitude that the Faculty has received from Mrs. George H. Rohé the library of her late husband, Dr. George H. Rohé, whose proficiency in so many different lines had caused him to collect books of especial value. Dr. Rohé left no will, and hence the gift of these 500 or more books was due alone to the liberality and generosity of his widow, who acted in a very wise manner in carrying out what she supposed would have been his wishes. The Faculty library is growing more and more to be a necessity to the medical profession of the State, and with a little more strength the plan may be carried out of having a number of duplicate books kept at various points throughout the State for the benefit of those who cannot reach Baltimore.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending March 25, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	...	..
La Grippe	..	7
Pneumonia	..	16
Phthisis Pulmonalis	..	18
Measles	8	..
Whooping Cough	...	..
Pseudo-Membranous Croup and Diphtheria.	32	6
Mumps	..	..
Scarlet Fever	13	..
Varioloid	..	..
Varicella	2	.
Typhoid Fever	2	1

Dr. Maris has removed his offices to 1215 Linden avenue, Baltimore.

Dr. James J. Mills has been appointed one of the oculists to Bayview Hospital.

Baltimore has an anti-vaccination society, which has regular meetings and sends out literature.

The nurses of the Baltimore Medical College have opened a new home next to the college building.

The German government has appropriated $14,280 to send Dr. Robert Koch to the tropics to study malaria.

The number of smallpox cases in Baltimore is slowly increasing and vaccination is the order of the day.

At the beginning of the year there were 17,735 persons practicing medicine in France. A year ago there were only 15,984.

A new medical society in Paris is called the "Société d'Obstetrique de Gynecologie et de Pediatrie." Pinard is the president.

The death is announced of Prof. Gustav Heinrich Wiedemann, professor of physics and chemistry at Leipsic. He was seventy-two years old.

Professor Charles Sedgwick Minot of Harvard Medical School will be the commencement orator at the Yale Medical School in June.

By the will of the late Edward Austen of Boston, Harvard University will receive $500,000 and Harvard Medical School Bacteriological Laboratory $10,000.

The Harford County Medical Association will hold its next meeting in the Town Hall in Bel Air on Monday, April 10, at 11 A. M. Drs. Finney and Kelly will read papers.

Dr. Alexander J. C. Skene of Brooklyn has resigned from the presidency of the Long Island College Hospital and has accepted the presidency of the Hospital for Breadwinners.

The Chicago, Milwaukee & St. Paul Railroad has given all its employes some instruction in minor surgery and nursing, so that in accident cases immediate aid may be at hand.

According to the last *Public Health Reports*, there have been since the first of the year 241 smallpox cases in Louisville, 300 cases in Alexandria, 571 cases in Norfolk, 567 cases in Newport News and 53 cases in the District of Columbia.

The managers of the Maryland Homeopathic Hospital have enlarged and refurnished their building on North Mount street, Baltimore. The hospital now has fifty beds and fourteen pupils in the training school.

Dr. Herbert Harlan states that he will meet the Dorchester county physicians at Cambridge April 5, and not April 4, as stated in the programme. His subject is "Grippe and Some of its Ear Complications."

The courts have decided that the Medico-Chirurgical College of Philadelphia, with an amended charter, has the right to grant diplomas and degrees. The Philadelphia Dental College tried in vain to prevent this.

Philadelphia has had forty-five cases of epidemic cerebro-spinal meningitis, with fifteen deaths, and in the past week 1570 cases of typhoid fever, with 164 deaths, have been reported, and since January 1 there have been 3649 cases, with 380 deaths.

The forty-sixth annual meeting of the North Carolina Medical Society will be held in Asheville, N. C., on May 31. The Board of Medical Examiners will meet on Thursday, May 25, and will be in session six days. Dr. Battle is chairman of the committee of arrangements.

By the liberality of Mrs. George H. Rohé, the library of the Medical and Chirurgical Faculty has received the valuable medical library of the late Dr. George H. Rohé. This contained over 500 books, besides rare monographs. They will at once be catalogued and become accessible to the members.

Washington Notes.

There are fourteen cases of smallpox at the hospital, a few cases coming in to take the place of those discharged. Monday there were three new cases added and seven old ones discharged.

A small panic was created at Fredericksburg, Va., Tuesday by the discovery of half a dozen cases of smallpox. The outbreak has been traced to the National Bank Building. Compulsory vaccination is being enforced.

The District commissioners have given authority to Health Officer Dr. W. C. Woodward to have cleaned and disinfected any premises likely to be a source of danger, even though they may not be known to be actually infected with smallpox or other disease.

At the District Medical Society Wednesday evening the following subjects were presented: "Chronic Pemphigus of the Larynx," with specimens, by Dr. Bryan; "Cerebral Hemorrhage, Cerebro-Spinal Meningitis, Renal Cyst," by Dr. Lamb; "Fused Kidney," by Dr. Hicking.

The cerebro-spinal meningitis death-roll now numbers thirty-four, three deaths being reported yesterday. This is the fifth week of the epidemic and the indications are that the disease has a firm grip on the southwestern part of the city, where 90 per cent. of the cases have occurred. The health authorities are inclined to believe that the disease was brought in by the troops passing through the railroad yards in that section of the city. While this may prove a satisfactory explanation, we know from the history of cerebro-spinal meningitis epidemics outbreaks may occur now and then simultaneously in regions as widely separated as Europe and America; that they may occur in city and rural districts, in the salubrious and unhealthy alike. While there are a few cases in some of our cities every year, notably New York, the three great epidemics in this century are as follows: First from 1805 to 1816; second, 1837 to 1850; third, 1856 to 1868. These epidemics completed their cycle of progress in from ten to fifteen years, the initiatory one making its appearance at Geneva. Again in 1874 there were epidemics in most parts of this country. In 1893 the disease was prevalent in New York and parts of Maryland. In 1896 and 1897 Boston was visited, and at the present time small epidemics are seen in several of our Eastern cities.

Book Reviews.

An Atlas of Bacteriology: Containing One Hundred and Eleven Original Photomicrographs, with Explanatory Text. By Charles Slater, M.A., M.B., M.R.C.S. Eng., F.C.S., Lecturer on Bacteriology, St. George's Hospital Medical School, and Edmund J. Spitta, L.R.C.P. Lond., M.R.C.S. Eng., F.R.A.S., formerly Demonstrator of Anatomy, St. George's Hospital Medical School. Pp. xiv-120. Price $2.50. London: The Scientific Press; Philadelphia: J. B. Lippincott Co. 1898.

Notwithstanding the rapid progress which has been and is being made in photographic illustration of medical text-books, the results have thus far not been wholly satisfactory, and one approaches a book entirely illustrated in the photographic way with some trepidation. In the volume before us we find, we are glad to say, an agreeable surprise, for the illustrations are, on the whole, magnificent. The photographs of the various forms of bacteria are excellent and it is hard to conceive of better reproductions of the originals than these. The book is provided with a photographic introduction in which are described briefly but adequately the essential points of modern photomicrographic technique. This is followed by a bacteriological introduction in which the bacteria in general are briefly dealt with. The bulk of the volume is occupied by clear descriptions of all the well-known varieties of pathogenic bacteria. We miss bibliographical references, but the book is not intended to replace text-books on the subject.

At the end of the volume malarial plasmodia are illustrated, though not so successfully as the bacteria in the preceding sections. It is rather a pity that the estivo-autumnal parasite is not so labeled. In this volume the malarial parasites are divided into benign (which do not form crescents) and malignant (forming crescents). Here and there a misprint is noticeable, for example, by MacCullum on page 106, the authors evidently meaning MacCallum.

The bookmaking is superb. In this respect it is one of the best books put upon the market in recent years. For those to whom Fraenkel and Pfeiffer's Atlas is not accessible this book should be of great service.

Remarks at the Presentation of the Candidates for the Degree of Doctor of Medicine at the Commencement of the Johns Hopkins University. By William H. Welch, M.D. Reprint from the *Johns Hopkins Hospital Bulletin.*

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Original Articles.

THE ANTIPERIODIC TREATMENT OF INSANITY.

By Edward Anderson, M.D.,

Rockville, Md.

In view of the vast increase in the number of cases of insanity of late years, particularly among the negroes, it behooves us general practitioners, to whom most of the cases are first referred, to see to it that they receive the proper treatment at once.

In my experience, malaria is one of the most common causes of insanity, and when it is the cause the case is amenable to antiperiodic treatment only, but it must be treated vigorously and often for a lengthy period. I now treat all cases of insanity with antiperiodics, and often succeed in curing them when no evidence of malarial poisoning is present.

Some years ago I published an article in the *Medical News* entitled "Insanity Cured With Quinine." In that instance a woman, between seventy and eighty years of age, suddenly became a raving maniac and did not improve in the slightest degree until I put her on large doses of quinine, when she immediately began to improve, and in a short time was well. Had this woman been sent to an asylum, with her family history of two daughters insane, she would probably have remained there to the present time, six years, whereas she has been a useful woman during that period.

A short time since I was called to a very sad case of melancholia in a woman sixty years of age. I found her locked up in a room by herself and moaning as if her heart would break. Her wrists were excoriated where she had been tied to prevent her from destroying herself, which she had frequently attempted to do. There was no rise of temperature in this case and no other evidence of the presence of malaria, yet I put her on heavy doses of quinine, which has caused her malady to take on an intermittent form of a much milder type, and I believe, in time, will effect a perfect cure. I was not called to this case for the purpose of treating it, but merely that I might be able to testify before the jury which was to commit her to an insane asylum.

It is singular how long malarial parasites will sometimes remain in the system without producing symptoms, when suddenly an attack of insanity will supervene which will go on forever, unless antiperiodic treatment is instituted. Malaria is also frequently the indirect cause of insanity producing epilepsy, which generally results in imbecility. A child will have a chill say every other day, but after a while a convulsion will take the place of the chill and, if not properly treated, the case will run into one of epilepsy. After a time, the periodicity is lost, but the remedies remain the same, though they are not often applied.

In treating insane epileptics the coal-tar preparations are to be preferred at first, and quinine and arsenic later on, for they act not only as antiperiodics but antispasmodics as well. I prefer them to the bromides in the treatment of convulsions in children, particularly where there is febrile action present.

A prominent physician of this State, and one whose word I would not for a moment doubt, told me he knew a confirmed epileptic, who had also been an imbecile for many years, completely restored to reason and usefulness after an attack of malarial fever. I asked him if quinine had been used in the case. He said "Yes, freely."

I believe there are many insane persons languishing in institutions who might be released from a condition worse than death by the proper employment of antiperiodics.

THE TECHNIQUE OF RADIOGRAPHY.

By Alex. L. Hodgdon, M.D.,

Professor of Nervous Diseases and Diseases of the Mind, Maryland Medical College. Neurologist to the Home for the Aged.

As is well known, certain firms put up special plates for radiographic work, and these plates are enclosed in light-proof envelopes. Such plates seem to be very popular with many radiographers. Other operators in this line use some one of the many good plates upon the market by placing it in a plate-holder, but may be inconvenienced by being compelled to have a number of different sized plate-holders.

In order to simplify the process I have been wrapping my Hammer Extra-Fast plates (which is the make of plate I use in this line of work) in envelopes which I make myself out of a woven black paper, known as tailors' pattern paper. These envelopes can be readily made by the use of the paper and a little photo-library paste; they can be sealed at all ends with the exception of one, which end can be folded over after the plate has been inserted, and the envelopes can be used over and over again. They can be made of different sizes from 4x5 to 10x12, or even to fit the very large plates.

It would seem hardly necessary to mention that all plates should be encased in envelopes in a dark room by the aid of a ruby lamp.

REPORT OF PROGRESS IN DERMATOLOGY.

By T. Caspar Gilchrist, M.D.,

Clinical Professor of Dermatology, Johns Hopkins University; Clinical Professor of Dermatology, University of Maryland.

PERSISTENCE OF SYPHILITIC INFECTION.

At the annual meeting of the Italian Society of Dermatology and Syphilography, 1897 (abstract *British Journal of Dermatology*, January, 1899,) Professor De Amices called attention to a case of syphilis in which great persistence of infection was demonstrated without having presented actual lesions of the genitals. The patient was a man who, having been infected, married a healthy woman. Two abortions and four live births resulted, two of the children being syphilitic. The husband died of cerebral syphilis. The wife married again, and, although the second husband was healthy, three abortions and two infected children resulted. The mother had never shown any signs of syphilis and had received no treatment. The period of observation covered fifteen years.

RINGWORM IN BOSTON.

"Ringworm As It Exists In Boston" is the title of a paper by C. J. White of Boston (*Journal of Cutaneous and Genito-Urinary Diseases*, January, 1899). He publishes the results of a careful and painstaking investigation of 279 cases of ringworm as met with in the skin clinic of the Massachusetts General Hospital. After considering the subject clinically, microscopically, culturally and morphologically he agrees with Sabouraud and Colcott Fox that ringworm should be divided into two great heads, the microspora (small-spored variety) and the megalospora (large-spored variety). Sabouraud believes the two are distinct species, but White could not convince himself that such was the case. Of the cases examined 52 per cent. were due to the microsporon and the scalp was the seat of the disease in 88 per cent. of the cases.

A fact of some importance established by White is that a ringworm of the scalp in a person over thirteen years of age is usually caused by a megalosporon. The

microsporon produces a clinical picture which is constant, and the disease appears on the scalp as round areas, which is covered with short hairs and dirty scales. In the very small areas a heaping up of scales is found about one or two hairs. Under the microscope the plant appears as a mosaic of glistening, round spores two or three micromillimeters in diameter encircling the hair.

White considers this form of ringworm much more benign in Boston than that which occurs in Paris and London, and the treatment which is adopted at the Massachusetts General Hospital usually results in a cure after six months' application. The treatment consists in epilation by the mother of the short hairs in the patch and around it, washing with Castile soap and warm water every morning and the application of the following ointment:

R. Sulph. flor., dr. i.
Acid carbolic, dr. i.
Naphthol, dr. ss.
Adipis, oz. i.

With reference to the megalosporon, White's investigations show that it occurs at almost any age from two weeks to fifty-three years.

Ringworm of the scalp, due to the large-spored variety, is rare in Boston, only 3 per cent. of the scalp cases being caused by this species. The diseased patch is not round, as in the microsporon variety, but irregular or oval. The area instead of being covered with ashen-gray scales is red and looks eczematous. The short hair stumps are absent, but a few long, rather swollen hairs are usually present. The spores are usually quadrangular, with rounded corners, and are much larger than the microspora. The mycelium resisted disintegration even when it was subjected to a boiling temperature for some moments. The megalosporon which attacks the scalp has been described by Sabouraud as an endothrix in contradistinction to the second subvariety, ectothrix, which constitutes the form attacking the beard.

Treatment of these scalp cases is much more severe than in the small-spored variety, and one has to perform epilation and apply such drugs as mercury, chrysarobin, pyrogallic acid and formaldehyde.

Ringworm as it occurs on the body (face, neck, extremities, trunk) belongs to the endothrix variety of megalosporon. The lesion commences as a small papule, which frequently becomes vesicular and later is covered by a greasy, yellow scale. Gradually the margin advances and the center levels down, the circumference, when undisturbed, consisting of vesicles or scale-capped papules. Only the lanugo type of hair is affected in this variety of ringworm. In cultures the variety always presents the same picture.

In the treatment the white precipitate ointment is sufficient to cure the disease.

The second variety of megalosporon or ectothrix presents two clinical pictures, either a superficial scaling variety or a deep, suppurating form. Sabouraud believes this variety to be always of animal origin, and all of White's cases occurred in males. The mild type presents a very constant appearance. It begins as a small, superficially scaling area in the bearded face. The scales are grayish, the disease gradually spreads and very small pustules around lanugo hairs make their appearance. If left alone the hair tends to fall. The severe variety commences as a pustular inflammation round the hairs, and presents a picture which is usually described as tinea sycosis. The observation of Sabouraud that this variety of ringworm was pyogenic is confirmed by White, the usual pus cocci being absent in the pus.

The treatment of the severe suppurating lesions consists of thorough surgical measures, and the milder cases even often require severe treatment, such as scarification and curetting.

THE TREATMENT OF SYPHILIS WITH INJECTIONS OF SUBLIMATE IN HIGH DOSES.

Kapfer (*Prag. Med. Woch.*, Nos. 1-4, 1898,) gives his results in the treatment of 127 patients with the method recommended by Lukasiewicz. He injected every five or eight days a 5 per cent. solution of sublimate into the gluteal region between the two trochanters. Only a few complained of the infiltrations. Stomatitis and diarrhea appeared in 15 and 12 per cent., respectively, of the patients. The author prefers the sublimate to the salicylate of mercury because of the dangers

which may result in the latter from accumulation of mercury.

TOXINES IN DERMATOLOGY.

H. Hallopean discusses this subject in the *Annales de Dermatologie et de Syphiligraphie* (viii, p. 854, 1897,), and he emphasizes the fact that toxines play a very important part in the production of dermatoses, and he even goes so far as to assert that they are the immediate cause of the great majority of cutaneous diseases. He applies the term toxines to "all morbific substances produced by living organisms," so that stings of insects, jellyfish, certain vegetable poisons, etc., are regarded as toxines. He explains the pruritus of jaundice, the eruptions and pruritus of diabetes and the eruptions caused by abnormal renal secretions as being due to alteration in the quality of or excessive variation in the quantity of the normal products of secretion. The toxines of microbic origin which are produced in the alimentary canal are a frequent cause of cutaneous diseases. The eruptions which sometimes occur in the course of diphtheria, gonorrhea and the exanthematous eruptions are probably produced by the toxines resulting from the respective micro-organisms. Hallopean thinks that toxines may be the cause of such diseases as acute eczemas, psoriasis, pemphigus, etc.

TREATMENT OF ECZEMA.

Allan Jamieson, in the *Edinburgh Medical Journal* (January, 1898,) describes his recent experience in the treatment of eczema of the palms and soles according to the method devised by Unna. The palms or soles are first poulticed every four to six hours with starch poultices, to which boric acid is added. A good deal of the sodden epidermis is removed by rubbing with a rough, soft, dry cloth between the changes of poultices. In about four or five days the palms become soft, smooth and pliable. The following ointment is now applied:

R. Acidi pyrogallici oxidati, gr. v-xxx.
Lanolini, oz. ss.
Ol. amygdal., dr. ii.
Aq. distilled, dr. ii.

Jamieson has tried this treatment in six cases, and the results have been excellent. After the cure only the blandest soap should be used.

SOME PRACTICAL HINTS.

In the *British Journal of Dermatology* (October, 1898,) H. Skinner, under the title of "Pharmaceutical Notes," offers the following suggestions. A liquid soap which he has found very useful in dermatological practice consists of oleic acid, 2 ounces; alcohol, 90 per cent., 3 ounces; solution of ammonia, a sufficiency, and water to 6 ounces. The ammonia is added drop by drop until the odor can faintly be detected. It is then allowed to stand for seven days and filtered through kaolin.

He also recommends as an excellent base for cutaneous remedies yolk of one egg triturated with one-half ounce of lanolin, and then one-half ounce of rose water to be gradually added; zinci oxide or ichthyol can be added. A creamy emulsion can be obtained by adding milk.

A very absorbable base is the following: Wool-fat, one-half ounce; glycerine of starch, one-half ounce, and white vaseline, one drachm. The author says that this is absorbed better than any ointment he has used.

As a good general ointment for the usual run of eczemas he recommends anhydrous wool-fat, one-half ounce; camphor, thirty grains; glycerine of subacetate of lead, one-half ounce, and coal tar if indicated.

TATTOO SYPHILIS.

In a paper by T. Thomas in the *British Journal of Dermatology* (November, 1898,) three cases are recorded of tattoo syphilis. The operator was attached to a traveling show, and he made use of his own saliva to moisten the skin when it was to be tattooed. The patients were all young men, and chancers developed at the site of the tattoo. In Case I a figure of Venus was depicted on the forearm; two chancres appeared later, one on the right breast of Venus and the other on her right knee. The chancres were followed later by other symptoms of syphilis.

SALICIN.

In Professor Schwimmer's *Festschrift* (*Abstract. Archiv. für Dermat. u. Syphil.*, XLVII, p. 113, 1899,) is a paper by H. R. Crocker on salicin in the internal treat-

ment of cutaneous diseases. He has tried salicin in 200 cases of psoriasis, and he compares the results with arsenic and thyroid extract. With the use of salicin he has shown that the progress of the disease is interrupted at once even when the lesions are markedly hyperemic. The acute redness and irritation disappears, the scale formation is lessened and the older scales are much softened. The disappearance of the lesions takes place in the usual way, i. e., by clearing up in the center first. The best results have been obtained with salicin in the guttal form of psoriasis. When only a few chronic patches were present then better results followed local treatment. In psoriasis of the scalp the exclusive use of salicin was not the best form of treatment. Four cases each of lichen planus and of pityriasis rosea were also treated by salicin and cures were obtained in all cases. Salicin was not efficacious in acute eczema, but in one case of lupus erythematosus the practical disappearance of the eruption followed. Crocker explains the action of the drug by the fact that the salicin forms salicylic acid in the blood, and this acts as a microbicide against the organisms which probably play an important part in the blood in these diseases.

REPORT OF PROGRESS IN DISEASES OF THE EYE AND EAR.

By Hiram Woods, M.D.,

Clinical Professor of Eye and Ear Diseases, University of Maryland; Surgeon to the Presbyterian Eye, Ear and Throat Charity Hospital, at Baltimore.

In the London *Lancet* for December 12, 1897, Dr. Henry E. Juler publishes an address on Syphilitic Diseases of the Eye and Its Appendages.

Venereal sores of the eyelids are always hard or infecting. Chancroids are never seen here. According to Parras, not one authenticated case is recorded. The English authority on syphilis (Jonathan Hutchinson) says chancroids are seldom seen except on the genitals. Chancres generally involve the palpebral conjunctiva. Sometimes they are limited to the cutaneous surface, sometimes at the margin, involving both skin and conjunctiva.

The frequency of primary syphlitic lesion of the lid varies in different countries, according to De Beck—in France, one palpebral chancre in every 500 cases of syphilis; in England this is excessive; in Germany likewise. The writer reports a few cases. Kissing the eyelids by the possessor of mucous patches is a means of infection. Digital is, perhaps, the most common mode of inoculation. Chancres of the lid are always accompanied by cervical adenitis, pre-auricular or submaxillary, usually both. Rodent ulcers, chalazion, hordeolum, etc., are not as a rule accompanied by adenitis. Of course, an adenitis may occur with these affections, but it is not present as a sequel. When adenitis occurs as a sequel of suppurative tarsal tumors, styes, etc., the glands are painful and characteristic symptoms of inflammation are present.

In syphlitic adenitis only enlargement is present. Tubercular lid ulcer may be mistaken for a chancre, but the former is never indurated and is quite rare. Gummata occasionally appear in the skin and subcutaneous tissue superficial to the tarsus. They may develop in the tarsus also. These lesions ulcerate early. Trousseau (Société Francaise d'Ophthamologie, 1888) says gummata of the lid resemble an acutely inflamed chalazion with edema of the lid, the skin being dusky red with cervical adenitis and muco-purulent discharge. Primary syphilitic dacryo-adenitis has never been observed. Bull says he has seen hypertrophy of the lacrymal gland (excessive connective tissue and gummatous infiltration). The patient died from a gumma of the dura. Syphilis complicates the lacrymal passages rather frequently. The puncta and canaliculi may be obliterated by cicatrization following a chancre or tertiary ulceration. During the secondary stage secretion may be pent up in the sac from inflammatory swelling of the periosteum of the nasal duct or by a mucous patch at its opening in the inferior meatus, producing at first a catarrhal dacryo-cystitis which becomes purulent. Lacrymal abscess generally occurs in the late stage. Tertiary lesions

may obliterate the lumen of the canal. Periostitis is generally followed by caries-necrotica.

Of the orbit, the upper and outer angle, external angular process of frontal bone, is the part usually affected by a gumma. It is generally started by a blow. The diagnosis will be made by the history, gumma generally being found elsewhere. Gumma here may produce dislocation of the globe diplopia, mechanical ptosis, etc. Retro-ocular neuritis is marked by rapid failure of vision, one eye usually, often accompanied by pain and tenderness in the neighborhood, absence of ophthalmoscopic changes and a tendency to recovery. Central absolute scotoma may be produced. The author had the opportunity of seeing pronounced papillitis in cases of retro-bulbar interstitial optic neuritis caused by syphilis. It is usual to find pallor of the disc without preceding papillitis. Interstitial keratitis is commonly seen in hereditary syphilis. Its value as a diagnostic sign cannot be overestimated. This affection is almost pathognomonic of inherited syphilis. It is unknown in the acquired form.

Syphilitic episcleritis and gummata of the sclera are not separate affections. This manifestation is recognized as a circumscribed growth superficial to the sclera and in the ciliary zone. The lesion is yellowish-white in color and not very vascular. The conjunctiva covering it is much inflamed. Syphilitic iritis presents three varieties—plastic, serous and so-called gummatous. Rheumatism, gout, gonorrhea, diabetes, etc., may also cause plastic iritis. Characteristic symptoms are ciliary injection, contracted and inactive pupil, loss of brilliancy (color changed to green in a blue eye, dirty mud color in a brown eye), with visual acuity much diminished, and pain. Iritis is apt to appear between the fourth and ninth month of the disease. Syphilitic iritis occurs in 4 per cent. of all cases. Deposits on the iris and within its parenchyma, of circumscribed nodules of lymph, chiefly near the pupillary margin, multiple and orange or rust color, have received the name of "iritis gummosa." This form makes up about 18 per cent. of all cases of specific iritis. In cases of plastic iritis the absence of these specific changes does not exclude syphilis. Gummatous iritis, so called, occurs as a secondary manifestation, but it may occur in a later stage. A plastic iritis, if neglected, may present the gummatous form later. A broad posterior synechia will generally remain. Sometimes these nodules are so large that they form an anterior synechia.

Granuloma of the iris may be mistaken for a gummatous iritis. This form is not syphilitic. The former are pale, translucent, gray deposits. They clear up without leaving any visible change in the iris and never form synechia. In association with inflammation of the ciliary body a form of iritis (serous iritis) occurs. Juler proposes a better name—sero-plastic irido-cyclitis. Iritic adhesions may occur, showing that the iris is inflamed, and lymph is thrown out, but the evidence of cyclitis is predominant, viz., keratitis punctata, deep anterior chamber, increased intra-ocular tension and possibly a tendency to dilatation of the pupil rather than a congestive myosis. This form usually attacks both eyes, and usually clears up. It is better to use the mixed treatment than either hydrargyrum or kalium idodide alone. Iritis gummosa may be mistaken for "tubercular iritis." In both we find tumors of the iris and plastic iritis usually. Tubercular growths are mostly white, start at the periphery and grow inwardly. The dead white may be mistaken for corneal opacities. Sometimes the tubercular deposit is marrow red, but never orange color. The subjective symptoms of gummatous iritis are wanting in tubercular iritis. Tension is reduced generally. In gumatous iritis it is normal.

Putting aside syphilomata, the inflammatory changes which take place in the choroid may be grouped as follows: Disseminated, diffuse (always associated with retinitis), macular and peripheral choroiditis. Any of these may be found combined with another. It is not uncommon to see the diffuse follow the disseminated form. It is well to bear in mind that the retina is always involved, even if the lesion be focal. If one of the patches, in disseminated choroiditis, is present at the macula, there will exist a central

scotoma. All syphilitic lesions of the choroid manifest themselves as late secondary symptoms; may be seen in the tertiary stage. Progressive choroiditis may follow irido-cyclitis four years after the chancre. The earlier the choroiditis develops the more active the inflammation. Disseminated or focal choriditis is usually an active inflammation. The lesions are seldom seen during the period of exudation owing to the accompanying hyalitis, the virtreous being cloudy from floating opacities. Red reflex only is gotten by the ophthalmoscope.

The yellow nodules or focal lesion are sometimes visible. Retinitis in association with choroiditis is the most common form of retinal inflammation. We meet with it in syphilis. It is preceded by choroiditis passing almost imperceptibly into chroido-retinitis. The essential features are the following: Papillitis, patches of exudation, cloudiness and hemorrhages. These changes mostly take place at the disc and macula regions; ophthalmoscopically these changes may be mistaken for albuminuric retinitis. Again, syphilis may be its forerunner, previously setting up an interstitial nephritis. Lardaceous changes in the kidney may be attended with retinitis or hemorrhages. The retinitis of Jacobson is not in this category. It is a primary syphilitic retinitis, attended with marked cloudiness of the retina, slight papillitis, distension of the retinal veins, white spots and hemorrhages.

Papillitis is often seen in syphilis. It may be monocular or in both eyes. It may be associated with retinitis or some intracranial trouble. Double papillitis is generally caused by an intracranial gumma.

Atropine in Delirium Tremens.—Towonne (Therapeutic Gazette) finds that the injection of about one-sixtieth of a grain of atropine in delirium tremens causes quiet and later sleep in the majority of cases so treated.

* * *

Phlebitis.—The treatment of phlebitis in the course of such wasting diseases as pulmonary consumption is very unsatisfactory. Heat, warm applications and other forms of counter-irritation may afford temporary relief, but effect no cure.

Society Reports.

NEW YORK ACADEMY OF MEDICINE—SECTION IN ORTHOPEDIC SURGERY.

MEETING HELD FEBRUARY 17, 1899.

HYPERTROPHY OF THE TIBIA.

Dr. S. Ketch presented a girl of four years of age whose right tibia was greatly lengthened and thickened, with decided anterior bowing. He had first seen the patient in December, 1898. The epiphyses were thickened, but the enlargement was not confined to them. It was most marked at the middle of the shaft, but included the whole bone, as was seen by the *x*-rays. Length—right leg, $19\frac{1}{2}$; left leg, $18\frac{5}{8}$; right tibia, $9\frac{1}{4}$; left tibia, $8\frac{3}{4}$. Circumference—right thigh, $9\frac{1}{2}$; left thigh, $10\frac{1}{4}$; right calf, $8\frac{5}{8}$; left calf, $7\frac{7}{8}$. The disease had begun eighteen months ago, with a small lump on the leg and pain at night and when she walked. This was Dr. Ketch's second patient of the kind. The first one was a girl eleven years of age, who had been presented to the Section in November, 1897, and had been operated on for the purpose of shortening and straightening the bone, and had again been before the Section in March, 1898, with resulting improvement and ability to walk about. (See Maryland Medical Journal, January 8, 1898, pp. 224, 225, and August 27, 1898, pp. 804, 805.)

The bone had been found to be solid, the cavity being obliterated. Neither of the patients had received any benefit from anti-syphilitic treatment. There was doubt as to the cause of this growth of the bone. It was not improbable that the trouble began in the periosteum. It was a question whether something ought not to be done early in the way of an operation to arrest the process, such as an incision through the periosteum, which might at least relieve the tension.

Dr. T. H. Myers said that this affection was extremely rare. He did not think that any drug could produce a material improvement, though it might prevent further progress of the disease. Such cases were sometimes assumed to be syphilitic for lack of better information,

though no history or symptoms of that infection could be elicited.

Dr. V. P. Gibney suggested a linear incision through the periosteum, and if that could be done with perfect safety, going farther by denuding the bone from the anterior surface and shaving off the redundant portion, suturing the periosteum and letting it heal primarily. The growth in length could not be stopped except by attacking the epiphysis, which would be hazardous.

Dr. H. Gibney said that in addition to the treatment which had been suggested he would go further and complete the operation, straightening the leg by the removal of a wedge-shaped piece of the bone and maintaining the correct position by plaster of Paris dressings.

Dr. Myers thought that incision would only relieve the pain. He would not operate until the child had attained its growth or the disease had stopped.

Dr. G. R. Elliott said that it was of pathological interest that the tibia alone was affected while the fibula remained normal. There was but little deformity compared with the decided bowing, which had been an indication for operation in Dr. Ketch's former patient, in whom the pathological findings were diffusely distributed throughout the entire thickness of the bone. He asked what effect tying the nutrient artery of the bone would have on the progressive atrophy.

Dr. Ketch said it would probably stop the growth of the bone.

Dr. Elliott suggested the possibility of resulting necrosis.

Dr. A. B. Judson said that if the whole limb were affected symmetry might possibly be promoted during the growing period by checking the vascular supply of the larger limb, by bandaging or lacing the whole limb and increasing the vascular supply of the smaller limb by venous compression. At the same time the functional activity of the one could be lessened and that of the other increased by the use of an ischiatric crutch or other apparatus having the same effect, with a high sole under the shorter limb. But as the diagnosis was absent and the pathology unsettled he could not suggest a reasonable treatment.

Dr. Ketch said that at an earlier stage some of the operative procedure suggested might have arrested or prevented the abnormal growth of the bone, but, on the other hand, they might have promoted it. He was opposed to the removal of a portion of the bone during the growing period. As the parents of the child desired active treatment an incision might be recommended as likely to stop the pain, which he thought was due to tension.

ENLARGEMENT OF THE EPIPHYSES.

Dr. Myers presented a girl, sixteen months of age, whom he had seen for the first time on January 10, 1899. The epiphyses of the radii, femora, tibiae and the entire phalanges of several fingers were enlarged. The joints of the ankles, knees, fingers, wrists and the right elbow were swollen and somewhat restricted in their motions. The enlargement at the ankle joint was peculiar, several of the tarsal bones sharing in it. She walked with difficulty, with knees and hips flexed. Flexion of the knees and unwillingness to walk had been observed immediately after an attack of cholera morbus in October, 1898. The knees were kept a little flexed, and there was a very slight effusion in these joints. The child did not sleep well, but otherwise seemed to be in good health. Potassium iodide, gr. iv-viii, had been given t. i. d. for a month without improvement. The teeth were not notched. There was no syphilitic history. It was not typical scurvy. The child had been for three months on a general diet, including eggs, meat, potatoes and fruit. It was certainly not a typical case of rickets. She had cut teeth early and walked at ten months, the head was well formed and the abdomen not prominent. The diagnosis remained uncertain.

Dr. Ketch said that the obvious feature of the case was a very exaggerated change in nutrition—an overgrowth of some kind, the effect of some not so obvious diathetic cause. He had seen localized changes in scorbutus which were very similar.

Dr. V. P. Gibney said that the changes were similar to those seen in chronic rheumatoid arthritis, which he had repeatedly seen in typical forms in children

seven and eight years of age, and he did not see why it should not attack a child sixteen months old. This, however, would not explain the growth of the long bones and phalanges. His first thought was of scorbutus, but the condition would have disappeared with the child on the diet stated. Syphilis could be excluded. If pushed for an opinion he would say it was a case of multiple bone tuberculosis, a condition which could be less easily excluded than any of the others mentioned. The boggy feeling of the joints, the fact that there was effusion in the joints, and the statement that flexion of the knees and an unwillingness to walk had followed an attack of cholera infantum all supported the view that it was an instance of bone tuberculosis. He would raise the question whether synovitis was not one of the earliest signs of tuberculosis in a child. He advised putting the child in a wire cuirass and keeping the limbs extended. It was not good to allow the child to walk.

Dr. Ketch said that primary synovial tuberculosis was rare in children.

Dr. Judson had noticed the contraction of the knees and hips, but thought it was not the result of the reflex muscular action of joint disease, and that the fact that the contractions were nearly symmetrical pointed to a more general cause than tuberculosis of the joints affected. He did not think that synovitis was an early incident of osteitis, and that primary synovitis could be differentiated by the absence of the usual signs of osteitis, which were muscular atrophy and reflex action and a prolonged history of inconstant lameness and pain. Synovitis should not be considered as liable to run into osteitis, although practically it was well to relieve a synovitic joint from weight-bearing.

Dr. Ketch said that he had rarely seen synovitis as an early stage of tuberculosis.

Dr. V. P. Gibney said that the focus of diseased bone might suffer a traumatism and thus cause an extension of the process and give rise to this outward manifestation. He recalled a case seen twenty years ago. The child's knee was full of fluid. It was thought surely to be synovitis, and a glowing prognosis of recovery in a few weeks was made, but after six or seven years' treatment recovery took place with a stiff knee. Primary osteitis, with secondary synovial distension, occurred before the gross signs of the osteitis, which called the attention of the practitioner to some trouble in the knee. At this stage the trouble could be cured.

Dr. Elliott said that fluid in a joint immediately after a traumatism pointed clearly to a synovitis directly due to traumatism. If tuberculosis followed it resulted from a further injury to the bone itself, which made a proper nidus for the tubercular growth. In other words, a dual injury and the fluid in the joint was entirely distinct from the true tubercular lesion and in no way connected with it. The later tubercular development might delay the absorption of the primary synovial excess, and thus the latter might come to complicate the tubercular joint.

Dr. Myers had seen effusion early in tubercular joint disease, but did not consider it of diagnostic value. In spite of the fact that the patient had had apparently an anti-scorbutic and anti-rachitic diet he could not help thinking that the trouble was due to one of these diseases rather than to tuberculosis. The child was not very sick. The prinicpal changes were in the epiphyses and phalanges, and seemed to him to be due to some form of nutritional disease. The congested epiphyses could only account for the pain and tenderness, but he would adopt the suggestion made and protect the joints by keeping the child quiet.

CASES OF COXA VARA.

Dr. Myers also presented a boy, eight years of age, who had waddled and was walking worse every year since he began to walk. His muscles were strong. A certain rigidity of all the muscles of the lower extremities made examination somewhat difficult. The motions of the hip joints, especially flexion and abduction, were somewhat limited. There was no dislocation, but the neck of the femur was seen in the skiagram to be bent down as in coxa vara. The diet had been good. The boy was a little bow-legged and flat-footed.

Dr. H. Gibney found no shortening and trochanters, but slightly above the line. He thought the waddling might be due to flat feet.

Dr. V. P. Gibney said that the radiograph showed forward rotation and a little bending backwards of the femoral neck at its junction with the shaft. The opinion was expressed by several speakers that the boy had coxa vara in a mild and not strictly typical form.

Dr. Elliott thought that the condition dated from early rachitis in all probability. The picture was a logical one, and the femoral neck had changed simultaneously with the bowing of the legs, both having been more or less plastic.

Dr. Ketch said that the traces of rachitis were obvious. Coxa vara was sometimes made to include cases that were not dependent on bending of the bone. Some cases were due to deviations caused by abnormal epiphyseal growth resulting in a change in the angle of the neck of the femur. On the other hand, the peculiar gait of coxa vara was not infrequently attributed to knock-knees or bow-legs.

Dr. Judson said that coxa vara might be considered to mean an abnormal or various relation of the neck of the shaft caused by lesions of different kinds, all of which were not yet recognized.

Dr. V. P. Gibney said that in coxa vara we had found one new disease or condition to rule out in our study of hip disease. Many cases of "hip disease" in adolescents which recover and have relapses, but never get very bad, having from one-half to three-quarters-inch shortening, were really cases of coxa vara.

Dr. Ketch presented a boy, eleven years of age, who had had a limp (left leg) in winter, but not in summer, for three years. Pain and inability to walk on rising disappeared entirely in the afternoon. There had been no history of rickets or rheumatism. Abduction was limited, especially in flexion. Outward rotation abnormally free; trochanter one-half inch above the line; no atrophy; right, 28; left, $27\frac{5}{8}$. The skiagraph showed a change in the angle of the neck.

TREATMENT OF COXA VARA.

Dr. Judson suggested mechanical means for permitting locomotion while the affected part is relieved from the weight of the body as long as the bone was in a growing or plastic state.

Dr. V. P. Gibney said that when the affection was single good results could be obtained from the use of the hip splint. He saw no objection to the wearing of a jointed splint for some months, affording, not absolute, but modified protection, enough to shut out traumatism.

Dr. H. Gibney said that the ischiatic crutch for this purpose was easily adjusted and comfortably worn and allowed the limb to hang free.

Dr. Myers said that when both femora were affected mechanical protection was attended with difficulties, and it was not easy to keep the adolescent patient, like the one he had presented, quiet.

Dr. Judson suggested the use of a bicycle.

Dr. Ketch said that such a case would improve the general nutrition and prepare the parents for a long wait.

PAIN RELIEVED BY TRACTION.

Dr. Myers related the history of a patient, twenty-six years of age, who had suffered five and one-half years from rheumatism in the ankles, neck, shoulders, elbows and wrists and the right hip. For the first year improvement had followed massage and medical treatment. For the past four and one-half years the right hip had gradually become stiff and painful in walking. When first seen by Dr. Myers in February, 1898, there was some spasm, but no shortening. Motion of hip: Flexion 16°, abduction 10°, external rotation 10°. A short traction hip-splint was at once applied and is still worn. There had been no pain since June, 1898, and the man considered himself greatly improved.

Dr. Ketch recalled the case of a man in whom the terrific pain of a sarcoma of the femur had not been relieved by powerful narcotics, but had been relieved for a time by traction made with a long hip-splint and afterwards, as more convenient, with a short splint.

FRACTURE OF NECK OF FEMUR IN AN INFANT.

Dr. Myers showed a specimen of fracture of the neck of the femur in a child eight months old. A large amount of

callus was present within and without the periosteum. There was a lateral displacement of the lower fragment inward one-third the diameter of the bone. There was no change in the length of the bone. No history could be obtained except that the injury must have occurred before the fifth month.

A NEW PELVIC REST.

Dr. Myers also showed a pelvic rest, especially well suited for the application of spica bandages which included the trunk and thighs, as it could remain in place until the spica was fully applied and could then be easily withdrawn. It was made of a piece of sheet steel $\frac{1}{4}$x$1\frac{1}{2}$x14 inches, bent upon itself so as to form three sides of a square. The ends were hammered out so as to form oblong planes about three inches broad and five inches long. When in use one of the planes rested upon the table and the other supported the sacrum, while the upright connecting them was directed towards the feet.

Correspondence.

ALLEGANY COUNTY MEDICAL SOCIETY.

CUMBERLAND, MD., April 1, 1899.

Editor Maryland Medical Journal:

DEAR SIR—We had a very pleasant meeting of our county society on Thursday of last week, which was well attended. Drs. Tiffany and Osler were present and spoke in behalf of the State Society, urging our physicians to attend the centennial meeting and become members of the Faculty. Dr. Tiffany spoke on "Actinomycosis," and exhibited photographs of cases. Dr. Osler's talk was on the "Home Treatment of Pulmonary Tuberculosis."

Considerable interest was taken, and there will be a number of members attend from Allegany county.

Dr. Osler spoke of getting portraits of the founders of the Faculty. Dr. George Lynn, formerly of Cumberland, was one of the organizers. His portrait is now owned, I am told, by Mrs. Jennie Jones, the matron of the Home of the Incurables in Baltimore. She would no doubt lend it for the exhibit.

I have Dr. Lynn's library, consisting of a number of old works. They were given me several years ago by a friend.

I hope to be able to attend the State meeting. Yours sincerely,

E. T. DUKE.

Medical Progress.

SUBCUTANEOUS GELATINE SOLUTION INJECTIONS IN ANEURISM.—Aneurism is usually recognized so late that operative procedures are not practicable. Many have been the attempts made to cure that usually fatal affection. Dr. Harold N. Moyer in Medicine brings up again the subcutaneous injections of solution of gelatin after the method of Lanceraux, which is to dissolve four to five grammes of gelatin in 200 cubic centimeters of a 7 per cent. chloride of sodium solution, previously sterilized. The solution is kept for several days at a temperature of 100° F. Those which become cloudy or those which do not harden when cool are rejected. From his own experience and a review of the literature he thinks the following conclusions are justifiable:

1. Gelatin solutions are of some value in the treatment of sacular aneurisms.
2. They are of no value in diffuse enlargements of a vessel.
3. The remedy is used empirically, the experimental work affording little or no basis for the treatment.
4. Solutions not stronger than 1 per cent. should be used.
5. Great care should be exercised in technique; failures in asepsis are easily made, as the solution is a good culture medium. The solutions should be kept in a brood oven to determine bacterial growth.
6. There may be dangers in the treatment, but the observations heretofore made are insufficient to indicate what they are.
7. Absolute rest in bed should be enjoined, and other remedies suitable for these cases may be given at the same time.
8. It is not a cure for aneurism, but may rank in the future as a treatment.
9. The method is worthy of more extended trial.

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WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, APRIL 8, 1899.

Useless Questions.

EVERY profession has its petty annoyances, but probably the medical profession, above all others, from the mysteries attached to the human body, is more subjected to foolish and silly questions. A physician may spend the day and, indeed, much of the twenty-four hours in seeing cases, and, as a recreation, he may drop in socially to see a friend or attend a dinner or some other social attraction, and at once his neighbors begin to talk about the "wonderful human frame" and such things, and then some brilliant member of the company will ask, "Doctor, is there much sickness in the city?" as if the poor physician was a collector of statistics or knew just what the condition of the city was. Another person will call across the table or room, "Doctor, do you think I ought to be vaccinated?" and probably some especially scintillating member will say that she does not believe in vaccination, which, of course, settles matters at once.

The wise physician will keep quiet at such remarks and not let himself into a wild discussion which can lead to nothing between persons of unequal mental attainments. There is a temptation always to talk "shop," especially by those not in the "shop." The lawyer is asked his opinion in the parlor; the physician is consulted on the street corner. Such advice is worth usually just what it costs the person asking it, namely, nothing.

No man should be called on to give an opinion for no remuneration when such an opinion may have cost not only time and money, but when it may, in a measure, involve the reputation of the person giving it. Children are not the only ones that ask silly questions, and the public too often, in a vague desire to have a smattering of many things, asks questions the answers of which would fill folios. The younger physician is often too ready to bring up his profession, and that may be why the public thinks that such a topic should be pursued without ceasing.

If the public is to be instructed at all it should certainly be taught not to force any man to "talk shop" morning, noon and night.

* * *

The Faculty's Centennial.

THE plans for the centennial meeting of the Faculty are rapidly approaching completion. The speakers are all expected to be present at the time indicated. Those in charge of the loan and other exhibits report great success in obtaining rare and valuable paintings and relics, and the book and drug exhibit will undoubtedly be well worth studying.

The delegates to the various counties return with most flattering reports of their warm reception, and in almost every instance the county physicians came together and formed a local society and promised to attend the meeting in Baltimore at the end of this month, and probably almost all of these will be enrolled as permanent members of the Faculty.

Next week the full programme will be printed, giving not only the speakers, as was done before, but also a list of the clinics and demonstrations in each college and hospital. Not only are physicians from all over the State of Maryland, but those from contiguous States are expected, and for a time Baltimore will contain a large number of physicians. Arrangements have been made with the railroads and hotels, and it is expected that all visitors will have every facility of transportation and of hotel comforts that they desire, and those who do not care to stay at the hotels will find smaller houses and boarding places most convenient and comfortable.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending April 1, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	6	1
La Grippe	..	3
Pneumonia	..	22
Phthisis Pulmonalis	2	38
Measles	5	..
Whooping Cough	...	..
Pseudo-Membranous Croup and Diphtheria.	14	8
Mumps	..	..
Scarlet Fever	10	1
Varioloid	..	..
Varicella	5	.
Typhoid Fever	..	..

Baltimore county will pay for each vaccination at the rate of fifty cents.

Dr. A. S. Stone, a prominent physician of Monogah, W. Va., died suddenly last week, aged 39.

There being no fear of a Spanish war this summer, a great many physicians will cross the ocean. Last year their plans to cross failed.

Judging from the number of obituaries of local physicians printed in the Canadian medican journals, there must be several good vacancies in Canada.

As a result of the Adams poisoning case, it is said that the Kutnow powders' firm has failed because the sales of their powders were so affected by this murder.

Seventeen candidates received their degrees at the Baltimore Medical College. The small number is due to the interval in the change from a three-year to a four-year course.

Under the will of the late Miss Melissa Baker of Baltimore the Nursery and Child's Hospital will get $600, and under certain specified conditions the Hospital for Consumptives of Maryland will receive $1250.

The smallpox report up to March 31 is as follows: Washington, 58 cases; Baltimore, 4 (there are between 20 and 30 at the Quarantine Hospital); Cumberland, 3; Pocomoke, 3; Alexandria, 300; Newport News, 576; Norfolk, 595, and Portsmouth, 171.

Dr. Leon L. Solomon, chairman of the section on materia medica, pharmacy and therapeutics of the American Medical Association, urges those intending to read papers to send him the titles as soon as possible. His address is 323 West Walnut Street, Louisville.

If other States follow the example of Iowa and revoke licenses of unworthy physicians, the bad ones of the profession will soon be weeded out. The Supreme Court there has decided that the State Board of Medical Examiners has the right to revoke licenses.

The American Public Health Association has issued its preliminary programme, in which it may be seen that the association will hold its twenty-seventh annual meeting at Minneapolis on October 31 and November 1, 2 and 3 of this year. Dr. George H. Rohé was the president.

The American Gastro-Enterological Association will hold its second annual meeting at the Shoreham, in Washington, May 2, immediately after the meeting of the Association of American Physicians. An attractive programme is presented. Dr. John C. Hemmeter, who is the second vice-president of the association, will read a paper on "Fate of the Digestive Ferment."

As a result of the Faculty centennial it is hoped to raise a fund to put up a building suitable for the Faculty and its growing library. It is noted that the College of Physicians of Philadelphia is endeavoring to raise a permanent endowment fund of $50,000, and Dr. W. W. Keen, who is to address the Faculty in Baltimore at its centennial meeting, is chairman of that committee in Philadelphia.

After due deliberation and a visit to the field, Dr. John Whitridge Williams has decided not to accept the very flattering offer made to him by the Rush Medical College of Chicago. As is known, the Rush Medical College is a part of the University of Chicago, and a position in that medical school means a professorship in the University of Chicago, one of the foremost institutions of learning in this country. This meant not only a great honor to Dr. Williams, but also made him sure of a large remuneration, and in a city of the size and wealth of Chicago an enormous income was in prospect. It is likely that the Johns Hopkins University will show some solid appreciation of Dr. Williams' decision to remain.

Washington Notes.

Acting Assistant Surgeon Henry C. Carter, Jr., now at Jackson Barracks, La., has been ordered to Seattle, Wash., for duty with Captain Glenn's exploring expedition to Alaska.

Captain W. F. Robinson, assistant quartermaster, has purchased 60,000 pounds of galvanized corrugated iron roofing and 400,000 feet of lumber to be used in erecting hospitals in Manila.

The deaths in the District for the week were 108, of which ten were from cerebro-spinal meningitis, ten from apoplexy, two from typhoid fever and three from la grippe. At the end of the week there were sixteen cases of smallpox in the hospital, thirty-seven cases of diphtheria, seventy-five cases of scarlet fever in isolation.

The following physicians were elected to membership in the Medical Society D. C. Wednesday evening, April 5: Charles E. Ferguson, E. W. Fowler, B. L. Hardin, W. P. Malone, J. P. Miller, W. G. Morgan and J. B. Mullins. Dr. John D. Thomas read the essay of the evening, subject, "Some of the Complications of Typhoid Fever, With Report of Cases Seen in Soldiers During the Late War."

"Serum Therapy" was the subject of Dr. Shoup's paper read before the Washington Medical and Surgical Society Monday evening. Among the visitors who entered into the discussion were Dr. Llewellyn Eliot, who reported the result of his serum treatment in variola; Dr. W. P. C. Hazen reported forty-three cases of diphtheria successfully treated with the antitoxin; Drs. L. K. Beatty and D. Olin Leech reported some interesting cases.

At the regular meeting of the Medical Association of the District of Columbia, April 4, 1899, the following officers were elected for the ensuing year: President, D. W. Prentiss; vice-presidents, Drs. T. N. McLaughlin and E. A. Balloch; secretary, Dr. J. R. Wellington; treasurer, Dr. Frank Leech; the standing committee, Drs. Holden, Acker, Carr, Johnson, Leech, Mayfield, McLain, Ober and Stone; censors, Drs. Woodward, Cook and Glazebrook. Thirty-nine members were elected delegates to the Columbus meeting of the American Medical Association. There were eleven physicians elected to membership in the District association.

Book Reviews.

Histology, Normal and Morbid. By Edward K. Dunham, M.D., Professor of General Pathology, Bacteriology and Hygiene in the University and Bellevue Hospital Medical College, New York. In one very handsome octavo volume of 448 pages, with 363 illustrations. Cloth, $3.25 net. Philadelphia and New York: Lea Bros. & Co.

It is rather a novel idea to find normal and morbid histology dealt with in a single volume, especially when that volume consists of less than 500 pages of printed matter. One might feel *a priori* rather skeptical as to the value of such an attempt. His skepticism, however, rapidly vanishes when the present book is examined. Dr. Dunham has presented us with a fresh and interesting description of the main points concerning the histology of the tissues and of general morbid processes. An air of originality which is exhilarating invades the whole. The literary style is unusually good, and in marked contrast with too many of our American medical publications. The author has throughout devoted especial attention to the physiological bearings of the histological structures, a point of view too often entirely overlooked by the morphologist. We wish to congratulate the author especially on his choice of illustrations. Instead of the hackneyed cuts which we see in all the text-books we are presented in this volume with a whole series of new and fresh illustrations; nor are these taken largely from preparations and drawings by the author himself; on the contrary, they have been drawn from recent articles in the bibliography. It stands to reason that the illustrations accompanying original research in the various departments of histology and pathology are likely to be the best possible illustrations available. Unless one has an immense amount of histological and pathological material of his own and is supplied with artists unlimited, it is almost impossible for one man to illustrate adequately the entire subject of either histology or pathology. It would be much better if writers of other text-books would follow Dr. Dunham's example, and choose the illustrations used from the articles of original investigators in the various special journals. We speak a distinct success for Dr. Dunham's effort.

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Original Articles.

ABORTION.

By John M. Bertolet, M.D.,

Member of the Berks County Medical Society, the Pennsylvania State Medical Association, the American Medical Association and the Reading Medical Association, Reading, Pa.

READ BEFORE THE BERKS COUNTY MEDICAL SOCIETY.

Abortion is, according to the various authorities, "the expulsion of the product of conception before the fetus is viable." Miscarriage is usually applied to an abortion after three months. That abortions are becoming more numerous every day must be apparent to every practicing physician. Their causes are so varied that it is really amusing and at the same time very provoking to the attending physician. This peculiar state of affairs seems to multiply during housecleaning time, one woman claiming she was hanging curtains, another lifting heavily, while others have numerous and plausible excuses for their condition.

The methods which many women employ themselves have often been a wonder to me that they survived the operation, some using hatpins, some crochet-needles, lead pencils, pointed pieces of wood, and a case to which I was called recently, the woman had inserted the nozzle of a Davidson's syringe and flushed her womb with a quantity of hot water, and in this way got rid of a three months' pregnancy. When I saw the case she was in a pretty bad condition, having a temperature of 104° F. and a weak and rapid pulse, with profuse hemorrhage.

These abortions are not always self-inflicted; old women and others having frequently a hand in the matter, and fight the cases along until finally a physician is sent for to carry the case through.

There are also certain physicians in our city, I am told, who make a specialty of the dastardly work or business of committing abortions for a consideration, and seem to thrive in their illegitimate practice. How these things can be carried on without being noticed is deplorable. It is bad enough if the act must be committed in order to save the life of the mother, but when carried on exclusively for monetary reasons, it should be condemned in the strongest language. It is unfortunate, however, that physicians are often misled by shrewd women to pass instruments in diagnosing womb troubles and denying in the most strenuous terms that they are pregnant; of course, they well know when once a sound has been passed that an abortion is inevitable.

I once attended a lecture given in the University of Pennsylvania by the late Dr. Goodell, in which he gave his experiences in this manner: A patient, covered with a white sheet, was brought before the class, and when Professor Goodell had concluded some remarks upon the subject he had the woman placed in position for examination. While this was going on Dr. Goodell happened to look under the sheet and at once recognized the patient as having been before the clinic about a year before. He simply made a digital examination and ordered the woman's withdrawal. After she was taken out, he said that this same woman fooled him once, but this time he was going to fool her. He said it was simply impossible to tell a pregnancy in its early stages, and that this woman had been shrewd enough to know this, and he having passed a sound for diagnostic pur-

poses, she aborted in a few days. He concluded that this woman was there for the same purpose the second time.

Professor Goodell took occasion then to tell the students that they could not be too careful in making examinations and could be easily misled by shrewd women, who seem to be equal to the occasion.

Of course, in such cases the physician is placed in a very dangerous position. It would be a good idea for every physician, especially those who make a specialty of diseases of women, to employ trained nurses in their offices, and have them hear the conversation and see the patient's treatment, in order to protect themselves. There is constantly a set of women who are bent on making trouble for the doctor, and, if they can, fleece him out of money and ruin his reputation and practice. The case against one of Philadelphia's most prominent physicians some years ago, in which he was fleeced out of $15,000, is a fair example of what may happen. The rights of women in such matters is entirely too one-sided and offers too much protection in one direction only.

This is, of course, a little digression from our subject, but can be mentioned as a good point for all to observe.

Now, as to the matter of treating these abortions. I have not the least doubt but that nine-tenths of the ovarian diseases in our day are due to abortions, many of which have been improperly treated.

Before treatment, however, we may mention some of the causes of abortion outside of those mentioned above as due to chronic endometritis and metritis, cellulitis, disease of the tubes or ovaries, lacerated cervix and especially syphilis.

The treatment of threatened abortion should be by perfect quiet and rest and such drugs that will diminish nervousness and weaken muscular contraction. The latter seems to be controlled best by opium, bromide of potassium and chloral. Opium must, however, be given in large doses, as women about to abort seem to display a tolerance for this drug. Given in suppositories is probably the best method of administration. Viburnum prunifolium seems to be a specific in some cases.

In inevitable abortion the best plan is to empty the uterus as quickly as possible, as delay is positively dangerous. The method of removing the contents of the uterus with the finger is, in my opinion, in many cases, impracticable, for the reason that it is too painful, and the finger is too short an instrument to accomplish this, especially in corpulent women, and without an anesthetic would frequently unnerve the patient. The best method is to dilate, when indicated, and extract the fetus or its remains. Hemorrhage must of course be controlled, as may be necessary, by packing, tamponing, etc., and the administration of ergot in drachm doses every four hours after the uterus has been emptied, and enjoining rest in bed for several days, and tonics such as quinine, iron and strychnia, Blaud's mass with extract of nux vomica are among the best. The bowels must be carefully watched that they are at all times free.

The treatment of cases in which an abortion has been prolonged, and in such cases in which the advice of a physician is invoked, is more radical. The treatment of some physicians is to wait, while life seems to be ebbing away by profuse hemorrhages and septicemia playing havoc. They make no examinations on account of the nauseating smell, which in such cases is certainly sickening. But why wait any longer and endanger the life of the patient and risk the irreparable damage likely to follow any degree of delay and procrastination?

The uterus and the condition of the patient is now such that not enough vitality is left for nature to perform the work of freeing them of the foreign and poisonous mass, and radical measures only are left to be invoked. As a prominent professor once said in lecturing to the class in surgery, "Nothing is too menial for a physician to do, provided he does not do it in a menial way," and I have often thought how true this expression is. I was told some time ago that a prominent doctor who was attending a lady, who knew she was suffering from some womb trouble, being asked if he did not think an examination should be made, replied that such things were so distasteful to him. This doctor was at once dismissed for his distastefulness.

Is it any wonder that our patients become disgusted with such treatment? We are here as benefactors to our race in a certain sense, and we should show our manliness in our profession and do what we can to relieve poor, suffering humanity.

This little digression will bring me to the final treatment of the latter cases. My plan is to at once dilate the uterus, if not already dilated, and with a douche curette begin emptying the uterine body of its offending contents, using a solution of one to eight thousand or ten thousand of bichloride of mercury. This usually lowers a temperature of 104° F. to nearly normal within a few hours. After curetting and flushing the intra-uterine cavity with a gallon of the above solution, pack the member thoroughly with an antiseptic gauze, cut about an inch in width. This is left to remain for about twenty-four hours, then it is removed and usually the result is all that can be desired. Delay in these cases I am sure is the cause, as I have already stated, of the majority of uterine troubles, and they can all be avoided by prompt action.

Historical Department.

Under direction of EUGENE F. CORDELL, M.D., Author of "Historical Sketch of University of Maryland" and Editor of "Centennial Volume" of Medical and Chirurgical Faculty.

I.

A DOCTOR'S LIFE IN THE BACKWOODS ONE HUNDRED YEARS AGO.

I HAVE recently met with an account of a young physician's experience on the border of Virginia 100 years ago, which is of especial interest at this time when we are about to celebrate an occasion that will recall in many ways the times which it describes.

In the month of February, 1799, a young doctor—since well known to fame—"of a strongly romantic disposition," but unaccustomed to the hardships of border life, embarked on the Monongahela river, at Pittsburg, for Wheeling, in search of a location where he might try his future in the practice of his profession. The flat-bottomed boat in which he took passage was nothing more than a square box made of rough planks, fastened together with wooden pegs, and furnished with rude oars. About one-third of the deck was covered over, affording partial protection from frost and rain. Beside a considerable quantity of merchandise and half a dozen horses, there were several passengers on board, including two clergymen and a woman. The craft was without sails, being carried along solely by the natural current, "floating majestically," so it is said, down stream. Yet it was fully equal in construction and capacity to any vessels at that time upon those waters, steamboats being as yet unknown.

Scarcely had the junction of the rivers been reached and the Ohio entered when the passengers were informed that, owing to the shallowness of the stream, there would probably be difficulty in passing the "riffles" or falls below. In fact, when this point was reached the boat grounded several times. At each lodgment it became necessary to lighten the weight, and all hands were required to jump out and push the vessel over the obstruction into deeper water. When the boat began to move again each one had to look out for himself and climb up over the side on to the deck. To those unaccustomed to such a predicament, as the young physician was, it can well be imagined that to be thus forced to leap repeatedly into the swift current of a wide river, with the water at times rising breast-high, and at a temperature near the freezing point, was by no means an agreeable experience.

Nor was it free from danger, for if one happened to lose his hold it was almost impossible for him to retain his footing and quite impossible to regain the boat, unmanageable as it was and being rapidly carried down stream. Added to this was the condition of the crew, who, in order to obviate the effects of the exposure, thought it essential to fortify themselves by copious draughts of whiskey. The clergymen were not excused on account of their cloth from sharing in the discomforts of the others. As the whiskey began to produce its legitimate effects, the

cry, "Out! Out!" was repeated with increasing energy. As they did not comply, presently murmurings were heard, accompanied with coarse jeers, for the rough boatmen had no respect for ministers of the Gospel, not one of whom probably they had in their whole lives heard preach. The next call was enforced by threats to throw them overboard if they did not at once obey. The younger of the two now began to realize that the matter was becoming serious, and accordingly meekly let himself down into the water, at the same time pleading for the exemption of his older companion. Fortunately, the captain added his influence, and the crew were thus appeased with a partial sacrifice to their wishes; for, if their threat had been enforced, the gray-headed old man, who was short, timid and clumsy, would certainly have been drowned. Thus the doctor was kept busy all day in changing and drying his clothes. No provision had been made for feeding the passengers on this voyage, and each one was left to shift for himself, preparing his own coffee, etc., or doing without, as he preferred.

Night came on with profound darkness, when, a light being seen on shore, the captain moored the boat. The passengers now disembarked and ascended the bank, where they found a cabin and a welcome log fire. The inmates of the cabin consisted of a good-looking, rosy-cheeked and sprightly woman of about thirty years and her eight children; the husband was absent at the time on a hunting excursion. The woman readily consented to prepare supper for them, the materials being abundantly provided from the boat. While the meal was being prepared the doctor, whose youth and respectful deportment doubtless commended him to his buxom hostess, sought and obtained permission to lie down and rest himself on the one bed which the entire family possessed, and which stood in the corner of the solitary apartment. This bed was supported upon poles, one end of which rested on two forked stakes buried in the ground, the other running through the wall. Pieces of splint timber were laid on the poles and the sides were boxed in with the same. The inclosure was filled with oak leaves, and over these were spread blankets.

In due time the doctor was roused from his slumber to partake of the supper, which, though not at other times inviting, the previous fasting and exposure now rendered particularly grateful. The rest of the night was spent by the voyagers lying on the floor with their feet to the fire.

The next morning, having partaken of an early breakfast and liberally repaid their forest hostess with several days' supply of provisions, they resumed their journey. She came down to the shore to bid them good-bye. Although the ground was covered with snow, she was both bareheaded and barefooted; yet she was smiling and seemed as light-hearted and happy as though she had everything her heart could wish.

The doctor gives an interesting account of his new home and its surroundings, and of some of his professional experience there, which will constitute the theme of my next article.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

MEETING HELD FRIDAY, APRIL 7, 1899.

The meeting was called to order by the president, Dr. Lord.

Dr. Wm. H. Welch reviewed "Recent Contributions to the Theories of Immunity."

He said there had been no subject of so great interest to bacteriologists as the study of immunity, and, indeed, none of greater interest in medicine in general. The theories of immunity have more than theoretical interest, because the deductions which have proven to be of such great practical importance have come almost entirely from theories. One's theories as to the nature of a disease determine, to a great extent, one's method of practice, and even those who consider themselves eminently practical find that they are very much influenced by theories.

We understand by immunity the insusceptibility to infectious disease, and that immunity may be natural, pertaining to the race or the individuals of the race, or it may be acquired in different ways. It

may be acquired by having a natural attack of disease or by artificial methods. Physicians of earliest times were familiar with the fact that in certain diseases a single attack left behind an immunity which might be either transitory or lifelong in duration. It was not, however, until recent years, when it was found possible to produce immunity experimentally, that we had any idea as to the factors concerned in the true causation of immunity. One striking instance of experimental immunity is the immunity against smallpox by vaccination, the fundamental nature of which was not at all understood until Pasteur's discoveries in 1880. Since that time, with the discovery of specific germs of a large number of infectious diseases, it has been found possible to produce immunity from nearly all the pathogenic diseases by methods of vaccination. The immunity produced by inoculating the animal by virus is what is known as active immunity, which is brought about by the introduction of the germs of the disease or their products, and this discovery that it is possible to produce active immunity by the use of the chemical products without the use of the germs—a discovery made by Dr. Theobald Smith in his study of hog cholera—is one of fundamental importance, and the most interesting experiments are those which are produced by vaccination with chemical products of the micro-organisms. Induction of immunity of this sort is always attended by a certain amount of reaction, and it takes time for immunity to be brought about. The reaction usually takes place partly at the seat of vaccination and is partly constitutional, but it is questionable whether any substantial active immunity can be produced except by a certain amount of reaction. The reaction which attends the induction of cowpox is a good illustration, in which there is local reaction and a certain amount of constitutional disturbance.

Dr. Welch referred particularly to the presence in the blood of animals which have been rendered actively immune, of what are known as protective or healing substances. These healing or protective substances can be transferred to another animal, another individual, and can produce also immunity, but the immunity brought about in this way is very different from the natural immunity, and is spoken of as passive immunity, the conception being that a protection of the immunitive substance generated by the first animal is transferred, and the individual receiving this does not have any marked reaction—usually no reaction at all—the immunity coming on at once or after a very short period, and it is only of very transitory duration. We have, then, the active and passive immunity, the latter being brought about by transferring to a healthy animal of some of the immunitive substance actively generated by vaccination in another animal, and is attended by no notable reaction, the degree of immunity lasting only a short time, whereas active immunity may last for months and even years. It has been found, however, that the basis of active immunity is not the same in all animals, and it has become clearer and clearer that every micro-organism is a problem by itself. Dr. Welch says bacteriologists have ceased to schematize in this matter, and believe that there is no single law under which the explanations of immunization can be brought.

We have, of course, the two kinds of immunitive substances, one which has the property of antagonizing the specific poisons produced by the organism producing the disease, and this is known as antitoxic immunity, and there is the immunitive substance which has the property of destroying the micro-organism concerned in the active immunity, and which is known as bactericidal immunity. The examples of the former are those produced from diphtheria, tetanus and snake venom; those of the latter from cholera and typhoid fever. We know of no antitoxic immuity from cholera or typhoid fever—only a bactericidal.

Dr. Welch said it was interesting to note that if one used a very strong toxine, introducing it into a susceptible animal, using small doses at first and gradually increasing the dose, it would be possible in the course of time to produce a very high degree of antitoxic immunity, and if it were possible to secure strong toxines

from the cholera, typhoid or tubercle bacillus there is no question that it would be possible to produce a high degree of antitoxic immunity. He says Metchnikoff is not at all satisfied with the view that cholera bacillus does not produce a strong toxine, although it cannot be demonstrated as yet.

Dr. Welch referred particularly to the different views held as to the origin of the antitoxine, about which there have been two very distinct opinions, namely, those of Buchner and Behring. The former believes that the antitoxine is in some way or other derived from the toxine, and in that way derived from the bacillus itself, that it is a transformation or chemical change of the toxine itself, while the view of Behring is that the antitoxine is not derived from the toxine, but that it is something produced in the body, presumably by the cells of the body through a reaction which is set up by the action of the toxine. These two theories, he says, set over against each other for a long time without any conclusive evidence in support of either until about a year ago, when Ehrlich's views on the subject became known. Ehrlich believes that the susceptibility of the toxine depends upon the presence of a substance in the cells of the body which have affinity for the toxine. The toxine is unlike most poisons with which we are familiar; it does not belong to active poisons, but has a special affinity for the protoplasm of certain cells of the body. This is demonstrated in the case of tetanus toxine, where it is found that the protoplasm of the nerve cells has a chemical affinity for the tetanus toxine. Those animals not susceptible to the toxine, Ehrlich thinks, have nerve cells the protoplasm of which is of a different quality in that respect, and he supposes that in the protoplasm there are different sets of molecules—"side chains"—and that it is among the so-called "side chains" in the molecule that we are to search for those having definite affinity for the toxine, and he calls this group the "toxiphoric" group. Ehrlich, then, has come to this conclusion, that the antitoxine is nothing more than a normal constituent of the nerve cell, which has the power of binding toxine, and that antitoxine is something, therefore, that exists normally in the nerve cells which can be accumulated and set free in the blood.

Referring to the bactericidal immunity Dr. Welch said this was discovered by Pfeiffer in his experiments, and is a very extraordinary kind of immunity, but has nothing whatever to do with antitoxic immunity. One can render immune from cholera a guinea-pig with the living or dead cholera bacilli, giving first small doses, then gradually increasing the dose. If you mix the blood serum of the animal in a test tube with the living culture of the cholera bacillus no change takes place except agglutination. If, however, you introduce the living cholera culture into the peritoneal cavity of the guinea-pig that has so been vaccinated a phenomenon at once takes place, and this is usually called the Pfeiffer phenomenon. The cholera bacilli lose their motility, tend to clumpt together and quickly break up into granules, being no longer recognizable as bacilli and totally disappear; these are then spoken of as solution of the cholera bacilli, and we have no antiseptic as powerful as this solution. This phenomenon is also spoken of as lysogenic phenomenon, and the substance producing it as lysin. Pfeiffer's conception is that the particular substance exists in a negative state in the blood, and that it can be rendered active by a combination of negative serum with some fresh serum. Ehrlich applies his theory to this also, but it is a little more difficult to understand. The main point, however, is that he supposes that the particular substance, the lysin, is produced in the cells of the body just as the antitoxine substances are produced.

Dr. Wm. Osler then spoke on "Cerebro-Spinal Meningitis."

He said that if one would take the mortality bills of any city he would find that the deaths from meningitis run singularly uniform. Thus, in this city in 1893 there were 256; in 1894, 276; in 1895, 257; in 1896, 286; in 1897, 273, or between 250 and 280; last year, 1898, there were 335, and there appear in the mortality bills the words "Cerebral Meningitis." In 1895, 1894 and 1893 there was a very limited

number diagnosed as cerebro-spinal meningitis; six cases in 1893, twenty-six in 1894 and twenty-seven in 1895, and last year there were sixty-seven with the diagnosis of cerebro-spinal meningitis. He says that in the Johns Hopkins Hospital their cases have practically been those of tuberculous meningitis, three in which the pneumococcus has been associated, and a certain number of streptococcus and staphylococcus, but, with one exception, they had no cases due to cerebro-spinal fever until last spring, just a year ago; since that time they have had sixteen cases in all in which the diagnosis of cerebro-spinal fever has been made.

Dr. Osler referred to the outbreak of the disease in Boston during the last two years, not extensive, but a few cases coming on now and then, in all 350 to 400 cases in the two years. The newspaper reports state that there have also been outbreaks in parts of British Columbia and in Oregon, in Kentucky, Virginia and other parts of the South and recently in Philadelphia, and we have certainly had the disease here in very light outbreak, but sufficient to swell very considerably the number of deaths from meningitis.

He said he wished particularly to refer to the diagnosis of the disease. In the first place the mode of onset is very different, indeed, from that of tuberculous meningitis; it does not differ essentially from the onset of pneumococcus meningitis. The person may be in good health until taken with a chill or has a sudden attack of vomiting; often the patient is seized with a severe chill while at work. There are certain features in the course of the disease, while not peculiar to the cerebro-spinal fever, occur much more frequently in it than in other forms of the disease; there is a very much greater degree of rigidity of the neck muscles, and there may be very marked opisthotonus, and the degree of rigidity of the spinal muscles and the intensity of the spinal symptoms are very much greater than we usually see in tuberculous meningitis. Features which are rarely met with in the more common attacks of meningitis are arthritis and the skin lesions; in one case the arthritis was among the first symptoms of the disease. A very interesting feature, which is more striking in cerebro-spinal fever, is a very important point in diagnosis, and that is the retention of consciousness, even when other symptoms are very severe. Dr. Osler referred to two cases, one in the fourth and one in the fifth week of the disease, where both retained consciousness, both recognized their friends, and at the corresponding period of the disease in tuberculous meningitis they would certainly have been in a condition of profound coma. Then, most important of all, is the difference in the prognosis. Of the sixteen cases referred to there have been only six deaths. Had those sixteen been tuberculous meningitis they would all have died, pneumococcus the same, and, so far as we know, streptococcus and staphylococcus; in fact, meningitis associated with cerebro-spinal fever is the only form of meningitis from which recovery, one may say, occurs. Practically we see no cases of tuberculous meningitis recover, or pneumococcus meningitis, so that the ultimate recovery of a case which has present well-marked signs of cerebro-spinal meningitis is very much in favor of the presence of true cerebro-spinal fever.

One of the most interesting and important points in diagnosis was suggested some years ago by Professor Quincke in a paper which was published in 1891, in which he proposed that we should systematically, in suspected cases of meningitis, puncture between the laminae of the lumbar vertebrae to withdraw spinal fluid for examination, and that has turned out to be of great practical importance. It is a very simple procedure, perfectly harmless and very readily carried out.

Dr. Osler says he thinks we should, as far as possible, be more specific in the diagnosis of these cases and in the returns to the Health Department. Now that we have the bacteriological department of the Board of Health we should be a little more ready to perform lumbar puncture, which is simple and harmless, and in certain instances of decided therapeutic value.

Dr. John Ruhräh read a paper on "Actinomycosis in America."

BERKS COUNTY (PA.) MEDICAL SOCIETY.

Dr. John H. Bertolet read a paper entitled "Abortion" (see page 225).

Dr. James W. Keiser: Dr. Bertolet's paper is practical, and I think on the whole his conclusions are correct. His experience as to the cause of abortion is different from mine. In all my cases the only admitted cause has been a fall or heavy lifting. As a matter of course, the true cause in many of these cases was from me designedly concealed.

Where the abortion is inevitable the indications for treatment, I think, do not admit of much dispute. When the flooding is great I always resort to a tampon, and then the os speedily dilates and the placenta as a rule can be hooked out with the index finger. A short time ago I was called in consultation where the hemorrhage was alarming, and I was able almost instantly to hook out the placenta with my finger, perhaps because my finger was longer than that of the attending physician; the placenta being removed, the hemorrhage ceased. If the placenta cannot be removed with the finger without much effort, it is better to use the speculum and forceps, as this procedure is less painful to the woman.

In those cases where the discharges are offensive, there can be no question as to the importance of removing the placenta without any further delay. On account of the dangers of septicemia, it would be almost criminal to wait until it is discharged spontaneously. Only yesterday I was present at a case where a woman suffered severe pains and had occasional hemorrhages for ten days, and the discharges were very offensive. The attending physician opposed any instrumental interference, the consulting physician favored it, and I, throwing the weight of my influence on the side of the consultant, we overruled him. With very little difficulty the placenta was removed, and we both left, leaving the case to the attending physician. I have no doubt but that this case will speedily convalesce.

Dr. Henry Landis: When an abortion has become "inevitable," as evidenced by uncontrollable flooding, or by a putrid discharge, I produce gradual dilatation by means of a sponge or sea-tangle tent, in preference to forcible dilatation by Goodell's dilator or other metallic instrument. The tent is to be supported *in situ* by a sterile and well-adjusted vaginal tampon. I believe that a gradual dilatation of the os is better adapted to incite the expulsive efforts of nature than the rapid and forcible dilatation under an anesthetic. The tent process has the advantage over the forcible of not appearing as formidable to the patient, of not incurring the risks of anesthesia and of not producing traumatism to the os and cervix. If the tent be well sterilized and renewed every six hours, there is no greater danger of septic infection from it than from the tampon, which latter is recommended by Dr. T. Gaillard Thomas as the sheet anchor during the first three or four days or expectant period of the treatment of an abortion. It is remarkable to what extent a sponge tent will dilate the os and cervix in three or four hours. And, again, if this gradual dilatation does not incite spontaneous expulsion, the vectis or curette can be used just as well then as after forcible dilatation. I here exhibit to you an instrument called a placental hook, which has served me well in those unavoidable cases where the ovum needed assistance in its expulsion. You will observe that it is a simple little steel instrument about eight inches in length, having a fenestrated scoop at each end, one scoop being a little larger than the other. This scoop being introduced into the uterus, and the instrument rotated, will effectually detach the placenta and greatly assist the operator in removing both it and the fetus.

Dr. M. LeRoy Wenger: I think Drs. Cleaver and Landis have not properly understood the reader of the paper. He does not advocate operative measures unless the case is one of inevitable miscarriage. He distinctly uses the word "inevitable." In this he certainly follows the latest and best method. The dangers accompanying miscarriage are twofold, the one from hemorrhage and the other from sepsis. When the ovum and its membranes are entirely removed as in curettage, the danger from hemorrhage is *nil.* When this is done there will also be removed the most usual cause of sepsis. Then why

should we hesitate to operate? As the reader says, "it is remarkable how the abnormal temperature will drop in septic cases after this procedure." I also agree with some of the gentlemen that the introduction of instruments into the uterus does not always produce an abortion. I recall a case in my own practice where a hooked wire had been pulled into the uterine tissues and could only be removed after dilatation, and where abortion did not follow.

Dr. John M. Bertolet: In closing this paper, little remains to be said, but, replying to Dr. Israel Cleaver, I would say that much trouble is caused by procrastination, in cases in which the womb is slow in casting off the products of conception, which have become purulent. There are now two cases in the Reading Hospital which were operated on for double pyosalpinx, both the result of miscarriages. In one of these cases the woman was confined to bed for several months, was under the care of several physicians, who did not even make an examination. The case drifted to me, and I at once recommended an operation as the only relief. The other case was not allowed to suffer so long; an operation confirmed the diagnosis of double pus tubes. The doctor claims to have had possibly fifty cases of abortion or miscarriages during his forty years' practice. I can safely say that I have had nearly as many during my short career, and my method is, in threatening abortion, to at once dilate and curette the womb in order to avert any septic infection, which is nearly always on a fair way by the time the doctor is sent for. I think it is perfect nonsense to wait until your patient is nigh exhausted, then try to save her life. "Do something," as a prominent physician once said, "as that is why the people send for the doctor." There is little danger of doing any damage by dilating and curetting, for the simple reason that nearly all the congested mucous membrane is in such a condition as to readily absorb septic material. There is not the least doubt but that these abortions are increasing, because women seem to book themselves in this particular direction, and many know better how to get rid of the products of conception than some physicians could, possibly, if they wanted to.

The use of sponge tents, as suggested by Dr. Landis, is a back number. They are condemned by every teacher of medicine in these days; they would only furnish more ground for infection. Dilating and curetting I consider absolutely safe when properly and thoroughly done. In my opinion, not half the number of ovarian diseases would happen if cases of miscarriages were properly treated.

Referring to Dr. Bachman, I did not touch on elongated cervix as a cause of abortion.

The cases to which I referred in my paper and discussed by Dr. Wenger are those of inevitable abortion only, and not in any case of threatened abortion. In the latter every means should be employed to avoid it.

Medical Progress.

REPORT OF PROGRESS IN GYNECOLOGY AND OBSTETRICS.

By George W. Dobbin, M.D.,
Assistant in Obstetrics, Johns Hopkins University.

THE LEUCOCYTOSIS OF LABOR AND THE PUERPERIUM.

HIBBARD and White (*Journal of Experimental Medicine*, Vol. III, pp. 639-646), after a brief review of the literature on this subject, publish the results of their investigations on the blood of women during labor and the puerperium. The examinations were made in the Boston Lying-in Hospital and the blood of fifty-five patients was examined with reference to the number and kind of white corpuscles present, the object being to determine the amount of leucocytosis present in normal labor and in the normal puerperium, the peculiarities due to the age of the patient and the beginning of lactation; also the effect of hemorrhage, prolonged labor, septicemia and inflammations of the breast in causing departures from the normal. The blood counts were made during the first stage of labor and also on the first, third, fifth, seventh, tenth

and thirteenth days after delivery, and any count above 10,000 per cubic millimeter considered a leucocytosis.

Taking the above as their standard the authors found that 84 per cent. of the primiparae and 75 per cent. of the multiparae examined possessed a distinct leucocytosis. The normal leucocytosis, which was obtained by taking the average of thirty-nine patients, in whom both the labor and the puerperium ran a perfectly normal course, was seen to be before delivery 16,100 for primiparae and 11,800 for multiparae. This number decreased rapidly after delivery and reached the normal on about the fourth or fifth day; it then rose slightly until the seventh day, when it again fell gradually to the normal. This general plan holds good for both primiparae and multiparae, except that in the latter case the leucocytosis is not so great. The slight increase in the number of leucocytes which follows the initial drop the authors are inclined to attribute to the disturbances in the breasts which take place at that time. As regards age, the younger women are found to possess a higher degree of leucocytosis than the older, and the counts made during the first stage of labor are higher when made just before the delivery of the child than when made earlier in the labor, bearing the relation 12,000 to 17,600.

The effect of hemorrhage is apparently to produce a higher leucocytosis than when the labor is normal, for the counts from five multiparae in whom there was quite severe hemorrhage showed an average increase of about 1500 above the normal average on the day following confinement, and two cases of severe postpartum hemorrhage showed a leucocytosis of 3000 or 4000 above the normal average for the first five days following delivery.

Inflammation of the breasts, with fever ranging around 102°, was noted in four cases, and in all of these cases there was a marked increase in the number of leucocytes just at the time of the febrile attack, which, however, disappeared immediately after it. It, therefore, seems that as the blood count is so strongly affected in the mild forms of mastitis it can be of little value as a diagnostic sign in the more severe purulent forms. Three septic cases, all mild, were observed. This number, the authors state, is entirely too small to draw any definite conclusions from. In one case the leucocytosis ran a normal course and in the other two there was a marked increase.

Differential counts of the white corpuscles were made in nineteen cases, fifteen with rather high counts, when it was found that the leucocytosis consisted in a marked relative and absolute increase in the polynuclear cells, and in four cases with a normal leucocytosis the proportions of the different white corpuscles were practically normal. The conclusions they have drawn from these investigations are:

1. A leucocytosis was present in over three-fourths of the cases examined in labor, being more frequent and higher in primiparae.

2. During convalescence the count falls, rapidly at first; later more gradually to normal. About the seventh day there is a slight rise.

3. The leucocytosis is usually higher in younger women regardless of the number of the pregnancy.

4. Patients farthest advanced in labor have the highest counts.

5. Breast inflammation, even when mild, causes a prompt leucocytosis; hence the blood count is of no value in the early diagnosis of breast abscess.

6. The leucocytosis present at the time of labor is due to the increase in the polynuclear cells.

TETANUS PUERPERALIS.

Kühnau (*Berliner Klinische Wochenschrift*, 1898, Nos. 28, 29) reports, in so thorough a manner as to preclude all possible question of doubt, a case of puerperal tetanus in which infection took place through the endometrium, probably as the result of douching, during the puerperium.

He goes briefly into the various theories of infection with the bacillus tetanus, and shows that although the affection is by no means rare from the clinical standpoint, yet there are a very few cases in which the organism has been actually demonstrated by animal inoculations and cultures made from the autopsy.

There have been up to the present time only three positive instances reported—one by Chantemesse and Widal, who found tetanus bacilli in the tissues curetted post-mortem from a patient who had died with clinical symptoms of tetanus twelve days after labor; one by Heyse, who was able to demonstrate the organism both by animal inoculations and cultures in the lochial secretion of a patient dead of tetanus nine days after a forceps delivery, and was also able to demonstrate this same organism in the dust obtained from the cracks in the floor of her room; in the third case, reported by Stern, although the organism could not be cultivated from the tissues of the uterus, yet animals inoculated with portions of this material developed typical tetanus, and Stern concludes from this that a tetanus infection of the uterine cavity had existed, but that the organisms had died, leaving behind their toxine.

To these three cases Kühnau adds a fourth, which in abstract gives the following history: The patient, who had previously had twelve children, was delivered by a midwife a few days before admission to his clinic. She had not been examined during labor, but had been given douches for the first six days of the puerperium. She then began to have a foul-smelling lochial discharge, and two days later had symptoms of tetanus, which began with difficulty in swallowing. The case was clinically a typical one, being characterized by opisthotonos, toxic contractions of the muscles, risus sardonicus, etc., but there was wanting the usual reflex excitability. Although she was given intravenous infusions of the Behring-Knorr tetanus antitoxine, she died from a spasmodic closure of the glottis.

At the autopsy there was found an infection of the endometrium, presenting the typical picture of a puerperal thrombo-phlebitic endometritis. The toxine of tetanus was most intense in the endometrium, from which the tetanus bacillus, together with a number of other bacteria, could be isolated in pure culture. This organism could also be obtained from the blood and from the spleen.

Etiologically the case comes into the category of a mixed infection, with septic and saprophytic organisms and the bacillus of tetanus, and the study of this last organism in the dust and in the cracks in the floor of her room, as well as in the straw mattress of her bedstead, makes the nature of the infection positive, the mode of entry of which, the author thinks, was by the douche.

MIXED PUERPERAL AND TYPHOID INFECTION.

Blumer (*American Journal of Obstetrics*, January, 1899,) reports a case of mixed puerperal and typhoid infection which is interesting from the fact that both the streptococcus and bacillus typhosus were found in the uterine cavity and heart's blood; and the extremely rapid fatal termination which these two organisms, working together, brought about.

His patient gives a perfectly negative past history, having passed through three normal confinements. The present labor was more protracted than the others, and she was attended during it by a midwife. Until the sixth day she had a perfectly normal puerperium, when on that day, after a very hearty meal, her family, noticing that she was breathing rapidly and was incoherent in her speech, called in Dr. Happel, the family physician. She was then delirious and semi-comatose, but could be aroused sufficiently to answer one or two questions and to recognize the doctor.

Pulse 120, temperature 100.8°, face Hippocratic, later becoming cyanotic; heart and lungs seemed normal; abdomen greatly distended, but nowhere tender on palpation; spleen dullness much increased. The uterus is as well involuted as is normal at this stage of the puerperium, and there is an eruption on the abdomen very suggestive of rose spots. From this condition she became rapidly worse and died the next afternoon, a little over forty-eight hours after the onset of the attack.

At the autopsy much gas was found in the subcutaneous tissue and peritoneal cavity, and all of the organs contain many gas bubbles (typical schaumorgane). The cavity of the uterus is lined by a smooth, deeply congested membrane, to which are adherent, here and there, pieces of brown-

ish pseudo-membrane, apparently decomposed blood clots. At the fundus on the right side there is a mass of adherent material over an area of seven by five centimeters in extent; it is of a reddish-brown color, the external portion being made up of clotted blood and the portion nearest the uterine wall of grayish-white material, either decolorized clot or placental tissue.

Intestine: The Peyer's patches and solitary follicles show absolutely no abnormality until a point twenty centimeters above the valve is reached; here there is a markedly swollen Peyer's patch containing one or two small areas of ulceration, capped by yellowish necrotic material.

Sections through the various organs show for the most part the changes due to a post-mortem invasion by the bacillus aerogenes capsulatus. Sections of the uterine wall when stained by Weigert show streptococci and bacilli morphologically similar to the bacillus aerogenes capsulatus, and where stained by the method of Flexner show bacteria similar to the bacillus typhosus.

The bacteriological findings were as follows: Blood, liver and spleen, bacillus typhosus and streptococcus; lung, streptococcus; mesenteric gland, bacillus typhosus; kidney, streptococcus and colon bacillus; uterine cavity, bacillus typhosus, streptococcus, colon bacillus and proteus vulgaris. Although the stained sections and findings at autopsy indicated, in addition to the above, an infection with the bacillus aerogenes capsulatus this organism could not be isolated on cultures.

The conclusions drawn by Blumer are that the extreme rapidity of the disease was due to the association of the two organisms, the streptococcus and bacillus typhosus. He says that there is a possibility of direct infection with both of these organisms by the midwife, but careful inquiry failed to reveal the history of any case of typhoid in the house before her confinement. The infection with the bacillus aerogenes capsulatus the author considers as entirely a post-mortem invasion and in no way connected with the fatal issue of the case.

CENTENNIAL MEETING, MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

McCoy Hall, Johns Hopkins University,
April 25-28, 1899.

Tuesday, April 25.

8 P. M.—Address by Dr. S. C. Chew, President of the Faculty.

9.30 P. M.—Reception by the Faculty.

Wednesday, April 26.

College of Physicians and Surgeons.

10 A. M.—Demonstration of the Pasteur Methods in the Diagnosis and Treatment of Rabies. Dr. Keirle. Dr. Keirle will give this demonstration in the Pathological Laboratory of the Johns Hopkins Hospital.

Owing to alterations in the building of the College of Physicians and Surgeons, the Faculty regret that they will not be able to hold any clinics or demonstrations.

Baltimore University,
21 North Bond Street.

10 A. M.—Medical Clinic. Gastrodiaphany. Dr. C. Urban Smith.

11 A. M.—Surgical Clinic. Dr. Biedler.

12 M.—Gynecological Clinic. Dr. Sellman.

12 M.—Eye and Ear Clinic. Dr. T. Cooke, Jr.

Johns Hopkins Hospital,
Broadway.

10 A. M.—Medical Clinic. Dr. Osler.

10.30 A. M.—The New Researches on Malaria. Dr. Thayer.

11 A. M.—Surgical Clinic. Dr. Halsted.

11 A. M.—Pathological Demonstrations. Dr. Welch.

12 M.—Gynecological Clinic. Dr. Kelly.

The Anatomical Laboratory and the New Laboratories of Pharmacology and Physiology will be open for inspection under the direction of Drs. Mall, Abel and Howell between 10 A. M. and 1 P. M.

1.30 P. M.—Luncheon at the Johns Hopkins University, provided by these Institutions.

3 P. M.—Scientific Meeting, McCoy Hall. Papers by:

Dr. Herman Knapp of New York, on Some Landmarks in the History of Ophthalmology.

Dr. E. G. Janeway of New York, Clinical Observations on Some Forms of Heart Disease.

Dr. George Ben Johnston of Richmond, How Far Myomectomy is to Supplant Hysterectomy.

Dr. W. W. Johnston of Washington, J Hughes Bennett; His Services to Medicine.

Dr. Samuel Alexander of New York, The Management of Vesical Calculus in Prostatics.

8 P. M.—McCoy Hall. Annual Oration by Prof. W. W. Keen of Philadelphia, on The Debt of the Public to the Profession.

9.30 P. M.—Private Receptions.

THURSDAY, APRIL 27.

University of Maryland, Lombard and Greene Streets.

10 A. M.—Cases Illustrating the Surgery of the Knee Joint. Dr. Tiffany.

11 A. M.—Medical Clinic. Dr. I. E. Atkinson.

11 A. M.—Abdominal Section. Dr. T. A. Ashby.

12 M.—Electrical Illumination of the Stomach. Catheterization of the Ductus Communis Choledochus. Dr. J. C. Hemmeter.

12 M.—Illustration of Methods Employed at the Municipal Bacteriological Laboratory. Dr. W. R. Stokes.

Baltimore Medical College, Madison Street and Linden Avenue.

10 A. M. to 11 A. M.—(a) Exhibition of Pathological Specimens and Slides in Projection Microscope.

(b) Bacteria in Cultures and Under the Microscope. Dr. Potter.

(c) Demonstrations in Clinical Laboratory, Showing New Method of Determining Hemoglobin and Indican. Dr. Whitney.

11 A. M. to 11.30 A. M.—(a) Case of Melancholia Treated from Indications Given in Clinical Laboratory. Dr. Hill.

(b) Exhibitions of New Instruments in Nose and Throat Work. Dr. Merrick.

11.30 A. M. to 1 P. M.—(a) Abdominal Section. Dr. Moseley.

(b) Operation for Hemorrhoids. Dr. Earle.

(c) Exhibition of a Successful Case of Extirpation of Bifid Uterus at Full Term, Saving Mother and Child. Dr. Blake.

(d) Turning Off Carotids in Operations on the Head and Neck. Surgical Cases. Dr. Johnson.

Woman's Medical College, 1100 McCulloh Street.

The College Buildings and Laboratories will be open for inspection at 10 A. M.

Maryland Medical College of Baltimore, 1114 West Baltimore Street.

10 A. M.—Inspection of Laboratories and Demonstrations.

11 A. M. to 12 M.—Neurological and General Medical Clinics. Drs. Hodgdon and Kintzing.

12 M. to 1 P. M.—Surgical Clinic. Dr. Branham.

1.30 P. M.—Luncheon at the Johns Hopkins University, provided by these Institutions.

3 P. M.—Scientific Meeting, McCoy Hall. Papers by:

Dr. A. Jacobi, European Medicine about 1799.

Dr. E. H. Bradford of Boston, A Study of the Human Gait.

Dr. H. C. Wood of Philadelphia, Nostrums, the Profession and the Law.

Dr. Roswell Park of Buffalo, Cancer as a Parasitic Disease.

Dr. J. C. Edgar of New York, Obstetric Teaching.

7 P. M.—Annual Dinner of the Faculty.

Hospital for Consumptives of Maryland, Park and Hoffman Streets.

Open every day.

FRIDAY, APRIL 28.

Hospital for the Relief of Crippled and Deformed Children,
2000 *North Charles Street.*

10 A. M.—Demonstration of Orthopedic Cases and Methods of Treatment. Dr. R. T. Taylor.
12 M.—Visit to the Sheppard and Enoch Pratt Hospital at Towson. Luncheon from 1.30 to 3 P. M. Take York Road electric cars.
8 P. M.—Business Meeting.

The various Hospitals and other State Institutions in the vicinity of Baltimore will be thrown open for inspection at fixed hours, to be announced on the programme.

In the corridors of McCoy Hall and in the Donovan Room there will be a series of most interesting exhibits:

(a) Portraits of distinguished deceased physicians of Maryland.

(b) Diplomas and relics, etc.

(c) In the Donovan Room a literary and pictorial representation of the chief epochs in medicine.

(d) A collection of relics illustrating the text-books and literature of the year of the founding of the Faculty, 1799.

(e) A collection of the published works of the medical profession of Maryland.

(f) A collection of works illustrating the development of art in medicine.

The large drug houses and publishing firms have signified their intention of making important exhibits of pharmaceutical preparations and the recent published works.

GENERAL NOTICES.

The Registration Office will be found in the corridor of McCoy Hall. This office will be open on Tuesday afternoon at 4 o'clock, and on each succeeding day from 9 A. M.

Members are requested to register their names and addresses at once, and to pay their Annual Dues, and to ask for cards of invitation to the lunches, etc.

APPLICATIONS FOR MEMBERSHIP.

At the Registrar's desk will be found Applications for Membership, which may be signed by members of the profession in the State and City in good standing, and upon payment of the initiation fee of Five Dollars the Examining Board will pass upon the Candidate, and he will be admitted to membership during the present session.

Visiting physicians from outside the City and State will, on registering, receive the invitations to the lunches, etc.

RAILROAD AND STEAMBOAT LINES.

Baltimore & Ohio Railroad, Pennsylvania, Delaware and Maryland.

Philadelphia & Reading Railroad, from Reading Terminal, Reading or Harrisburg.

Western Maryland Railroad.

Northern Central Railroad, Pennsylvania, Delaware and Maryland.

Baltimore, Chesapeake & Atlantic Railroad Co.

Weems' Steamboat Co.

Lehigh Valley Railroad, Pennsylvania, Delaware and Maryland.

Baltimore & Lehigh Railroad.

All the above-mentioned Railroads and Steamboat Lines will reduce fares to about one and one-third for round trip. Address Dr. J. D. Iglehart, 1214 Linden Avenue, Baltimore, Md.

BUREAU OF INFORMATION.

Members and visitors wishing information about any of the details of the programme or receptions and entertainments will apply at the Bureau of Information at the Registration Office.

ANNUAL DINNER OF THE FACULTY.

The Annual Dinner of the members of the Faculty will be held at the Hotel Rennert on Thursday evening at 7 o'clock. Tickets, $5.00. Members wishing to subscribe must hand in their names at the Registration Office not later than 12 o'clock on Wednesday, after which hour no applications can be received.

Ladies of the families of members and guests are cordially invited to be present at the address of the President on Tuesday evening, and the reception following, and also at the address of Prof. W. W. Keen on Wednesday evening.

Advances in Our Knowledge of Typhoid Fever.—In the opening number of Progressive Medicine Dr. Wm. S. Thayer contributes an excellent monograph on typhoid fever. The St. Paul Medical Journal in noting this says: "With regard to prophylaxis of others during the treatment of a case of typhoid these noteworthy recommendations from a French source are given: 1. Isolate patients suffering from typhoid fever, or, at least, do not permit them to be treated in a room or ward containing young people who have not previously had typhoid. The warning contains some wholesome advice too often neglected, and sometimes with sad results, because we are persuaded that typhoid is not an air-borne disease, and forget that contiguity favors infection, because precautions will inevitably sometimes be neglected. 2. Nurses for typhoid cases should, if possible, be only such as have had typhoid themselves. In a family the young people should be removed. 3. The floor of the sick-room should be oiled, so as to be impermeable. Carpets and rugs should be removed, and the raising of dust should be avoided by frequent use of a cloth dampened with antiseptic solution. 4. The nurses should wear linen clothes, which they should remove when they leave the sick-room, and in general they should be warned to be circumspect in their relations with others, and especially careful of the utmost details of antisepsis in the matter of the preparation of food and drink for themselves and others.

* * *

A Tongue Depressor for Children. In a recent number of Pediatrics Dr. H. D. Chapin, in presenting a new tongue depressor for use on children, stated that all practitioners had doubtless experienced difficulty in securing a good view of the fauces in infants. In such patients the tongue was high and the opening small, and apt to be obstructed by mucus, and the irritability of the stomach often led to regurgitation of milk. Everything depended upon getting a good view at the first attempt. To this end the attendant should hold the baby on the left arm before a window, and secure both of the child's arms firmly with her disengaged arm. The physician should guide the head of the infant with his left hand, using the tongue depressor with his right. At night a candle was preferable to a gaslight, because of the greater ease with which the light could be directed just where it was wanted. The ordinary tongue depressors, as well as spoons, he said, did not properly grasp the base of the tongue, and were too large; hence they were not well adapted for use on infants. To obviate this difficulty he had had constructed a tongue depressor which was sufficiently small, and which was curved forward, so that when its end reached the tip of the epiglottis the base of the tongue would be well controlled. One reason that pharyngitis and tonsillitis were often overlooked in infants was that the throat was not properly inspected.

* * *

Mercurial Suppositories in Hemorrhoids.—J. Klewtzow (British Medical Journal) finds the use of calomel in the form of a suppository very beneficial in cases of hemorrhage due to piles. He tried it on himself and in a series of cases, mostly of old standing, and the results were highly satisfactory. He claims that it immediately arrests the bleeding, lessens the frequency and chances of its occurrence and greatly reduces the size of the hemorrhoids (probably by inducing contraction of the muscular walls in the vessels), and hence the subsidence of the pains on defecation and movement. Altogether not more than from twelve to fifteen suppositories were used in a single case, one suppository being daily introduced into the rectum and left there for twelve or twenty-four hours according as the condition of the case demanded.

* * *

Pure Water.—While the people in all large cities are crying for pure water, Koeppe, in the Deutsche Medicinische Wochenschrift, tells us that chemically pure water is poisonous to human beings. Distilled water and glacier water is especially pure and free from salts, and the continued use of this is said to act as a powerful diuretic and to extract the salty matters from the body. Persons drinking distilled water should remember these facts.

MARYLAND
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PUBLISHED WEEKLY.

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

MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets.
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, APRIL 15, 1899.

The Faculty's Centennial.

THE amended and elaborated programme of the centennial meeting of the Faculty appears in this issue, and it includes about all that is expected to take place within those four days. It has been a very difficult work for the various committees, and the members of these committees deserve great credit for their indefatigable industry and faithful attendance on the preliminary meetings.

As is seen from a careful perusal of this programme, almost every hour of the time is taken up with some interesting event. While there is enough play and amusement to attract those wishing recreation, there is also a number of excellent addresses by specialists and just enough of these addresses to be profitable without being tiresome.

The nights will be spent in receptions, dinners, etc. The Faculty dinner will be held Friday night, and already a large number have shown their intention of being present. The list of subscribers to the centennial fund for carrying out this elaborate programme has been very gratifying. If there should lack money there will be found generous members willing to make up the deficit, and should there be a surplus subscribers may rest assured that the money left over will be put to a good use.

There will be some private dinners, one of which will be tendered by Dr. Osler to the trustees and officers. On Wednesday there will be private receptions, one by Dr. Osler and one by Dr. Kelly, and to these it will be the endeavor of each host to invite without any exception all the out-of-town members and all the guests and only some of the city members. Drs. Tiffany, Ashby and some others will also give private smokers of an informal nature. No one will be purposely slighted, and all visitors may be sure of a hearty welcome.

Members and others are earnestly requested as far as possible to register promptly and to follow the schedule of the programme and to be present at the hour named, so that there may be no delay in the proceedings. The various exhibitions should not be slighted, and not only should those of historical interest be studied, but the book, drug and instrument displays should all receive attention from all persons present, who may be sure of a hearty welcome from the gentlemen representing these branches of the healing art, who, as usual, will be liberal with their samples and restoring draughts.

If there is anything to be added to this programme it will appear in the next issue of the JOURNAL.

* * *

Errors Acknowledged.

IT is said that physicians loudly proclaim their successes and bury their mistakes. It should be remembered that a frank acknowledgment of errors tends to keep down pride and, at the same time, it helps others. Dr. Robert T. Morris in a recent issue of the *New York Medical Journal* speaks of the errors he has made in over two hundred consecutive cases diagnosed as appendicitis. Fortunately this was not a case of burying mistakes, for none of his errors were fatal, but he is honest enough to show how he had made mistakes in diagnosis and had been misled into a useless operation; but so successful was his technique that, with the exception of the discomfort to the patient, no bad results followed. Again, to his credit be it said that in very few of these cases did he make errors.

It takes a very brave man to acknowledge the mistakes he has made, and when he takes the time to put on record the fact that he has made these errors he should receive the credit of more than ordinary bravery. The surgeon, as a rule, is ever ready to tell of his cures; let him occasionally mention his failures.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending April 8, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	1	..
La Grippe	..	4
Pneumonia	..	20
Phthisis Pulmonalis	..	26
Measles	..	..
Whooping Cough	...	..
Pseudo-Membranous Croup and Diphtheria.	23	2
Mumps	..	..
Scarlet Fever	6	1
Varioloid	..	..
Varicella	2	.
Typhoid Fever	3	3

New York is to have a school for public health.

The city of Liverpool is about to build a new hospital for consumptives.

Dr. Walter B. Lafferty of Crozet, Va., was killed by a train last week.

The nurses of Pittsburg have combined to keep up a uniform rate of charges.

The daily press announce that Bra of Paris has discovered the parasite of cancer.

The Sixth International Homeopathic Congress will be held in Paris in the summer of 1900.

At the commencement of the Homeopathic Medical School this week degrees were conferred on eight candidates, three of whom were women.

Dr. M. D. Hoge, Jr., of Richmond has been elected a fellow of the Royal Microscopical Society of London.

Among the collaborators on the *St. Paul Medical Journal* are Drs. W. Osler, H. A. Kelly and T. B. Futcher of Baltimore.

Politics is said to prevent Philadelphia from having pure water. Politics of that kind does a great deal of harm in many places.

The sixty-seventh annual meeting of the British Medical Association will be held at Portsmouth, England, August 1, 2, 3 and 4.

New York is proposing to imitate some European cities in having a physician in attendance at every performance of every theater.

The Baltimore University School of Medicine has held its annual commencement. There were forty-eight graduates, one of whom was a woman.

Drs. Wm. R. Stokes and Jose L. Hirsh will begin May 1 a course in pathology and bacteriology for physicians at the University of Maryland laboratories.

An exchange says that the widow of the late Sir Morrell Mackenzie is earning her living as a modiste, and intends to sell her husband's library for her support.

Physicians who had questioned the constitutionality of the State medical law will be gratified to know that the State dental law has been declared constitutional by a Baltimore judge.

The Frederick County Medical Society held its regular meeting last Wednesday. Papers were read by Drs. R. W. Johnson of Baltimore, D. M. Devilbiss, Franklin B. Smith and H. F. Getzendanner of Frederick.

Cincinnati has a physicians' building in which there is a drug store, reading-room and laboratories of all kinds equipped for the use of the sixty physicians which this building will hold.

The New Orleans Board of Health is considering the adoption of an ordinance making ventilation compulsory and requiring all householders to open their windows in favorable weather. This attempt at paternalism is rather amusing.

Dr. William Nelson, a prominent physician of Danville, Va., died last week at his home after a short illness from septicemia contracted while operating on a septic case. Dr. Nelson was forty-five years old and was a graduate of the University of Maryland in 1882.

Dr. Robert W. Johnson, professor of surgery at the Baltimore Medical College, is delivering the First Aid Annual Course of Emergency Lectures at the Y. M. C. A. Building, April 10, 17, 24, May 1, 8 and 15, at 8.15 P. M. The public is invited and there is no charge.

At the next meeting of the International Congress of Gynecology and Obstetrics to be held at Amsterdam August 9 to 12, it is said that Secretary Hay has appointed Dr. J. M. Baldy to represent the United States. It is also stated that delegates will be sent from New York, Washington, Chicago and Boston. It is strange that Baltimore is not mentioned.

Washington Notes.

Dr. Wm. B. French has been appointed an inspector to investigate the epidemic of cerebro-spinal meningitis.

Major H. D. Thomason, brigade surgeon, and Acting Assistant Surgeon Luke B. Peck will accompany the Tenth Cavalry to Cuba.

Acting Assistant Surgeon H. M. Cohen, now at Camp Wetherill, S. C., has been ordered to this city to report to the surgeon-general.

Major E. O. Shakespeare, brigade surgeon, U. S. V., of this city, will make a short trip to New York on business pertaining to the Medical Department.

There were five cases discharged from the smallpox hospital Monday, leaving sixteen patients under treatment. No additional cases have been reported for several days. Deaths from cerebro-spinal meningitis are being reported every day. There has been forty-three deaths from this disease since the latter part of February.

The following was the programme for the District Medical Society Wednesday evening: Dr. Vaughan—"A Few Surgical Cases in which the Roentgen Ray Was Used;" Dr. Dufour—"Influenza Otitis;" Dr. Bryan—"Abscess of the Frontal Sinus, etc., Resulting in Meningitis and Death, Case and Specimen;" Dr. Lamb—"Specimens, Contracted Kidneys, Uterus from a Case of Abortion, Cerebro-Spinal Meningitis."

A few knowing persons have, through the local press, been displaying their ignorance upon the subject of cerebro-spinal meningitis. One writer attempts to show the relation between cerebro-spinal meningitis, pyemia, septicemia, anthrax and vaccination, and proves, to his satisfaction, that our present epidemic of meningitis is the result of vaccination. Of the first twenty-two fatal cases an investigation shows the relation to vaccination. Two were vaccinated recently, one had not been vaccinated for over a year, three not for several years, another not for three years, another not for four, three had not been vaccinated for five years, one not for seventeen, another not for twenty-one years. Three—one seventeen years, one thirty-one years and one fifty-five years—were vaccinated only in childhood. Five had never been vaccinated.

Book Reviews.

A Text-Book of Pathology. By Alfred Stengel, M.D., Instructor in Clinical Medicine in the University of Pennsylvania, etc. With 372 illustrations. Price, cloth, $4. Philadelphia: W. B. Saunders, 925 Walnut street. 1898.

Dr. Stengel is so favorably known to the medical profession of this country that any book emanating from his pen is sure to receive more than passing attention. The Text-Book of Pathology which he has just written sustains the reputation he has already achieved. Within its limits it was impossible, of course, to give exhaustive descriptions of the various pathological entities if any pretense was made to cover the whole ground. The descriptions in it are, however, concise and clear and the author has succeeded in a remarkable way in seizing upon the salient features of the different pathological processes. All non-essential information has been omitted and the student will find in it a safe guide for his elementary work in pathology.

The book would have been improved somewhat by the addition of a few bibliographical references referring to the more important articles bearing upon the subjects discussed. So that students who wish to go beyond the limits of a text-book could find their way in medical libraries.

The illustrations are numerous and well printed, many of them being in colors. The author has been wise in choosing typical illustrations from various bibliographical sources rather than insisting upon entirely original drawings. The drawings, which are original, are on the whole good, having been taken evidently from typical preparations of the disease which they illustrate. The volume is likely to have a wide distribution among the medical students of this country.

REPRINTS, ETC., RECEIVED.

The Advantage of Physical Education as a Prevention of Disease. By Charles Denison, A.M., M.D. Reprint from the *Bulletin of the American Academy of Medicine.*

Some Remarks Concerning Rectal Affections, with Especial Reference to the Physical Exploration of the Rectum. By Lewis H. Adler, Jr., M.D. Reprint from the *Therapeutic Gazette.*

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Historical Department.

Under direction of EUGENE F. CORDELL, M.D., Author of "Historical Sketch of University of Maryland" and Editor of "Centennial Volume" of Medical and Chirurgical Faculty.

II.

A DOCTOR'S LIFE IN THE BACKWOODS ONE HUNDRED YEARS AGO.

WHEELING, W. VA., was even then a place of considerable trade, with a settlement on either side of the Ohio river. But as soon as the traveler left the narrow strip of habitations skirting the river bank he met on all sides a dense wilderness. Travel in this region was done on foot or horseback; merchandise and produce were conveyed on pack-horses. There were no roads, no bridges. The nearest approach to the former was a narrow and solitary path extending hundreds of miles through "a howling wilderness." The streams, shallow and readily fordable in summer, were at times impassable, or could only be crossed by swimming the horses over. One might travel a whole day without seeing a single cabin. The mail reached the settlement but once a week. At this time the first road into Ohio was cut, and the doctor saw the first wagon cross the river destined for the interior of the State. For greater security, merchants traveled in companies, having their money sewed up in long rolls in raw buffalo hides, which when dry were exceedingly hard to open. At night the horses were turned loose to feed in the woods, as there was no other means of subsistence. To collect them again in the morning was often a difficult task; by placing a bell, however, upon one which was considered the leader, the others would generally follow when he was led to the place of encampment. Hunting parties of Indians were frequently encountered in these journeys, for the red man still frequented the neighboring forests and mountains, yielding slowly and reluctantly before the advance of a superior race.

The land along the streams, which was low, rich and moist, and subject to overflow during the annually recurring spring floods, being chiefly occupied at first, malarial fevers were especially prevalent. Every form of this protean, so-called "bilious" fever, was seen by the young doctor during the period of his residence there, extending over more than two years. Although cases were much modified by circumstances, he concluded that all were referable to one and the same cause. His armamentarium for contending with it included the lancet, calomel, blisters, cinchona, antimony, ammonia and opium, and he probably valued these agents about in this order.

Two cases afford an insight into the hardships of his professional life and experience. He was called to see a man whose hand had mortified in consequence of a neglected bite and exposure during intoxication. It was necessary to amputate the limb. The patient lived seven miles beyond the river, on the Ohio side. Notwithstanding this and the midwinter season, he had to be visited daily for many days. At first the river was frozen over and could be crossed on the ice, but the ice broke up and continued running in the swollen stream for more than a week. During this period no one would venture over, not even the postman. In the emergency the doctor prevailed upon a canoesman, "a simple, honest fellow, in

a buckskin hunting shirt, trousers and moccasins," to carry him across in his canoe, a vessel made by pointing a log at both ends and cutting a cavity along its whole length. The doctor extols the humanity of this good man, who, without expectation of gain—for his charge was a mere pittance—continued at the risk of his life to render this daily service. He portrays in admiring terms the dexterity with which his skillful guide directed the frail boat amidst the crushing ice, often a foot thick, and the groaning waters, using paddle or pole, as circumstances required, to escape impending danger, and to trace his zigzag course across the stream. He had the good fortune to escape all these dangers and the satisfaction to restore his patient to health.

On another occasion he was called thirty miles to see a man suffering with abscess of the liver. His lonely path led along a ridge, difficult and dangerous to travel, and while on the way he was overtaken by the darkness of a starless night. He reached the foot of the ridge safely, and there found an unoccupied cabin, without door and with the spaces between the logs unclosed. Here it became necessary for him to spend the night. Groping his way in, he tied his horse, and spreading his overcoat on the floor, lay down to repose. But the gnawing of his horse upon the logs, the unceasing song of the whip-poor-will and the fear of the deadly rattlesnake banished all slumber, and he was deeply thankful when the rays of the sun penetrating between the logs told him that it was dawn. The patient's condition was so critical that the doctor remained with him continuously for three days, tasting no food during all that time except boiled green corn and milk, which diet constituted the sole sustenance of the wretched people who inhabited the cabin. A second visit was made, and again the doctor was belated, narrowly escaping being dashed over frightful precipices, losing his way and having to alight sometimes and grope about the forest until he could regain the path. Added to his danger and discomfort was the peril of encountering the bear, the wildcat, the panther and the swarms of venomous snakes that frequented those wilds.

Such were briefly some of the experiences with which the physician of 100 years ago had to contend. Fortunately, in the case of the subject of this sketch, they did not continue long, for he was not destined to the obscure life of a backwoods physician. Providence had ordained for his talents a wider field, and after a brief experience on the Ohio, he removed to one of the largest of the Atlantic seaboard cities, where for many years he adorned his profession by his lofty character and shed luster upon his adopted city by his surgical achievements.

Horatio Gates Jameson was born in York, Pa., in 1778, being the son of Dr. David Jameson, a Scotch physician who emigrated to Pennsylvania and served as surgeon in the French and Indian War. A brother, Thomas, also adopted the medical profession and practiced at York. After studying under his father and spending some years in Pennsylvania and Virginia, he settled in Baltimore in the summer of 1806. He informs us that he attended lectures here before the medical college was founded, probably those given by Dr. Davidge. He afterwards became a student at the college, and received the degree of M.D. from it in 1813, his thesis being "On the Supposed Powers of the Uterus." In 1817 he published a work on "Fevers," being lectures upon that subject which he had delivered, which shows much research, erudition and liberality of view and fine command of language. In the next year appeared a work by him entitled "American Domestic Medicine," 8vo., pp. 161, designed for the use of families. In 1827 he was mainly instrumental in founding the Washington Medical College, an institution in which he held the chair of surgery until 1835. In 1829 he began the publication of the *Maryland Medical Recorder*, continued until 1833 (three volumes). This work was largely from his own pen and does him great credit. He also contributed largely to the *American Journal of the Medical Sciences*. In 1835 he resigned his chair here to accept a similar appointment in the Cincinnati Medical College. In 1854 appeared a work by him on cholera, the result of a large experience obtained during the epidemics of that disease

which he had seen during his residence in this city. For many years he held the positions of surgeon to the City Hospital, of consulting physician to the city Board of Health and physician to the Jail. He also held the position of superintendent of vaccination. In 1830 he visited Europe and was received by the leading surgeons there with distinguished consideration. He died in Philadelphia in July, 1855. Dr. Jameson was not a good lecturer, being painfully diffident and having a weak voice. He was a fine writer, and as a surgeon, bold, ingenious and original. But he was not reckless in his surgical work. His merits were well recognized by those most capable of judging him, and his name must be placed alongside those of Mott, Warren, Gibson, Smith and Dudley. His leading surgical achievements are enumerated in Quinan's "Annals of Baltimore," page 117.

Original Articles.

FORCED INFLATION AND PNEUMO-MASSAGE IN THE TREATMENT OF OTITIS MEDIA.

By Edward E. Gibbons, M.D.,

Chief of Clinic to the Professor of Diseases of the Eye and Ear, University of Md.; Assistant Surgeon Presbyterian Eye, Ear and Throat Charity Hospital, Baltimore, Md.

READ BEFORE THE MARYLAND OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY, MARCH 23, 1899.

It is not my purpose to set forth in this paper any new or particularly original method of treatment, but only to draw attention to what, to my mind, is a very valuable, but neglected, therapeutic measure in the treatment of adhesive inflammation of the middle ear.

Politzerization is recognized as being of value in most middle-ear catarrhs, but fails to alleviate in many cases where adhesions tie down the handle of the malleus or drum membrane and interfere with the proper motion of the ossicula, because enough force cannot be obtained with the air-bag to rupture or stretch the bands of newly-formed tissue within the tympanum, so that the Politzer air-bag is seldom used by some aurists. By inflation of the middle ear pressure is equalized on both sides of the drum membrane; the engorged vessels are emptied by the concussion of air upon their walls; tissue metamorphosis is quickened and the cavity of the tympanum cleared of any contained fluid, and lastly, but not least important, the membrana tympani is reposited in its normal position and false bands of connective tissue ruptured if enough force be employed.

Almost all authors in speaking of the use of the air-bag warn the operator against using too much force lest the tympanic membrane be ruptured and harm done. This danger, I think, is greatly exaggerated. According to experiments made by Dr. Bishop the amount of pressure obtainable from a Politzer air-bag varies directly with the size of the bag employed, a six-ounce bag, giving six pounds pressure, and one of twelve ounces, twelve pounds pressure to the square inch when squeezed by a strong hand. Drs. Bishop and Pynchen, with a few others, advocate the employment of much greater pressure or force than this in treating adhesive inflammation of the middle ear.

Some time before reading Bishop's treatise upon the ear, throat and nose the writer had been in the habit of employing fifty and sixty pounds air pressure in the treatment of these cases. The use of this high pressure does away with the so frequent need of using the Eustachian catheter, as the tympanum can be inflated unless the Eustachian canal is absolutely impervious.

The point aimed at in the treatment of chronic otitis media is the relief of deafness and tinnitus. Neither of these conditions is positively alleviated unless the drum membrane can be reposited and the articulations within the tympanum made more supple. To do either in most cases even through a fairly patent Eustachian tube needs inflation with a pressure of forty or fifty pounds to the square inch. The greatest benefit is derived from frequent repetition of this forced inflation or by forced pneumo-massage through the Eustachian canal.

The inflations should be as many as forty or more to the minute.

A word about the means of obtaining the necessary amount of air pressure. All of the automatic water pumps on the market today for compressing air are constructed to be used as beer pumps and arranged to give as little air pressure as possible. By taking out the valve regulating the inflow of water the pump can be made to do twice the work. The pneumo-massage can be administered through a nose-piece similar to Buttle's or Bishop's improved inflator, to which is attached the cut-off from the air reservoir. The one essential is that the hole through the nose-piece should be larger than those in common use, so as to carry a great volume of air. The ideal instrument for giving pneumo or vapo-massage through the Eustachian tube is the Multiple Globe Nebulizer, with which you are all familiar. The valve controlling the outflow of air from the instrument is admirably adapted to its purpose.

By raising an adjusting collar the outlet is closed by a spring and only opened by pressure or tapping upon a button on the end of a small rod passing through the valve and operating upon the washer closing the outlet. One can get as many concussions or inflations of air per second as it is possible to tap the button. This arrangement is greatly superior to the rotary valves used upon other nebulizers.

To inflate the ears the patient may say "K," Hook," or what not, each time the valve is tapped and opened, but better is it to have the patient blow forcibly through the mouth with the cheeks distended, thus raising the velum palati. This latter method allows the operator to make more inflations in a given time. The palate also acts as a safety-valve for the ears, its resistance being overcome and the air coming out the mouth if too much force is used. At times, though seldom, it is necessary to perform the massage through the Eustachian catheter.

The writer is in the habit of using air medicated with the following solution:

℞ Iodine crystals, gr. xxx.
Carbolic acid, ʒi.
Menthol, ʒii.
Oil of eucalyptus, ʒi.
Liquid albalener, q. s. ad., ℥iv.

(This is the so-called Globe solution No. 8), and would desire the vapor hot, as a draft of cold air may do some harm by subsequently increasing the congestion of the parts, and that hot air would be more relaxing to the stiffened joints. As yet no satisfactory way has been found, although several methods have been tried. The reasons in the minds of many why it is deleterious to use high pressure in inflating the tympanum are:

1. There is danger of rupturing the tympanic membrane. This would not occur save in an old atrophic membrane, and would do no harm, but perhaps good, by allowing the sound waves to enter and reach the inner ear directly if the opening remained patulous, or benefit by promoting shrinkage in a too flaccid drum-head if it healed.

2. The possibility of dislocating the stapes inward through the oval window, a thing which could not occur before the induction of vertigo.

During the massage the pressure is gradually increased and stopped the moment the patient feels dizzy. Air massage through the external auditory canal is inferior to that through the Eustachian tube, but may be used in conjunction with the latter, and should be chiefly or entirely of a drawing or sucking nature. Forced vapo-massage is especially applicable to adhesive aural catarrh, but also of much service in otitis media residua in overcoming ankylosis between the ossicles and in relieving thickenings within the tympanum. It has proven of service in the writer's hands even when large perforations of the membrana tympani existed, probably doing good by imparting motion to the stapes in the foramen ovale.

Several times the hearing has been markedly improved after one seance in case where Politzerization produced no appreciable effect. The patient at times hears a snapping noise, probably indicative of rupture of bands of adhesion between the long process of the incus and handle of the malleus, or between the manubrium mallei and promentory. I

will not weary you with a detailed account of cases illustrating the value of this line of treatment, but simply append the results in a few cases only, selected at random from my case-book.

All of these cases had been treated by other non-operative methods, but with little or no improvement.

Case 1. Mr. P., aged seventy-nine; duration of ear trouble twenty years, deafness gradually increasing until at the present time he hears only the loudest voice with the aid of a trumpet; much sunken and thickened drum-head; malleus handle immovable and resting upon the promontory; pneumo-massage through the Eustachian tubes was begun gradually, increasing the pressure to sixty pounds. The first treatment, lasting five to eight minutes, enabled him to hear loud voice close to the ear without the trumpet; the third treatment brought his hearing up to loud voice at three feet. One week after beginning treatment (receiving them every day) he heard voice, conversational tone, at three feet.

Case 2. Dr. F., aged sixty-five; progressive deafness of ten years' standing; distressing tinnitus and vertigo; adhesive aural catarrh; drum-heads thickened and well drawn in; handle of malleus only partially movable. Hearing for voice—loud voice at three feet; hearing for watch 0-60. Two weeks' treatment (treatments tri-weekly) relieved his tinnitus entirely, dissipated his vertigo and brought his hearing up to conversational tone five feet and for watch 10-60, at which time he ceased treatment of his own accord.

Case 3. Miss D., aged thirty-five; bilateral otorrhea since early childhood; deafness has been increasing of late; after the otorrhea ceased adenoids and occluded choanae keeping it up. Hearing was found to be for watch 0-60 each; for voice, very loud voice, at two feet. Six weeks of treatment gave hearing, forced whisper, one foot.

Case 4. The next case is one of otitis media residua. A girl of nineteen years; deaf since early childhood; discharge long past ceased; could not be made to hear the voice at all unless one approached to within six inches of her ears and shouted. The deafness was due to the chronic suppuration and the resulting hypertrophic changes. The patient had never heard it thunder until after she began to improve. After four weeks' treatment, using the catheter to administer the massage, and with fifty pounds pressure, hearing improved to loud voice at five feet.

In all these cases at least fifty pounds pressure was used and treatment given tri-weekly, save in the first case. Of course, the nose and naso-pharynx received the treatment indicated. I believe any middle-ear condition causing deafness by ankylosis of the ossicula or by thickening of the submucosa to be benefited by forced vapo-massage when Politzerization and massage through the external auditory canal fail.

In the treatment of chronic Eustachian salpingitis vapo-massage is a useful adjunct and superior to use of bougies in overcoming the stenosis of the tube due to submucous thickening, the frequent and rapid concussions of the stimulating and antiseptic vapor no doubt hastening the absorption of the newly-formed tissue. The several cases following illustrate the good results to be derived in this class of middle-ear troubles:

Case 1. Miss H.; discharging left ear for past two years; quite deaf; constant tinnitus; small perforation, with thickened edges in anterior inferior quadrant of membrana tympani. Dench's and C fork of Hartman's set not heard; perception of upper tones unimpaired; watch 0-60; left Eustachian tube impervious to air by Valsalva's or Politzer's method; air entered the tympanum only with pressure of forty pounds to the square inch. Fifty pounds pressure was employed in the treatment. Result after ten treatments: Tube patent to low air pressure (Valsalva's method); discharge ceased; hearing for watch 5-60; tinnitus only occasionally.

Case 2. Mrs. H.; complained of fullness and tinnitus in the left ear; all tones heard; hearing for watch 36-60; drumhead drawn in, but freely movable. stenosed left Eustachian tube; several weeks' massage treatment, with fifty pounds

pressure; relieved tinnitus and feeling of fullness in ear; hearing for watch 50-60.

Case 3. Mrs. C.; says her ears have been stopped up for some time; worse the past six weeks; hearing for watch 3-60 each; treatment gave whispered voice, right three feet, left one foot, for watch 30-60. The tubes were only patent to thirty pounds pressure and over. First treatment improved the hearing 50 per cent.

Case 4. Miss H.; increasing deafness for past six months; hypertrophic catarrh of nose, naso-pharynx and Eustachian tubes; hearing for watch, right 12-60, left 3-60; two months' treatment rendered tubes patent to twelve pounds pressure and improved; hearing for right ear 30-60, for left ear 15-60.

One great disadvantage in this line of treatment is the enormous amount of compressed air needed. Each treatment uses at least five gallons of air at fifty pounds pressure, so that one is not always able to treat more than a few cases in succession.

MASSAGE IN AURAL DISEASES.

By A. D. McConachie, M.D.,

Assistant Surgeon to the Presbyterian Eye, Ear and Throat Charity Hospital; Ophthalmologist to Bay View Hospital, Baltimore, Md.

READ BEFORE THE OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY, MARCH 23, 1899.

Perfect hearing depends upon the preservation of the right relationship of the various parts of the sound conducting apparatus and not, as formerly believed, to any great extent upon the integrity of the drum membrane. Any diseased process in the tympanic cavity or appendages thereof may seriously impair this relation and interfere with hearing. If the external meatus be clear and the nerve intact, the drum being perforated or destroyed, hearing may be perfect, if the ossicular chain be normal and perfectly adapted.

Disease processes may be suppurative or non-suppurative; to the latter category belong that large class of aural patients who seek relief for their distressing deafness with or without tinnitus varied in character. These cases of chronic deafness are said to be of "catarrhal origin," and include the hypertrophic and atrophic forms. Otologists do not see these cases in their initial stages, when the impairment of hearing is due to functional and not structural conditions. Patients rarely seek relief until marked deterioration in one and more frequently in both ears, accompanied possibly by tinnitus, has occurred—due to interference with the freedom of motion in the sound-conducting apparatus. There may be an abnormal attachment between the ossicles or between the stapes and oval window or an attachment of the drum to the promontory. If there be any involvement of the nerve or labyrinth it of course has a marked effect on the hearing.

Hitherto, a multiplicity of measures and operations have been devised for the relief of such patients, with but poor results. Such patients come to us quite frequently with some such statements as these: "Doctor, I am deaf from catarrh, and I am growing rapidly worse; I now have all sorts of sounds in my head. I have been treated for a long time; I have used the air bag, gargles, etc., but I do not get any better, and my doctor says it is a waste of time and money for me to consult an 'ear doctor,' because they cannot do me any good." Such opinions and statements on the part of many physicians are common, but erroneous. As stated previously, we do not see such patients early enough, in the incipiency of adhesive formations, to prevent, or, should any exist, to remove any attachments of the ossicles to each other or to the surrounding parts. With our advanced methods in aural work we are now able to offer this class, in whom ankylosis of the contents of the tympanic cavity is well advanced, something to check the rapid advance of the process, and in many instances either improve or restore hearing and ameliorate the distressing tinnitus.

The general practitioner is not alone culpable for the layman's belief in the incurability of chronic deafness and tinnitus, as aurists are divided in their opinion, many contending that nothing that will afford material benefit can be done;

many more, and their numbers are rapidly increasing, believe in the possibility of accomplishing much for such patients. It is true that our diagnosis as to the exact seat of the lesion or lesions cannot be perfect, but this much is certain, that we can say that an ankylosis does or does not exist somewhere in the ossicular connection. And because it exists we are not justified in dismissing the patient because we cannot offer a cure. We can offer such patients some relief or an arrest of the further progress of their trouble. This something, in conjunction with advice as to dietary, hygiene and general sanitary measures, is massage. Again otologists are divided as to aural massage utility—one class, who have failed to thoroughly test its merits, hence know little; another, those who have given it a long and thorough trial by each and all of the varied methods, and hence know that much good follows its use and that there is much to learn.

Aural massage is based on the same general principles as massage in general. General massage increases metabolism, aids nutrition, stimulates nerves and nerve centers, overcomes impeded circulation, gives mobility to ankylosed articulations and increases muscular nutrition and contractility. This is its sphere of utility as applied to the ear in chronic catarrhal deafness. It stimulates the circulatory apparatus, and thus, in the hypertrophic conditions, a more rapid absorption and excretion of the redundant tissue is brought about. In the atrophic conditions it quickens the circulation, and thereby more nutrition is brought to the part and the retrograde process checked. No matter whether we have to deal with an ankylosis of the hypertrophic or atrophic character, it is useful, as both are only different stages of the same pathological process. Our choice of methods is varied, all of which have merit, some of more use than others, depending upon conditions found in each individual, from the experience and good judgment of the observer.

Massage methods to break up adhesions within the middle ear date from Guyot, who invented the Eustachian catheter and reported it to the Paris Academy of Medicine in 1724. Valsalva's and Politzer's methods are but another application of Guyot's, the idea being to open the Eustachian tube, and thus relieve the tension of the drum and ossicles and force air into the middle ear, and thus forcing the membrane and ossicles back into position and loosening and breaking any attachments that had been formed.

Massage may be applied within or without the drum cavity—massage by catheter, Valsalva's or Politzer's method, or by means of compressed air tank in use with a nebulizer, with or without medicaments, have long been in use, but it is not to these methods which operate through the Eustachian tube that I wish to refer, but to those methods that operate through the external meatus by increasing and diminishing pressure on the membrane and chain of ossicles. We have the choice of four methods of procedure:

1. By means of sounds produced by instruments or the voice—phono-massage.

2. Direct mechanical massage by means of probes or other instruments brought in contact with the membrana tympania—pressure-massage.

3. By means of a column of condensed and rarefied air in contact with the drum—pneumo-massage.

4. Mixed massage—a combination of pneumo- and phono-massage, with electric faradic action.

Phono-massage by itself by any of the various noise-producing apparatus has given little, if any, permanent benefit; temporary relief from tinnitus frequently follows, possibly psychical in its nature.

Pressure massage by means of probes operated by hand, as Lucae's, are extremely painful and require much delicacy of manipulation and involve much risk from injury with but little benefit. Pressure massage is liable to jam the stapes into the round window and increase labyrinthine pressure, and forces the drum inward and favors retraction. They increase vascularity to too great an extent and thus aggravate the inflammation.

Pneumatic massage by means of a column of air is the most generally practiced

and gives the best results. It may be accomplished in many ways:

1. By Siegel's speculum operated by the air bag, rubber bulb, syringe or mouth. It is useful if not too violently applied and if care is taken not to blow or compress the column, but first exhaust and then compress.

2. By Delstanche's masseur, which, in my opinion, is too violent as it is usually used, causing harmful congestion. If carefully used on the exhaust first, its use is beneficial.

3. By the finger-tip, either inserted into the meatus or applied over the tragus. Its action compresses, hence is objectionable, and may result in flabbiness of the drum and irritation.

4. By rubber tube and ear tip operated by the mouth, bulb, syringe or air bag.

5. By acting on the piston principle. Such is painless, harmless and markedly beneficial in a large percentage of cases. The Chevalier Jackson masseur I have used for the past three years and find its mechanical construction well adapted for aural massage. It can always be started on the exhaust stroke and has valvular arrangements, so that rarefaction recurs at every stroke and compression is impossible. Its energy of action can be regulated by the stroke of the piston by placing the crankpin in one or other of the different holes in the crank disk. Its speed is regulated by the speed of the motor used. The writer attaches his to the street current, which is so cut down as to suit the motor attached to the masseur. High speed is not desirable, as the separate character of the strokes is lost and a continuous sound is produced. The limit for distinct exhausting and releasing strokes is 150 to the minute. High speed, compression and violence are responsible for many of the failures in which it is used.

6. By a pneumo-phono masseur in conjunction with faradization. This method is well embodied in an instrument put out by Waite & Bartlett. It combines various principles; sound vibration can be applied to one or both ears in addition to faradization at the same time. Its pneumatic effect is only slight as compared to the last-described instrument.

Oto-massage by passive motion in rigidity of the ossicular chain should relieve or cure. Does it? Personal observation for the past three years convinces me of its efficacy. Whilst I cannot agree to it as being a cure to all or beneficial to such a large percentage of cases as its more enthusiastic advocates, my records show benefit in fully 50 per cent. of the hypertrophic or atrophic varieties. Its beneficial effects in the after-treatment of acute catarrhal (suppurative and non-suppurative) is certainly marked, lessening the deafness, tinnitus and vertigo. Its use is conjoined with appropriate treatment to the naso-pharynx when indicated. In osseous sclerosis it is useless. It is not a specific, but when success by other methods (catheterization and inflation) has not been attained, I think no otologist has done his full duty to a patient with chronic catarrhal deafness from ankylosis until he has tried faithfully the possible benefits of aural massage. It is harmless if not beneficial. It may arrest the progressive and hopeless deafness, even if it does not cure. It can be used in conjunction with catheterization, Politzerization and naso-pharyngeal treatment, and if it fail, operative procedures are as available as before.

In conclusion, facts outweigh mere theories. It is the spirit of the age to question every theory and demand the reason for its acceptance. Some physicians, like theologians, dread the arrival of new facts and new truths which necessitate change. It is more pleasant to believe that the final truths have been reached and the last word said. All of the facts and truths of the beneficial effects of aural massage are not known and only a few conclusions arrived at up to the present, but these conclusions show the need of research and the vast field of new facts and more exact explanation of the utility of massage on the ear. The incredulity and criticism of the method by our colleagues who refuse to test its merits cannot be expected to cause those of us who have discovered its merits to surrender and discontinue its employment. I have much respect for the opinions in opposition, but cannot be converted to its non-utility.

Society Reports.

MARYLAND OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY.

MEETING HELD MARCH 23, 1899.

In the absence of the president Dr. Friedenwald, the meeting was called to order by Dr. H. O. Reik.

Dr. E. E. Gibbons read a paper entitled "Forced Inflation and Pneumo-massage in Diseases of the Middle Ear" (see page 245).

Dr. A. D. McConachie then read a paper on "Massage in Aural Diseases" (see page 248).

Dr. Reik said his experience with the massage treatment had been rather limited and probably not quite so satisfactory as that of many who use it more frequently. He thought Dr. McConachie made use of a very happy expression when he said it "ameliorated the trouble and perhaps in 50 per cent. there had been some improvement." In many of the cases he has treated there has been some improvement, but he has not been able to ascribe even part of the improvement to massage treatment. Many of these cases of chronic middle-ear catarrh show improvement under almost any treatment.

Dr. Reik said there were some points brought up that he wished to mention. One was in Dr. Gibbons' paper in regard to forced inflation under heavy pressure, say fifty or sixty pounds. He would like to know what the sensations are to the patient, that is, if it is painful. It was noticeable in Dr. Gibbons' report that the majority of his patients had stopped the treatment before he would have been willing to pronounce them well, and in only one or two cases had they carried the treatment out completely, and it had occurred to Dr. Reik that the reason for this might have been the painful nature of the treatment, or that the beneficial results reported by Dr. Gibbons were of a very temporary character. He said he had had no experience with the use of inflation by such high pressure as fifty or sixty pounds, and he would certainly hesitate to use it. There have been a great many cases of rupture of the tympanic membrane produced by slight blows on the side of the head or a slight concussion where the pressure was considerably less than fifty or sixty pounds, and he would fear that the same effect might result from such inflation. Again, one cannot speak confidently of the results of such treatment unless he has seen the patient after a lapse of some weeks or months. In many of these cases temporary improvement may be brought about by a variety of measures, but the difficulty so far has been to maintain this advance.

Dr. Reik said he had not been in favor of the use of the bougie through the Eustachian tube, but he had used the Eustachian catheter very frequently. Dr. Gibbons seemed to be opposed to its use, and Dr. Reik said he would like to know his reasons therefor.

Dr. Woods said he thought these two very interesting papers touched upon matters about which very few knew much, particularly the massage as applied in the method described by Dr. Gibbons and by electrical apparatus through the Eustachian tube. He agreed with Dr. McConachie's conclusions that it is not right to believe that the last word has been said with regard to the treatment of these chronic cases.

In the cases of middle-ear catarrh he says one will tell the patient that he is willing to give him the benefit of this new method of treatment, and he thinks in many cases the patients cease coming simply because they do not get the benefit from the treatment to justify the financial outlay. He says the charging of office fees for work that is so clearly a matter of experiment has been a question with him.

The question of ameliorating the symptoms is one upon which the patient must judge, but this he thinks is about all one is able to promise. He does not think any method of massage or any treatment can be judged in these chronic progressive troubles by the immediate effect.

Dr. Gibbons said in regard to whether the employment of such high air pressure causes pain or not, of course to a very normal Eustachian tube in the nor-

mal ear that amount would cause intense pain. He had attempted to use thirty pounds to the square inch upon himself, and found it quite painful. Instead of using the bougie and catheter this high pressure was used in forcing the air in.

Dr. Gibbons said he had no particular objection to the use of the catheter, but he thought it better to do without it if possible. He says no matter how gently it is used it cannot help to cause some irritation about the mouth of the Eustachian tube.

He said a number of his patients had ceased the treatment because they were well enough. Of course, whether they would retain the hearing he could not say. He considered something gained if the trouble were ameliorated, even though it were contracted again, in which case the result would be as good as in the cases of intermittent fever, which, though cured for a time, recur after a period of two or three years.

Dr. McConachie said he was very glad to be able to endorse what Dr. Gibbons had said with regard to massage by means of the Eustachian tube and drum cavity. He says he uses it continuously and also in conjunction with external massage.

He thinks one of the most important things in the treatment of these chronic middle-ear troubles is the surrounding the patient with every measure conducive to perfect health, and by impressing upon them the necessity of plenty of fresh air and sunlight, with proper dietary and hygienic measures, we will do much to ameliorate the trouble.

Paraldehyde as a Respiratory Sedative.—Dr. William Mackin takes occasion to speak in the Lancet in the highest praise of the use of paraldehyde as a respiratory sedative in spasmodic asthma, in purely functional respiratory troubles and in dyspneic conditions arising from various causes. He considers it a safe drug, and says that it may be given under almost all circumstances. He gives it with equal parts of orange peel and freely diluted with water. He fails, in his enthusiasm, to refer to its nasty taste and smell.

CENTENNIAL MEETING, MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

McCoy Hall, Johns Hopkins University,
April 25-28, 1899.

Tuesday, April 25.

8 P. M.—Formal opening of the meeting by the Hon. Lloyd Lowndes, Governor of the State of Maryland.

Address by Dr. S. C. Chew, President of the Faculty.

9.30 P. M.—Reception by the Faculty.

Wednesday, April 26.

College of Physicians and Surgeons.

10 A. M.—Demonstration of the Pasteur Methods in the Diagnosis and Treatment of Rabies. Dr. Keirle. Dr. Keirle will give this demonstration in the Pathological Laboratory of the Johns Hopkins Hospital.

Owing to alterations in the building of the College of Physicians and Surgeons, the Faculty regret that they will not be able to hold any clinics or demonstrations.

Baltimore University,
21 North Bond Street.

10 A. M.—Medical Clinic. Gastrodiaphany. Dr. C. Urban Smith.

11 A. M.—Surgical Clinic. Dr. Biedler.

12 M.—Gynecological Clinic. Dr. Sellman.

12 M.—Eye and Ear Clinic. Dr. T. Cooke, Jr.

Johns Hopkins Hospital,
Broadway.

10 A. M.—Medical Clinic. Dr. Osler.

10.30 A. M.—The New Researches on Malaria. Dr. Thayer.

11 A. M.—Surgical Clinic. Dr. Halsted.

11 A. M.—Pathological Demonstrations. Dr. Welch.

12 M.—Gynecological Clinic. Dr. Kelly.

The Anatomical Laboratory and the New Laboratories of Pharmacology and Physiology will be open for inspection under the direction of Drs. Mall, Abel and Howell between 10 A. M. and 1 P. M.

1.30 P. M.—Luncheon at the Johns Hopkins University, provided by these Institutions.

3 P. M.—Scientific Meeting, McCoy Hall. Papers by:

Dr. Herman Knapp of New York, on Some Landmarks in the History of Ophthalmology.

Dr. E. H. Bradford of Boston, A Study of the Human Gait.

Dr. George Ben Johnston of Richmond, How Far Myomectomy is to Supplant Hysterectomy.

Dr. W. W. Johnston of Washington, J Hughes Bennett; His Services to Medicine.

Dr. Samuel Alexander of New York, The Management of Vesical Calculus in Prostatics.

8 P. M.—McCoy Hall. Annual Oration by Prof. W. W. Keen of Philadelphia, on The Debt of the Public to the Profession.

9.30 P. M.—Private Receptions.

Institutions Open for Inspection.

St. Joseph's Hospital, physician-in-charge, Dr. F. J. Kirby.

Bay View Asylum, superintendent, L. F. Zinkhan.

Baltimore City Insane Hospital, physician-in-charge, Dr. R. E. Garrett.

Church Home and Infirmary, physician-in-charge, Dr. F. D. Gavin.

Hebrew Hospital and Asylum, East Monument street, 10 A. M.

Presbyterian Eye, Ear and Throat Charity Hospital, 1007 East Baltimore street.

Home for Incurables.

Laboratories of the City and State Boards of Health.

THURSDAY, APRIL 27.

University of Maryland, Lombard and Greene Streets.

10 A. M.—Cases Illustrating the Surgery of the Knee Joint. Dr. Tiffany.

11 A. M.—Medical Clinic. Dr. I. E. Atkinson.

11 A. M.—Abdominal Section. Dr. T. A. Ashby.

12 M.—Electrical Illumination of the Stomach. Catheterization of the Ductus Communis Choledochus. Dr. J. C. Hemmeter.

12 M.—Illustration of Methods Employed at the Municipal Bacteriological Laboratory. Dr. W. R. Stokes.

Baltimore Medical College, Madison Street and Linden Avenue.

10 A. M. to 11 A. M.—(a) Exhibition of Pathological Specimens and Slides in Projection Microscope.

(b) Bacteria in Cultures and Under the Microscope. Dr. Potter.

(c) Demonstrations in Clinical Laboratory, Showing New Method of Determining Hemoglobin and Indican. Dr. Whitney.

11 A. M. to 11.30 A. M.—(a) Case of Melancholia Treated from Indications Given in Clinical Laboratory. Dr. Hill.

(b) Exhibitions of New Instruments in Nose and Throat Work. Dr. Merrick.

11.30 A. M. to 1 P. M.—(a) Abdominal Section. Dr. Moseley.

(b) Operation for Hemorrhoids. Dr. Earle.

(c) Exhibition of a Successful Case of Extirpation of Bifid Uterus at Full Term, Saving Mother and Child. Dr. Blake.

(d) Turning Off Carotids in Operations on the Head and Neck. Surgical Cases. Dr. Johnson.

Woman's Medical College, 1100 McCulloh Street.

The College Buildings and Laboratories will be open for inspection at 10 A. M.

Maryland Medical College of Baltimore, 1114 West Baltimore Street.

10 A. M.—Inspection of Laboratories and Demonstrations.

11 A. M. to 12 M.—Neurological and General Medical Clinics. Drs. Hodgdon and Kintzing.

12 M. to 1 P. M.—Surgical Clinic. Dr. Branham.

1.30 P. M.—Luncheon at the Johns Hopkins University, provided by these Institutions.

3 P. M.—Scientific Meeting, McCoy Hall. Papers by:

Dr. E. G. Janeway of New York, Clinical Observations on Some Forms of Heart Disease.
Dr. A. Jacobi, European Medicine about 1799.
Dr. H. C. Wood of Philadelphia, Nostrums, the Profession and the Law.
Dr. Roswell Park of Buffalo, Cancer as a Parasitic Disease.
Dr. J. C. Edgar of New York, Obstetric Teaching.
7 P. M.—Annual Dinner of the Faculty.

Institutions Open for Inspection.

Union Protestant Infirmary, 1514 Division street.
Baltimore Eye, Ear and Throat Charity Hospital, 625 West Franklin street.
Hospital for the Women of Maryland, John street and Lafayette avenue.
Nursery and Child's Hospital, Schroeder and Mulberry streets.
Robert Garrett Free Hospital for Children, 27 North Carey street.
Hospital for Consumptives of Maryland, Hoffman street and Park avenue.
Hospital for the Relief of Crippled and Deformed Children, 2000 North Charles street.
Maryland Hospital for the Insane, Catonsville, Md.
Mt. Hope Retreat for the Insane, Mt. Hope, Md.
St. Agnes Hospital, Caton and Wilkins avenues.
Second Hospital for the Insane of Maryland, Springfield, Md.

FRIDAY, APRIL 28.

Hospital for the Relief of Crippled and Deformed Children,
2000 North Charles Street.

10 A. M.—Demonstration of Orthopedic Cases and Methods of Treatment. Dr. R. T. Taylor.
12 M.—Visit to the Sheppard and Enoch Pratt Hospital at Towson. Luncheon from 1.30 to 3 P. M. Take York Road electric cars.
8 P. M.—Business Meeting.

In the corridors of McCoy Hall and in the Donovan Room there will be a series of most interesting exhibits:

(a) Portraits of distinguished deceased physicians of Maryland.

(b) Diplomas and relics, etc.

(c) In the Donovan Room a literary and pictorial representation of the chief epochs in medicine.

(d) A collection of relics illustrating the text-books and literature of the year of the founding of the Faculty, 1799.

(e) A collection of the published works of the medical profession of Maryland.

(f) A collection of works illustrating the development of art in medicine.

The large drug houses and publishing firms have signified their intention of making important exhibits of pharmaceutical preparations and the recent published works.

GENERAL NOTICES.

The Secretary's Office will be found in the corridor of McCoy Hall. This office will be open on Tuesday afternoon at 4 o'clock, and on each succeeding day from 9 A. M.

Members are requested to register their names and addresses at once, and to pay their Annual Dues, and to ask for cards of invitation to the lunches, etc.

APPLICATIONS FOR MEMBERSHIP.

At the Secretary's desk will be found Applications for Membership, which may be signed by members of the profession in the State and City in good standing, and upon payment of the initiation fee of Five Dollars the Examining Board will pass upon the Candidate, and he will be admitted to membership during the present session.

Visiting physicians from outside the City and State will, on registering, receive the invitations to the lunches, etc.

RAILROAD AND STEAMBOAT LINES.

Baltimore & Ohio Railroad, Pennsylvania, Delaware and Maryland.

Philadelphia & Reading Railroad, from Reading Terminal, Reading or Harrisburg.

Western Maryland Railroad.

Northern Central Railroad, Pennsylvania, Delaware and Maryland.

Baltimore, Chesapeake & Atlantic Railroad Co.

Weems' Steamboat Co.

Lehigh Valley Railroad, Pennsylvania, Delaware and Maryland.

Baltimore & Lehigh Railroad.

All the above-mentioned Railroads and Steamboat Lines will reduce fares to about one and one-third for round trip. Address Dr. J. D. Iglehart, 1214 Linden Avenue, Baltimore, Md.

Bureau of Information.

Members and visitors wishing information about any of the details of the programme or receptions and entertainments will apply at the Bureau of Information at the Secretary's Office.

Annual Dinner of the Faculty.

The Annual Dinner of the members of the Faculty will be held at the Hotel Rennert on Thursday evening at 7 o'clock. Tickets, $5.00. Members wishing to subscribe must hand in their names at the Secretary's Office not later than 12 o'clock on Wednesday, after which hour no applications can be received.

Ladies of the families of members and guests are cordially invited to be present at the address of the President on Tuesday evening, and the reception following, and also at the address of Prof. W. W. Keen on Wednesday evening.

Medical Progress.

Physician to the Pope.—A writer in the Pall Mall Gazette says: "I do not wish the position of doctor to the Pope for my worst enemy when the august patient is not well. His house—doctors to the Pope do not live in the Vatican—is no longer his own, but public property, for there is a continual coming and going of prelates, messengers from all kinds of personages, and journalists. However, the worst hours are those of the night. The doctor, to be sure of hearing any call from the Vatican, has the telephone at the head of his bed, and when sinister rumors circulate cardinals and diplomats seem to consider it their duty or privilege to ring him up at all hours of the night.

"And that is not all. Besides the inconvenience, there is also considerable expense, as many telegrams requiring answers arrive for him, a great portion of which he cannot ignore, because of the station of the senders. No one would certainly ever guess what salary the papal doctor draws; it is only £120 ($600) a year!

"At the Vatican everything is maintained unchanged as it was several centuries ago, and the stipend of the doctor remains fixed at fifty scudi ($50) a month, with the difference that what was formerly equivalent to a good, round sum is now of very small value. The only other advantage which he has is a carriage to convey him to and from the Vatican.

"The present doctor, Professor Guiseppe Lapponi, has held his position since 1888. At that date Leo XIII, having been left with only a surgeon, and the need of a doctor being much felt, Professor Lapponi, who was practicing at Osimo, on the Adriatic side of the peninsula, came every week to Rome to visit him. Shortly after the surgeon died, and the professor became and has remained the only physician of His Holiness. He has gradually so gained his confidence and friendship as to be to him what Dr. Schweninger was to Prince Bismarck.

"Dr. Lapponi is the only person who succeeds in overcoming the natural obstinacy of Leo XIII to take certain precautions, to which he shows great repugnance. In fact, the regime established for the daily life of the Pontiff has such fixed rules that his life may be compared to a chronometer. There are, however, habits which the persistence of the doctor has not succeeded in eradicating. Only today Professor Lapponi told me that His Holiness still persisted in mounting a chair in the library to get down the books himself, and when remonstrated with over the danger even to a younger person he replies: 'I know the way; I know the way.' Then he will not give up mental labor. During the last few days that he has been in bed he has composed verses, worked with his private secretary, Mgr. Angell, and received Cardinal Rampolla every morning to discuss State affairs, and all this just a little more than one month before his ninetieth birthday."

The Chemistry of Sausages.—The composition of the sausage, says the Lancet, is not only complex, but it is often obscure. In England the preparation of this (as it should be) useful article of food is confined to the employment of minced beef and pork. The only exception, probably, is the so-called "black pudding," which is made with pig's blood and perhaps some heart and kidney. Abroad, however, the sausage is compounded of a much wider range of substances. These include brains, liver and horseflesh. The last substance is generally considered repugnant, while, of course, it is fraudulent to sell sausage as beef or pork containing horseflesh. Occasionally, however, sausages do not contain meat at all, but only bread tinged with red oxide of iron and mixed with a varying proportion of fat. The remarkable feature of horseflesh is the high proportion of glycogen which it contains, and this fact enables the presence of horseflesh to be detected with some amount of certainty. The test, which depends on a color reaction with iodine, has recently been more carefully studied and with more satisfactory results, so that the presence of 5 per cent. of horseflesh in sausages can be detected. At presence there is no legal provision for a standard in regard to the composition of sausages, but clearly there ought to be. Limitations should be laid down as to the amount of bread used, as to the actual proportion of meat substances present and as to the coloring matters added to give an attractive appearance of fresh meat. Sausages are extremely liable to undergo decomposition and become poisonous owing to the elaboration of toxic substances during the putrefactive process. Bad or rancid fat is very liable to alter the character of a sausage for the worse. Thus in some instances the use of bad or rancid lard has rendered the sausage after a time quite phosphorescent, an appearance which indicates, of course, an undesirable change. The smoked sausage is a much safer article of diet than the unsmoked sausage, since the curing process preserves the meat substances against decomposition by reason of the empyreumatic bodies present in the wood smoke which is used for this purpose.

* * *

The Power of Absorption in Childhood.—W. Jakubowitsch (British Medical Journal) reports the results of a series of experiments made with the view of determining the conditions which influence the process of absorption in children. He arrives at the following conclusions: 1. If food, either in a solid or in a liquid form, be introduced into the stomach immediately after the latter had been carefully washed out, the result is that absorption from the mucous surface of that organ takes places, contrary to general expectation, far less vigorously than before the stomach had been subjected to this treatment. 2. During the existence of a high temperature, either of a continued or intermittent character, the absorbent power of the stomach and rectum is considerably retarded. 3. The age of the child, as such, does not in any way, either at a normal or at an elevated temperature, influence the process by which absorption from the mucous membrane ensures. There is, however, at least one exception to this statement. Clinically it had often been proved that during the period of suckling, absorption, and especially from the rectum, varying, of course, with each individual child, is on the whole much slower than at a somewhat more advanced age, say, after one year and one-half, and it has more than once been ascertained that at the age of from two to five years no mucous membrane of the body is so susceptible to quick absorption as that of the rectum. 4. It is noteworthy that with the approach of death absorption from the rectum is absolutely *nil*, a fact which might aid in forming the prognosis of a given case. 5. The author has convinced himself that solutions of iodide of potassium applied to the skin are not absorbed, provided, of course, that the latter is in a normal uninjured condition.

* * *

Cod-Liver Oil and Juice Secretion.—Wirshillo (International Medical Magazine) has made a number of experiments with a view to determine the character of the gastric juice when various

quantities of cod-liver oil have been added to the food. The experiments, fifteen in number, were made on children free from any gastro-intestinal disturbance. No change in the mode of life was made. Each investigation was divided into two parts: (1) A test breakfast, consisting of 200 to 400 grms. of milk, was given, and the stomach contents analyzed in one and one-half and two and one-half hours; (2) the same test breakfast, with eight grms. of cod-liver oil. The analysis of the stomach contents covered the following points: 1, total acidity; 2, amount of HCl (free and combined), and, 3, the digestive power. Phenolphtalein and Töpfer's method were used as indicators. The digestive power was determined by the method of Metta. As a result of these investigations the following conclusions were reached: 1. Cod-liver oil diminishes the amount of HCl and pepsin, the latter being more affected in the beginning of digestion. 2. The disturbing effect on the gastric juice is especially marked at the beginning of digestion. 3. The secretion of the gastric glands, though weakened by the oil, lasts longer than usual. The author then concludes that, in view of these objectionable features of cod-liver oil, we should, by further experimentation, find another oil equally efficacious, but not injurious to digestion.

* * *

Treatment of Scarlatina.—Knöspel, in the American Journal of Obstetrics, has studied 158 cases, of which 24 per cent. died. The material comprised twenty-four mild, 116 moderately severe and eighteen very severe cases. Nephritis occurred twenty-six times. Angina necrotisans occurred in forty-six cases, and the treatment employed was intratonsillar injections of carbolic acid. The method proved of value in checking the necrotic process, and apparently does not cause kidney complications. Hydrotherapy was employed in the form of cold sponging, cold compresses, cold packs and baths of varying temperature, thirty cases being so treated. Nephritis occurred in only five of these, so that the use of cold water did not increase the predisposition to kidney complications. Nor has the author been able to verify the statement that milk diet prevents nephritis, which may occur in mild cases and as late as the thirty-fifth day of the disease. Two cases were observed which ran an afebrile course, and another case had no exanthem. One case of surgical scarlatina followed four days after an operation for double inguinal hernia in a boy of four years, who recovered.

* * *

Coddling Children and Colds.—Coddling under any circumstances is usuably a mistake. Pediatrics says that the treatment of tuberculosis by fresh air and good diet is now thoroughly recognized as the most beneficial one, and everywhere sanitariums conducted on these principles are springing up. But it should be remembered that if proper care is taken of children when young that there would not be the need of sanitariums there now is, as in many instances the seeds of consumption can be eradicated by judicious bringing up. It is a fact, both instructice and interesting, that in many of the coldest portions of the globe colds are unknown. Nansen and his men when in the Arctic regions, although they underwent exposure of every description, never suffered from colds, but no sooner had they set foot on their native shore of Norway than they one and all caught cold. The experience of other Arctic explorers is the same. It seems, then, probable that, after all, there is something in the theory that colds are infectious.

* * *

How to Give Cod-Liver Oil.—Dr. W. Fowler gives in the Georgia Journal of Medicine and Surgery his method of taking cod-liver oil and creosote. He says: "When I tell you that I am a cod-liver oil and creosote drinker of over seven years' standing I am sure you will pardon my dogmatic language when I say that the best and most palatable way to take these drugs is as follows: Pour two drachms of cod-liver oil on an ounce and one-half of water, then add the required amount of creosote slowly drop by drop on different parts of the surface of the oil."

MARYLAND

Medical * Journal.

PUBLISHED WEEKLY.

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Washington Loan and Trust Company Building.

BALTIMORE, APRIL 22, 1899.

Too Many Professors.

SOME time ago the *Boston Medical and Surgical Journal* called attention to the remarks by Dr. Thomas Dwight of Harvard University on the multiplication of professors. It is undoubtedly true that the increase in the number of medical schools is caused in part by the desire of some men, totally unfit, to wear the title of professor. This is in strong contradistinction to the modest and worthy men who have earned titles abundantly and who much prefer the simple "Dr." or "Mr." There are other elements contributing to the multiplication of professors, and another is the desire not only to be called professor, but the ambition to be at the head of some branch in however mediocre a school and to be, as it were, a "king among cats."

This increase in the number of schools is not healthy, and it certainly has not helped the cause of medical education in many cities. Already now schools are making little or no money, and for several years past the talk of consolidation of some of the Baltimore schools has been quietly going on. One great obstacle to this proposed consolidation is the fact that some of the present professors would be obliged to drop that high-sounding title and step back among the insignificant doctors. As it is, it is doubtful if any of the schools are making more than enough to meet their expenses, and it is an open secret that in more than one school the professor pays for the privilege of his exalted position. A consolidation of two or more of the most prominent schools and putting the affairs of this reorganized body in the hands of a board of trustees would certainly help medical education.

It would seem fair also that the men teaching such practical branches as the practice of medicine and surgery, eye and ear, throat and chest, etc., and who, by virtue of their positions, gain a large practice outside of the hospital, should serve for a smaller stipend than the professors who teach chemistry, anatomy, physiology, branches which can attract no practice. Also it seems hardly just to the students that anatomy and physiology are taught by men in active practice who can give little time to the preparation of their work. Such men should be on a fixed salary and devote their whole time to their work of teaching and to its preparation.

These are facts which may sound radical, but which the schools of Baltimore at least and of many other places will find must be considered if the desire is to keep the schools together and attract a large number of students.

* * *

The Faculty's Centennial.

THE invitations and the programme of the centennial of the Faculty have been sent out, and everyone will notice the large amount of interesting matter there presented to the profession.

There is one committee which should render very useful work, and that is the reception and hospitality committee. In former years it has been noticed that many physicians from outside of the city came to the Faculty meeting and felt timid because they knew very few of the city members, and probably their few acquaintances happened not to be present to greet them. It should be the duty of this committee to unhesitatingly greet each person who looks like a stranger, and, by introductions, make each one feel at home. A little cordiality at such meetings makes things move very smoothly.

Physicians from out of the city will find the theaters and other places of amusement as a diversion should they not care for the receptions, and in the day they will have many opportunities to take long trolley rides.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending April 15, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
La Grippe	..	4
Pneumonia	..	28
Phthisis Pulmonalis	1	20
Measles	13	..
Whooping Cough	6	..
Pseudo-Membranous Croup and Diphtheria.	18	3
Mumps	1	..
Scarlet Fever	11	1
Varioloid	..	..
Varicella	2	.
Typhoid Fever	8	2

At the commencement of the University of Maryland, held last Thursday, forty-seven candidates received the degree of M.D.

At the commencement of the College of Physicians and Surgeons the degree of doctor of medicine was conferred on thirty-seven candidates.

Once more the daily papers announce a discovery, and this time it is that Dr. William J. Class of the Chicago Health Department has discovered the specific organism of scarlet fever.

Dr. R. K. Compton, one of the most prominent physicians of Charles county, Maryland, died at his home in Pomonkey last week aged seventy-one years. Dr. Compton received his medical degree about fifty years ago and had spent his whole life in his native county.

The Fort Stanton abandoned military reservation in New Mexico, containing 10,240 acres, and the buildings thereon, has been reserved and set apart by the United States government for the use of the Marine Hospital Service for the treatment of cases of tuberculosis.

Dr. Osler states that so far only 137 members of the Faculty have subscribed to the Centennial Fund. The expenses of the centennial entertainment will be quite heavy, and no doubt a number of those who had intended to subscribe have overlooked the notice.

Through the liberality of Mr. B. F. Newcomer of Baltimore the Hospital for Consumptives of Maryland has received $10,000 with which to buy a site and building in the country. The patients will be moved to the country as soon as certain formalities have been complied with and the building has been prepared for the cases.

The faculty of the College of Physicians and Surgeons has announced the appointments of the following hospital physicians for the next year, taking effect May 1: City Hospital—Dr. Herman Westphal, resident; Dr. N. Garland Keirle, Jr., first assistant; Dr. Edward V. Murphy, second assistant; Dr. Harry Hubbard, third assistant; Dr. Elton Smith Osborne, fourth assistant. Maryland Lying-In Hospital—Dr. W. J. Leahy, resident; Dr. W. D. Harris, assistant. Bayview Asylum—Dr. Ernest A. Knorr and Dr. H. G. Simpers, assistants.

The corner-stone of the Mary Washington Hospital was laid in Fredericksburg with especially interesting ceremonies. Fredericksburg was the home of Mary Washington. The architect who drew and donated the plans is George Washington Smith; the superintendent of the building is George Washington Wroten, and the corner-stone is a piece of the uncompleted monument to Mary Washington. It is interesting to record that April 14, 1789, George Washington received the notice of his election as first President of the United States, and he rode to Fredericksburg to tell his mother of this honor. The hospital building will be a frame structure, with a capacity of twelve to sixteen beds. While it is not intended as a charity institution, it will have some free beds.

Changes and reappointments in the staff of the Maryland University Hospital, Lombard and Greene streets, have been made as follows: Dr. St. Clair Spruill, reappointed superintendent of hospital; Dr. H. M. Fitzhugh, appointed assistant superintendent in place of Dr. J. A. W. Holland, resigned; Drs. H. M. Tucker, Henry W. Kennard, J. R. Shook and H. C. Solter, appointed resident surgeons; Drs. A. J. Edwards and E. J. Nixon, appointed resident physicians; resident gynecologists, Drs. R. S. Blackburn and C. B. Snyder; resident microscopist, Dr. S. P. Latane; ambulance surgeon, Dr. G. H. Steuart. In the Maternité Hospital of the University of Maryland Dr. L. M. Allen has been retained as resident physician and chief of obstetrical clinic, and Drs. Mills and Heilig, assistant resident physicians.

Washington Notes.

Acting Assistant Surgeon H. L. Coffin will proceed to Jefferson Barracks, Mo., to accompany Light Battery E, First U. S. Artillery, to the Philippine Islands.

Major John R. McDill, brigade surgeon, U. S. V., has been relieved from further duty in Havana, Cuba, and is ordered to this city to report to the surgeon-general.

Captain D. C. Howard, assistant surgeon, has been detailed for temporary duty as attending surgeon, New York city, relieving Major N. S. Jarvis, brigade surgeon U. S. V.

Dr. Wm. B. French has been appointed special inspector to look after the cases of cerebro-spinal meningitis, and Dr. Lewis J. Battle has been appointed smallpox inspector.

Deaths from cerebro-spinal meningitis are being reported daily. Three were reported Monday afternoon, making a total of fifty-two deaths from this disease during the past six weeks.

New cases of smallpox are again being reported in numbers. The disease has now a foothold in the northwestern section of the city. There are twenty-four cases at the smallpox hospital and fifteen premises quarantined.

Judge Kimble, at the request of the District Commissioners, has designated the Smallpox Detention Hospital as a place for confining persons who have been arrested and who are believed to be unsafe to the inmates of the police stations, workhouse or jail.

At the Medical Society Wednesday evening the following was the programme: Dr. Dufour—"Influenza Otitis;" Dr. J. Preston Miller—"Preparing for the Knife in European Hospitals;" Dr. J. Ford Thompson—"Case of Abdominal Hysterectomy, with Specimen;" Dr. Moran—"Gumma of the Brain, Case and Specimen."

Army orders as follows: Capt. D. C. Howard, assistant surgeon, ordered to duty at Savannah, Ga.; Acting Assistant Surgeons C. N. Barney and Fred Pearl assigned to duty at San Francisco; Acting Assistant Surgeon L. T. Griffiths is ordered to Fort Preble, Me. To the Philippine Islands, Acting Assistant Surgeons H. E. Stafford, to accompany Thirteenth Infantry; W. P. Banta, to accompany Battery A, Sixth Artillery; Robert F. Jones and E. F. Robinson, to accompany a battery of the Fourth Artillery.

Book Reviews.

The Principles and Practice of Medicine. Designed for the Use of Practitioners and Students of Medicine. By William Osler, M.D., Fellow of the Royal Society; Fellow of the Royal College of Physicians, London; Professor of Medicine in the Johns Hopkins University, and Physician-in-Chief to the Johns Hopkins Hospital, Baltimore; etc., etc. Third edition, entirely revised and enlarged. Sold only by subscription. Price—cloth, $5.50; sheep, $6.50; half-morocco, $7. New York: D. Appleton & Co.

This edition has been thoroughly revised and much of it has been rewritten, and yet the number of pages has been very slightly increased, but the pages are a little larger. The work has been revised in the most painstaking manner, and not only has the author's rich experience been used in every department, but he has searched the literature thoroughly. In the preface he gives a long list of articles that have been rewritten, and there is a second list of diseases, in the description of which much new matter has been incorporated.

One of the best articles in this remarkable work is the first on typhoid fever, a subject to which the author has given so much attention. He acknowledges that there are objections to too much reliance on the serum reaction in the diagnosis of typhoid fever. He admits that malarial and typhoid fever may be associated, but says that there is no such disease as typhomalarial fever as a separate and distinct malady.

It is impossible to review this whole book. While the author acknowledges assistance from certain specialists, he gives a complete product, evidently the work of one man. The descriptions of the diseases and the pathology leave nothing to be desired. The treatment is a little meager in places, but always reliable.

REPRINTS, ETC., RECEIVED.

Organothérapie ou Opothérapie par le Dr. C. Hillemand, Paris.

The Newer Preparations of Bismuth. By Reynold W. Wilcox, M.D. Reprint from the *Medical News*.

The Serum Treatment of Diphtheria. By William Cheatham, M.D. Reprint from the *American Practitioner and News*.

Three Cases of Obstruction of the Bowels by Omental Cords. By G. G. Eitel, M.D. Reprint from the *Northwestern Lancet*.

MARYLAND MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

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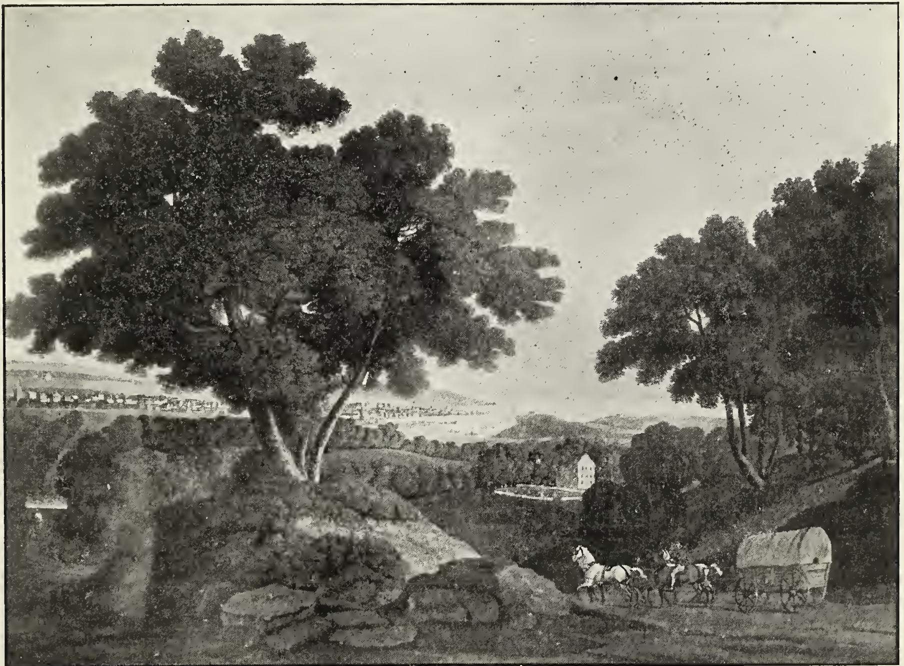
A BRIEF SKETCH OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, 1799–1899.

PRIOR to the founding of the Medical and Chirurgical Faculty of Maryland in 1799 there was, so far as we can ascertain, but one attempt ever made at society organization by the physicians of this State.



Engraved from drawing in possession of Maryland Historical Society.

BALTIMORE CITY IN 1799.

East view of Baltimore at the founding of the Medical and Chirurgical Faculty of Maryland. Drawn by G. Beck of Philadelphia. Engraved by Cartwright, London.

In the year 1788, as the result of agitation, traces of which appear in the newspapers for several years previous to that date, the physicians of Baltimore and vicinity met and founded an association, of which Dr. Charles Frederick Wiesenthal became president, and Dr. Frederick Dalcho, secretary. The object of the founders appears to have been principally the suppression of quackery, which at that time prevailed without check throughout the country. They embraced the entire State in the plan of their operations, which in its features strikingly resembled that of the charter of the Medi-

cal and Chirurgical Faculty. Dr. Wiesenthal was well calculated to be the leader in such a movement. Born and educated in Germany, he had emigrated to America in 1755, settling in Baltimore, where his eminent talents, his rare professional acquirements and his high character soon placed him at the head of the profession of this section. Unfortunately he died within six months, whereupon discord arose among the members and the society was dissolved. An attempt was made at this time to engraft upon the society a medical college, but the latter shared a like fate, although some courses of lectures were delivered by Drs. George Buchanan and Andrew Wiesenthal (the latter a son of the one already mentioned), who settled in Baltimore about the middle of 1799, fresh from the halls of Edinburgh and ambitious for the distinction of professorship and public office.

Although this effort proved abortive, the seed had been sown, and it continued to germinate in the minds of the profession during the succeeding decade, until it ripened into the charter of the Medical and Chirurgical Faculty passed by the legislature of the State at its November session, 1798. The act, which received the signature of the governor on the 20th January, 1799, and thereby became a law of the land, was not passed without opposition. It would be interesting to know the details connected with its authorship and passage, to pry into the offices of the old doctors as they conferred together over this document of such far-reaching significance to them and their successors, to know who were those who labored for its adoption and what was said and done upon the occasion. But these, as well as many other events connected with those early days, are hidden from us forever, and we can only picture them to ourselves in imagination.

The objects of the charter are succinctly outlined in the preamble, which reads as follows:

"Whereas, It appears to the general assembly of Maryland that the establishment and incorporation of a Medical and Chirurgical Faculty or Society of Physicians and Surgeons in the said State will be attended with the most beneficial and salutary consequences by promoting and disseminating medical and chirurgical knowledge throughout the State, and may in future prevent the citizens thereof from risking their lives in the hands of ignorant practitioners or pretenders to the healing art; therefore," etc. And again: "Such purposes as they may adjudge most conducive to the promoting and disseminating medical and surgical knowledge or to alleviating the calamities and miseries of their fellow-citizens."

What more noble object could any body of men contemplate and propose to themselves than that embodied in the foregoing words! What nobler destiny could those grand old forefathers of ours assign to us than this—the care and protection of the health and lives of our fellow-citizens! May we in our day and generation prove worthy of such a trust and transmit it to our successors without a blot or blemish!

Among the provisions of the charter are the appointment of a "Medical Board of Examiners" for the examination and license of those desiring to practice in the State, seven of whom shall be residents of the Western and five of the Eastern Shore, $10 being paid for every such license; that no person shall hereafter be allowed to practice in the State without such license under penalty of $50 for each offense; the usual authority is granted to make by-laws, seal, etc., and, finally, perpetuity is given to the institution by declaring it "one community, corporation and body politic forever." The names of 101 physicians, representing each of the nineteen counties into which the State was then divided and the cities of Baltimore and Annapolis, are named as founders, with authority to transmit membership to others, thus providing for due succession. The names of these founders, arranged alphabetically, are as follows:

Alexander, Ashton, Baltimore.
Anderson, James, Montgomery county.
Anderson, James Moat, Jr., Kent county.
Archer, John, Harford county.
Archer, Thomas, Harford county.
Baker, William, Prince George's county.

To this wheel a combi-
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Green.

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MARBLE.
M. MARBLE,
aptain and Mate.

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SAM'L WYLLYS, Sec'ry.

The American.

For Tuesday, June 11, 1799.

Yesterday an Ordinance passed the city Council, to allow Theatrical performances in this city until the 6th July next.

Yesterday the ship Perseverance, capt. Norman, 42 days from Cadiz, came within the Fort, but accidentally ran upon the middle ground which prevented her getting up—at the time of our boarding her, the people were so much engaged, that we could not obtain her news. It shall however be given to-morrow.

The Birmingham, Wilson, of Baltimore, arrived at Cadiz, from London, a few days before the Perseverance sailed.

—

The Paris, Ragusan and Milan accounts of Buonaparte are very interesting. They say that a Turkish and Russian expedition against Alexandria has been defeated, that *Gaza*, on the coast of Syria, two hundred miles from Alexandria, has been taken by a detachment of 10,000 French and 10,000 Arabs, that another Egyptian Bey has been completely routed, and that Buonaparte's army has reached *Jerusalem.* Part of these accounts should be altogether false. The dignity of human nature is likely to be resuscitated in the slavish regions of Asiatic Turkey. Who can regret such an event that loves human nature.

—

At a meeting of the medical and chirurgical faculty of the state of Maryland, begun and held at the city of Annapolis, on Monday the 3d day of June, in conformity to an act of the General Assembly of the state of Maryland, passed at their last session, entitled an act for establishing and incorporating a medical and chirurgical Faculty or Society, for the state of Maryland.

Doctor *Upton Scott*, of Annapolis, was chosen President of the Faculty.

Doctor *Ashton Alexander*, of Baltimore, Secretary, and

Doctor *John Thomas Shaaff*, of Annapolis, Treasurer.

The following gentlemen were chosen as a medical board of examiners.

For the Western Shore.

Doctors John Parnham, of Charles County; Phillip Thomas, of Fredericktown; John Thomas Shaaff, Annapolis; Ashton Alexander, Baltimore; Richard I. Duckett, Prince George's County; William Beanes, jun. do.; John Archer, senior, Harford county.

For the Eastern Shore.

Doctors James Anderson, senior, Kent County; James Davidson, Queen Ann's County; Ennalls Martin, Talbot County; Perry E. Noel, do.; Stephen Theodore Johnson, do.

—

Married on the 9th instant, by the Rev. Mr. Richards, Mr. JOHN JAMES, to Miss JANE TAYLOR, both of this city.

Martin's Marine List.

June 11, '99. JOHN ALLEN.
eod4t

Strayed or Stolen,
From the common on Fell's Point, on Saturday the 8th instant, a Chesnut Sorrel

MARE,

Three years old, fifteen hands high, has the scratches on her right hind leg, a leather strap and buckle on her neck. Whoever brings her home, shall receive Five Dollars reward, and reasonable charges by

ADAM BREITENODER.

Bond Street, Fell's Point, June 11. tf

For Sale, or Charter,
THE SCHOONER
APOLLO;
Burthen about 700 barrels, in complete order, and ready to take in a cargo immediately.

ISAAC CAUSTEN.

June 11, '99. tf.

FOR SALE,

THREE lots of ground on the east side of Ann Street, between George and Lancaster Streets. The terms will be made known by applying to the subscriber at Mr. *Thomas Dewitts*, at any time between this and Saturday 15th inst.

JOHN LONG.

June 11. d4t

Isaac Causten,
No. 39, South street, Baltimore,
Has for Sale,
40,000 wt. Coffee.
100 Pipes Catalona Brandy.
15 pipes Cogniac Brandy, of the first quality.
A quantity of excellent double Gloucester Cheese, and London Porter, with a general assortment of GROCERIES.
ALSO,
150 British Muskets, with bayonets complete.

June 10. '99. d

FOR SALE,
At a very reduced price,

A VALUABLE body of ship timber land, containing two hundred thousand acres, patented in tracts of one thousand acres each, not more than fifty miles from sea—on, and between two navigable rivers, only fifteen miles apart, where vessels of one hundred and fifty tons burthen, can ride at anchor within a few miles of the land, with boatable navigation quite up.

This body of land is clothed with a lofty growth of large Pine, Live Oak, and Cypress, fitted for all the purposes of ship building, Plank, Scantling, Boards, &c. &c. It is clear of all incumbrances, and will be disposed of by the proprietors, under a full warranty of title, for CASH, or in exchange for East or West-India Goods.

For further particulars enquire of
FRANCOIS DE BLOK.

Baltimore, June 10th, '99. 2awtf.

FOR SALE,
30,000 wt. Coffee, } entitled to
100 pieces Russia sheeting, } drawback.
Enquire of FRANCIS DUCH MIN, or
S. B. A. ALLEGRE
North Gay Street, No. 4, lately Dugan's Wharf.

June 10, '99.

Freight Wanted.

ABOUT 150 hhds. TOBACCO, will be taken on freight, to be shipped in the Potomack, on board an American ship bound to Bredeo. For particulars enquire of the subscriber at Baltimore, or to Richard Johns at George-Town.

FRANCOIS DE BLOK.

Engraved from copy of *American* on file at rooms of Maryland Historical Society.

FIRST MEETING AND ORGANIZATION.

Fac-simile of newspaper account of the first Faculty meeting at Annapolis, June 3, 1799, and published June 11, in the *Maryland Journal and Baltimore Advertiser.*

RECORD OF THE FIRST MEETING.

[From the *Federal Gazette*, Saturday, June 15th.]

At a general meeting of the Medical and Chirurgical Faculty of Maryland, convened at the city of Annapolis on the first Monday in June, 1799:

Ordered, that the secretary have published in some of the most public newspapers of the State of Maryland an abstract of the proceedings of this meeting, so far as relates to the appointment of the officers of the Faculty; the Medical Board of Examiners for each Shore, and such of the by-laws, rules and regulations as relate to the time and places of meeting of the State Boards of Examination, with the time and places appointed for the general meeting of the Faculty.

1. The Faculty shall convene at the city of Annapolis, the first Monday in June, eighteen hundred and one, and every second year thereafter.

4. The Board of Examiners for each Shore shall, and they are hereby directed, to meet annually. The Board of Examination for the Western Shore shall meet at the city of Annapolis the first Monday in June, and the Board for the Eastern Shore at the town of Easton the second Monday in April, annually, for the purpose of examining and granting certificates to applicants who are desirous to practice medicine and surgery within this State. Any two members of the Boards of Examination, respectively, are authorized to call a special meeting of their board whenever they may think it expedient.

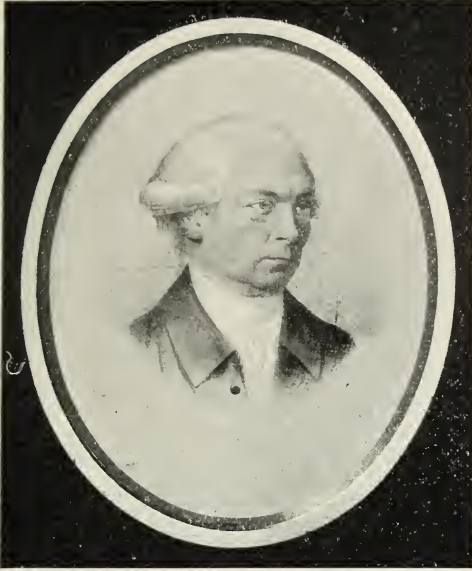
12. The President of the Faculty shall be, and he is hereby empowered to call a special meeting of the Faculty at any time intervening the periods fixed for the established meetings, whenever he may judge that the interest of the Faculty requires it, of which two months' notice shall be given in some of the most public newspapers of the two Shores.

By order,

ASHTON ALEXANDER.

Secretary to the Faculty.

Beans, William, Jr., Prince George's county.
Beatty, Charles A., Montgomery county.
Birckhead, Thomas H., Harford county.
Brown, Gustavus, St. Mary's county.
Brown, Gustavus Richard, Charles county.
Brown, Morgan, Jr., Kent county.
Bourne, Thomas, Calvert county.
Buchanan, George, Baltimore.
Clagett, Zachariah, Washington county.
Cradock, Thomas, Baltimore county.
Cromwell, John, Baltimore county.
Davidson, James, Queen Anne's county.
Davis, Elijah, Harford county.
Downes, Jesse, Caroline county.
Duckett, Richard L., Prince George's county.
Elzey, Arnold, Somerset county.
Forbes, James, Allegany county.
Fossett, Thomas, Worcester county.
Gantt, Edward, Montgomery county.
Geddes, Robert, Kent county.
Ghiselin, Reverdy, Annapolis.
Goldsborough, Howes, Dorchester county.
Goldsborough, Robert, Queen Anne's county.
Goodwin, Lyde, Baltimore.
Gray, James, Calvert county.
Groome, John, Cecil county.
Hall, Joseph, Montgomery county.
Harrison, Elisha, Cecil county.
Haynie, Ezekiel, Somerset county.
Hays, William, Dorchester county.
Helm, Henry, Caroline county.
Hilleary, William, Frederick county.
Hopkins, Richard, Anne Arundel county.
Huston, John, Worcester county.
Ireland, Joseph, Calvert county.
Irwin, Levin, Somerset county.
Jackson, Elijah, St. Mary's county.
Jenifer, Daniel, Charles county.
Johnson, Stephen Theodore, Talbot county.
Jones, Mathias, Somerset county.
Keene, William B., Caroline county.
King, John, Cecil county.
Lansdale, William, St. Mary's county.
Love, Thomas, Baltimore county.
Lynn, George, Allegany county.
Magruder, Zadok, Jr., Montgomery county.
Marshall, William, Prince George's county.
Martin, Ennalls, Talbot county.
Miller, William, Cecil county.
Mitchell, Abraham, Cecil county.
Murray, James, Annapolis.
Murray, William, Anne Arundel county.
Moores, Daniel, Baltimore.
Murrow, Benjamin, Allegany county.
Neill, John, Worcester county.
Noel, Perry Eccleston, Talbot county.
Parnham, John, Charles county.
Parran, Thomas, Calvert county.
Pindell, Richard, Washington county.
Pottinger, Robert, Prince George's county.
Price, Joseph, Caroline county.
Pue, Arthur, Baltimore.



Engraved from tinted photograph in possession of Medical and Chirurgical Faculty.

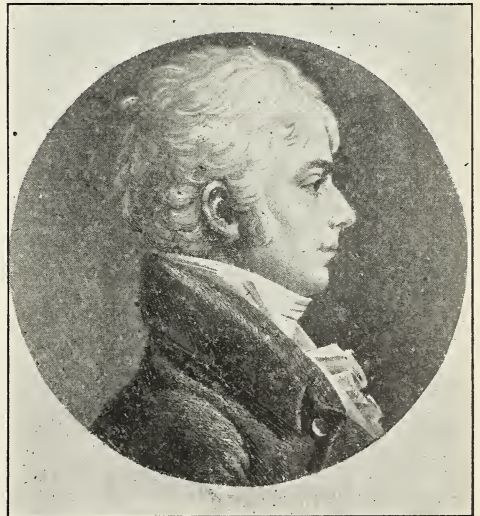
UPTON SCOTT, M.D., of Annapolis. 1719—1811.

First President of the Medical and Chirurgical Faculty of Maryland. Received his diploma in Glasgow, 1753.

Purnell, Geo. Washington, Worcester county.
Purnell, John, Worcester county.
Rawlings, Daniel, Calvert county.
Roach, William H., St. Mary's county.
Sappington, Francis Brown, Frederick county.
Schnively, Jacob, Washington county.
Scott, Edward, Kent county.
Scott, Upton, Annapolis.
Shaaff, John Thomas, Annapolis.
Smith, Jos. Sim, Frederick county.
Stevenson, Henry, Baltimore.
Stockett, Thos. Noble, Anne Arundel county.
Sullivane, James, Dorchester county.
Tabbs, Barton, St. Mary's county.
Thomas, John, Queen Anne's county.
Thomas, Philip, Frederick county.
Thomas, Tristram, Talbot county.
Thompson, Saml., Queen Anne's county.
Todd, Christopher, Baltimore county.
Trapnall, Philip, Baltimore county.
Tyler, John, Frederick county.
Waltz, Peter, Washington county.
Warfield, Chas. Alex., Anne Arundel county.
Waters, Wilson, Anne Arundel county.
Wells, John, Queen Anne's county.
White, Edward, Dorchester county.
Woolford, John, Somerset county.
Wood, Gerard, Charles county.
Worrell, Edward, Kent county.
Worthington, Chas., Montgomery county.
Wyville, Dorsey, Dorchester county.
Young, John, Jr., Caroline county.
Young, Samuel, Washington county.

These names represent not only the pick of the Maryland profession, but the highest types of physicians to be found anywhere—men trained at the Universities of Edinburgh, Glasgow, Dublin, Leyden, Paris, Philadelphia and the cities of Germany; pupils of Cullen, Boerhave, the Hunters, Munro, Bell and Rush. They were not only erudite in the knowledge of medicine as it was then understood and taught, but most, if not all, of them were fine, classical scholars, accustomed to the use of Latin especially, which was then the universal language of scholars.

The records of the first half-century of the Faculty's history are sadly deficient. The manuscript records are completely wanting. With the exception of a very brief "Summary" of the first eight years,



Engraved from painting in possession of Mr. Douglas H. Thomas.

ASHTON ALEXANDER, M.D., of Baltimore. 1772—1855.

First Secretary and last surviving charter member of the Medical and Chirurgical Faculty of Maryland.

Engraved from portrait in possession of Lottie Carroll Cradock, Pikesville.

HENRY STEVENSON, M.D.,
of Baltimore.
1721—1814.

In 1765 was styled "the most successful inoculator in America," and went to the counties to practice inoculation upon the people. In 1768 he converted his own house, near present site city jail, into an inoculating hospital, and continued the practice until the introduction of vaccination.

a list of members of the year 1848 and an occasional annual address we have only the brief references of the medical journals and newspapers. From such sources we learn that up to 1839 the society devoted itself almost exclusively to its executive duties—the examination and license of physicians and the suppression of irregular practice. But little attempt was made to render the meetings "scientific." The presidents held office each for an indefinite period—several years—and "presidential addresses" were not, therefore, an annual event as now. The more stately "oration," with its resources of classical and medieval erudition, was more in accord with the spirit of the times, and one, sometimes two, of these constituted the leading event of the regular biennial meetings. Among those who are recorded as having been "orators" in these early times are Richard Wilmot Hall, Patrick Macaulay, John B. Davidge, John Crawford and Nathan R. Smith. An essay on "Epidemic Fever in Talbot and Queen Anne's Counties, 1813-14," read by Dr. Ennalls Martin in 1815, also two prize papers on "Cholera Infantum" and "Malaria" by Drs. Samuel A. Cartwright and Charles Caldwell, respectively, deserve mention here.

The necessity of providing some systematic instruction for the increasing number of medical students in the State begins early to claim attention. At the second biennial meeting held in Annapolis in 1801 a plan was proposed by a "distinguished" member of the society (whose name, however, remains unknown*), and which then received the approval of Dr. Upton Scott, the first president. It was proposed to found a "College of Physicians" which should embrace the duties of the medical examiners, with such "other executive powers under the law as should appear to be necessary to give it added respectability." Owing to the scant attendance action upon the proposal was deferred until the following year.

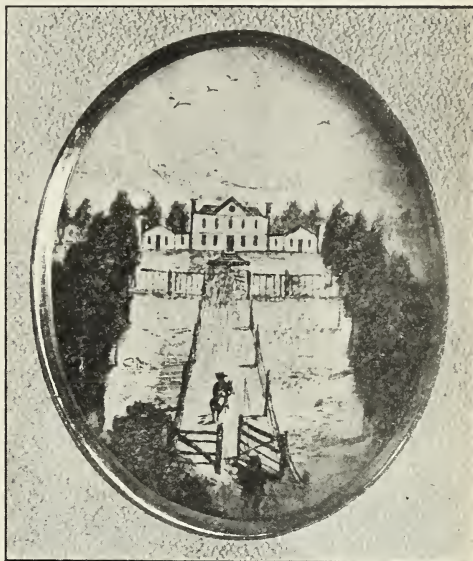
At the special meeting held at the same place the following year the subject was again brought up and its adoption urged in his address by the president, Dr. Philip Thomas of Frederick, who thought it would require additional authority from the legislature. He takes occasion to rebuke the lax methods of admission of the Examining Board, whose mild indulgence had already subjected the society to much censure. Their expectation that the candidates, who had already had the advantage of one session at the Philadelphia College of Medicine, would make up their deficiencies after admission had in some cases not been realized. The necessity of further legislation led to continued delay, and the matter was left in the hands of a committee of which Drs. Davidge and Brown were members.

Five years later a bill was framed and

*We may perhaps safely conjecture that the author of this plan was Dr. Davidge, for we learn from Dr. Potter that he had entertained the idea of founding a medical school ever since his settlement in Baltimore in 1796, and they had frequently conversed together upon the subject. Davidge had also at that time probably the largest class of private students in Baltimore.

passed through the legislature founding the College of Medicine of Maryland, which was the direct creation of the society. An examination of the charter of this institution will show the close relations contemplated between the two bodies. The third section enacts "that the members of the Board of Medical Examiners for this State for the time being, together with the president and the professors of the said college and their successors, shall be, and are hereby declared to be, one community, corporation and body politic, to have continuance forever by the name of the Regents of the College of Medicine of Maryland." The regents and their successors are empowered "to receive and hold property, both real and personal, and to dispose of the same at pleasure, to sue and be sued, and to do all and every other matter and thing in as full and effectual a manner as any other person or persons, body politic or corporate, in like cases may or can do." They are empowered to appoint professors for the different branches, and also lecturers upon the sciences connected with medicine, these incumbents to constitute jointly the faculty of the college. Every licentiate of the Board of Examiners who shall have practiced five years within the State shall be entitled to a surgeon's certificate from the college. The degrees of bachelor and doctor of medicine are to be obtained after one or two years' attendance, respectively, an examination which is to be both private and public, and the writing of a thesis. The eighteenth section enacts "that the Medical and Chirurgical Faculty in the State of Maryland shall be considerd as the patrons and visitors of the said college, and their president for the time being shall be chancellor of the college, and the medical faculty of the said college shall give into the said Medical and Chirurgical Faculty, at each of their biennial meetings, a report of the progress of learning in the said college and of such other particulars as they may think fit to communicate."

This law, drafted by Dr. Shaw of Annapolis, was adopted on the 18th of December, 1807, a portion of the course having already been put in operation.



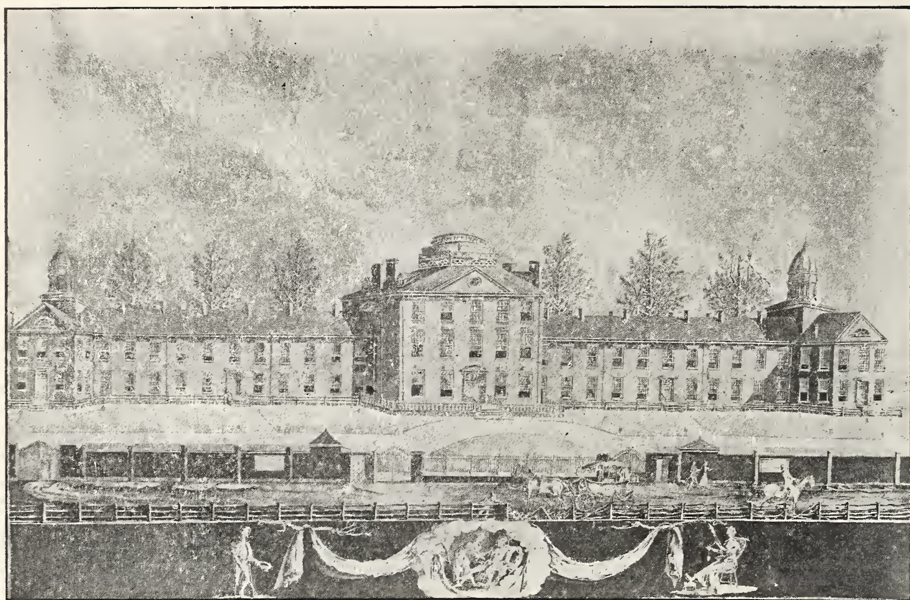
Engraved from picture in possession of Lottie Carroll Cradock, Pikesville.

Home of Dr. Henry Stevenson ["Parnassus"] in the suburbs of Baltimore, in which, in 1768, the owner established an inoculating hospital and supported it with his own means. From this circumstance it was known as "Stevenson's Folly." This was thirty years before Jenner's great discovery was given to the world. It was at this period that Dr. Stevenson's heroic and self-sacrificing work was begun.

The first members of the Faculty named in the act were "John B. Davidge, M.D., and James Cocke, M.D., joint professors of anatomy, surgery and physiology; George Brown, M.D., professor of the practice and theory of medicine; John Shaw, M.D., professor of chemistry; Thos. E. Bond, M.D., professor of materia medica, and William Donaldson, M.D., professor of the institutes of medicine."*

Upon perusal of the above features it will be seen that a very close relationship existed between the society and the college, and that the latter was dependent upon the former and under its control, since the Board of Examiners, twelve in number, constituted a majority of the regents. It is interesting also to note that these relations were permanent, and that

*Three of these gentlemen, viz: Shaw, Bond and Donaldson, had not yet received the degree which was added to their names while the bill was being read before the house at the suggestion of a member who could not see the justice of applying it to some and omitting it with others.



Engraved from a pen sketch in possession of the Medical and Chirurgical Faculty.

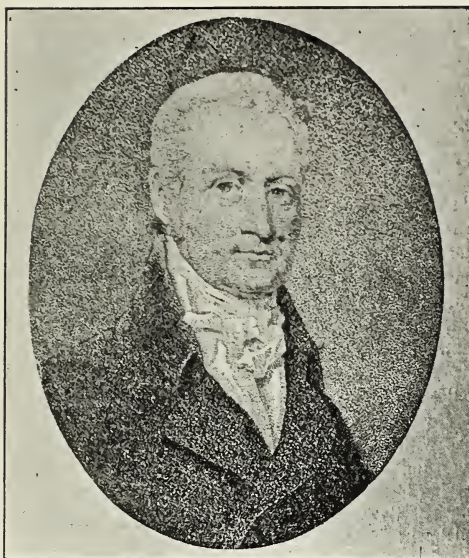
BALTIMORE HOSPITAL.

The above view is of the old Baltimore Hospital for the Insane. The site is now occupied by the Johns Hopkins Hospital buildings.

the Medical and Chirurgical Faculty has never yielded up any of the rights and privileges granted it in this charter. It is quite true that the Faculty could at any time, if it were so disposed, reassert its claims to a management in the affairs of the college and legally enforce them. Such was the decision of the Court of Appeals of Maryland in the celebrated case of Regents of University of Maryland *vs.* Trustees, decided in 1839.*

The further history of the college is well known, at least to Maryland readers. The early classes were small; the first year there were seven; the second, ten, and the third, eighteen. The first graduation, according to Dr. Potter, was in 1810, when there were five graduates; in 1811 there were ten. We do not know the names of these graduates, the class of 1812 being the first that has come down to us. Of one of these, Dr. Corbin Amos, a native of Harford county, Maryland, who practiced here through a long life, we have the diploma (it is hung in the faculty rooms of the University of Maryland), and this is the only diploma preserved of these early years and commemorating the existence of the "Collegium Medicinae Terrae Mariae." Other professors in this school during this period were Samuel Baker, Nathaniel Potter, Richard Wilmot Hall, Elisha De Butts and William Gibson. At first lectures were given at the residences of the professors; later an old schoolhouse on the corner of Fayette street and McClellan's alley was patched up and used, and for a time also a hall on Commerce street. On the 7th of May, 1812, the building on the corner of Lombard and Greene streets, then at the extreme western limits of the city, was begun, and it was so

*It is of interest to note that in 1807 Baltimore had a population of about 40,000, being the third city in size in the Union. Between 1790 and 1810 its growth in population and commerce was enormous, in proportion far exceeding that of New York and Philadelphia. Between 1790 and 1800 its population doubled; in the period from 1790 to 1810 it more than trebled, passing both Boston and Charleston, which had exceeded it at the former date. It was nearly half the size of New York and Philadelphia. In the 26 years ending 1816 the shipping of the port showed an increase of nearly 800 per cent. The population of the entire State in 1810 was 380,546, the increase since 1790 being greater in the city than in all the rest of the State. These facts showed that Baltimore, the last of the great Atlantic seaports to be founded, had developed since the beginning of the Revolution from an insignificant village into a great metropolis. Yet, when we compare the Baltimore of 1807 with the magnificent city of today, what a contrast!



Engraved from a print in possession of the Maryland Historical Society.

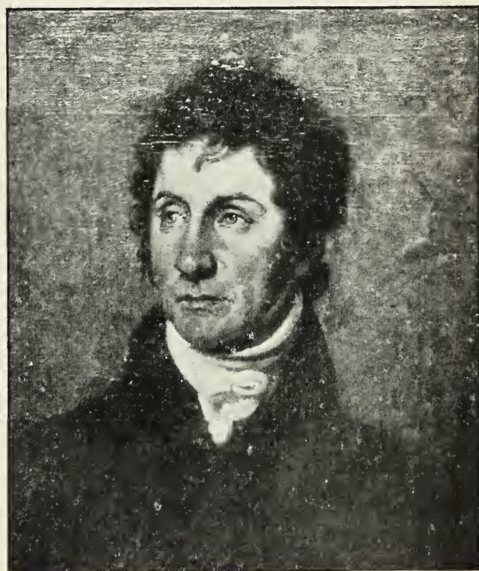
JOHN CRAWFORD, M.D.,
of Baltimore.
1746—1813.

First to introduce vaccination into America, in 1800.
Established the Baltimore General Dispensary.

far advanced during the ensuing session as to be partially tenantable by the Faculty. At the time it was considered a very fine building, and was, in fact, without an equal in the entire country.

The idea of engrafting a university upon the college seems to have been first entertained about the time the building was begun. Who suggested it we do not know, but we may suppose that Dr. Davidge was again the prime mover. There appears to have been no opposition whatever to it on the part of the Medical and Chirurgical Faculty; on the contrary it is said that the memorial praying for the passage of the act was presented to the legislature by the president and professors of the college, with the approval and by the advice of the Board of Regents. The act was passed on the 29th of December, 1812, and with it control of the institution passed forever from the hands of the society. The latter is not even alluded to in the act. There is no evidence of formal relinquishment of rights by the society, and I have already stated the opinion of the Supreme Court to the effect that the second charter does not invalidate the first. In adding to the College of Medicine, which was regarded as the Faculty of Physic, other faculties or colleges of divinity, law and arts and sciences, the whole to constitute a university, the first-named does not lose its identity or continuity as the College of Medicine, but continues amenable to the charter of 1807. Practically, however, the two bodies severed their connection absolutely at this point. No attempt has ever been made to exercise any further authority under the original charter and none will ever be. Therefore the history of the college ceases to have any further interest in this connection, and I proceed to consider other subjects of interest.

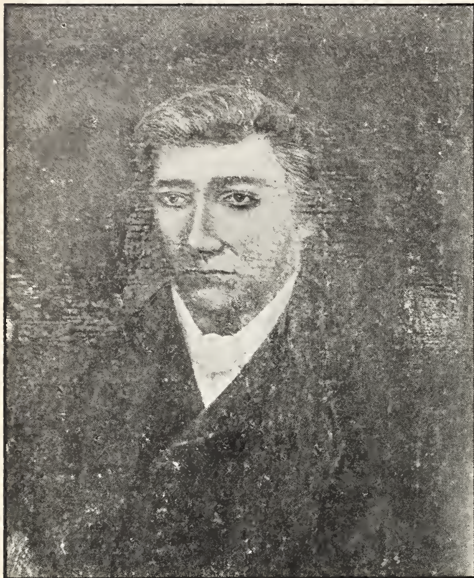
Several supplements or amendments to the orignal charter of 1799 were passed from time to time strengthening it and making it more fully adapted to the pur-



Engraved from painting in possession of Dr. William H. Crim.

JAMES SMITH, M.D.,
of Baltimore.
1771—1841.

In 1802, with the approval of the Medical and Chirurgical Faculty, opened a vaccine institute at his house, No. 5 Calvert street, the first institution of its kind in America. In 1810 a "Vaccine" or "Jennerian Society" was organized in Baltimore. In 1813 Dr. Smith secured the establishment by Congress of a "National Vaccine Institute" in Baltimore.



Engraved from painting in possession of Medical and Chirurgical Faculty.

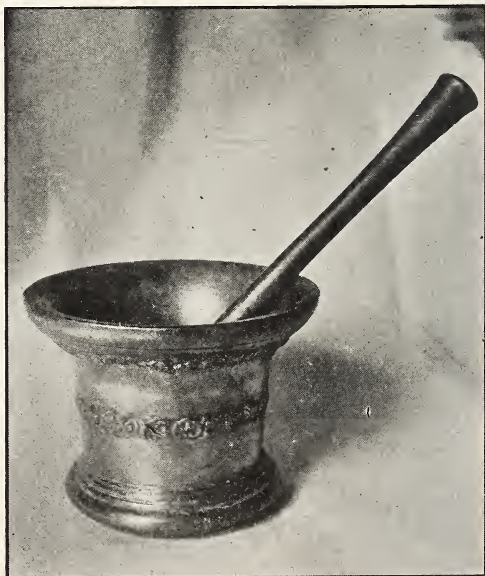
JOHN ARCHER, M.D.,
of Harford County.
1741—1810.

The first medical graduate in America. Diploma granted in 1768 by the College of Medicine of Philadelphia.

poses of its founders. Such were the acts of 1801, 1816, 1818 and 1821. I do not think it necessary or expedient to go into the details of these, which for those who wish to investigate the legal status of the society are readily accessible elsewhere.

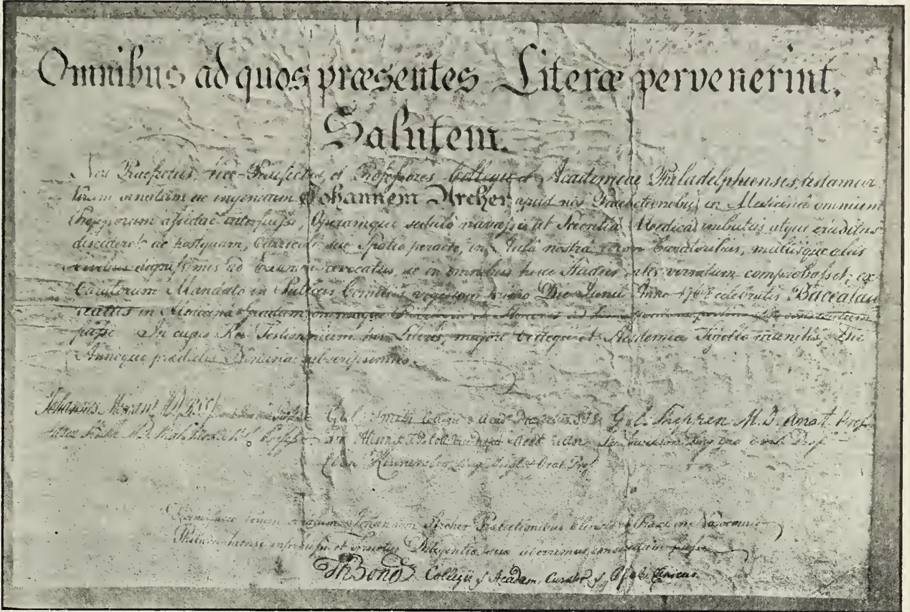
At first there was, as might naturally have been expected, much evasion and disregard of the law. This led in 1802 to the appointment of censors, whose business it was to see that the law was not infringed by unlicensed practitioners and that its penalties were inflicted. They were also required to obtain lists of those practicing within their respective districts. There were two censors from each county and from the city of Annapolis and Fredericktown, one from Hagerstown and four from Baltimore. In 1805 it was deemed expedient to appoint six additional ones for the city of Baltimore. This plan of having censors was kept up for many years or whilst the Faculty was able to enforce its authority over the profession of the State. Doubtless in so difficult and disagreeable a *rôle* there was often neglect, and the fear of giving offense to those who had authority, and the uncertainty as to the perpetuity of their privileges, seem to have rendered the members of this society less vigorous in their action than they should have been. In 1809 the case of one L. S. Rodriques, practicing without authority in the city is reported, and Dr. Allender, in whose district the offense was committed, was ordered to proceed against him. "A.'s deportment," it is added, "has been liberal, forbearing and just towards R., who has refused to submit to examination." There seems to have been every disposition to leniency in dealing with such cases, but indulgence is often abused in such circumstances; the instances in which offenders were called to account were in striking contrast to the frequency of offenses.

Inoculation for the smallpox was still in vogue in Maryland at the close of the last century. Prominent among those who performed it during that period are Drs. Adam Thomson and Richard Brooke of Prince George's county, Dr. Henry Stevenson of Baltimore and Dr.



MORTAR AND PESTLE.

Formerly the property of Dr. John Archer of Harford county, the first medical graduate in America. In possession of the Medical and Chirurgical Faculty.


Omnibus ad quos præsentes Literæ pervenerint,
Salutem.

DIPLOMA OF DR. JOHN ARCHER.

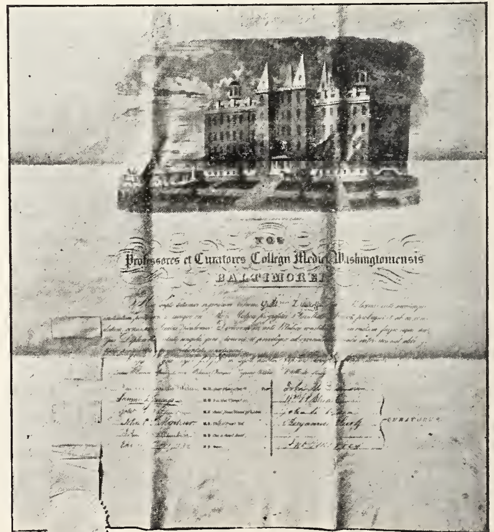
Fac-simile reproduction of the first diploma granted by a medical college in America. Issued by the College of Medicine of Philadelphia in 1768 to Dr. John Archer of Harford county. Property of the Medical and Chirurgical Faculty.

Gustavus Richard Brown of Charles county. The first was the author of a tract on the subject, published by Benjamin Franklin, in Philadelphia, in 1750, which went through several editions. He was the originator of the "American method" and had a reputation throughout the colonies. Dr. Brooke published in 1752 a method of "Inoculation Without Incision." Dr. Stevenson in 1765 was styled "the most successful inoculator in America," and went to the counties to practice inoculation upon the people. In 1769 he established an inoculating hospital in his own house in the suburbs of Baltimore. In 1776 Dr. Gustavus R. Brown and Jas. Wallace opened an inoculating hospital for the citizens of Maryland and Virginia, near Port Tobacco, Md. During the Revolutionary War it was practiced extensively upon the soldiers. Smallpox was almost constantly epidemic in the State during this period, and the legislature had several times to remove to Baltimore on account of its prevalence in Annapolis. With the introduction of vaccination into America by Dr. John Crawford of Baltimore in the summer of 1800 a new aspect of affairs was presented. The members of the Medical and Chirurgical Faculty early took a deep and active interest in the new method of prophylaxis. In 1801 (May 1) Dr. James Smith of Baltimore continued the practice of Dr. Crawford at the almshouse and among the citizens, and in 1802, with the approval of the Medical and Chirurgical Faculty, opened a vaccine institute at his house, No. 5 Calvert street, which was the first institution of the sort in America. A resolution of the society adopted this year declares "that the evidence of the great utility of the genuine vaccine inoculation is to them full and conclusive, and that they recommend it to their fellow-citizens to interest themselves in its propagation." April 25, 1803, Drs. Ennalls Martin, Robert Moore, Stephen Theodore Johnson and Tristran Thomas of Easton, all founders of the society, earnestly recommended the general practice

of vaccination. They were fully provided with genuine cowpox matter, and offered to inoculate the poor without fee or reward. "We shall think ourselves amply compensated by having their assistance," they say, "in extirpating a disease which has heretofore fell so peculiarly heavy on that numerous class."* A second endorsement by the Faculty was given in 1805. By the exertions of Dr. Smith and others, all prominent in the affairs of the society, a grant of a lottery was secured from the legislature in 1809 for the purpose of extending the operations of the institute, and in 1810 a "Vaccine" or "Jennerian Society" was organized in Baltimore. By these agencies vaccine virus was furnished gratuitously throughout the State and even beyond its limits, and several threatened epidemics were cut short.

So unselfish and eager were the physicians of that day for the universal participation of the blessings of this beneficent discovery that on February 16, 1812, thirty-eight leading physicians of the city offered to vaccinate all who should apply to them free of charge. Indeed, our noble brethren went even further than this, for they even offered to pay every child presenting proof of genuine vaccination twenty-five cents! Can any other body of men be cited who show such a spirit of unselfishness and self-sacrifice? Dr. Smith must be considered as particularly the father of vaccination in Maryland. His energy and efforts were continually displayed in its behalf. He was indefatigable, and in 1813 secured the establishment by Congress of a "National Vaccine Institute" in Baltimore, of which he became the agent. These efforts were advanced by the publication of a periodical called the *Vaccine Inquirer*, under the auspices of the society, of which he was the editor† In 1816, smallpox being epidemic in Queen Anne's and Dorchester counties, Drs. Robert Goldsborough, J. K. Harper and J. D. Emory offered to vaccinate the poor gratuitously, and by their zeal overcame the prejudice against it. In 1819, to give public proof of its efficacy and his faith in it, Dr. Smith inoculated with smallpox virus his two sons, nephew, ward and only daughter (all of whom he had previously vaccinated) at the bedside of a patient affected with variola. In 1821, on the recommendation of the Faculty, the city appointed vaccine physicians for each ward. It would be very interesting to trace this subject further, to recall the various efforts made by Jameson, Leonard, Knight and others to secure new virus by vaccinating and inoculating the cow, to describe the epidemics of smallpox that have occurred in Maryland since the introduction of vaccination and the frequently-arrested epidemics, the introduction of fresh virus from the famous Beaugency stock in 1866, and, finally, the introduction of animal virus and the improved method of performing the operation; but I must economize my space and proceed to other matters. Inoculation was not forbidden by law until 1850.

I do not find that the society in its corporate capacity took any special part in connection with the epidemics of yellow fever which have prevailed in Maryland,



DIPLOMA, WASHINGTON COLLEGE OF MEDICINE.

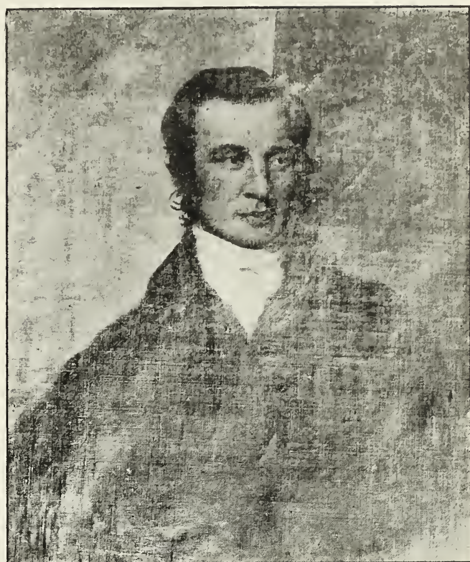
*Medical Herald and Eastern Shore Intelligencer.

†This periodical was begun March 15, 1822.

especially during the early years of its existence, but its individual members have borne, as was to be expected, a prominent part in the local history of this disease. The first epidemic of the disease in Baltimore and probably in Maryland, occurred in 1794, it having raged during the previous year in Philadelphia. It appeared again in 1797, 1798, 1799, 1800, 1819, 1820, 1821 and 1876—at least I find records of its existence during these years.* In all these visitations, and in that terrible one in Norfolk in 1855, the members of the Faculty have stood bravely at their posts and have given their services and often their lives as a sacrifice to duty. We may with pardonable pride quote the language of the mayor of Baltimore with reference to the conduct of the physicians, all members of this society, upon this trying occasion: "In adverting to this calamity I should commit an act of injustice were I to omit to notice the humane and magnanimous exertions of those medical gentlemen residing in or near the vicinity of the infected district and those who extended their assistance when the disease had attained its greatest extent and malignity; some time previous to which period the more wealthy of our citizens and their families from within the district had removed, and very few remained except those who, by the deprivation of their means of support or from extreme indigence, were able to afford but little prospect to the physician of pecuniary remuneration, equal even to that which he might actually be called upon to expend from his own means on this account. They still persevered and attended indiscriminately all, the rich and poor, suffering no considerations to deter them from the indulgence of their philanthropic feelings. As the cases multiplied the calls upon them increased, and their natural rest was destroyed and their anxieties strained to such a pitch that their own lives appeared likely to become a sacrifice to their disinterested zeal."

Among the deaths in the profession during this epidemic were Drs. John

*The disease prevailed to a limited extent in intervening years, but not sufficiently to be considered epidemic.

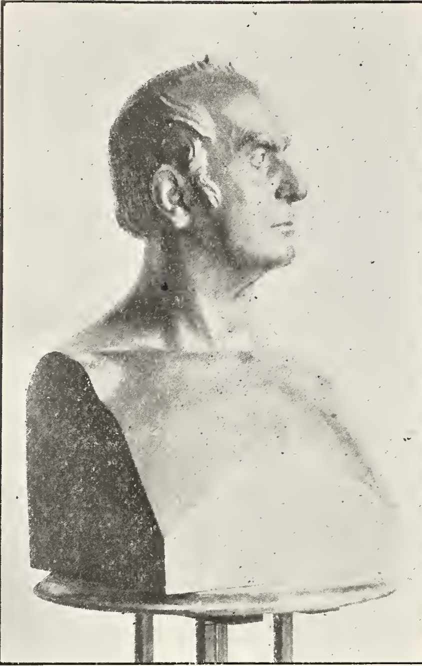


Engraved from portrait in possession of the Medical and Chirurgical Faculty.

SAMUEL BAKER, M.D., of Baltimore. 1785—1835.

First President of the "Medico-Chirurgical Society of Baltimore," which, in July, 1832, through its committee, of which Dr. Baker was chairman, originated one of the first codes of medical ethics in the United States. Dr. Baker instituted the library of the Medical and Chirurgical Faculty. At the annual meeting in 1830, on his motion, the sum of $500 was appropriated for the purchase of books.

O'Connor, Oliver Bond, J. B. Caldwell, Clark, H. Dorsey and Josiah Henderson. These attacks were limited strictly to the low-lying parts of the city, in no case spreading from patients removed thence to higher and immune localities; hence all who could were encouraged to remove and the poor were placed in tents upon the high grounds. In 1855, after personally investigating the epidemic at Norfolk, the Board of Health concluded that the disease was purely local and non-contagious, and the city having been thoroughly cleansed the year before, they admitted refugees from the stricken city without let or hindrance. Twenty-six of these refugees died of the disease after reaching here, yet not a single resident of Baltimore contracted the disease. Of our physicians the following volunteered their services to the citizens of Norfolk and Portsmouth, the last three losing



Engraved from bronze bust in possession of Medical and Chirurgical Faculty.

NATHAN R. SMITH, M.D.,
of Baltimore.
1797—1877.

The great surgeon of Baltimore for fifty years. Inventor of "the anterior splint." Received his degree from Yale College in 1823. Professor of surgery in University of Maryland, 1827 to 1870.

their lives: Drs. John Morris, John H. Muller, H. Webster, Marc Grahame, T. Boone, John A. Marshall, Charles T. Walker and Robert Thompson. The visitation of 1876 was much less severe than its predecessors and was limited to Fell's Point.

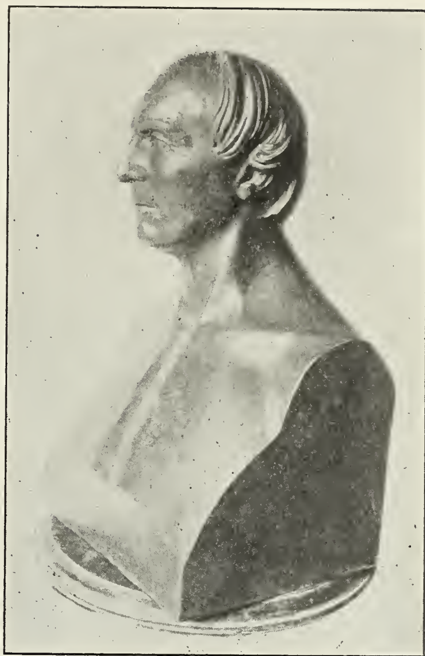
The epidemics of cholera are also of great interest. The largest of these occurred in 1832, when there were 853 deaths in the city alone, among them being Dr. John Cromwell, founder, and Drs. Edgar and Ealer. The first case occurred on the 4th of August. Special hospitals were opened at this time and placed under charge of Drs. George B. Mackenzie, John Carrere and A. L. Warner. In 1849 a limited epidemic occurred at the almshouse, eighty-six deaths being recorded. In the summer and fall of 1866 occurred the last visitation, but the disease was not extensive, but sixty-two deaths in all being reported.

The founding of our library was the chief event of the year 1830. At the annual meeting of that year, on motion of Dr. Samuel Baker, the sum of $500 was appropriated for the purchase of books. Dr. Baker was then chairman of the library committee, and in that capacity he continued to take a great interest in the work until his death in 1835. The collection increased slowly, but it embraced the choicest works of the day. Donations also came in from the members, and in 1839 it was reported to be "perhaps more select and rich in value for its extent than any other in the country."*

In 1839 a critical event in the history of the society occurred, which deprived it of its chief privilege and right and came near destroying it altogether. This was nothing less than an act of the legislature virtually repealing its charter. Some years before this a sect in medicine had been founded by one Thomson, a native of New England, one of the leading principles of which was that the human body was composed of four elements (?)—earth, air, fire and water. By these philosophers metals and minerals were regarded as having the tendency to draw all down into the earth who use them, this view being founded upon the convincing fact that they are found only in the depths of the earth. On the other hand, since vegetables spring up out of the dross and vulgar earth into the air they tend to raise men away from the grave. This sect had a brief season of success, as many another false and absurd practice has, but the lack of merit in it, the ignorance of its followers and the violent and even fatal effects of the powerful doses of herbs which they employed led in time to its dissolution. About the time mentioned these men had sufficient influence and address to control legislation in this State and obtain from the legislature the passage of an act entitled "An Act to Authorize Thomsonians or Botanic Physicians to Charge and Receive Compensation for their Services and Medicine." In the body of the act nothing whatever is said about Thomsonians or any other special class

*Mem. of Samuel Baker, *Maryland Medical and Surgical Journal*, Vol. I, 1839.

of practitioners, but the language is: "It may and shall be lawful for each and every person, being a citizen of this State, to charge and receive compensation for their services and medicine in the same manner as physicians are permitted to do." Dr. Quinan, who made the subject of the charter-rights of the Faculty the theme of his presidential address in 1886, discusses the validity of this hybrid law and shows very conclusively that it is a point well established and beyond controversy that an act of the legislature of Maryland must be construed according to its title, and hence that the act in question excepts no one but Thomsonians or botanic physicians. As these no longer exist the law is inoperative, and as there is no other legislation upon the statute-books repealing the act of 1798, that act is still in force as fully as it ever was. By reference to decisions of the Supreme Court, also, Dr. Quinan showed that chartered rights are inviolable, and that the legislature in depriving our society of any portion of its rights under the original charter was going beyond its powers. The reasoning and facts of our late eminent colleague seem incontrovertible, and although his earnest pleading had no effect, I cannot resist the temptation to give his conclusion: "And now, gentlemen, in closing, let me say that if, after a full examination and deliberate discussion of this question, you decide, as I do, that our chartered and vested right to require licenses from all who desire to practice medicine and surgery in this State exists today in all its integrity, unimpaired by legislation, unrevoked by judicial decisions as it did on the day it was granted, eighty-seven years ago, then I adjure you by your own regard for your own highest professional interests, by your regard for the honor, dignity and moral elevation of your calling, by your respect for the example of your brethren in other and adjoining States, who have successfully driven from their borders the hordes of harpies who were fattening on the credulity of the people, by your regard for the ancient reputation of this venerable Faculty and the restoration of that vigor of which it has been so long shorn by the Delilah of

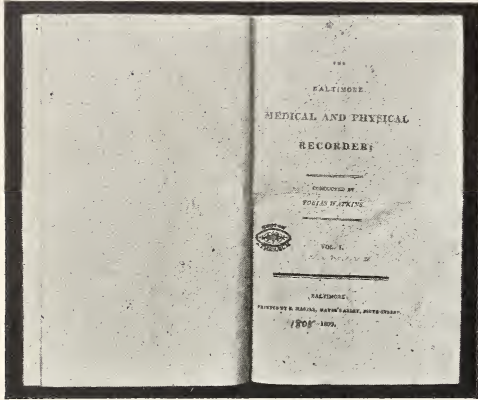


Engraved from bronze bust in possession of Medical and Chirurgical Faculty.

JOHN BUCKLER, M.D.,
of Baltimore.
1795—1866.

The great family physician of Baltimore. Was graduated from the University of Maryland in 1817. Was adjunct professor of anatomy in the same.

supineness and neglect, by your regard for the lives and sanitary welfare of the community—by each and all of these considerations I adjure you boldy and manfully to assert and enforce your vested rights and at once and forever clean out the Augean stable of charlatanism and quackery, with their prescribers and endorsers of star cures, kidney cures, liver regulators, blood purifiers, earth cures, *et id omne genus,* which shame the face of day in flaunting handbills on street corners and in drug shops, whose proprietors show their gratitude for our patronage by presenting over their counters the sugar-pellet nihilisms and more harmful nostrums that disgrace a decent pharmacy, and let us strip the mask from these unlicensed medical pretenders, begot by a foul union of unblushing effrontery, stolid ignorance and insatiable greed, that are fast rendering our noble



BALTIMORE
MEDICAL AND PHYSICAL
RECORDER;
TOBIAS WATKINS.
VOL. I.
BALTIMORE:

FIRST MEDICAL JOURNAL IN MARYLAND.

Established April, 1808, by Dr. Tobias Watkins; the third medical journal edited and published in the United States. It was issued quarterly, and the first number contained eighty pages of printed matter. It suspended publication in 1809. From this first venture in medical journalism to the founding of the present *Maryland Medical Journal*, covering a period of nearly threescore and ten years, more than a dozen journals entered upon a brief career and suspended for want of professional support. These all were ably conducted and well worthy of substantial patronage, aside from the local interest which should have attached to such enterprises.

art in this State a stench in the nostrils of every lover of legitimate medicine."*

We do not learn that any protest was uttered at the time of the legislative act of 1838 nor any attempt made to test its validity or to assert the rights which the Faculty had been exercising unhindered for the previous forty years. The Faculty supinely submitted to the blow—and a terrible one it was—which in one instant deprived it of the essential feature of its charter—a charter obtained only after so many years of painful and eager longing, and swept away, as with a besom of destruction, the fairest hopes of the profession. Years afterwards an attempt was made by a few noble spirits—Roberts, Cohen and others—to reclaim the lost rights, but a strange apathy enthralled the members, and the effort proved a dismal failure. It was not repeated until Dr. Quinan's day, and then with results equally unsuccessful.

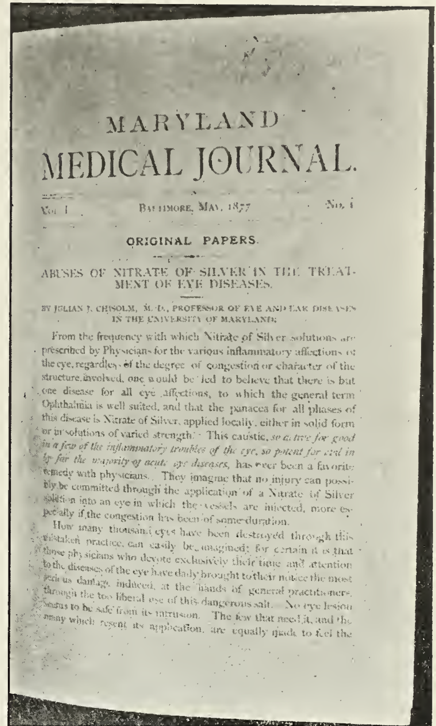
The first and only attempt ever made by the Faculty to conduct a medical journal was begun in this same year (1839), the first number appearing in October. It was published quarterly and continued to the end of the third volume, suspending after the issue of March, 1843. It was under the editorial management of a committee of the Faculty, consisting of Drs. Potter, Roberts, Chew, S. G. Baker and others, and was adopted by the medical departments of the army and navy as their official organ. It was conducted with enterprise and ability, and was particularly rich in original contributions. It is hard to see why it should have failed.

The close of the first half-century (1848) was marked by the meeting in Baltimore of the American Medical Association. This was the first annual meeting of the National Association, and was attended by a large number of delegates from this Faculty, from the Medical and Chirurgical Society of Baltimore, from the Kent and Frederick County Medical Societies, from the colleges and their alumni associations and from the hospitals. The use of anesthetics was, of course, the subject of supreme interest at that date, and our Maryland surgeons seem to have borne their share in establishing their safety and utility. This brings us to the close of the first half-century of the society's career.

It was not long after this before the society began to take on new life and activity owing to the participation in its affairs of new elements that became affiliated with it about that time. Among those who were particularly active were Drs. Richard McSherry, W. Chew Van Bibber, David Stewart, Francis Donaldson, George C. M. Roberts, Michael S. Baer, F. E. B. Hintze, Christopher Johnston, Charles Frick, Joshua I. Cohen, John F. Monmonier and George W. Miltenberger. Particularly valuable papers were presented at this time by Drs. Frick, Johnston, Donaldson, Stewart, Steiner, Miltenberger and Van Bibber. Science began now to claim attention, and the meetings were no longer devoted to strictly executive and routine work. The publication of the Transactions for the first time in 1853 aided powerfully in infusing new vigor

*Presidential address of Dr. John R. Quinan, April, 1886.

into the society.* Dr. Hintze proposed a number of resolutions—to organize auxiliary ward and election district associations in the cities and counties, to secure a more thorough organization of the profession, "such as has been so successfully effected in Virginia and other States," to secure means of publication, to adopt a code of ethics, to secure a permanent building or rooms to be used as library, reading and meeting rooms, to be built, purchased or leased," etc. These proposals show that one of those periodical revivals which are found in the career of all societies and communities had taken place in this society, and they led to important results. One was the publication of the Transactions, already mentioned. These continued to appear from 1853 to 1859, inclusive, when they were suspended for fourteen years. The records show increased interest in scientific matters and in sanitary science. That a society representing, as this does, the entire profession of the State, and capable of wielding such a powerful and beneficial influence in matters bearing upon the general health of the people of the State, should be silent through all these years would have been an unexampled prodigy. That until the last few years of the century it has not shown the activity in these matters that might justly have been expected from the character of its membership must be confessed with some degree of shame; still we find evidences here and there of wise suggestion or effort. The attitude of the society with reference to the introduction of vaccination at the beginning of the century has already been noted. In 1855 Dr. Donaldson offered a resolution "that a committee of five be appointed to memorialize the next legislature for the enactment of a law for the uniform registration of births, deaths and marriages throughout the State." This resolution was adopted next day. At the next session the committee reported, through Dr. Donaldson, that "a bill was framed and passed the lower House by a nearly



MARYLAND
MEDICAL JOURNAL.

Vol. I. BALTIMORE, MAY, 1877. No. 1

ORIGINAL PAPERS.

ABUSES OF NITRATE OF SILVER IN THE TREATMENT OF EYE DISEASES.

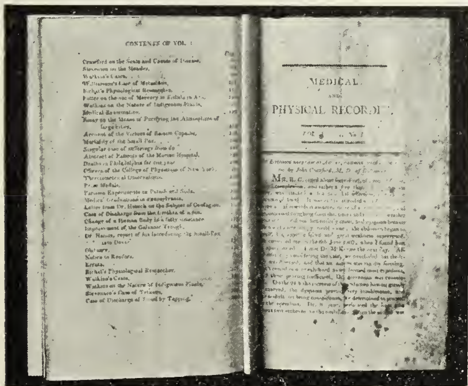
BY JULIAN J. CHISOLM, M. D., PROFESSOR OF EYE AND EAR DISEASES IN THE UNIVERSITY OF MARYLAND.

From the frequency with which Nitrate of Silver solutions are prescribed by Physicians for the various inflammatory affections of the eye, regardless of the degree of congestion or character of the structure involved, one would be led to believe that there is but one disease for all eye affections, to which the general term Ophthalmia is well suited, and that the panacea for all phases of this disease is Nitrate of Silver, applied locally, either in solid form or in solutions of varied strength. This caustic, *so active for good in a few of the inflammatory troubles of the eye, so potent for evil in by far the majority of acute eye diseases*, has ever been a favorite remedy with physicians. They imagine that no injury can possibly be committed through the application of a Nitrate of Silver solution into an eye in which the vessels are injected, more especially if the congestion has been of some duration.

How many thousand eyes have been destroyed through this mistaken practice, can easily be imagined; for certain it is that those physicians who devote exclusively their time and attention to the diseases of the eye have daily brought to their notice the most serious damage induced, at the hands of general practitioners, through the too liberal use of this dangerous salt. No eye lesion seems to be safe from its intrusion. The few that need it, and the many which resent its application, are equally quick to feel the

Fac-simile reproduction (about one-fourth size) of the first page of initial number of the *Maryland Medical Journal*, established in May, 1877, as a monthly, under the editorial and business management of Dr. H. E. T. Manning and Dr. Thomas A. Ashby. In 1880 was changed to a semi-monthly. With the beginning of Volume X it began as a weekly. The *Journal* is now owned and controlled by the Medical Journal Co. (Incorporated) of Baltimore and Washington. It is the only regularly established medical journal in the State.

*A committee was appointed in 1852 to secure a good attendance the next year. This committee, composed of Drs. Hintze, Yeates and Dunbar, issued a circular inviting all the members, and perhaps others, to be present Their efforts were successful and the meeting was a large one; many new members were added at this time.



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MEDICAL
AND
PHYSICAL RECORDER.

Vol. I-II in the Library of the Surgeon-General's Office, Washington, D. C.

unanimous vote, but was neglected in the Senate in the pressure of business at the close of the session." The committee felt confident that the bill would be passed. In 1858 Dr. Donaldson reported that his committee "had urged the necessity of such a law upon the individual members of the legislature, but without success." He urged the continuation of the agitation of the question before successive legislatures until success should be achieved. The committee was continued, but was unable to accomplish anything further.*

With the exception of the earliest meetings the annual conventions had always, so far as the records show, been held in Baltimore. The reason of this is not far to seek. The advantages of a large city, the metropolis of the State, centrally located and readily accessible from most parts, with the almost certain assurance of a quorum, are self-evident. In November, 1853, a special semi-annual meeting was held in Easton, and again one was held at Frederick City. Of late years these semi-annual meetings have been frequent and now form an established custom of the society.

An interesting event of 1853 must be mentioned in passing, which was the visit of the venerable Ashton Alexander, the last surviving incorporator, to the convention on June 3 of that year. On motion of Dr. Roberts, a committee of three had been appointed on the previous day to wait upon Drs. Alexander and Samuel K. Jennings and invite their attendance. The committee—Drs. Roberts, Dulin and Dunbar—having performed the service, Dr. Yeates, the president, arose and introduced the guests to the audience. Dr. Alexander returned thanks, stating that nothing in his life had gratified him more than this invitation; that he had always taken a deep interest in the Faculty, and had had the honor of being its first secretary and afterwards one of the Board of Examiners. He would always have an abiding interest in the welfare of the Faculty. He was then compelled to leave from exhaustion. As he did so the members, by a spontaneous impulse,

*Dr. George Buchanan, one of the founders, had advocated the registration of births in 1790.

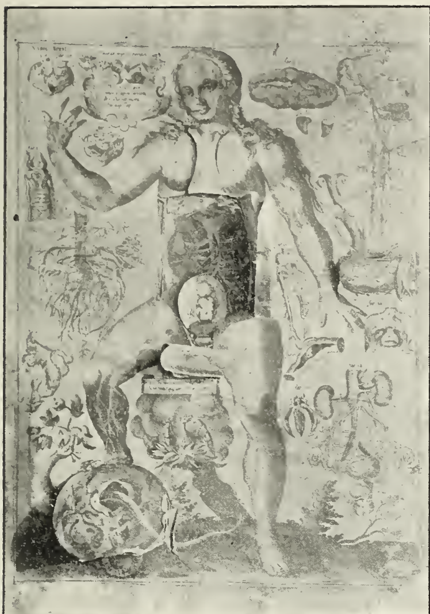
ANATOMICAL PLATES.

These photo-engravings represent two anatomical manakin charts in an old anatomy printed in Amsterdam in 1634 and presented to Dr. Charles G. W. Macgill of Catonsville by his father, Dr. Charles Macgill. The book was formerly the property of Dr. James Macgill, surgeon, conjunct professor and demonstrator of anatomy to the Surgeons' Company, Edinburgh, 1700-1719.

arose and remained standing until he had passed out of the door. A resolution was then adopted "that the Faculty felt great gratification in having the presence of Drs. A. Alexander and S. K. Jennings at their session, and that the secretary furnish each of these gentlemen with a copy of the above resolution."

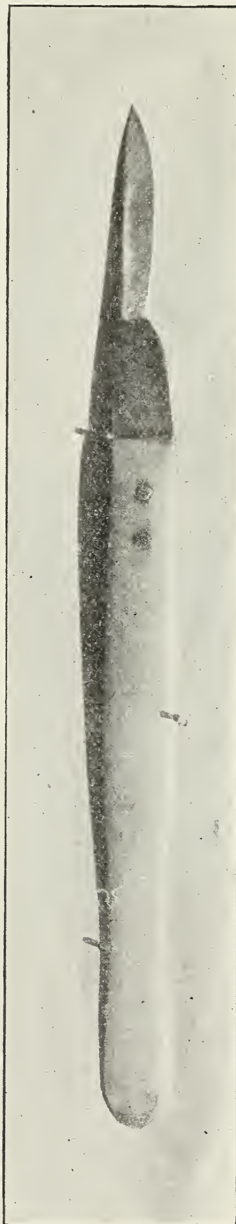
The library continued to receive the care of the Faculty, with a liberal appropriation for its growth. But for several years it was boxed up at the Mercantile Library Rooms and unavailable.

Up to 1830 the infrequent character of the meetings—biennial according to the constitution—rendered unnecessary the possession of a building, but with the acquisition of a library this was changed, and the subject must often have recurred to the members from that time on. The proposal for a permanent building was made, as above stated, by Dr. Hintze in 1853. In 1856 Dr. Crane called attention by resolution to the need of a fixed and



permanent place of meeting and of a place for the safe keeping and proper using of the library, and moved the appointment of a committee of five to determine upon the site for the erection of a hall. This was adopted in substance, and a special meeting was held to confer about the matter. In 1857 the committee reported that a building had been offered at 47 North Calvert street, owned by C. Kidder, which might be had by transfer of the stocks to the owner in full payment, price $3425, lot twenty-five feet front, with depth of 100 feet to a street. "The house covers the entire front, two stories and attic high, with a back building also two stories and attic, nine rooms and cellars under the whole." There was a ground rent of $150 per annum, redeemable at pleasure. The purchase being authorized, the stocks were transferred, viz., $1100 City of Baltimore 6 per cents, $150 Farmers' Bank, Annapolis, $2175 Union Bank stock.

All things were arranged satisfactorily, and on the 2d of June, 1858, the president, Dr. Joshua I. Cohen, "congratulated the members upon their assembling for the first time since their origin in 1799 in their own hall and under circumstances so favorable to the future prosperity of the Faculty." The funds derived from the license dues and wisely invested and guarded during the previous half-century by Dr. Cohen and others being thus expended, the treasury was left almost empty. Special contributions were solicited of the members, and great liberality was evinced. With funds thus



KNIFE USED IN FIRST OPERATION IN TYING BOTH CAROTID ARTERIES.

This scalpel was used in 1823 (the year of his graduation) by Dr. William D. Macgill of Hagerstown, in his operation of tying both carotid arteries in the same subject, for fungous hematodes of the eyes. This was the first operation of its kind performed. Dr. Macgill was graduated at the University of Maryland in 1823; died in Hagerstown, 1833. The knife is the property of Dr. Charles G. W. Macgill of Catonsville.

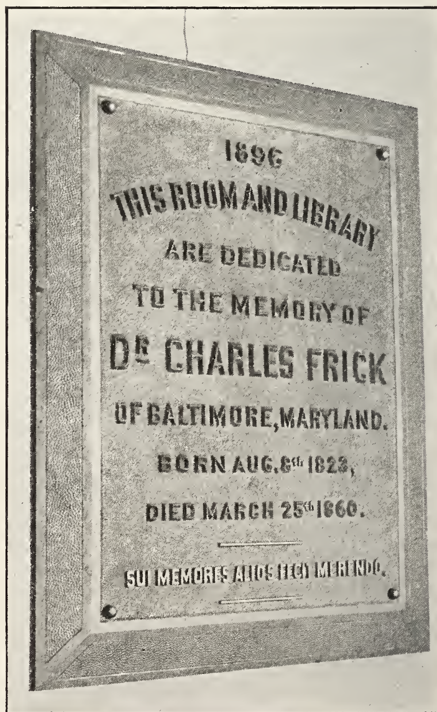
Engraved from portrait in possession of Medical and Chirurgical Faculty.

CHARLES FRICK, M.D., of Baltimore. 1823—1860.

In his memory his brothers founded the Frick Library and Reading-Room at the Hall of the Faculty.

raised the building was furnished and arranged and a considerable amount secured for the extinguishment of the ground rent. The library was removed to the shelves provided and everything seemed to promise well for a long and prosperous career of the Faculty. The room was commodious, the books were properly arranged on neat and convenient shelves, and by the assistance of volunteers were accessible at regular hours. The library committee say: "The older members of the Faculty must well recollect that for many years the library was the great tie which bound them together, and was for a considerable period one of the strongest inducements afforded wherein we derived the main part of our revenue by the addition of new members. While it afforded facilities to many not otherwise easily obtained, it was a just matter of pride to the whole Faculty, who as long as their funds remained unimpaired evinced their appreciation of its usefulness by the liberal appropriations yearly made for its maintenance and increase. * * * No one can deny that the coolness manifested towards the library corresponded with the darkest period of our history, and that from the time when its increase ceased to be a main object of consideration there has been a less active spirit actuating our body and a greater difficulty in recruiting our ranks. The most feasible plan to draw the profession into the society appears to us to be a return to our old faith and habits and a firm resolve to render the library sufficiently valuable to offer attractions to all our brother-practitioners. The nucleus we now possess is of exceeding value. We could not desire a better basis of standard and rare works around which to cluster the more modern offsprings of the profession. It would require but a comparatively small annual stipend, wisely and carefully expended, to render it attractive to all" (Dr. Miltenberger, chairman).

A fine oration was delivered in the new hall on the evening of June 3. The Maryland College of Pharmacy engaged

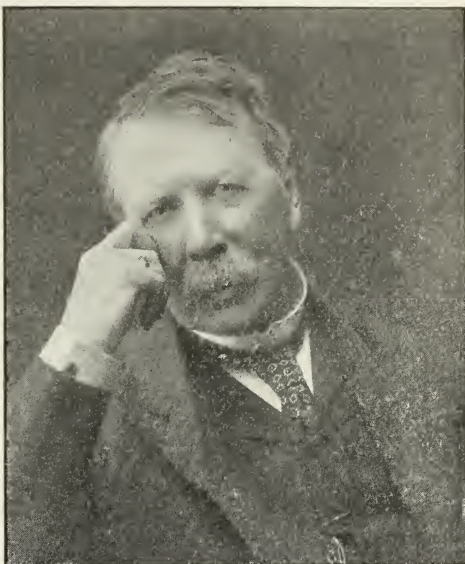


THE FRICK TABLET.

the hall for its monthly meetings and session the ensuing winter.

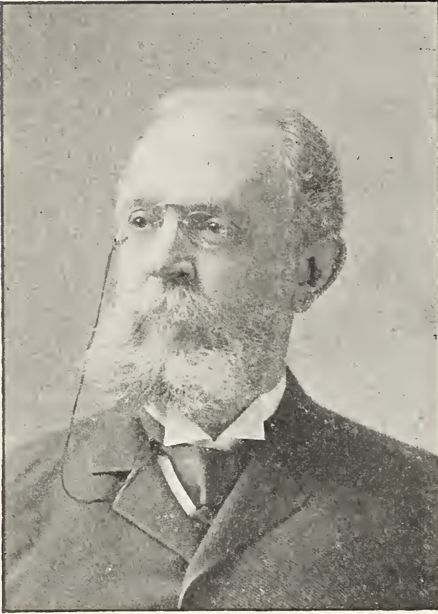
An ominous circumstance at the close of this meeting so auspiciously begun was the failure to secure a quorum on June 5, Saturday, 2 P. M.; it had to adjourn for this reason until Monday the 7th at 12 M. At that time there was again no quorum, and it adjourned again until evening. Then there was still no quorum, and the annual meeting ended.

On June 1, 1859, six members (including president and secretary) were present to open the meeting. This not being sufficient, an appointment was made for the next day. Then the officers were successful in getting together nineteen, but there was no report from either Shore and no applicants for membership. Everything was going wrong, and stagnation was creeping in everywhere. The library was being deserted and but one-half of those who had contributed to its increase had paid their contributions. The treas-



From a photograph made in London.
MR. WILLIAM F. FRICK.
Donor of the Frick addition to the Library and Reading-Room at 847 North Eutaw street.

THE READING-ROOM AND FRICK LIBRARY.
This department of the Medical and Chirurgical Faculty, at 847 North Eutaw street, is the endowment of Prof. Charles Frick's brothers and Mr. Reverdy Johnson. It was inaugurated on December 10, 1896.



SAMUEL C. CHEW, M.D.,
of Baltimore,
President of the Medical and Chirurgical Faculty of Maryland, 1899.

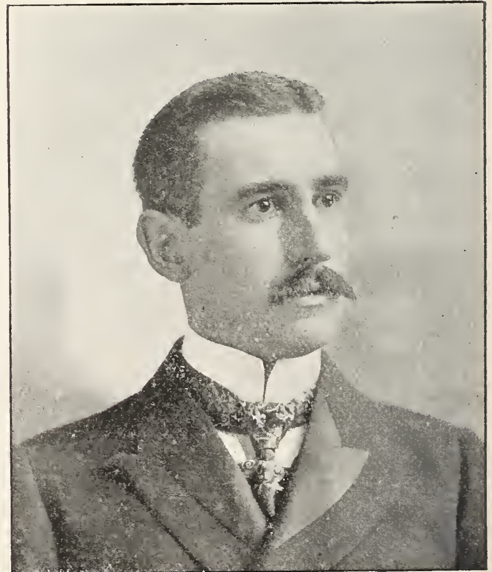
urer had taken in but $32 during the year, besides the amount received for rental. Not a single fee for membership had come in. Hard times were pressing upon the country. The committee on the hall had desisted from efforts to raise money, having failed entirely in their collections in the counties, whilst city members had but in few instances paid their subscriptions. The close of this annual meeting was but a repetition of that of the previous year: "Monday, June 6, no quorum, adjourned; Tuesday, June 7, no quorum, adjourned," and thus it ended.

And now ensued a long sleep, during which there was no meeting of the Faculty held. The Executive Committee during these years of hibernation acted as the Faculty—they elected officers, reelected themselves, took care of the property and looked after the interests of the society. The names of this committee were Dr. John F. Monmonier, chairman; Drs. Christopher Johnston, George W. Miltenberger, Alexander Robinson and H. P. C. Wilson, and to them belongs the credit of preserving the society and making this centennial a possibility, for there can be little doubt that if they had failed to keep up the organization during these years of civil warfare and reconstruction, no one would have thought it worth while to make the attempt to revive a society which had been shorn of its chief prerogative and means of income.*

Passing over this period, we come to 1870, when the records first tell us of another revival, the last great inspiration of vigor and life which I shall have to report, for from that time to the present the meetings and the publication of the Annual Transactions have never been omitted and the activity of the organization has been continually on the increase.

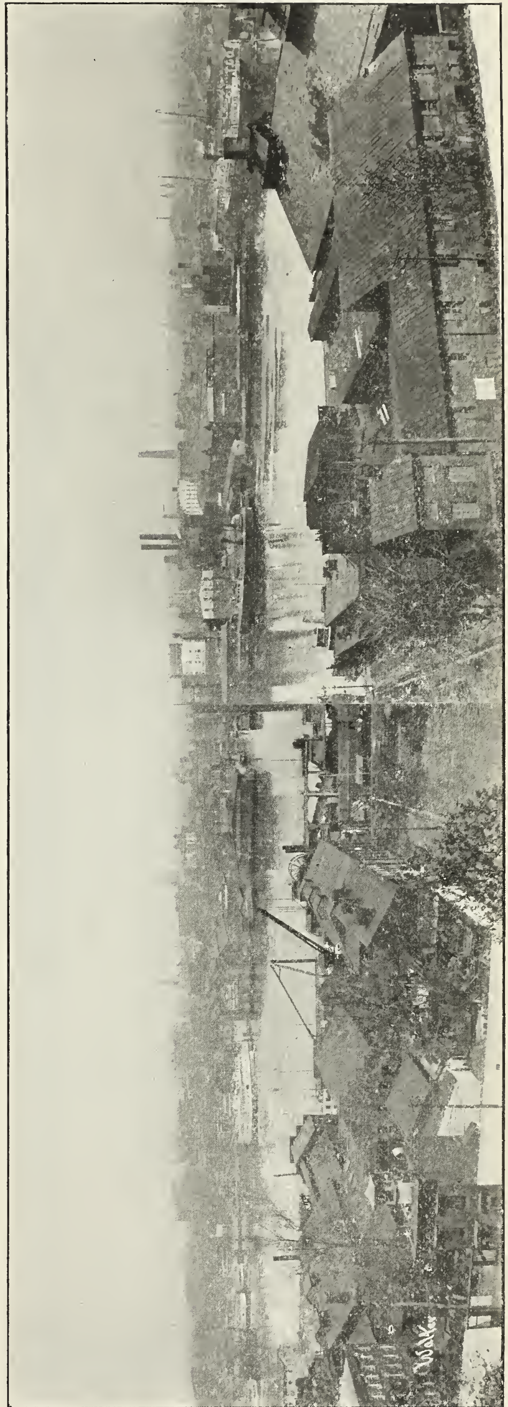
I shall not be able in the limited time and space at my disposal to do more than mention the most important events of this period of thirty years, representing almost a generation. It is fresh in the

*I find that the following resolution was adopted on April 16, 1853, on motion of Dr. Powell: "Resolved—That we are profoundly conscious of our obligations to the older members of the Medical and Chirurgical Faculty of Maryland, who by their fidelity, zeal apd self-sacrifice, maintained the vitality of the Association, amid discouragements which would have daunted a less heroic and faithful band," etc.



J. WILLIAMS LORD, M.D.,
Recording Secretary Medical and Chirurgical Faculty of Maryland, 1899.

minds of many, especially the last decade of it. First of all, I shall have to speak of our unfortunate business mistake, which cost the society in the end its valuable property and swept away the hard earnings of many, many years of savings. This was the disposal of the Calvert street property. Calvert street being a great thoroughfare, owing to the conformation of the ground in that section of the city, all the traffic carried on between parts south and parts north of that was done over this thoroughfare. Hence quiet and composure, so necessary to reading and to the conducting of medical societies or courses of instruction, were not to be obtained there. So the idea was taken up that we should seek some new retired and quiet situation where the sources of annoyance and distraction would be less. In theory this decision was good, but its execution was dangerous. Accordingly, the building was disposed of and another on the west side of Courtland street, between Mulberry and Franklin streets, purchased. This house was occupied on the 27th of October, 1869, over $7000 altogether being put in it. Everything then looked hopeful; the building was satisfactory in itself, and we had quiet and retirement in abundance. But it soon became apparent that a mistake had been made. The situation on the side of a steep hill was inaccessible, and the attendance at the library and the meetings of the local societies, which had joined our society in occupation there, began to fall off, so that in a few years it was found necessary to seek quarters elsewhere and rent the building. Then came the progressive fall in the valuation of real estate, until finally, as it was bringing the society more and more into debt, it was decided to sell it at almost any cost, and it was actually disposed of for $550, of which about $500 came into our treasury. Then for some years the society was on the go—occupying rooms on Fayette street, near Park avenue, and, later, the basement of the Athenæum Building on the corner of St. Paul and Saratoga streets. Then came the determination to have another building of our own, which culminated in the purchase in 1895 of the residence 847 Hamilton



BALTIMORE CITY AND HARBOR

At the time of the Centennial Anniversary of the Medical and Chirurgical Faculty of Maryland, 1899.

Terrace. This, remodeled at an expense of several thousand dollars, is our present home. Here the Frick addition to the library, endowed by Prof. Frick's brothers, Messrs. William F. Frick and Frank Frick, and Mr. Reverdy Johnson, was inaugurated on the 10th of December, 1896.

In consequence of this generous aid, supplemented by liberal gifts from the Journal Club and individuals, the number and value of the collection have increased very rapidly in the last four years. The number of volumes is now over 12,000, whilst there are several thousand pamphlets. There are received regularly 143 journals. For the year ending April 1899, the number of volumes received was 2323. For the same period 3587 persons were reported to have made use of the books and journals. The number of books and journals taken out by physicians was 1048.

In late years the Faculty has been active in many ways. The most important achievement was the securing of legislation restoring to our society the control of the license to practice in this State.* This was in 1892. Under this law the society has the right to appoint a board of medical examiners, before whom all physicians who enter upon practice in this State must appear and pass a satisfactory examination. The benefits of this law have been conspicuous in the elevation of the standard of the profession and of the medical schools in this city. It is also most efficiently administered by the excellent board that has been entrusted with its execution. The Faculty has also by its efforts secured efficient lunacy and anatomical legislation, so that the interests of the insane are now in the hands of an able commission, whilst the law provides an abundant supply of anatomical material without the necessity of a resort to irregular and repulsive means to obtain it.

About $14,000 have been raised since the movement for a new building began, and the present debt of the Faculty has been reduced to the small sum of $2000. This, it is confidently expected, will be liquidated during the centennial meeting this week.

And now I am admonished to bring this brief and very hurried sketch to a close.

We have reached the end of the century in a condition far more satisfactory and prosperous than we had any reason a few years ago to expect, and we should now enter upon the second century of our existence with hopefulness and confidence.

That better things are in store for us, it scarcely requires the tongue of a prophet to foretell. Everything points to change and improvement. Our present home is entirely inadequate for the growing needs of our rapidly increasing membership and library. We need a building that will be an ornament to our city and will stand no invidious comparison with those of the other great metropolitan cities of the country—New York, Philadelphia and Chicago; and we need an adequate endowment fund for our library. If we are unable from our own resources to provide these things, let us call upon the citizens of Baltimore and Maryland for assistance. This community owes us something for what we have done for it, and it requires but a vigorous and concerted effort to secure a portion of the wealth which is being lavished in so many other directions.

EUGENE F. CORDELL, M.D.

*In order to obtain this we were forced to concede an equal right to the homœopathists.

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Original Articles.

THE RADICAL TREATMENT OF CHRONIC SUPPURATIVE OTITIS MEDIA—EXHIBITION OF PATIENT.

By H. O. Reik, M.D.

REPORT OF REMARKS BEFORE THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY, APRIL 10, 1899.

In considering the radical treatment of chronic otitis media suppurativa it will, of course, be understood that I refer only to those cases of this disease that have resisted properly and carefully applied conservative measures used for a reasonable length of time. I would not, by any means, be understood to advocate the use of surgical measures in all chronic otorrheas, nor even in any case until after a fair trial had been made of the more simple methods of treatment.

Perhaps it would be well, before describing the operation and its results, to review very briefly the conditions that may demand it. At a recent meeting of this society we discussed the subject of acute middle ear infections and the importance of giving them prompt attention. It is undoubtedly true that if seen early a large majority of acute middle ear inflammations can be aborted or at least cured after a short period of suppuration; but there are, however, a considerable number of cases that resist all treatment, even though begun early and conducted carefully, and these may end in an acute mastoiditis or a chronic purulent otorrhea. Again, a great many cases of middle ear infection never seek treatment until after they become well established chronic processes, and this happens in this way: The onset of the trouble may or may not be accompanied by pain, but even should this be severe, it usually lasts only a day or so, and disappears when the tympanic membrane ruptures and the discharge appears. The patient suffers no serious inconvenience from the discharge beyond the necessary trouble of occasionally cleansing the ear, and, at first hoping that it will soon cease of its own accord, he soon gets used to its presence and no longer gives it much thought. To him it becomes a small inconvenience, but to those of you who consider for a moment the anatomical relations of the middle ear it will seem as menacing to life as the carrying of a dynamite cartridge would be.

You will remember that the tympanic cavity is bounded by very important structures; for instance, anteriorly it is separated from the internal carotid artery as it passes through the carotid canal by a thin bony plate; the floor is in relation with the jugular fossa which lodges the bulb of the internal jugular vein; the posterior wall presents the opening into the mastoid antrum, which, in turn, is connected with the pneumatic cells, any of which may be in very close relation to the lateral sinus; the internal wall presents the round and oval windows leading into the internal ear and the canal for the facial nerve, and, lastly, the roof is a thin plate of bone separating this cavity from the temporo-sphenoidal lobe of the brain. It seems to me this is sufficient to show the necessity of striving for the absolute cure of every case of suppuration in this locality. We should not be misled into a false sense of security by the fact that the patient has carried his discharging ear for five or ten years, or longer, without discomfort, for we can never say at what time the diseased process will attack some of these vital structures and perhaps de-

stroy life before anything can be done to check its ravages.

When a case presents itself, then, with the history of a purulent discharge from the ear that has existed for a considerable length of time, what shall we do? It is impossible to lay down a hard and fast rule to be applied to every case, for much depends upon the condition of the individual under consideration. Where an operation is not urgently demanded, I believe it is wise to begin with simple, conservative measures, the object of which always is to secure, as far as possible, the cleansing of the pus cavity. By means of the syringe or douche the external auditory canal and tympanum should be thoroughly washed with an antiseptic fluid and then dried with absorbent cotton. For this purpose we may use solutions of boracic acid, carbolic acid, bichloride of mercury, formalin, etc. In many cases it will be necessary to try first one and then another of these, for while one will work satisfactorily in the first case, it will fail entirely in the second. The application of stimulating solutions, such as the sulphate of zinc, nitrate of silver, or, where granulations and polypoid masses exist, of alcohol, may be tried with success in some cases. When, after a reasonable length of time, say a month or two of such treatment, no benefit is derived, I believe it is time to institute surgical measures. The reasons for failure of treatment in these cases will be found in the peculiar anatomical structure of the diseased parts. In the first place, any long continued suppuration in the middle ear is accompanied perhaps always by more or less necrosis of the delicate bones suspended in this cavity or involvement of the mastoid antrum, and in the second place, it is almost impossible to secure perfect drainage of these cavities. The floor of the antrum is lower than the channel through which it empties into the middle ear, and while it continually discharges, it always retains some residuum. It is so situated, too, that it is almost impossible to cleanse it by syringing, and hence there remains a constant focus for the continuance of the suppuration.

Two methods of operating are receiving today a great deal of attention. The first is ossiculectomy. By removal of the maleus or incus, or what remains of them, we improve the opportunities for drainage, and in a certain number of cases may secure good results. This method is not applicable to all cases, of course, and only cures about 50 per cent. of the cases in which it may be resorted to. It does not very much improve the chances of cleansing the antrum, and that is the most important point involved. It fails, then, in that it is not sufficiently radical.

About ten years ago two German surgeons, Professors Stacke and Zaufel, each acting independently of the other, suggested a much more complete and more satisfactory method of treatment, though at the same time a more severe measure. This consists in the removal of all diseased tissues, and the converting of the antrum, the tympanum and external auditory canal into one large cavity, which is to be lined by skin. Both methods accomplish the same ultimate results, and differ only in technique. Preparations for both are made in the same way. The area above and behind the auricle is shaven and thoroughly cleansed, every precaution being taken to make the operation as nearly aseptic as possible. The operation begins in the usual manner by performing a Schwartze mastoid operation; an incision, beginning at the upper border of the auricle and running down to the tip of the mastoid process, is made through the skin, the periosteum is elevated so as to lay the whole mastoid process bare, and the auricle is pulled forward by an assistant so that the cartilaginous portion of the posterior part of the wall of the external auditory canal can be separated from the bone through its entire length. In the Schwartze-Stacke method the removal of the bone begins at the junction of the external auditory canal and the tympanum, and the operator works out towards the antrum, but the majority of operators seem to prefer the Schwartze-Zaufel method, which begins with the usual opening into the antrum, is continued by the removal of all diseased bone in the mastoid process, and is followed by the removal of the bridge of bone between the antrum and middle ear, which forms the posterior wall of the ex-

ternal canal. By each method the ossicles, or such fragments of them as remain, and the tympanic membrane are removed. The next problem consists in securing the skin lining for this large cavity, and various measures have been suggested. Skin flaps may be taken from behind the auricle or from the external auditory canal, or Thiersch grafts may be used. The perforation behind the ear may or may not be closed. These are minor details, however, and can only be decided for the case in hand.

The patient I wish to exhibit tonight is George Diggs, colored, fourteen years of age. He came to the Baltimore Eye and Ear Hospital February 10, 1899. The records of the hospital show that he was brought to the dispensary for the treatment of suppurative otitis eight years ago. At that time he was an inmate of the Deaf and Dumb School, and, so far as I can learn, he has never been able to speak or hear. He continued an irregular visitor from that time until two years ago, when I first saw him. He had been advised a number of times to submit to operation, but his mother always refused permission. The odor of the discharge had become so disagreeable that the superintendent of the school refused to keep him longer with the other children, and he was sent away. We saw no more of him until February 10, when the superintendent again brought him to the hospital and stated that the mother had deserted the boy and he had found his way to the institution again, but that he could not keep him unless something were done to overcome the bad odor. I must say the patient was the dirtiest specimen of humanity I have ever seen. With no one to care for him, he had probably gone unwashed for a considerable time; the collar and shoulder of his coat were matted with the discharge from the ears, and the odor of that discharge defies description. An examination showed both auditory canals filled with inspissated pus and granulation tissue, and behind the auricle on the left side was a fistula which led into the antrum. Fluids syringed into this fistulous tract forced pus and cheesy material out of the external auditory canal. The patient was anesthetized, and beginning at this opening, an incision was made upwards to the top of the auricle and downwards to tip of the mastoid process. The opening in the bone was enlarged, the mastoid cells broken down, and all necrosed tissue removed by curettement. The posterior wall of the bony external auditory canal was then removed so as to make the antrum, tympanum and external canal all one cavity. No trace of the malleus or incus was found, and the internal and superior walls of the tympanum were eroded and had to be scraped. When we could feel that the field of operation was clean, a horizontal incision was made in the whole length of the posterior cartilaginous wall of the canal and another vertical cut made to cross that about its center, so that we had four quadrilateral flaps to be pressed into this large cavity to form a lining. The posterior wound was closed by sutures, and the external canal and cavity packed with iodoform gauze to keep the flaps in position. The dressings were not removed for one week, at the end of which time the post-aural wound had closed. On March 1, eighteen days after admission, all dressings were removed, the cavity being thoroughly covered with skin and absolutely dry. On March 3 the right ear was operated upon in the same way, the details of the operation being about the same as given above, except that after opening and cleansing the antrum, the appearance of granulation tissue led us to open downward and backward until we came directly upon the sigmoid curve of the lateral sinus, the outer walls of which were covered with granulations. All this tissue was removed by curetting, and the further treatment was the same as described above. The patient has made a rapid recovery, and you will find on inspection that both of these large cavities are completely covered with skin.

Prevention of Hereditary Syphilis.—Fournier in the American Journal of Obstetrics advises that the pregnant mother be treated with mercurial ointment to prevent the transmission of syphilis from a diseased father. Treatment should be begun early and continued for twenty days in each month.

GELSEMIUM SEMPERVIRENS

By Noble P. Barnes, M.D.,
Washington, D. C.

READ BEFORE THE THERAPEUTIC SOCIETY OF THE DISTRICT OF COLUMBIA, APRIL, 1899.

It was in the summer of 1836 when the Southern section of our county was shrouded in gloom by the then dread malaria, when there were not enough well people to attend to the sick ones, and when "death seemed to walk in the wake of doctors." At such a time and place did one of the lights of modern medicine come near flickering out, who, having survived, "carried the fame of American surgery throughout the civilized world," and retired the father of gynecology.

As the disease progressed physicians and nurses were unable to reach all the sufferers, and many families were left upon their own resources to live or die. Among the number was a Mississippi planter who had been laboring under a severe attack of the commonly-called "bilious" fever, which was uninfluenced by the remedies then in use. His servant was sent into the garden to procure a root of some medicinal virtue, and, by mistake, collected another, an infusion of which was given to the master. Very soon there was complete motor paralysis, the man being unable to move a limb or open the eyes; the higher cerebral centers, however, were unaffected, he being cognizant of transpiring circumstances, though unable even to articulate. Anxious friends in fear and alarm gathered around awaiting the last breath that would shake "off this mortal coil." Some hours passed, and the man gradually recovered, greatly and agreeably surprised to find that the fever was gone. Ascertaining what root is was, the infusion of which had so benefited him, he collected and employed it successfully on his own plantation and among his neighbors.

A physician hearing of the virtue of this root, prepared from it a nostrum, disguised with wintergreen, and called it "Electrical Febrifuge." This root was the root of gelsemium sempervirens, commonly known as the yellow jasmine, or jassamine corlina—jasmine or jassamine—wild woodbine or evening trumpet flower. The plant began to receive scientific attention about 1869, but its remarkable virtue is yet unknown to many physicians.

A few months ago cards, with a list of drug names, were sent to many physicians, with the question, "Have you any reason why these drugs should not be dropped from the official list of the pharmacopeia?" Gelsemium was one of the drugs named, and this paper is intended in its defense, at the same time to arouse a greater interest and a more thorough study in a reliable drug with a wide range of action covering many indications.

Yellow jasmine, the beautiful climbing evergreen, is the one plant dear to the hearts of the Southerners, and for its shade and fragrant flowers is extensively cultivated for ornamentation. This twining vine flourishes profusely from Virginia to Florida, and blooms in early spring—in Florida in February and March, in Mississippi and Tennessee in May and June. "The name gelsemium was given it by Jŭs-sū, and derived from the Italian gelsomina, meaning jasmine." "The name gelseminum, as used exclusively by eclectics, arose from a typographical error, and was widely copied in various writings and accepted as authority before the mistake was discovered" (Lloyd, E. M. J. 92, A. D. 1900).

Through the kindness of Mr. Theo. A. Melter, botanist of the Florida Botanical Drug Co., I am able to present to the Society these specimens of the root and rhizome. The wild growth contains a large proportion of wood, and would appear not to be so desirable as the cultivated growth, which is free from woody parts, therefore possessing more medicinal virtue and being more reliable. "The rhizome and roots should be gathered at the beginning of the flowering season, being unfit for use at other periods, during a period of several warm days, and not during a continued cold or damp time" (Melter).

There is a division of opinion in regard to the preparation of the root, and either the fresh green or the fresh dried root will yield good preparations. The reputation of the drug has suffered some from

the worthless preparations put upon the market—preparations made from old worm-eaten and woody roots, or some gathered out of season, or some made from a variety of roots other than gelsemium gathered by ignorant persons. I think I am safe in saying that the rootlets should be allowed to dry in the shade, as the inherent water in the fresh root diluting the alcoholic menstruum would impair its solvent power and make a much weaker preparation. They should then be packed in alcohol and shipped to the manufacturer.

"The average percentage of alkaloid in sound root is one-fifth of 1 per cent., and the full constitutional effects of the medicine are uniformly obtained from a standard fluid extract" (Thompson). This alkaloid gelseminine is a non-crystallizable dry mass, white, alkaline, insoluble in water, soluble in alcohol, ether or chloroform. The gelseminine nitrate is the best salt to use, it giving effect of the drug in its intensity (dose 1-125 to 1-30 grain; maximum dose 1-30 to 1-5 gr. per day). Another alkaloid gelsemine yields crystallizable salts. Gelsemin (resinoid, dose 1-16 to ½ gr.) and gelsemine sulphate (dose 1-100 to 1-50 gr.) are coming into favor with many physicians, but good, reliable liquid preparations can be had that represent the full medicinal virtue of the drug.

Of the official preparations there are two, extractum gelsemii fluidum (dose one to three minims) and tinctura gelsemii (dose two to fifteen minims). There are several good preparations I am able to show you through the kindness of the manufacturers. First, the fluid extract is the preparation with which I am most familiar; it is permanent and satisfactory; the dose upon the bottle (five to ten drops) is a little large, and should be from one-half to two minims. This preparation represents 456 grains of gelsemium to the fluid ounce.

Gelseminum (Lloyd) is also a typical representation of the drug, containing 480 grains of gelsemium to the fluid ounce. The normal liquid gelsemium is made from the fresh dried root. The standard is 0.5 per cent. total alkaloid by weight; the dose is from one to ten minims. The green root tincture is another preparation largely used; dose ten to thirty drops. There are several other good preparations on the market, but these are enough to choose from.

Physiological Action.—Gelsemium is an anti-spasmodic, anti-pyretic, anti-neuralgic, anti-malarial, anaphrodisiac, analgesic, hypnotic and diaphoretic. It is a nervous sedative and depressant, and by direct action on the spinal cord dulls and finally paralyzes motility and sensibility. It exerts this function more especially upon the third, fourth, fifth and sixth cranial nerves and those supplying the genito-urinary organs. Reflex excitability is at first increased, then diminished and finally exhausted, thus giving the drug a double action.

Minute doses (1-5 to 1-50 minim, F. E.) stimulate reflex action; small doses (½ to 1 minim, F. E.) relax the general nervous system, relieve nervous irritation and muscular tension.

Larger doses (1 to 5 minims, F. E.) cause languor, enfeeble muscular action, impair sensibility, dilate the pupils, droop the eyelids and excite diaphoresis. The effect of a moderate dose passes off in three or four hours.

Toxic doses (10 to 60 minims, F. E.) produce vertigo, diplopia, ptosis, dilated pupils, profound prostration and muscular relaxation, partial paralysis of the involuntary muscles, first the sphincters, then the respiratory, then the heart. Respiration is at first quickened, then becomes slow and shallow and labored; the heart is similarly affected. The jaw drops, articulation is lost, there is general anesthesia, profuse perspiration, lowering the body temperature and, finally, asphyxia, due to paralysis of the respiratory muscles. During this time consciousness may be lost; more frequently the mind remains clear until CO_2 narcosis sets in. Death from gelsemium taken by the mouth occurs in from one to eight hours (Lloyd); hypodermically from eighteen to sixty minutes. Gelsemium used locally on the eye causes ciliary congestion and slight contraction of the pupils, followed by disappearance of hyperemia and dilatation of pupils. Gel-

semium exercises a germicidal power over the plasmodium malariae.

Antagonists are small doses of opium or morphine and atropine. Digitaline and strychnia would also be indicated. Stimulation, in the way of heat, electricity and artificial respiration, are measures of prime importance in combatting an overdose. The fatal cases of poisoning from gelsemium are few.

The therapeutic indications for this drug are many, but much of its efficiency depends upon the prescriber and his knowledge of its properties and uses. The occasions for using the drug singly gives opportunity to watch and study its action and control its effect.

Gelsemium is clearly indicated in conditions of exalted nerve function, mental excitation and muscular tension.

In fevers it is useful in the early stages and in active delirium as an antipyretic, promoting perspiration and equalizing the circulation, also relieving nervous irritability and excitement. In the various forms of malaria it assists the action of quinine and relieves its unpleasant effects. In congestion of or in the beginning of acute inflammation of the lungs or pleura it is given for its action on the cerebro-spinal nerve centers governing circulation. In chilly sensations followed by fever, and in hyperemia or acute inflammations of the mucous membranes to relieve the dryness and stiffness, as well as to arrest excessive secretion following, gelsemium acts well, breaking up the fullness and head symptoms of a cold in a few hours. In grippe gelsemium controls the fever, the aches and pains, the cough and restlessness. Combined with strychnia it is simple and effective treatment. The convulsive onset of fever in children, the nervous dentition or other reflex irritations are successfully met by the anti-spasmodic action of gelsemium.

In acute meningitis, especially the cerebro-spinal, in sunstroke, or where there is active cerebral congestion, gelsemium keeps the patient under control and relieves the plethoric condition of the brain and cord.

For pain of a neuralgic or rheumatic character gelsemium is useful where there is arterial excitement, local congestion or malaria. In tic douloureux it comes near being a specific, having a special action on the ophthalmic division of the fifth nerve. The troublesome coccygodynia, a half-dozen cases that resisted every other treatment, yielded promptly to gelsemium. In sciatica of either a neuralgic or inflammatory type gelsemium is useful, not always curative. In ovarian neuralgia and uterine colic gelsemium is a better drug than morphine, being equally as efficient without having any unpleasant effects.

Headaches—neuralgic, congestive or periodical—gelsemium promptly relieves. Headaches at the menopause, with the hot flushes, followed by perspiration, gelsemium relieves both these unpleasant and embrarrassing conditions.

Pain from irritation, congestion or tension of the third, fourth, fifth, sixth and seventh nerves or their branches is relieved by gelsemium. It is, therefore, indicated in inflammations of and about the eye, as iritis, keratitis, choroditis, etc., as well as in photophobia.

As a hypnotic this drug is valuable in relieving cerebral excitement and preparing the subject for rest. In combination with sodium bromide it is invaluable in insomnia. In alcoholic exaltation, with mental excitement, delirium tremens and active mania gelsemium is indicated. It is used in puerperal convulsions by the Eclectics as much as morphia and chloroform.

Gelsemium is indicated in muscular spasm of every form—in epilepsy, convulsions and hysteria. It relieves the spasm of the bowel, causing the tenesmus of dysentery, vaginismus of a nervous character, dysuria from spasmodic urethral stricture and spasmodic or functional dysmenorrhea. In all of these gelsemium is superior to opium.

In spasmodic or convusive cough, in pertussis, in laryngismus stridulus, in hysterical cough and spasmodic asthma gelsemium is a valuable remedy.

Gelsemium is indicated in many pelvic disorders. It relaxes all the sphincters, softens a rigid os and relieves the spurious pains and excitement of a nervous woman in labor. Upon the genito-urinary apparatus gelsemium has a special

action, and is an ideal remedy in gonorrhea to prevent erections and chordee. In spermatorrhea and nocturnal emissions it is prompt and efficient, cutting off all sexual desire, afterward restoring the organs to their normal vigor. In cartarrhal cystitis, irritable bladder of women and incontinence of urine from spasm of visceral muscular fibers gelsemium is excellent. In renal calculi gelsemium produces the necessary relaxation.

Lastly, I would suggest that gelsemium might be useful in strychnia poisoning, but as yet my experiments have not been successful in demonstrating it.

The writer is indebted to the following gentlemen for their assistance in the preparation of this article: Dr. E. P. Barnes, Prof. John Uri Lloyd, Mr. W. B. Thompson, Mr. Theo. A. Melter and Mr. Henry Compleston.

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

CENTENNIAL MEETING HELD AT BALTIMORE APRIL 25, 26, 27 AND 28.

TUESDAY, APRIL 25—FIRST DAY.

THE 101st annual session of the Medical and Chirurgical Faculty of the State of Maryland was called to order at 8 P. M., with the president, Dr. Samuel C. Chew, in the chair. The invocation was made by his Eminence the Cardinal Archbishop of Baltimore. The Hon. Lloyd Lowndes, the governor of the State, then spoke of the age of this society and what it had done for the State, and then declared the meeting open.

The President's Address.—This was delivered by Dr. Samuel C. Chew (to appear later). After this oration a handsome collation was served.

WEDNESDAY, APRIL 26—SECOND DAY.

On this day the colleges, hospitals and all medical institutions on the east side of the city were open for demonstrations, clinics and inspection. The College of Physicians and Surgeons held, under the auspices of Dr. N. G. Keirle, the director of the Pasteur Institute, a demonstration of the methods employed in the Pasteur Institute. Since the foundation of this institute, about two years ago, about eighty persons known to have been bitten by rabid animals, have been treated there and not one has died. At the Baltimore University clinics were held by Drs. C. Urban Smith, H. H. Biedler, W. A. B. Sellman and T. Cooke, Jr. At the Johns Hopkins Hospital clinics were held by Drs. Osler, Thayer, Kelly and Halsted.

Cerebro-Spinal Fever.—This was the subject of Dr. Osler's clinic. He showed two cases of cerebro-spinal fever and made a few remarks about the disease. This is in some ways an American disease. It has often been described during the past hundred years, but was first noticed here in this country in 1806, when a very accurate description was made of it, although the year previous some cases had been noticed. The descriptions in this country have been singularly good and much better by country physicians than by city ones. It is essentially a disease of country districts. There are practically three important points in the history of this disease. The first is the discovery of the disease itself. The separation of this disease as a separate entity took place in the early part of this century. This was the first step towards its identification. The second point was the discovery somewhat later by Quincke of the importance of lumbar puncture, and the third point, which soon followed, was the discovery of the specific organism. Clinically, it is a disease of protean magnitude. The symptoms of this disease are singularly diverse. No disease shows such differences, for, as to its duration, no set time can be fixed. Cases may last from six hours to six months. Fatal cases run out in six hours and less, while chronic recurring and relapsing cases may drag along for six months or more. As for the diagnosis, this is not usually difficult, especially in an epidemic or when many cases prevail. In isolated cases, however, the diagnosis is usually very difficult, and it is not easy to differentiate this disease from any other forms of meningitis. Quincke's work of lumbar puncture has helped us to make a diagnosis. The first case presented was a

boy in the seventh week of the disease, and he illustrated one interesting point, and that is the curious intermission. He came in with a temperature of a 104° F. He had been ill with all the characteristic features, such as headache, abrupt onset, vomiting, retracted head, much pain, and in addition there was a very marked erythematous characteristic rash. This rash is now practically gone, but there is no question as to the diagnosis. This was the sixteenth case of cerebro-spinal fever that came into the hospital. Lumbar puncture was performed on several occasions. He showed the fluid from the fifth puncture, and it was about five ounces of turbid liquid. He began to improve rapidly after the puncture. The turbidity of the fluid is a characteristic sign. Cover-slip examinations showed the characteristic organism present. The position of the patient is very characteristic. The slightest movement of the head is exceedingly painful, but he is comfortable as long as he is still. Lumbar puncture has been done on him seven times. The next case was the seventeenth at the Johns Hopkins Hospital and was in some respects also very characteristic. It is a little like typhoid fever. In this case the onset is interesting. It was very abrupt. He was seized with headache and vomiting as he was returning from his work, and he at once showed the characteristic symptoms, such as a stiffening of the head, neck and back and a skin rash. This rash is a very curious one. Each spot is covered with a vesicle and there is a hemorrhage into that vesicle. Lumbar puncture was done on him the next day after admission and the specific organism was found. The patient presents an almost characteristic typhoid condition. Still there are differences which will not deceive the clinician. The head and neck are rigid, which is not common in typhoid fever, and the diplococcus was found. This patient is in the third week of the disease and responds to questions, but his consciousness is often benumbed. There are different forms of meningitis. The serum from the puncture must be carefully studied bacteriologically. There had been in hospital twenty-nine cases, with a careful bacteriological study, and of these eight were tuberculous meningitis, in eight the pyogenic organisms were present, in eight the pneumococci were found, and there were five in which the characteristic diplococcus was present. These are the four different varieties of meningitis. There are certain marked differences between these four kinds of meningitis. These two are cases typical of the cerebro-spinal fever. In the first place, the onset of cerebro-spinal fever is different from that of the streptococcic or tuberculous variety. The diagnosis is sometimes difficult early in the case until all the symptoms have developed. Soon after the onset there is a pathognomonic skin rash, which is not seen in the other forms of meningitis. It is either a erythema, a purpura or a herpes, and the latter is more frequent. Arthritis is much more common in the true cerebro-spinal fever than in the other forms. The general features are present in all the cases—the cardiac, the pneumococcic, the streptococcic and the cerebro-spinal. In the examination of the blood there is scarcely enough known of the leucocytosis of other forms to draw any conclusions, but in this form the leucocytosis is as great as in pneumonia, the leucocytes running up as high as from 45,000 to 60,000. What is obtained from lumbar puncture is of the most importance. It was done on one case who had been given a whiff of chloroform to keep him quiet. It was easily done. A puncture was made between the second and third or third and fourth lumbar vertebra, about one inch from the spine, and the direction of the needle is a little upward and forward, and it is better to have the patient's back bowed forward. In some cases the fluid runs out very quickly and in other cases it comes out slowly and is collected in a sterile vessel, either in a glass or test tube. If the fluid is turbid it is meningitis, for the cerebro-spinal fluid is normally clear. The meningococcus can easily be demonstrated in the exudate, and it grows very characteristically on Loeffler's blood serum. If the cover slips give negative results the meningitis may be of the tuberculous form. There have been cases for several years past throughout the country, but

it is not at all likely that the epidemics in the various States will be at all general. Even in Boston there have been but 300 cases in three years, and in the Johns Hopkins Hospital there have been but seventeen cases. One diagnostic point is the termination of the disease. There have been six deaths in these seventeen cases. The third case presented was a colored boy, and it was interesting from a diagnostic standpoint. Spinal puncture and his subsequent rapid recovery made the diagnosis clear. Spinal puncture does no harm, and it can be done without any risk at all. One may strike the vertebra and even break off the needle and it makes no difference. The puncture must be low enough to get the fluid. This boy when he came in had a strabismus and marked arching of the neck and was much emaciated. Now he is able to walk and is in every way clear.

Dr. William S. Thayer then made some remarks on "Recent Researches in Medicine" (to appear later).

ASSOCIATION OF AMERICAN PHYSICIANS.

FOURTEENTH ANNUAL SESSION, HELD AT WASHINGTON, D. C., MAY 2, 3 AND 4, 1899.

TUESDAY, MAY 2—FIRST DAY.

THE meeting was called to order by Dr. C. Baumgarten of St. Louis, the president, in the chair, and Dr. Henry Hun of Albany, secretary. Dr. Baumgarten made a few opening remarks, in which he referred to the object of the society being earnest work and where no one cares who is president and who is not. This is a society for the special study of special diseases; it stands for the specialization of labor. It differs from most other societies. Most of the time is devoted to the study of scientific subjects. He referred to the death of Dr. William Pepper and what the society, the public and the University of Pennsylvania had lost in his death.

Dr. J. P. Crozer Griffith of Philadelphia read a paper entitled "Congenital Idiopathic Dilatation of the Colon." There are several causes that may produce it. It may be acquired or congenital. The acquired variety usually comes late in life or in adult life. There may be an acquired dilatation, oftenest the result of chronic constipation, or there may be a congenital dilatation dependent on some form of stenosis, or there may be a congenital idiopathic dilatation which is one not dependent on any discoverable cause. The dilatation may be at the sigmoid flexure or it may extend further. He gave a variety of causes to which it was not due. There is also a congenital tendency to dilatation when the dilatation itself does not exist at birth. It is not possible to draw a sharp line between these cases. We cannot always say whether this is present at birth or not. He has examined all the cases in literature he could find. He related the history of a case of his. It was a child of five months that suffered from constipation for a week, and then it had diarrhea, and when it was two and one-half years old it was supposed to have swallowed a campaign button, and had no evacuation for a long time, and it was so miserable and in pain that a rectal tube had to be introduced to let the gas escape. It was brought to the hospital for operation. An artificial anus was made and the child grew thinner and died. An autopsy was made at the child's home by its own physician, but it was reported that nothing wrong was found in the colon. He mentioned another case like the first. He thought this was atony of the bowel, but he found extreme dilatation. He had collected twenty-five cases, and had found fifteen to twenty mentioned by other writers. A glance at the histories of these cases shows a characteritstic group of symptoms. There was constipation and abdominal distension. Purgatives were sometimes successful in removing this dilatation and sometimes not. In about half the cases constipation was the first symptom noticed, but sometimes there was abdominal distension also. Cases that live more than a year have repeated attacks. During these attacks there is pain and vomiting frequently; in other cases this symptom was absent. Some writers said that the masses were scybalous, but he had found them soft, as a rule, and diarrhea was the terminal symptom. The prognosis was unfavorable. Eighteen out of twenty-

five died. A few reached adult life and only two recovered. In eighteen there were autopsies and one was operated on. In this there was enlargement of the large intestine, and the sigmoid flexure is frequently not the only part dilated. Usually the rest of the colon is dilated also, and sometimes the colon without the sigmoid flexure, and sometimes the rectum. There was a thickening of the walls of the colon in almost every case. Ulceration of the mucous membranes was usually found, especially when there was diarrhea. The diagnosis is easy. The treatment is hygienic and medical. Massage, electricity; empty the bowels; use enemata, but they do not always benefit. Use the rectal tube to remove the gas. Puncture of the intestines is sometimes necessary when the gas distension is very great. Then a trochar is used. Laparotomy is also done. An artificial anus has been made, as in the case of Osler and Halsted, in which the child recovered. Take out the colon and bring the ends of the normal gut together.

Dr. Reginald Fitz of Boston then read a paper on "The Relation of Idiopathic Dilatation of the Colon to Phantom Tumor," in which he spoke of such cases in adults and related a case of his own. He referred more especially to phantom tumor. The phantom tumor is not difficult to make out. Anesthesia is of great assistance in the diagnosis, for under it the tumors of this character disappear at once only to reappear when consciousness returns. He thinks there are two varieties of dilatation—one due to defects of development and hence congenital, and the other makes its appearance weeks or months after birth and may be called idiopathic. The published cases of idiopathic dilatation are few. He spoke of the surgical operations for such cases and how hard it was to go through life with an artificial anus.

Dr. William Osler of Baltimore showed photographs of a series of cases, and said that the case referred to by Dr. Griffith in his paper had colotomy done on it by Dr. Halsted, and the child when last heard of, which is not very long ago, was alive and well, and not dead as Rotch in his "Pediatrics" said. Immediately after the operation the symptoms disappeared, the child improved, grew fat and well and within a week had gained many pounds in weight. The second case of his lived for two years and at the time of its death was much emaciated and had recurring attacks of constipation and diarrhea. There was a distension of the colon and a narrowing of the sigmoid flexure and above this a concretion was found. The third case is interesting on account of the few symptoms presented. The child was brought into the surgical clinic for knock-knee, and during the examination the mother said the child had not had a natural evacuation since its birth two years ago. There was a large tumor and much abdominal distension. The child is still alive. The fourth case shows how dilatation of the colon may disappear spontaneously. The patient had heart trouble, with ascites, and with this swelling the dilatation disappeared. The fifth case is now under observation. From the good results in the first case he thought that laparotomy and colotomy should be done early. It is not usually serious.

Dr. A. Jacobi of New York said that a great many cases in which the diagnosis is made have had constipation from the first day of birth. The large intestine may cause it, but there are few autopsies to prove this, but he thinks that there may be an irregular muscular development of the intestines or of the mucous membrane, or there may be a rupture of the intestinal muscles or a diffused hemorrhage between the muscular layers of the intestines.

Dr. Griffith said he tried to avoid the use of the word congenital, but he had to use it. There may be a congenital tendency. We do not expect to find this dilatation at birth because nothing has entered the intestines, but when we find this distension early we think there is some congenital tendency. When this dilatation is delayed it may mean that the tendency is not so well marked. At the autopsies we find hypertrophy of the intestinal walls, and not atony.

Dr. Fitz agreed with Dr. Griffith about the meaning of the word congenital, but when it does not appear at one or two years it is too late to call it by that name. Colotomy is only done to save immediate

pain and to save life, but it is not desirable to go through life with an artificial anus.

Dr. James Tyson of Philadelphia related "A Case of Presystolic Mitral Murmur Associated with Systolic Tricuspid Murmur and Jugular Pulse." One feature of this case which is not indicated in the title is that it was complicated by pregnancy, and a careful study was made both before and after the birth of the child. He spoke of the causes and the physics of a presystolic murmur, and thought that such murmurs were most interesting. It was in a married woman who was seven and one-half months' pregnant. She had been ill eight years before and did not know what it was, and two years later she had a miscarriage. For the past five or six years she has had a cough, which disappeared in summer; she was short of breath and had palpitation. Three months before admission to the hospital she is said to have had pneumonia, and has been growing worse. On admission she was thin and pinched and her face was much flushed. She had general bronchial catarrh. She had a peculiar pulse. He described the position of the heart and the apex beat and general outline. There was a short, rough murmur at the apex, terminating abruptly and presystolic in time. He then described the points of intensity of the second sound, and showed some tracings of the position of the heart, the shading to show the position of the murmur, and also he showed the pulse tracing. She became pregnant and felt better, and later she grew livid and was cyanosed, and the forceps were applied at once and the child was delivered, when she felt better and the physical signs changed after delivery. This is just what we should expect. There was a difference in the jugular pulse and a diminution in the intensity of the murmur. There is no edema. There was hypertrophy of the left ventricle. He brought forward various theories to explain this change.

Dr. E. G. Janeway of New York said that one thing he had noticed, and that was that in about one-third of the cases this murmur could be heard behind. This is not supposed to be the case. It is not as loud or as characteristic as the mitral regurgitant murmur, but it is clear; but he has noticed that cases put down as one kind of murmur in hospital often came back to another service and were diagnosed differently, and shows the true state of the heart, but the records contradict this. Often when the ventricle is dilated and the liver engorged there is a systolic murmur, but when the liver is reduced this murmur disappears and the presystolic murmur comes back. It is much like the pulmonary murmur as to position.

Dr. Charles Carey of Buffalo said, in referring to Dr. Janeway's remarks, that the transmission behind of the murmur may be due to a pulmonary condensation. It is rare to get a deformed auricular-ventricular orifice produce a condition that would not cause trouble both forwards and backwards, that is, a stenosis and a regurgitation.

Dr. Griffith said that three or four years ago he had read a paper before this association in accord with what Dr. Janeway had just said, and he had noticed that the text-books said nothing about this condition, except, perhaps, the older books.

Dr. Tyson said, in conclusion, that he had thought most highly of Dr. Griffith's paper and had it in mind when he reported this case, and he had often noted what Dr. Janeway mentioned. The murmur is much louder at the apex, even if it can be heard elsewhere.

Sodium Glycerinophosphate in Nervous Affections.—According to Merck's Archives Kahane has used sodium glycerinophosphate with excellent results in functional disturbances of the nervous system, such as neurasthenia, hysteria and feeling of anxiety, and also in nervous affections of anemic origin. The author found no disturbing by-effects to be caused even by long-continued use of the remedy, while an invigorating tonic effect is exerted on the nervous system. He gave the remedy in the form of a solution containing five drachms of sodium glycerinophosphate, ten fluid drachms each of distilled water and orange-flower water and four fluid drachms of syrup of orange peel, a teaspoonful being given thrice daily.

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BALTIMORE, MAY 6, 1899.

The Micro-Organism of Scarlet Fever.

In the March number of the *Bulletin of the Chicago Health Department* there is an important communication from Dr. William J. Class, an inspector of the department, which deals with the perplexing problem of the etiology of scarlet fever. By following a new procedure along established lines of bacteriological technique Dr. Class has been able to demonstrate a diplococcus which has apparently hitherto escaped the notice of investigators. Whether this is really the cause of the disease can, of course, only be decided after further study and observation, but the fact is worthy of especial notice.

The culture media used was a glycerine agar to which 5 per cent., by weight, of black garden earth had been added. When this was inoculated with the scales or from the throat of typical cases there appeared in from forty-eight hours to a week a grayish-white, semi-transparent growth. The colonies are separate at first and subsequently coalesce. They are glutinous and draw out into long threads when removed by an oese. They were grown at 35° C. There was a feeble growth on blood serum and a growth in milk which was unchanged. There was no growth on the other ordinary culture media.

The morphology of the organism is not unlike a large gonococcus, and the older growths showed another line of division, giving them the appearance of tetrads. They were grouped in bunches and occasionally were seen singly or in chains. They stain with the ordinary aniline dyes and decolorize by Gram's method, though not to the same extent as the gonococcus.

Subcutaneous injections of the pure culture produced no results; in other words, this is not a pus-producing organism. By injecting the culture into the ear veins of swine he produced a disease closely resembling the disease as observed in the human being. From the blood and scales of this inoculated animal he was able to again isolate the diplococcus.

This organism was found in thirty typical cases of scarlet fever and also in the throats of several individuals who were living in the same house with a case and who at the time showed no symptoms of the disease, but who developed it later on.

It is to be hoped that these experiments will be closely followed by other bacteriologists and that some definite and conclusive results may be reached.

* * *

The Faculty's Centennial.

The centennial of the Faculty is a thing of the past, and already now the State Society has entered on the second century of its existence. To say that this meeting was a success is expressing it in feeble terms. From the opening evening, when the president delivered, with such power, his carefully-prepared address, to the closing day there was hardly a fault noticeable. It is difficult just now to estimate the number of physicians from outside of the city and from outside of the State, but it was the largest attendance the Faculty has ever had and its influence is being felt in the formation of county societies all over the State. Then the Faculty was strengthened by the addition of over 100 new members.

The exhibitions of portraits, relics and books was rather unique, and these, together with some of the addresses, attracted a large number of persons who were not physicians. Some of those present at the banquet resented very strongly the graded quality of wines served at the banquet, those at the head table receiving a better kind than the others, but that will soon be forgotten, while the great success of this meeting will long be kept in remembrance.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending April 29, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Cerebro Spinal Meningitis.	3	4
Pneumonia	..	16
Phthisis Pulmonalis	1	13
Measles	15	..
Whooping Cough	3	..
Pseudo-Membranous Croup and Diphtheria.	19	3
Mumps	..	..
Scarlet Fever	10	..
Varioloid	..	..
Varicella	6	.
Typhoid Fever	..	..

Dr. Marcus W. Allison of Hagerstown is dead, aged fifty-six.

Dr. C. L. Charters of Norfolk and formerly city coroner died last week. He received his degree at the University of Maryland in 1889.

Dr. John D. Starry of Charlestown, W. Va., died at his home last week. He was born in 1821 and received his degree at the Jefferson Medical College in 1847.

Dr. Albert S. Atkinson announces that the annual meeting of the Maryland State Homeopathic Medical Society will be held May 16 and 17 at the society's hall, 16 West Saratoga street, Baltimore.

Drs. B. A. Muse and Haughton Bayley have been lecturing at the Y. M. C. A. Hall on "Physiology" and "First Aid to the Injured." At the conclusion of their lectures Dr. E. A. Munoz held an examination.

In the suit of Dr. J. Horton Kelly of Chestertown against the Baltimore & Delaware Railroad the court refused the fee on the plea that Dr. Kelly was only summoned by an official of the road and therefore the road is not responsible. The services were nevertheless rendered and accepted.

The next meeting of the Mississippi Valley Medical Association will be held in Chicago from October 3 to 6, instead of in September, as was formerly announced. The autumn fete, to be known as the American Festival, will be held in Chicago from September 25 to October 9, and tickets to Chicago from all points will be sold at the rate of one fare.

The Faculty of the Baltimore Medical College has announced the following changes in the staff of physicians of the Maryland General Hospital: Dr. James C. Lumpkin, resident physician; Dr. Thomas E. Murray, first assistant; Dr. E. H. White, second assistant; Dr. J. Walter Fairing, third assistant, and Dr. S. Kennard, resident physician of the Maternity Hospital.

The directors of Bayview Asylum and Almshouse have reappointed Mr. Louis Zinkhan superintendent for the ensuing year. The following medical staff was also appointed: Dr. J. W. Holland, chief resident; Drs. Samuel Edwards, E. A. Knorr, T. L. Boyer and H. J. Simpers, assistants. Under Mr. Zinkhan's management the institution is now a model one. There are 1194 inmates at present.

Rectal specialists will be glad to know that at the time of the meeting of the American Medical Association at Columbus, June 6 to 9, there will be a meeting of the medical men engaged in the practice of proctology for the purpose of effecting a permanent society for the study of their specialty. Physicians interested in the project are requested to address Dr. Wm. M. Beach, 515 Penn avenue, Pittsburg, Pa.

Programme of the first meeting of Rectal Specialists at Columbus, Ohio, June 6 to 9, 1899: "The Importance of Giving Rectal Diseases Special Study," Jos. M. Mathews, Louisville; "Pruritus Ani," Jas. P. Tuttle, New York city; "Surgical Treatment of Non-Malignant Stricture of the Rectum," Joseph B. Bacon, Chicago; "A Modification of Whitehead's Operation for Hemorrhoids," Samuel T. Earle, Jr., Baltimore; "The Proctoscope as a Factor in the Diagnosis and Treatment of Simple Ulceration of the Rectum," Leon Straus, St. Louis; "A Consideration of the Various Forms of Ulceration of the Rectum," Lewis H. Adler, Jr., Philadelphia; "Rectal Carcinoma—Excision and Subsequent Colotomy," B. Merrill Ricketts, Concinnati; "The Limitations of the Kraske Operation," Charles C. Allison, Omaha; "The Act of Defecation," Thomas Charles Martin, Cleveland; "Constipation Considered from the Standpoint of the Proctologist," A. Bennett Cooke, Nashville; "Paper and Exhibition of New Instruments," S. G. Gant, Kansas City; "Rectal Adenomata," William M. Beach, Pittsburg.

Washington Notes.

Acting Assistant Surgeon Frank Roberts has been ordered to Marshall, N. C.

Surgeon J. M. Steele has been ordered to duty at the recruiting rendezvous at Baltimore.

Acting Assistant Surgeon Clarence H. Long, U. S. A., has been ordered to Havana, Cuba.

At the meeting of the Washington Medical and Surgical Society Monday evening Dr. N. P. Barnes read a paper upon "The Physiology of the Neuron."

Assistant Surgeon W. N. Garton has been detached from the Naval Hospital at New York and ordered to the Naval Academy, relieving Assistant Surgeon S. F. Palmer, who is ordered home.

At the District Medical Society Wednesday evening Dr. S. S. Adams reported three cases of lumbar puncture; Dr. J. S. Stone (1) "Fibroid Tumor, Case and Specimen;" (2) "A New Instrument, the Angiotribe."

The fourteenth annual meeting of the Association of American Physicians convened Tuesday morning at the Arlington. Dr. G. Baumgarten delivered the introductory address. The session will end Thursday night.

The lady managers of the Garfield Memorial Hospital gave their annual planked shad dinner at Marshall Hall Thursday, April 26. Music was furnished by the United States Marine Band. The ladies realized a neat sum from their excursion.

Major William L. Kneedler, brigade surgeon, U. S. V., captain and surgeon, U. S. A., has been honorably discharged from the volunteer army. He has been relieved from duty at Pinar del Rio, Cuba, and ordered to his station, West Point, N. Y.

There were 1309 casualties among the United States troops in the Philippines from February 4, the beginning of the insurrection, to April 28, the day overtures for cessation of hostilities were made. Of the casualties 198 were killed and 1111 were wounded.

Miss Eva Simonton, for the past three years superintendent of the Central Dispensary and Emergency Hospital, has resigned her position to accompany a prominent New York family on a European trip. Miss Simonton is a graduate of the Blockley Hospital School and is a very competent manager.

Book Reviews.

The Nature and the Consequences of Anomalies of Refraction. By F. C. Donders, M.D., Late Professor of Physiology and Ophthalmology in the University of Utrecht. Revised and edited by Charles A. Oliver, A.M., M.D., Surgeon to the Wills Eye Hospital, etc., Philadelphia. With Portrait and other Illustrations. Price $1.25. Philadelphia: P. Blakiston's Son & Co.; Baltimore: Cushing & Co.

In the publication of this little volume Dr. Oliver has not only conferred a richly deserved honor upon an illustrious man, but, in the doing thereof, has greatly honored himself and his profession. We can never hope to discharge the great debt of gratitude we owe Professor Donders, but it is greatly to be desired that the editor may achieve his purpose of according Donder's writings a greater number of readers and a larger field of usefulness than they have heretofore enjoyed. We have thought for a long time that some one ought to publish a new edition of Donder's complete work on "Refraction and Accommodation," for it is with the greatest difficulty now that one can secure a copy of the limited English edition published by the Sydenham Society, and we hope this will yet be done. Though issued thirty-five years ago, that book is today one of the most useful in the ophthalmologist's library.

In the publication of this essay, however, Dr. Oliver has offered us a work that every ophthalmologist will read with pleasure and profit, for though he may, through other sources, have become thoroughly familiar with the principles established by Donder, still their review will be of value.

We want to express our appreciation, too, of the manner in which the publishers have accomplished their part of the work. The type is large and clear, the paper excellent and the binding a triumph of the bookbinder's art.

REPRINTS, ETC., RECEIVED.

The Therapeutics of Benzosol. By George Frank Butler, Ph.G., M.D. Reprint from the *American Therapist.*

The Radical Treatment of Hypertrophied Prostate by Electro-Incision; Demonstration of the Freudenberg-Bottini Incision; Report of Cases. By Bransford Lewis, M.D. Reprint from the *Philadelphia Medical Journal.*

// MARYLAND MEDICAL JOURNAL

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Original Articles.

THE LIMITATIONS OF CONSERVATIVE SURGERY OF THE FEMALE GENERATIVE ORGANS.

By George Ben Johnston, M.D.,
Professor of Gynecology and Abdominal Surgery, Medical College of Virginia, Richmond, Va.

MUTILATION of human parts is abhorrent. Every organ has a right to exist until pathological processes destroy its function, put it beyond repair or constitute its presence a destroyer of health or a menace to life.

Conservatism in pelvic surgery contemplates repair of diseased but redeemable structures, with abatement or removal of morbid conditions, restoration of function, relief of suffering and saving of life. The mere recovery from operation does not constitute success. The test should be relief of symptoms.

Surgical discretion is a rare gift. Clean hands, operative skill and a good technic are common. Thus unnecessary ablations continue because they can be safely accomplished and because unripe operators lack that discernment and judgment without which one is unable unerringly to decide when radical methods should give place to milder ones.

Conservatism must accomplish all that radicalism can and more in restoring the integrity of parts without sacrifice. Failing in this, or when extended beyond safe and legitimate bounds, conservatism may become rank radicalism. It is desirable, therefore, to fix its limits as accurately as possible, seeing how variable are the conditions involving its application. Every discreet surgeon enters the pelvic cavity prepared to alter his preconceived plan if unexpected conditions arise. In the selection of a final method in such cases as admit of conservatism he will be governed by (1) the age of the woman, (2) the nature of the malady, (3) the extent of the lesion and the existence of complex pathological states, (4) the patient's physical condition, (5) the probable necessity of a second grave operation.

Age of the Patient.—To a woman during the child-bearing period the preservation of the uterus and at least one tube and ovary (or even a portion of the latter) should be accomplished if it can be safely done. Nothing but positive necessity can justify the unsexing of such women. They constitute the peculiar charge of conservative pelvic surgery, and greater latitude is allowed on account of the importance, for every reason, of their generative organs. Here such measures as carry with them the likelihood of failure and even some risk to life may be resorted to in their behalf.

To one approaching the menopause the argument in favor of conservatism is less forcible, but even here it is most desirable to avoid the sudden cessation of the menstrual flow, if it can be avoided. To one past the menopause the ovary alone seems (on account of its internal secretion) to be important, save for the minor consideration of the mechanical advantage of preserving the uterus.

The Nature of the Malady.—It is obvious that no attempt at conservatism should be made in cases of malignant neoplasms, tuberculosis or suppurative diseases of the tubes or ovaries due to the more malignant pyogenic organisms.

The Extent of the Lesion and the Existence of Complex Pathological States.—

Even where most extensive involvement of an organ exists there may remain a small unaffected portion whose preservation would be desirable, but the difficulties connected with identifying and isolating such a healthy portion in the presence of extensive disease are great, and often determine in favor of radical procedure. Not infrequently upon exploration of the pelvis it is found that the condition for which operation was undertaken is so complicated by other pathological states that the mode of procedure originally contemplated must be abandoned for more radical measures. Thus uterine fibroids may give rise to conditions of the tubes and ovaries necessitating their removal. In such a case little would be gained by saving, at the expense of a tedious operation, a uterus which would at best be a functionless organ.

The Patient's Physical Condition.—Conservative measures, as a rule, involve more extensive manipulations than do radical procedures, hence the latter must at times be adopted where the local conditions would suggest conservatism, but where the patient would be unable to stand the prolonged anesthesia and the shock incident to tedious operative measures.

The last of the above considerations—the possible necessity of a second operation—can best be illustrated by one of several cases which have recently come under my observation, and the like of which are constantly met with by pelvic surgeons:

Mrs. ———, aged forty-seven years, mother of four children. After birth of last, sixteen years ago, without any acute illness, she became a confirmed invalid, unable to undergo any exertion and confined to bed most of the time, her longest walk being from her bed to lounge. Four years ago she consulted a surgeon, who discovered a lacerated cervix and perineum, which he repaired. Her symptoms not improving, one year later she again placed herself under his care and was treated for six months with local applications, but without benefit. Two years ago she consulted another surgeon, who performed a laparotomy and removed a cyst of one ovary, a hematoma of the other, six myomata (by six separate incisions), and performed a suspension of the uterus.

These conservative measures not affording relief, I was called to the country to see the case last August. Upon examination, the uterus was found fixed by the operation of suspension, the ovaries and tubes matted together by dense adhesions, and all of the pelvic organs exceedingly painful. I advised radical operation, and this was consented to. Upon exploration of the pelvis, after abdominal section, the omentum for about the space of a hand was found adherent along the line of the previous abdominal incision. The uterus was firmly suspended by a strong false ligament and adherent to both the bladder and rectum. It contained three fibroids. Tubes and ovaries were bound down by dense adhesions. The right ovary, from which the cyst had been previously removed, contained several cysts of various sizes, and the left contained a hematoma the size of a hickory nut. Both tubes were the seat of follicular hydrosalpinx. I proceeded to break up the adhesions and performed an oöphoro-salpingo-hysterectomy.

This case made a perfectly satisfactory recovery. On the seventh day after operation she volunteered the statement that she realized that the cause of her illness had been removed, and that she felt she was cured. At the end of the third week she was out of bed and one week later was able to walk better than at any time since the beginning of her illness, sixteen years ago. She is now cured.

In considering the desirability of conservatism in any given case account must be taken of the relative importance of ovaries, uterus and tubes. Of these structures the ovary occupies the first place, for the reason that its removal renders uterus and tubes functionless, while, on the other hand, removal of the latter leaves the ovary robbed of its prime function, but serving other useful ends. Next in importance stands the uterus, but only, so far as we know, where at least a portion of an ovary can also be preserved. Efforts to preserve tubes alone are not desirable, since these structures are func-

tionless in the absence of ovaries and uterus.

Though only within very recent years has it been conclusively demonstrated that the internal secretion of the ovary is of great importance in the female economy, and strongly suggested (though not proved) that the function of menstruation is more than a monthly inconvenience, still not even these most convincing arguments against the unnecessary removal of the organs concerned are stronger pleas for conservatism than is the moral question involved and the often lamentable mental condition following the unsexing of a woman. This latter consideration is more powerful than ordinarily considered, for women are naturally loth to express themselves freely in matters bearing on sexual relations.

Admitting the wisdom of and justifying the attempt made to defend and restore every pelvic structure presumably capable of regeneration, I may lay down some rules which will fix the limits of our efforts to restore to function and health in the common maladies coming to our notice.

THE OVARY.

Hematoma.—When large, painful and producing reflex nervous symptoms and occupying the bulk of a single ovary, removal of the organ is required.

Graafian Cysts.—If these be numerous and apparently involve the entire ovary ablation is to be practised. Their removal by dissection means many cavities to be closed by much suture material, the possibility of blood clots, supplying foci for infection, and, later on, painful cicatrices and no amelioration of the symptoms produced by the cysts.

Abscess.—If large and centrally located, its removal intact is demanded. Its incision and drainage mean possible direct infection and peritonitis, the probable invasion of the parts sought to be saved with recurrence, and failure to rescue any useful portion of the gland. The urgency of complete removal is enhanced in the presence of systemic infection.

Dermoids.—Unless both ovaries are implicated, dermoids should be treated by complete removal. Even when both organs are affected it may be safer to be radical, inasmuch as these tumors are prone to destroy the organ and likewise to set up an inveterate form of local peritonitis with the formation of painful and dangerous adhesions, which inflammation is only cured by ridding the patient of the diseased parts.

THE TUBES.

The uterine tubes should be amputated in:

Extrauterine pregnancy, whether ruptured or unruptured, if the tube is much enlarged and altered.

In *kinks and strictures* if these are numerous, decided and accompanied by dense adhesions, because having established by operation the perviousness of the lumen under such conditions, it cannot by any means at our command be maintained, and may be followed by either hydro- or pyosalpinx.

In *hydrosalpinx* of either the follicular or flowing variety, for the reason that the naked eye cannot define the limits of the former, and the latter will yield to no other treatment. In simple hydrosalpinx if the tube is greatly distended, its walls much thinned and in the presence of adhesions.

In *pyosalpinx* in every instance where the infection is other than gonococcal, and in these if the abscess cavity is large and the tube walls much impaired. Indeed, attempt to save a suppurating tube is rarely justifiable.

THE UTERUS.

I shall speak only of the application of operative measures to *fibroids*.

Myomectomy was a great advance in the treatment of fibroids. It seems horrible to sacrifice an otherwise normal uterus on account of the presence of removable fibroids, yet unnecessary hysterectomies continue.

Perhaps the most difficult problem in determining between conservatism and radicalism presents itself when the surgeon comes to deal with fibroids. There are two conditions, which, if existing, lead to a speedy conclusion. The presence of a limited number of only subserous tumors at once indicates the removal of the tumors only. On the other hand, if the tumors are deep-seated, or embrace the bulk of the uterus, or if they

are very large, nothing is to be done but hystero-myomectomy.

The doubtful cases are those in which the tumors are interstitial and small. Even here, when few and well defined, myomectomy may be undertaken with reasonable hope of success.

The difficulty of distinguishing *every* nodule is very great, and where the number is large the numerous and deep incisions required for their extirpation render the operation for their complete removal tedious, dangerous and uncertain. I therefore contend that in every case at all doubtful, *except when they occur in young women*, hysterectomy is preferable to incomplete myomectomy. Overlooking and leaving a single nodule may destroy the permanent effect of the operation and require a second of a more thorough kind.

The presence of complications, such as the coexistence of pathological conditions in two or more organs, usually places the case beyond conservatism, as may the existence of disease in remote organs.

While conservatism properly applied is both wise and humane, to be tolerated it must accomplish what it seeks to do. In its application the soundest judgment, the ripest experience and consummate skill must be present. The difficulties which encompass it are great.

1. It often entails prolonged effort, thus increasing the liability to shock.

2. Extensive manipulations which denude the perineum, thereby increasing the risk of infection and setting up post-operative adhesions, and, may be, intestinal obstruction. By dealing with open pus cavities, grave danger of infection occurs. It often requires many wounds, which mean much hemorrhage, numerous cavities to be repaired, foreign suture material left behind to accomplish these repairs, the possible formation of blood clots, which furnish foci for infection, a likelihood of secondary hemorrhage, perhaps painful scars, and almost certainly, when many points have been subjected to operation, post-operative adhesions.

3. The bruising of tissues incident to harsh methods of controlling hemorrhage, thereby impairing the recuperative powers and thus endangering the success of the undertaking.

4. Finally, the ever-present prospect of a second operation.

THE TONSILS AS A MENACE TO THE ORGANISM.

By John R. Winslow, M.D.,
Baltimore, Md.

READ BEFORE THE BALTIMORE MEDICAL AND SURGICAL ASSOCIATION, APRIL 10, 1899.

This subject is presented intentionally in outline in the hope of evoking elaboration from the rich experience of our members. The present discussion has no reference to the deleterious influences exerted by hypertrophied tonsils upon the general health, either by obstruction of respiration, by the production of chronic inflammatory conditions in adjacent tissues or by reflex influences upon remote organs, but we propose to consider the action of the tonsils as the primary portals of entry of infectious disease into the organism. Although referring more particularly to the faucial tonsils, the facts that have been deduced have a similar, though more limited, application to all those masses of identical lymphoid tissue constituting Waldeyer's lymphatic ring, variously termed the faucial, the pharyngeal and the lingual tonsils.

Consequent upon the demonstration of Stöhr that a large number of lymphocytes, derived partly from the adenoid tissue and partly from the blood, are continually wandering out from this lymphatic ring, it has long been assumed that in virtue of the phagocytic action of these cells the tonsils serve to protect the organism from infection. The situation of these organs at the very entrance to the respiratory and the digestive tracts would seem to confirm this belief. Thus Gerhardt termed the tonsils a physiological wound guarded by leucocytes, which during health protect the system against the entrance of germs. The existence of some such protective mechanism would seem imperative, since nearly every form of micro-organism has been demonstrated upon the surface of the tonsils in health, being separated from the lymph spaces

by a single layer of epithelial cells, in many places loosely arranged.

Based upon elaborate experiments, Hodenpyl in 1891 expressed the conviction that the normal tonsils under normal circumstances absorb neither fluid nor solid matter, and are impermeable to bacteria.

The faucial tonsil is, however, normal only in infancy, and many authorities regard every visible tonsil as hypertrophied. The pharyngeal tonsil can be neither seen nor felt, if normal; any palpable mass, even when slight, being pathological. Structurally, both macroscopically and microscopically, the tonsils would seem eminently adapted for absorption. Observant physicians soon noticed the promptness with which glandular infection followed inflammatory conditions of the tonsils. As early as 1893 Robertson, from his clinical experience, expressed the opinion that 98 per cent. of cases of cervical adenitis were due to infection through the pharyngeal tonsil and to be treated through it. No experimental basis for this view existed, however, at this time.

In 1898 Goodale, in what has been termed one of the most valuable contributions to laryngology of the year, demonstrated by means of carmine injected into the tonsillar crypts that absorption occurs through their lining membrane. Hendelsohn, subsequently but independently, proved by means of powdered dyes blown upon the surface of the tonsils that absorption occurs rapidly, and concludes that they not only do not protect the body, but that they afford entrance to numerous infections both local and general. Pluder, after an elaborate discussion, concludes that a protective barrier that is not only inefficient, but which, owing to its superficial defects, directly favors the entrance of pathogenic material, is a gift of nature of questionable advantage. Suchannek regards the palatal tonsils as the most important of all the portals of entry of infectious disease. Beckmann terms adenoid hypertrophy the turning point of all respiratory and aural diseases in children.

We need only review our own experience to recognize how often the palatal tonsils are the entrance point for various infections, especially in children. We have known for a long time that an acute angina does not constitute a purely local affection, but that it can serve as a point of departure for acute infections of other parts. A recent writer has termed the acutely inflamed tonsils a "hotbed for infection."

Streptococci and staphylococci are normally present in the crypts of the tonsils, but are not absorbed as long as the tonsil is healthy.

Not every acute tonsillitis means a general infection, but under certain circumstances (cold, epidemic) these micro-organisms penetrate the tonsils and enter the blood. There is locally provoked a parenchymatous inflammation, with proliferation of leucocytes, which may or may not be accompanied by visible hypertrophy. This inflammation usually terminates in a few days, but may culminate in the formation of true abscesses, which are found in the substance of the tonsil. These may coalesce and open on the surface of the tonsil, or may become encapsulated and flattened, so that they cause no swelling of the tonsil and thus escape the observer's eye. But, whether acute or chronic, the germs of these abscesses can extend to neighboring organs or penetrate directly into the blood. Thus apparently normal organs may contain dangerous foci of infection. On this account Jessen insists upon the necessity of aspirating from the interior of the tonsils in making bacteriological investigations for diagnosis, and not relying upon surface cultures.

These chronic abscesses of the tonsils may exist without causing any symptoms until the onset of an acute angina reawakens the affection. Extension may then occur by the lymphatic or the vascular system. In the first case, we have phlegmon of the thoracic cavity and pleura; in the second case, the germs penetrate a vein and cause septicemia or pyemia. Treitel records three cases of general infection following chronic abscess in tonsils of normal volume, the diagnosis being impossible during life.

Septic infection of cryptogenetic origin may follow angina without abscess. Richardiere describes a case of suppurative pleurisy following a non-suppurative tonsillitis. Hanot and Heddaeus re-

port two cases of non-phlegmonous anginas, followed by pleurisy, sepsis and death, in which they demonstrated, respectively, staphylococci and streptococci on the tonsils and in the pleural exudate. Lermoyez reports a case of membranous streptococcus angina, followed by purulent pleurisy and fatal pericarditis. Wainwright reports the case of a 17-year-old girl with tonsillitis, followed by purulent inflammation of the wrist joint and phlebitis of the vena saphena; death in four days despite the use of antistreptococcus serum. Machol records a case of septicemia having the pharyngeal tonsil as its point of departure.

Diphtheria is a typical and generally recognized example of an acute infection occurring through the tonsils.

Scarlatina is believed by many to enter the system by this route, and although its bacteriology is uncertain, yet the almost invariable angina that precedes this affection is very significant. Hutinel and Deschamps have demonstrated that children with adenoids are particularly liable to scarlatinal nephritis.

Acute articular rheumatism was one of the first diseases recognized as a systemic infection occurring through the tonsils. Trousseau in 1866 called attention to this relation, which has since been established by Buss, Suchannek, Bloch, Fowler, Jaccoud and many others. Peltesohn regards rheumatism as an attenuated septic mixed infection, whose invasion is facilitated by certain pathological conditions of the mouth and nose. Stoffel's case of recurrent rheumatism and severe angina, in which after methodical care of the throat the articular affection vanished with the angina, is most suggestive. Roos states that in many cases the rheumatic poison passes through the tonsils without notable irritation, and the symptoms do not differ notably from other anginas. The common form is the follicular.

Pneumonia is a less frequent sequel of angina than pleurisy. Pneumococci are found on the surface of the tonsils, and some claim that they are constantly present. Stoos in 1895 first demonstrated the presence of Friedländer's bacillus in a case of acute angina, a fact since confirmed by numerous other observers. Gaultier ("Thése de Paris," 1896) describes five varieties of angina caused by pneumococci: Purulent, erythematous, follicular, pseudo-membranous, herpetic. The angina may be mild or may be followed by general infection.

According to Buttersack, the bacilli penetrate the adenoid tissue, especially the tonsils, and are arrested in the cervical glands; if they pass this chain they are then deposited in the bronchial glands. In case of further development, after swelling of these glands, they enter the centripetal lymph stream and are probably next deposited in the pleura. Jessen reports a case of first angina, then chest symptoms, pericarditis, double pneumonia and general sepsis. Beginning with the tonsils both during life and post-mortem, all of the organs contained the same organism—staphylococcus aureus. The tonsillar symptoms are very transient, and may escape the notice of a careful and skilled observer, so that the writer believes streptococcus and staphylococcus pneumonia of tonsillar origin to be more common than is generally credited.

Tuberculosis is the most common chronic infection that enters the system through the tonsils. Since Strassman's investigations we have known that the tubercle bacillus can enter the faucial tonsils or penetrate the same without symptoms and infect the cervical lymph glands. Subsequent investigations have established that this is by no means an infrequent occurrence. Gottstein reports from the clinic of Professor Stoerck 10 per cent. tubercular tonsils. As Dmokowski first showed, these tonsils present no visible changes during life by which they can be discovered. Their detection is entirely a matter of systematic microscopical examination, by which we discover giant cells and tubercles, but, as a rule, no caseation nor tubercle bacilli. They thus constitute latent foci of infection. They were found in persons with no detectible pulmonary lesion. To Lermoyez we owe the first record of tuberculous infection of the pharyngeal tonsil. As in the former case, these are only detectible after the most systematic microscopical investigation, to which may be due, as Brindel points out, the marked variance of statistics.

Gottstein found 12 per cent. of tubercular adenoids in Stoerck's clinic; Brindel found 12 per cent. of tubercular adenoids in Moure's clinic; Gourc found among 201 cases none tubercular. Infection usually occurs from the inspired air, but may be caused by the food. Bicaut regards adenoid vegetations as the commonest entrance point for tubercular affections. Gallois and others regard the syndrome of symptoms which we term scrofula as being in many cases due to tubercular adenoids, which would seem to be borne out by their disappearance after removal of the growths.

In the light of the preceding clinical and pathological experience it would seem that we must modify our views and practice with regard to these organs. Heretofore we have directed treatment mainly toward the relief of conditions resulting from hypertrophy. Many of these tonsils were not enlarged, and some were even atrophied; all were, however, diseased to the extent of presenting irregular surfaces, with deep crypts. Some of the adenoids were not hypertrophied sufficiently to obstruct respiration, but were chronically inflamed.

Treatment consists in prophylactic destruction of the diseased tissues. Adenoids should be radically removed with the curette and finger-nail. Inasmuch as absorption occurs through the follicles of the tonsils, these should be replaced by scar-tissue. The ideal operation is electro-cautery—dissection of the entire tonsil from its capsule, as advocated by Edwin Pynchon of Chicago; at times igni-puncture of the crypts with the pointed electrode may be preferable. Least suitable is the tonsillotome, and when it is employed it should probably be supplemented by some procedure to close the open mouths of the tonsillar crypts.

BIBLIOGRAPHY.

Hodenpyl: Amer. Jour. Med. Sciences, 1891.

Robertson: Review Merck's Bulletin, 1893.

Goodale: Archiv für Laryng., Bd. VII, H. 1.

Hendelson: Archiv für Laryn., Bd. VIII, H. 3.

Pluder: Monatsschr. für Ohr., 1898.

Suchannek: Bresgen's Sammlung.

Jessen: Aerztliche Monatsschr., 1898.

Richardiere: Union Medicale, 1893.

Hanot and Heddaeus: Ref. Jessen.

Lermoyez: Annales des Mal. de'l'oreilles, etc., 1896.

Wainwright: Br. Med. Jour., 1897.

Machol: Deutsch. Med. Woch., No. 10, 1899.

Buss: Deutsch. Archiv. für Kl. Med., 1896.

Bloch: Münch. Med. Woch., 1898.

Jaccoud: Union Med., 1894.

Peltesohn: Monats. f. Ohr., 1898.

Stoffel: Zeitschr. für Prak. Aerzte, 1896.

Buttersack: Ibid.

Roos: Berl. Kl. Woch., 1894.

Strassmann: Virchow's Archiv., Bd. 96.

Dmochowski: Ziegler's Beiträge.

Gottstein, G.: Berl. Kl. Woch., 1896.

Brindel: Rev. Hebdom. de Laryngol., 1896.

Pynchon: E.: Chicago Med. Recorder, 1898.

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

CENTENNIAL MEETING HELD AT BALTIMORE APRIL 25, 26, 27 AND 28.

Dr. Wm. S. Halsted then exhibited some cases of hernia on which he had operated, and spoke of his method, and he also showed some cases of mammary cancer, in which the breast had been removed, and explained also his method of cleaning out the axilla and removing much of the pectoral muscle.

Dr. Howard A. Kelly then gave a very skilful demonstration of the examination of the rectal mucous membrane and of the large part of the lower intestinal tract by the use of the light and a rectoscope. He also demonstrated very beautifully the ease with which he examined the female bladder and catherized the ureters. He put the woman in the extreme knee-elbow position, let air into the vagina, otherwise the bladder will be ballooned; then put a little cocaine into the urethra

and gently dilated with a bulb passed inside of a cystoscope. After the entrance into the urethra was made the bulb was withdrawn and the cystoscope passed in, and the bladder at once was plainly seen. The inside could be studied on all sides, the residual urine seen and withdrawn. By turning the cystoscope to one side or the other the entrance of the ureters could be seen, and either one could be catheterized at will.

In the other laboratories of this hospital demonstrations were held. After luncheon in the hall of the Faculty the afternoon session began with the scientific papers. Dr. E. G. Janeway, who was announced to read a paper, was prevented at the last moment from coming.

Dr. Hermann Knapp of New York then read a paper on "Some Landmarks in the History of Ophthalmology" (to appear later.)

Dr. George Ben Johnston of Richmond, Va., read a paper on "The Limitations of Conservative Surgery in the Female Generative Organs" (see page 299).

Dr. W. W. Johnston of Washington read a paper on "J. Hughes Bennett; His Services to Medicine," (to appear later.)

Dr. Samuel Alexander of New York, who was to have read a paper on "The Management of Vesical Calculus in Prostatics," was unable to be present.

On Wednesday evening, in McCoy Hall, Dr. W. W. Keen of Philadelphia delivered the annual oration on "The Debt of the Public to the Profession." Dr. Keen stated that it was an easy task to show how much the profession had done for the community, aided by sanitary engineers and also by the legislators. He then enlarged in turn on some of the most terrible and fatal diseases that formerly were constantly dreaded, and the discoveries made by which these diseases had been either stamped out of the civilized world or had been shorn of their terrors. The plague, cholera and typhus fever, all of them diseases of filth and overcrowding, were in past times frequent and deadly visitors in European countries, but in this country sanitation and quarantine had been so effectual that in civilized countries the plague is unknown, typhus fever is almost unknown, and since the deadly epidemic of cholera in Hamburg in 1892 it has been practically proved that a proper system of filtration would render such a visitation impossible. The same precaution would also place typhoid fever among the infrequent diseases, but unfortunately the public has not yet listened to the voice of sanitary physicians. During the last century no disease was more dreaded than smallpox. It invaded the homes of the high and the low, and left either death or marred countenances in its path, but vaccination, one of the greatest gifts to mankind, has rendered that pestilence harmless. Yellow fever has been driven from the Northern cities of this country, and with Cuba under our control, the disease may be attacked at its source. Scurvy, the pest of armies and jails and hospitals, has long since been conquered. The most noteworthy feature of modern medicine is the introduction of laboratory methods in the study of diseases, and although so far the hoped-for results in the cure of disease have not yet been accomplished, as in the case of tuberculosis, yet it has enabled the disease to be positively determined at a much earlier stage than formerly, thus leading to a cure before it is too late. The pathological study of diphtheria, hydrophobia, trichinosis and many animal diseases has also yielded great and important results. The two epoch-making discoveries in the history of medicine, however, are those of anesthesia and antiseptics. Without the first surgical operations were always horrible and often impossible, while the second has prevented the often terrible after-effects, such as erysipelas, tetanus, gangrene and blood poisoning. Dr. Keen warmly commended the bravery of the profession as shown in times of war and epidemic disease, and the generosity which constantly gives time and skill to the sick poor for little or no remuneration. In closing Dr. Keen asked if the public might not repay this great debt by a scriptural tenth, not for the pockets of the physicians, but for the hospitals, colleges, to equip libraries and laboratories; not for the physicians, but for humanity.

Immediately after this oration several receptions were held. Drs. Osler and

Kelly gave receptions, and there was also a "smoker" in the Faculty building. That same afternoon all the institutions on the east side of the city were open for inspection.

ASSOCIATION OF AMERICAN PHYSICIANS.

FOURTEENTH ANNUAL SESSION, HELD AT WASHINGTON, D. C., MAY 2, 3 AND 4, 1899.

Dr. F. P. Henry of Philadelphia related "A Case of Mitral Stenosis With Fever (non-malarial) of Relapsing Type." This was a case in which the fever recurred at intervals of about one week. The recurrence was sometimes tertian, sometimes quotidian and sometimes double quotidian. The patient was a dressmaker, and had had typhoid fever three months before admission. She had had rheumatism in childhood, and had severe headache and pain in the head and back. Her menses disappeared for two months. Her temperature was 99.2°. She had a presystolic murmur. Her heart was not enlarged. One day after admission her temperature was normal and later it was below normal and then above again, and it constantly relapsed, and this kept up for several days. She was pregnant. The fever was not malarial. It was evidently from the heart trouble. The character of the blood was that of chlorosis. He thought it was either pernicious anemia or ulcerative endocarditis.

Dr. George Dock of Ann Arbor said that if the fever was caused by some process in the blood, it was interesting, but he had not carried his investigations far enough.

Dr. W. W. Johnston of Washington said it was evident that we must look for a micro-organism as the cause, reasoning from analogy. He showed a chart of a case of recurring fever. The intervals are not regular. It was treated as rheumatism, but treatment seemed to have no effect, and finally the case recovered spontaneously.

Dr. Charles Carey of Buffalo said there was nothing in the description to exclude rheumatic fever.

Dr. Wm. H. Thomson of New York said that intermission was usually connected with some malarial origin. He once published a case in which the patient became periodically worse every other day, and he never missed this. About 5 A. M. he had a nervous attack. He first had a rise of temperature. For the past four and a-half years his temperature has been normal. It was difficult to give the cause of this.

Dr. Bond said that this intermission might have been due to trouble in the gastric or intestinal tract. In one case there was vomiting, with dilatation of the stomach. In most of the cases there were no gastric symptoms, eructation or fermentative symptoms. She had a slight indigestion, but she was later absolutely well.

Dr. Henry said, in conclusion, that in answer to Dr. Dock the patient recovered and an autopsy was not possible. He thought that some micro-organism must be the cause of the disease.

Dr. Alfred Stengel of Philadelphia read a paper on "The Immediate and Remote Effects of Athletics Upon the Heart." It is astonishing how easily a systolic murmur is developed in athletes. In 1893 he examined the University of Pennsylvania football team, and he found that three out of nine had a murmur, which disappeared after a rest. Muscular exercise lowers the blood pressure in the peripheral vessels and increases the pressure at the center. The second wind is the recovery of the right ventricle after a dilatation. This does not hurt young, healthy persons. Unfortunate results may follow violent exercise in young and inexperienced persons. The danger in athletics is not very great. The systolic murmur is usually over the pulmonary area. A trained athlete may recover compensation from dilatation in a few days. The bad effects in some persons, and even in athletes, may not follow for years to come. Long-continued indulgence in severe sports causes some cardiac hypertrophy, and this comes from over-distension of the right heart in straining. Supervision is necessary in college athletics. Young men should continue some form of exercise after discontinuance of athletics.

Dr. Jacobi asked if he had used the *x*-rays.

Dr. Stengel replied that he had not in these cases.

Dr. A. V. Meigs of Philadelphia said that researches like this were likely to be fruitful. Not much is known on this subject. Few men become great athletes. The common view of compensation after hypertrophy is theoretically correct, but it is often untenable.

Dr. C. F. Folsom of Boston said that many cases like these were reported after the civil war. Many cases are found in young men defective at the start or from want of systematic exercise. It is easier to strengthen the muscles of the body than it is to strengthen the muscles of the heart.

Dr. Osler said he wished to emphasize one point, and that was the frequency with which he found a systolic murmur over the pulmonary area in healthy persons. The army and navy medical boards should remember this. He had occasion to examine several cases that had been turned down by these boards and who were well and strong. He had been active in getting such men passed. Such rejections did men great injustice. The question of second wind is interesting. He had written an article in the third volume of "Pepper's System of Medicine" on this subject. The question of second wind is the question of the right ventricle. There is always danger to the man over forty who indulges in over-exercise. Such exercise is risky. Great strains have been brought on the hearts of men who insist on riding and keeping up with men younger or more vigorous.

Dr. James J. Putnam of Boston spoke of a paper which he had written several years ago on the condition of the heart among policemen. Murmurs had been found, which later disappeared. He thought it was because they were nervous. He agreed with what Dr. Osler said about wheel-riding and hill-climbing in men over forty.

Dr. Dock said it was important to note the pulmonary circulation. There is often acute emphysema in athletes. Many of these men are not trained to expire. The air must be thoroughly expired to get the second wind. The immediate prognosis is interesting. These men with apex murmurs are capable of hard work. He related the case of a man who had been first rejected for military service on account of one of these pulmonary murmurs. Dr. Dock examined him and passed him, and he outdid his colleagues in hard work.

Dr. Stengel said he did not mean to say that athletics at college were dangerous; as a matter of fact, he has not seen many cases with serious symptoms among college students. He did wish to emphasize the point that college athletics should be under careful medical supervision.

Dr. A. R. Cushny of Ann Arbor then read a paper entitled "The Interpretation of Pulse Tracings," in which he showed pulse tracings and sphygmograms and showed how stimuli to the left or right ventricle affected the rhythm of the pulse beats.

Dr. Dock showed a specimen of a heart in connection with Dr. Cushny's case. It was dilated and hypertrophied. The patient had been treated, but did not improve. There were also lung symptoms and anasarca and edema of the legs, and an almost negative response to treatment by rest or medicine. He had always been very anemic, so he was not bled. Such specimens as this, with their sphygmographic tracings, throw some light on these conditions of the heart.

Dr. Jacobi said he had noticed in some cases that the intermission was not complete at all. Auricular and ventricular diseases were not affected equally.

Dr. Cushny said that in about one-half the cases he examined the auricles were affected and in one-half the ventricles.

Drs. J. J. Putnam and J. Collins Warren of Boston read a paper on "The Operative Treatment of Spinal Tumors." This subject has been gone over by many investigators, and especially by Schlesinger of Vienna. The first case was one of intradural fibroma, with pain in the back and legs, and later the patient could not use his left limb without great pain. Gas in the bowels caused great distress, and the pain was usually at night after the last meal. A tumor was diagnosed, but he would not consent to an operation. The patient could not stand alone and lost control of the bladder. An operation was performed and the spines from the four

lower lumbar vertebrae were removed, and the lamina of the fourth lumbar vertebra was removed, and the tumor was reached and removed with little hemorrhage and easily. He is now slowly gaining and has every movement possible and appears rather strong. His knee jerk, which was fairly exaggerated, is now normal. He reported other cases, and said that twenty cases had so far been operated on. When to and when not to operate is a question which must be decided by general symptoms.

CLINICAL SOCIETY OF MARYLAND.

MEETING HELD FRIDAY, APRIL 21, 1899.

THE meeting was called to order by the president, Dr. Lord.

Dr. T. C. Gilchrist exhibited several cases, one of lupus erythematosus, and several showing a peculiar affection of the lips and mucous membranes of the mouth.

Dr. J. M. T. Finney read a paper on "The Surgical Treatment of Perforating Typhoid Ulcers," in which he reviewed the work done up to the present time, including the study of 112 cases, and calling especial attention to some of the points in which progress has been made.

Dr. Finney, in referring to the importance of operation, said that in this, as in many other cases, early operation is the main point, and that if these cases of perforating typhoid ulcers could be seen early we should have a much larger percentage of cures. So far as the technique of the operation is concerned he believes there is not much to be gained, as the point has been reached in dealing with these cases where there is not much to hope for in that direction, but we must turn in the direction of an earlier diagnosis for any marked improvement in our statistics. He would, therefore, advise that in any case where the diagnosis is obscure and there is reason to suspect the existence of a perforation a small incision be made, under cocaine anesthesia, in the middle line or linea semi-lunaris, and that cover slips and cultures be taken from the abdominal cavity. Of course, in most instances, the presence of a perforative peritonitis can be determined at once by the naked eye by the presence or absence of peritoneal exudate. This exploratory incision would be followed by very little disturbance to the patient and very slight risk. If the presence of a septic peritonitis is determined this incision can be enlarged and the operation for the relief of the perforation and peritonitis can at once be carried out. It is quite apparent that there has been, as yet, no pathognomonic sign of perforation described, and until we are able to diagnose perforation early, and with a far greater degree of certainty than at present, it is best to err upon the side of early operation rather than too late, for the dangers of the exploratory incision just described are infinitesimal when compared with the danger attending the development of a general septic peritonitis. It is a satisfaction to know that if, in the effort to forestall the development of this condition, we operate before the perforation has actually taken place, as has been done in several instances, no harm is likely to come of it, as the cases in which such operations have been performed have invariably recovered.

Dr. Osler said he thought it nothing less than remarkable—indeed, it is more than remarkable, it is phenomenal—when one considers the utterly hopeless condition in which one regards a case of perforating typhoid fever; yet surgeons now tell us that 20 per cent. of those cases considered absolutely hopeless have been saved by timely operation. He said he thought the most important lesson to be drawn is that the physicians should travel a little more closely with the surgeons, and that every physician should read certain surgical journals in order to keep in touch with surgical points as freely as he is kept in touch with medical points.

In referring to hospital work, he considers it very important that the house surgeon and the house physician should be in very intimate association. They should see each other's cases, and in the months of August, September, October and November the house surgeon should make visits with the house physician in the typhoid wards.

Dr. E. J. Bernstein read a paper on "Simulated Blindness and Its Detection" (to appear later).

GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

MEETING HELD TUESDAY, APRIL 11, 1899.

By request of the president the meeting was called to order by Dr. John Neff.

Dr. J. Whitridge Williams: "The Frequency of Contracted Pelves in the First One Thousand Cases Delivered in the Obstetrical Department of the Johns Hopkins Hospital."

Dr. Williams reported upon the examinations by pelvimetry in the first 1000 cases seen in the Johns Hopkins Hospital. He found contracted pelves in 131 cases, or 13.1 per cent. These statistics differ widely from those published by other writers in this country; for instance, Reynolds of Boston, who found only 1.3 per cent. of contracted pelves, but he only examined the cases that required operation, while Dr. Williams measured every obstetrical case. Of the 1000 cases examined, 530 were of the white race and 407 colored, and in the white race there were contracted pelves in 7.14 per cent. of all cases examined, while among the colored race the percentage ran as high as 19.8 per cent. The percentage among the whites is about the same as that shown by other observers in this country, and contracted pelves among the white women in this country are found about as frequently as among the whites in France and Germany. They are somewhat more frequent than in Vienna. So far as Dr. Williams could make out from a study of the statistics his cases presented the best results that have been attained, both as regards the mother and the child, he having lost only three-fourths of 1 per cent. of the mothers and little more than 1 per cent. of the children.

Dr. Williams urged the importance of making pelvimetric measurements in every case, because it is the only accurate method at hand for determining the probable necessity for operative measures.

Dr. G. W. Dobbin: "The Treatment of Contracted Pelves in the Above-mentioned Series."

Dr. Dobbin stated that 4.6 per cent. of all their cases had required operation on account of contracted pelves, or, in other words, forty-six of the 131 cases of contracted pelves required operation, while sixty-five of these cases were delivered spontaneously. Of the 131 cases of contracted pelves, seventy-nine showed general contraction, twenty-five were of the rachitic type, twenty simple flat pelves and seven of irregular forms.

The operations performed were forceps applications, version, symphysiotomy and Cesarean section. In the forceps operations the blades of the instrument were applied as nicely as possible to the sides of the head. Three craniotomies and one decapitation were performed. In the forty-six cases operated upon there were three maternal deaths, but one of these cases was infected with the gas bacillus before operation, and another had a rupture of the uterus while under care of the midwife and refused to enter the hospital for treatment, so only one case can rightly be attributed to the operative procedure. This case was one of symphysiotomy, which in some inexplicable manner became infected. Fourteen children were delivered dead, but only seven of these deaths could be attributed to the operation, two to forceps operation, four to inability to extract after-version, and one from inability to extract by the breech.

He thought that if version were the operation decided upon it should be done as the primary operation, and not after several attempts and failures with forceps. Dr. Dobbin also urged the advisability of making pelvimetric measurements in every obstetrical case.

As to the choice between forceps and version in cases of contracted pelves, he believed the former operation the most desirable in the majority of instances, and as for the choice between symphysiotomy and Cesarean section he prefers the latter.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY.

MEETING HELD MONDAY, APRIL 10, 1899.

Dr. H. O. Reik read a paper entitled "The Radical Treatment of Chronic Suppurative Otitis Media" (see page 285).

Dr. Hurd said the communication of Dr. Reik's seemed to him one of great

value. The patient was certainly a most unfortunate boy, who had been a source of loathing and disgust all his life, and who was now placed in a condition to enter a deaf and dumb institution, where he could be taught as much as such children were usually taught, and thus be partially or entirely self-supporting.

Dr. Hall asked if, since all cases of pus in the ear do not require operation, there is any method of bacteriological diagnosis by which one might determine when to operate and when not to operate, as he had understood from a certain professor in Berlin that the presence of streptococcus always demanded opening of the mastoid.

Dr. Reik said he thought it was hardly possible, by bacteriological examination, to determine which cases should and should not be operated upon. He believed that in all cases that resist conservative measures, after a reasonable length of time, should be treated by surgical methods. Of course, the streptococcus infections are more destructive and more dangerous than the staphylococcus, but either may require operation.

Dr. Cary Gamble, Jr., read a paper entitled "Malarial Nephritis," which was followed by a paper by Dr. C. W. Larned upon the same subject, both papers being discussed by Dr. Thayer.

Dr. G. Brown Miller read a paper on "The Occurrence of Streptococcus Pyogenes in Gynecological Diseases."

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY.

MEETING HELD MONDAY, APRIL 24, 1899.

Dr. Gilchrist: "Exhibition of Skin Cases."

Case 1. *Lupus Erythematosus.*—The lesions here were very typical and showed the well-defined patch, of butterfly shape, with well-marked edges, the patch itself being thickened, indurated and marked by scar tissue. On removing the scales small pedicles are seen, which dip down to the sebaceous glands. There were practically no subjective symptoms. The disease is said to be rather rare and its etiology is still under discussion. It was at one time thought to be connected in some way with tuberculosis, but further investigation seemed to show that that was a mistake. More recently, however, it has been shown to react to the tuberculin test, but that is not distinctive, as other diseases of the skin which are not tuberculous may also show this reaction. It is not proven that it is of a tuberculous nature simply because it happens to occur in association with tuberculosis. The prognosis is more favorable in the acute than in the chronic forms. In the acute stages, mild remedies, such as zinc oxide, may be used, and in the chronic cases applications of carbolic or pyrogallic acid have been found useful.

Case 2. *Molluscum Contagiosum.*—Dr. Gilchrist said that so far as he knew there had been no case of this disease reported as occurring in the colored race, but this is the third case seen at the Johns Hopkins Hospital. The patches appear as raised, rounded, well-defined patches, and in the center of the papule can be seen a small depression, in which is a plug of a horny nature. The usual situation is on the face, hands and forearms, but one of his cases had been marked all over the body. The treatment is curetting of the patches and the application of nitrate of silver. The disease is both autoinoculable and contagious.

Case 3. *Squamous Epithelioma.*—The growth in this case appeared on the left hand, between the thumb and index finger; was of twelve months' duration, but the glands were not enlarged. Total excision was the treatment recommended.

Case 4. *Rodent Ulcer.*—This is a somewhat rare affection of the skin. On the left side of the forehead a small scaly patch was first noticed eight years ago, when about the size of a pea. The appearance of this growth was rather peculiar, and diagnosis was only made after the excision of a small portion and microscopic examination.

Case 5. *A Peculiar Affection of the Lips and Mucous Membrane of the Mouth.* This consists in pale-yellowish bodies buried beneath the epidermis. The patient has had the affection for twenty years. At times the breath becomes rather fetid, and he usually finds the affection very troublesome during the spring months. The condition may be compared to a seborrhea of the mucous

membrane. When it first begins it looks like an eczema. The condition was first described by Fordyce of New York, but Montgomery of San Francisco lated described its true nature when he discovered it to be an affection of the sebaceous glands.

Dr. Gwyn read a paper on "The Presence of Typhoid Bacilli in the Urine."

Dr. Hunner reported "A Case of Acute Suppurative Cholecystitis, with Isolation of a Pure Culture of Typhoid Bacilli."

Medical Progress.

Functional Neuroses.—Dr. H. J. Boldt, professor of gynecology in the Post-Graduate Medical School, New York (New York Medical Journal), makes some valuable and extended observations on the neuroses and their relation to the diseases peculiar to women. "All psychoses with serious symptoms," says Dr. Boldt, "should be under the direction of the neurologist. On the other hand, however, the greater number of functional neuroses can and should be treated by the intelligent family physician if he is familiar with those conditions to which, according to the remarks on this occasion, they are supposed to be due. It is a serious error to give a long course of local gynecological treatment to neurotic patients with a minor local lesion. They will invariably become worse if attention is not paid to general hygiene, diet, proper physical exercise, and such internal remedies as will have a tendency to build up the system. To overcome the anemia so often associated in this class of cases, I have found the solution of bromide of gold and arsenic to be among the most servicable drugs at our disposal, beginning with five-drop doses in a glass of water after meals and increasing one drop daily until from fifteen to twenty drops are taken. The red blood corpuscles and the percentage of hemoglobin are rapidly increased with the use of this drug. Occasionally, however, we do find a patient with whom it disagrees, when we must resort to other remedies. The gold solution has also a decided effect on the inflammatory conditions of ovaries. This was pointed out by an author in a European journal ten or twelve years ago, and has been employed during that period by me. Since the introduction of Dr. Barclay's solution, which is a combination with arsenic, it has been used with better effect than the chloride of gold and sodium in pill form. A symptom usually present in these patients is chronic constipation; this often gives rise to anemia and chlorosis, due to auto-intoxication from ptomaines. I regard the cause of this constipation in the vast majority of cases as due to habit, and if one confines himself to the legion of laxatives and cathartics the condition is made worse."

* * *

Indications for Digitalis.—M. Potani calls attention in the American Journal of the Medical Sciences to the vasomotor action of the drug, which is often overlooked; that with a rather generous dose, migraine, due to cerebral congestion, can be overcome, where a small dose, acting on the circulatory center, would simply aggravate the condition. Diuresis is produced only in those cases in which there is anasarca, and is due to the anasarca; often there is diuresis without increase of blood pressure. When the dropsy has disappeared the diuresis ceases. Diminution of the dose is indicated on disappearance of dropsy, for digitalis is then longer well borne. Its cumulative action is mentioned; the chief indications are increased frequency and irregularity of the pulse and the presence of edema. In cases the reverse of these it is useless or harmful. Special warning is given against its careless use in myocarditis with fatty degeneration and in cardiac asthenia with dilatation. In cardiac dilatation of gastric origin digitalis is harmful, for it is not tolerated by the stomach. Arterio-sclerosis is not a contraindication if caution is used. Where increased frequency of the pulse or dropsy is present in aortic insufficiency digitalis is distinctly indicated. Usually these conditions do not exist. The same is true in mitral stenosis. In mitral insufficiency it has its widest use; wait before commencing, because it is late in the disease that digitalis is most needed. When tricuspid accompanies mitral insuffi-

ciency the former, unless great care be taken, is made to disappear too rapidly by digitalis, and pulmonary apoplexy results, through increase of capillary pressure. Of the preparations the powder is too often emetic and unreliable. Digitalin is preferable.

* * *

Consultant's Fee.—In case of consultation, says Mr. Arthur N. Taylor in the New York Medical Journal, the custom seems so well established that the patient will pay the fee of the consultant that an agreement between the patient and attending physician that the physician will pay the consultant's fee does not release the patient from paying such fees unless the consultant is informed of such arrangement before the services are rendered. Where, however, an attending physician takes another physician to a patient's house to convince the patient that he is doing all that can be done, and the physician so called in does nothing whatever for the patient, and is not, in fact, called in at the patient's instance or request, the patient is under no obligation to pay him anything. Nor does it necessarily follow where a patient employs two physicians, who, in fact, meet at his bedside at each call, that each meeting will rank as a consultation. In the matter of Succession of Duclos, the court said: "As to the pretension that, from the moment more than one physician is called in, and attends regularly upon a case, every visit made by every physician employed takes rank as a consultation, it cannot be listened to, even supposing that the visits are made at the same hour, so that the physicians actually meet at the patient's bedside. The difference of the charge for what is technically styled a consultation and for a simple visit would make it ruinous to most patients and unreasonably onerous to all to avail themselves of the lights of more than one of the faculty in time of need."

* * *

Treatment of Abortion.—Drejer (British Medical Journal) discusses the treatment of abortion in connection with 100 cases which he met with in his private practice between the years 1893 and 1897. When abortion is imminent rest both material and moral is recommended; in this way the miscarriage may be avoided. Five or six days in bed is the length of time usually considered sufficient, for if the hemorrhage has not stopped in that time it will be very difficult to prevent the abortion, and if it have ceased the pregnancy will now continue uninterruptedly. He thinks little of internal remedies, save perhaps opium, which aids cure by precuring rest. He does not believe in the vaginal plug, regarding it as usually quite useless. If the removal of the ovum is indicated by circumstances it is best carried out by means of the fingers or of instruments. The manual method is always preferable. It may be done by expression, and this fatigues the patient very little. This is indicated when the os has a diameter of about four cm., and when the ovum is in great part detached and in the cervical canal. In fifteen cases this plan was followed, and in twelve the ovum was thus delivered, but in three only pieces came away, and the rest had to be removed by the finger. If expression fail, two fingers are to be introduced into the uterus and the ovum, or parts of it, at once taken away. In abortion, just as in labor, everything should be removed at once. The finger is generally to be preferred to the curette. Drejer is strongly opposed to the use of all kinds of ovum forceps. The results of treatment were that ninety-nine women recovered fully; one patient, in whom curettage took place after six weeks of blood loss, died from weakness twenty days later, but without the development of fever.

* * *

Constipation from Oatmeal.—It is very common for physicians to order oatmeal and such coarse food to those suffering from constipation with the idea that the indigestible portions of the meal will cause a certain amount of irritation and keep the bowels open. This is usually the case in those who have much outdoor occupation and work, but Dr. George J. Monroe points out in the Cincinnati Lancet-Clinic that in the aged and indolent oatmeal produces constipation of a most serious character, and he most strongly advises against it in those past sixty.

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BALTIMORE, MAY 13, 1899.

The Negro and His Sexual Passions.

THE annual recrudescence of sexual passions in the negro as demonstrated by the recent horrible assaults on white women seems to increase in force and frequency as the African sexualist is more and more allowed the liberty of his sway of ancestral animal impulse, and as moralists continue to remain purblind to his dominant physiological organism—a dominant organism which is demonstrated by periods of sexual excitement which operate under a license of passion seen only in the wild beast. In fact, when in captivity the wild beast becomes sexually impassioned, he is either killed or sent away where he can be controlled.

It is not the function of this JOURNAL to enter into the sociological or the anthropological questions governing the crime of indecent assaults on defenseless white women. The attitudes of complacent moralists, the preachings of far-distant ascetics, and the advice of maidenly moralists, whose nubile age is uncertain in the chilly atmosphere of New England, would be amusing were it not for the serious conditions underlying the misunderstood facts.

The anatomical and physiological conditions of the African must be understood, his place in the anthropological scale realized, and his biological basis accepted as being unchangeable by man, before we shall be able to govern his natural uncontrolable sexual passions. When education and religious teachings change the biological basis of his color it will also be able to change the physiological reason for his annual outbreak of sexual madness. Like all animal nature throughout the world, the African is especially sensitive to the changing seasons. The regular increase of crime against property in winter is only an indirect result, through the social and economic influences of temperature, but the increase of crimes of passion and indecent assaults during the month and years when the temperature commences to rise is the direct effect of temperature. The crime of rape is most numerous in May and June, and least so in November and December. Ignore the inherent and peculiar sexual organization of the African and crimes against the trembling white women of the South will increase. Accept boldly, frankly and scientifically his ancestral traits, and control him accordingly, is the only rational, safe and moral treatment of the negro question.

* * *

Medical Society Epidemic.

AT this time of the year the medical society holds its meeting, and over all the land the State and national organizations are convening to exchange ideas and help each member. There is undoubtedly much benefit gained from this interchange of opinions and intermingling of men interested in the same work; but it sometimes seems as if the ideas presented were very few in proportion to the many words uttered. For instance, at one meeting papers were read lasting one-half to three-quarters of an hour and in some cases an hour.

With the exception of annual addresses and special orations such great length detracts rather than adds to the value of a paper, and by the time the weary listener has separated the few grains of wheat from the chaff he is worn out. If long papers are necessary, let them be indicated rather than read; let an abstract be presented or a preliminary announcement of the work be made verbally and the subject as a whole be presented in some proper medium where it may be read by those wishing to do this.

If the relation of a number of cases much alike, and often put down for effect, be omitted the saving would be appreciated. Long-winded writers and long-winded speakers are very wearing and they should not be encouraged.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending May 6, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	2	..
Pneumonia	..	21
Phthisis Pulmonalis	1	17
Measles	14	..
Whooping Cough	1	..
Pseudo-Membranous Croup and Diphtheria.	16	..
Mumps	..	..
Scarlet Fever	13	1
Varioloid	..	..
Varicella	..	.
Typhoid Fever	3	1
La Grippe		2

Dr. Hugh Ewing of Abingdon, Va., is dead.

Dr. S. J. Ulman has been appointed a police surgeon.

Smallpox is said to be very prevalent in some parts of Germany.

The governor of Maryland has appointed Dr. T. S. Latimer on the State Lunacy Board.

Dr. Benjamin Munday, late of the Medical Department, U. S. A., died at Richmond recently.

Surgeon J. C. Boyd, U. S. N., is to represent the navy at the International Medical Congress.

The Maryland Public Health Association held its third annual session in Baltimore during the past week.

Dr. Henry C. Robinson, formerly of Martinsburg, W. Va., died Tuesday last at his home in Grand Crossing, in Illinois.

A thoroughly equipped and valuable cabinet office battery may be bought at a great sacrifice by applying to the office of this Journal.

Among the newly-elected members of the city council of Baltimore are Drs. James G. Linthicum, Thomas Sudler and J. D. Norris.

Dr. John R. Winslow, who limits his practice to diseases of the nose, throat and chest, has opened an office at 317 North Charles street.

Dr. C. W. Mitchell has removed to 211 West Madison street, between Park avenue and Howard street. Telephone 196; office hours, 2 to 4 P. M.

Dr. Milton A. Lauver of Carroll county died suddenly last week. He was fifty-seven years old and was graduated from the University of Maryland in 1865.

Dr. Wm. Russell of the class of 1826, and the oldest Harvard graduate, died last week, aged ninety-nine. He was a practicing physician and had never worn an overcoat.

Dr. W. W. Godding, superintendent of the Government Hospital for the Insane, near Washington, died last week, aged sixty-eight. He had been connected with the institution since 1877.

At Chestertown, Md., Dr. W. Frank Hines has been appointed county health officer of Kent; Dr. Harry L. Dodd, physician to the county jail, and Dr. C. W. Whaland, physician to the county almshouse.

The programme of the twenty-fifth annual meeting of the Maryland State Homeopathic Medical Society is most extensive. The meeting will take place May 16 and 17, and three sessions will be held each day.

Dr. David Streett has been re-elected dean of the Baltimore Medical College, and Dr. Duncan MacCalmun is assistant dean and superintendent of the Maryland General Hospital.

In the seventeenth annual report of the Baltimore Eye, Ear and Throat Charity Hospital the number of patients treated during the past year was 3702, and 11,219 were treated in the dispensary, with 467 surgical operations.

The Board of Medical Examiners of Maryland will meet in Hazazer's Hall, Franklin street, Baltimore, May 18, 19 and 20. Full information may be obtained from Dr. J. McP. Scott, Hagerstown, Md.

The late Mr. Benjamin F. Horwitz of Baltimore has left $5000, with directions that the legacy be invested and the annual income used to purchase a medal to be bestowed by the medical faculty of the Johns Hopkins University upon such member of the medical profession either in this country or abroad who has accomplished the most during the preceding year in ameliorating the sufferings of mankind in the way of medical discoveries. This bequest is left in honor of the memory of his own son, Dr. Eugene F. Horwitz, and is to be called the "Dr. Eugene Horwitz Medal."

Washington Notes.

The name of the "Eastern Dispensary and Emergency Hospital" has been changed to "Eastern Dispensary and Casualty Hospital."

No new cases of smallpox have been discovered for several days. The number of cases in the hospital has been reduced to twenty-one. No deaths from cerebro-spinal meningitis have been reported for three days.

Dr. John E. Carpenter died at his residence, No. 44 R street, Wednesday, May 3. Dr. Carpenter was a native of Ohio; was assistant surgeon in the Union army during the civil war; for the last twenty years he had held a position in the Pension Office.

The Prince George's county physicians have organized a medical association with the following officers: Dr. Charles A. Wells of Hyattsville, president; Dr. M. D. Hume, vice-president; Dr. French Owens of Marlboro, secretary, and Dr. L. A. Griffith, treasurer.

The Gastro-Enterological Association ended its annual meeting in this city last week. The officers for 1900 are as follows: President, Dr. Max Einhorn; vice-presidents, Drs. John C. Hemmeter and W. D. Booker; secretary and treasurer, Dr. Charles D. Aaron.

Medical Society of the District, Wednesday evening—Dr. Roy, "The Bronchitis and Pleuritis of Uric Acid;" Dr. Lamb, specimens, Meckel's diverticulum compound pneumonia, omental tumor, multiple abdominal tumors, prostatic tumor.

Dr. William Whitney Godding, superintendent for many years of the Government Hospital for the Insane, died Saturday, May 6. The doctor was born at Winchendon, Mass., in 1831; received the degree of bachelor of arts from Dartmouth in 1854, and that of doctor of medicine from Castleton Medical College in 1857. For a time he was engaged in general medicine, then as assistant physician in the New Hampshire State Asylum. In 1863 he became assistant physician of St. Elizabeth, and after seven years became superintendent of the Massachusetts Hospital for Insane. After another seven years, in 1877, he was made executive and medical head of the Government Hospital for the Insane. Dr. Godding's successor will probably be Dr. J. C. Simpson, who has been assistant superintendent for a number of years.

Book Reviews.

PROGRESSIVE MEDICINE. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., etc. Vol. I. March, 1899. Surgery of the Head, Neck and Chest; Diseases of Children; Pathology; Infectious Diseases, including Croupous Pneumonia; Laryngology and Rhinology; Otology. Philadelphia and New York: Lea Bros. & Co. 1899.

This new work is offered by the editor and publishers as a middle way between the "Annuals" and "Year-Books" and the regular weekly and monthly journals. The idea is to present a "well-told tale of medical progress in all its lines of thought, told in each line by one well qualified to cull only that matter which is worthy of his attention and necessary to his success." The list of contributors of the series contains among others the names of Drs. Joseph C. Bloodgood, John G. Clark, Robert L. Randolph and William S. Thayer, all of the Johns Hopkins University. The contents of this volume are as follows: "The Surgery of the Head, Neck and Chest," by J. Chalmers Da Costa, M.D.; "The Diseases of Children," by Alexander D. Bloodgood, M.D.; "Pathology," by Ludvig Hektoen, M.D.; "Infectious Diseases, including Pneumonia," by William Sydney Thayer, M.D.; "Laryngology and Rhinology," by A. Logan Turner, M.D. (Edin.), F.S.C.S. Edinburgh, and "Otology," by Robert L. Randolph, M.D.

There are numerous illustrations. The work is a very attractive one.

INTERNATIONAL CLINICS. A Quarterly of Clinical Lectures and Specially Prepared Articles on Treatment and Drugs. By professors and lecturers in the leading medical colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by Judson Deland, M.D.; J. Mitchell Bruce, M.D., F.R.C.P., and David W. Finley, M.D., F.R.C.P. Vols. III and IV. Eighth Series. 1898. Octavo, pp. xii-355. Philadelphia: J. B. Lippincott Co. 1898.

These volumes still maintain their high standard and are very helpful to the student and practicing physician. In addition to an article on a special subject, each volume contains a series of lectures on treatment which is of great practical use.

The Use of Nosophen and Antinosine in Purulent Disease of the Middle Ear. By Frederick H. Millener, M.D. Reprint from the *Buffalo Medical Journal.*

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Original Articles.

OXALURIA—ITS CLINICAL SIGNIFICANCE.

By Robert F. Williams, M.A., M.D.,
Professor of Materia Medica and Therapeutics, Medical College of Virginia, Richmond, Va.

READ BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY, MARCH 28, 1899.

THE observation in the past year of several cases in which the presence of calcium oxalate crystals in the urine was a marked symptom, and in two of which the diagnosis of serious organic disease had been made, has led me to believe that a few remarks on this subject may be timely. At the outset of this paper I wish it to be understood that I am not asserting any fixed beliefs, for the cases observed have been too few to establish facts, but my remarks are intended as suggestions which will, I hope, lead to discussion by those who have had greater opportunities for studying the subject, which may clear up doubtful points, or, at least, stimulate further study and investigation in this direction.

In studying up the cases referred to I was struck with the paucity of literature on the subject, many of the newest textbooks making no mention of the condition even, and those containing articles on the subject omitting, in the very brief accounts given, several points which strike me as being of great clinical significance, as it was on account of these points that confusion arose in two of my cases. And, furthermore, in the periodical literature at my command I have been able to find but little on the subject.

Oxalates occur in the urine in varying amount from the ingestion of foods which contain them, such as rhubarb, cabbage, pears, etc. Further, it has been shown that certain bacteria are capable of forming this acid, which occurs in the intestines and is found in the feces in the form of the calcium salt, which may be absorbed. Osler states that the condition is a manifestation of "some disturbance of metabolism," and Thompson attributes it to "incomplete oxidation in the system of starchy, saccharine and fatty foods." Purdy states that the oxalates are excreted in excess "upon an exclusive or excessive diet of flesh and fat, indicating their formation from proteids." Purdy sums up his article with a statement of the conclusion of Beneke that oxaluria has its proximate cause in impeded metamorphosis in that stage of oxidation which changes oxalic acid into carbonic acid; that the chief source of oxalic acid is in the nitrogenous foods; that retardation of their metamorphosis may be caused by such conditions as the following: Excess of nitrogenous food, excess of starches and sugars, conditions diminishing oxidation by interfering with the proper function of respiration and circulation, depressed nervous conditions.

A small amount of calcium oxalate is often found under normal conditions, and large amounts may be present without the coexistence of any of the symptoms characteristic of the condition, which would go to show that the presence of calcium oxalate in the blood is not productive of the so-called symptoms of oxaluria, but is simply one of the symptoms of the primary condition. In those cases in which other symptoms than the appearance of the crystals in the urine are in evidence, in addition to the symptoms of indigestion always present, some forms of functional nervous disorder is usually

found, tremulousness, depression, irritability, neuralgic pains, etc. This "nervousness," which in the minds of many is a result of the irritant action of the salt in circulation, may possibly, I think, stand often in a causative relation. The frequent occurrence of oxalates in melancholia would indicate this, as well as the fact often observed in patients suffering from oxaluria, that after the disappearance of the crystals nervous or mental strain for a few days will often cause their return. Furthermore, the oxalates may be absent in the morning urine, while present in the evening urine, indicating that by nerve rest in sleep and relief from the wear and tear of conscious nervous activity the derangement of metabolism is mitigated.

Returning for a moment to a consideration of the causes of the appearance, we have found derangement of metabolism as a frequent cause. Now as to what part of the organism is chiefly concerned in the conversion of proteids and other foods the physiologists have not decided definitely. Of course, much of this occurs in the muscular structures, but experiments in walking-matches and other feats of muscular effort have not shown an increase in excretion proportionate to the increased muscular activity, from which the conclusion is drawn that the liver has much to do with this process. If this be true, then we can conclude that the universally adopted and efficient treatment by nitrohydrochloric acid causes a disappearance of the oxalates by stimulating the liver to increased functional activity. This, however, as a direct action of nitrohydrochloric acid is nowadays denied by observers. The acid does, however, stimulate the vaso-motor center and heart's action, and in so vascular an organ as the liver such improvement in circulatory conditions must necessarily improve the function. But this betterment is due to nerve stimulation, which would further strengthen belief in depressed nerves as the ultimate cause of the condition, even where the apparent cause is clearly due to derangement of some other organ.

The symptoms usually described are indigestion, more frequently intestinal than gastric; "nervousness" in one or more of the forms mentioned, often cutaneous changes, such as dryness, psoriasis, etc., and by microscopical examination of the urine of the octahedral or dumb-bell crystals of calcium oxalate in quantity. In none of the text-books do I find any mention of albumen associated save one, "Cullen's Practice," published in 1793, in which he notes the occasional occurrence of albumen, but never of casts. In two of my cases albumen and casts were present, which led to a temporary confusion in the diagnosis of Bright's disease. That the irritant action of calcium oxalate in excretion by the kidneys is sufficient to account for the moderate amount of albumen and hyaline casts must be evident when we consider the severe degree of nephritis caused by certain other drugs. Further symptoms which I have observed, but of which no mention is made in the text-books, are disturbances of circulation, irregular nervous heart action and vaso-motor derangement, anemia, slight or marked, which is readily accounted for in the lack of digestive power and derangement in the metabolism, and usually a decrease in the amount of urine, as will be shown by a statement of the cases.

Case 1. Simple oxaluria.—Dental student, aged about twenty-two; unwell for past three or four months; complains of dyspepsia, a good deal of belching and flatulence, constant dull headache through the temples; very nervous, hands tremble; mental depression is marked, and he often worries; cannot concentrate his mind on his work; some insomnia; pale, often chilly, sweats freely; pulse compressible and irregular, intermitting every five or six beats; some cloudiness before eyes at times; pain in the small of the back pretty constant; urine irregular in quantity, often scant, oxalates in abundance in night urine, very little in morning; no albumen, no casts.

Case 2. Mrs. X., past middle life, nervous temperament; history of nervous prostration in 1895; in December, 1897, she showed the following symptoms: Severe indigestion, eructations, heartburn, nausea frequent, tendency to diarrhea, occasional attacks of "weakness;" nervousness very great, could not keep still; insomnia distressing; palpitation of the

heart; neuralgic pains in heart and legs; headache frequent; pain in the back; some swelling of the feet at times, which did not pit on pressure; urine diminished in quantity, analysis showing reaction acid; specific gravity 1.020, trace of albumen, no sugar. Microscopic: Epithelium, occasional leucocyte and very occasional hyaline cast. Another examination at this time showed a similar condition, except that oxalates were present in quantity.

Case 3. Mrs. A., past middle life; great nervous strain in the fall of 1897. Her condition that fall as reported to me when I first saw the case in the spring of 1898 was that she had nervous prostration and Bright's disease, with heart complications, the urine showing albumen, casts and oxalates and scanty in amount. She spent most of the winter in the far South, and in January an analysis still showed oxalates. When I saw her she presented the following symptoms: Marked indigestion, both gastric and intestinal; eructation, flatulence, constipation, occasional nausea and vomiting; nervousness, mental depression, and an inclination to worry over trifles and imaginary troubles; insomnia, great susceptibility to mental and physical fatigue; marked degree of anemia; blowing systolic murmur heard at the apex, no enlargement of the heart, palpitation frequent; urine was about normal in amount and showed the following analysis: Reaction acid, specific gravity 1.018, no albumen, no sugar. Microscopic: No casts, a few leucocytes, crystals of uric acid and calcium oxalates.

Case 1 is cited to show the similarity of certain of the general symptoms present to some of the symptoms of Bright's disease, although the analysis does not suggest it. Cases 2 and 3 are more striking, in that the urinary symptoms were so suggestive as well as the general symptoms. In neither form of chronic Bright's disease do we have a constant clinical picture, the symptoms varying in different cases, but symptoms of frequent occurrence, such as pain in the back, headache, nervousness, indigestion, anemia, etc., were all present in these two cases, which, taken with the urinary symptoms described, presented a picture so closely agreeing with the description of Bright's disease that the diagnosis seemed positive. In both of these cases named the condition was preceded by marked nervous derangement.

So much for the symptoms. Let us follow the cases under treatment.

Case 1 was diagnosticated "oxaluria" for lack of a better name, and prompt recovery promised. The patient was put on three-drop doses of the strong nitrohydrochloric acid three times daily and his diet regulated, exercise and cold baths in the morning prescribed. After four days' treatment he reported himself as much improved, appetite good, bowels regular, headache very slight at times, slightly nervous occasionally, but never enough to interfere with his work, sleeping well. This prompt amelioration of the nervous symptoms will naturally suggest that they were produced by the oxalates, but all the nervous symptoms described may be produced by vaso-motor irregularity, as I have seen in other conditions, and their disappearance may have been caused by the stimulating action of the acid on this part of the organism.

Case 2 was at first diagnosticated Bright's disease, but was put on no special medicinal treatment—only dietetic and hygienic—except that the strong freshly-prepared nitrohydrochloric acid was prescribed for the oxaluria present. On account of personal relations this case was watched with more than usual interest and solicitude, and in a few weeks I had the satisfaction of noting marked improvement in all the symptoms except the nervousness, which, though abated, still continued to some extent with occasional annoying exacerbations. The urine was watched and frequent examinations made. Water had been freely prescribed, and the quantity of urine had never again fallen below normal, while the chemical analysis and microscopical examinations have failed to show again any sign of albumen or casts. In the latter part of January, after some annoyance and worry, with increased nervousness, an analysis showed a few leucocytes and numerous crystals of calcium oxalate in strongly acid urine; otherwise the urine was normal. The previous treatment in a few days gave relief from the annoying symptoms.

Case 3 was given a favorable prognosis, being told that all of her alarming symptoms arose from nervous debility and indigestion, and that her heart trouble was due to the impoverished condition of her blood. She was put at once on strong nitrohydrochloric acid, with manganese and iron, a diet of easily-digestible food, cold morning baths and massage. In a month the urinary analysis showed reaction acid; specific gravity 1.019, no albumen, no sugar. Microscopic: Very little squamous epithelium and an occasional urate crystal. The acid was then stopped and treatment continued practically as before, with the addition of nux vomica and bitter tonics. In two months she had gained flesh, the heart murmur had disappeared, appetite and digestion improved, her strength increased, and she was able to sleep well. The nervousness continued till towards midsummer, when she ceased to complain of it. The urine had been examined at intervals since, but has failed to show any return of the alarming symptoms. She now does what she pleases, and says she feels better than she has in many years; in fact, well.

In these two cases we see, then, a clinical manifestation of Bright's disease, accompanied by the presence of oxalates, but in each case the removal of the oxalates caused a disappearance of the nephritic symptoms, so that the diagnosis of Bright's disease had to be abandoned. Both gave a history of previous nervous depression, and in both the nervous symptoms continued a considerable time after the disappearance of the oxalates.

In Case 1, in which the condition was of short duration before consultation, we find no albumen nor casts associated with the oxalates, but constitutional symptoms simulating Bright's disease.

Now a word as to the production of albumen by oxalates, and in this connection I regret to say that I can find so little about the chemical and physiological questions involved that I have only theories to offer, but theories which seem to me to explain the condition and which may not be untenable. Just what becomes of oxalic acid from the time of its formation in the tissues or liver until it appears as calcium oxalate in the kidney and urine is a point that the writers on this subject whom I have read pass over with calm indifference, and just on this point rests a satisfactory explanation of the claim that the oxalates caused the urinary symptoms of Bright's disease in the cases reported.

We have found as sources of the oxalates two causes other than derangement of metabolism, viz., the ingestion of calcium oxalate in the food and its production by certain bacteria in the intestines. In both cases, in other words, the calcium oxalate is present in the intestine, from which it is absorbed. Now as calcium oxalate is insoluble in an alkaline solution, it must exist in the intestine in the form of crystals, which opinion seems verified by the fact that the crystals are found in the feces. Hence they must be absorbed as crystals, and, since the blood is an alkaline, watery medium, and calcium oxalate is insoluble in water or alkaline solutions, they must be absorbed from the intestine as crystals and circulate in the blood as such, and must, therefore, be excreted by the kidney as crystals, which would readily explain the production of albumen and casts by the mechanical irritation of the renal cells. Though this theory is not in accordance with generally accepted teaching in regard to the excretion of urinary solids, it seems to me not impossible, as the minute crystals of calcium oxalate of different sizes which we see in the urine may all be formed in the urinary tract by the aggregation of even more minute crystals, which could pass through the kidney structure as the leucocytes do or even accompanying the leucocytes, and in passing through the kidney produce irritation mechanically. On the other hand, considering the oxalic acid as formed in the tissues and liver, it is possible that it may combine with sodium, for instance, forming a soluble salt, and so exists in solution in the blood and forms the insoluble calcium salt after excretion by the kidney. But sodium oxalate is not an irritant, and so could not produce albumen and casts in excretion. But since we have found albumen and casts associated with oxalates, which disappeared with the oxalates, it is fair to conclude that the oxalates produce the albumen by irritation,

and I can see no other conclusion than that the oxalates—when productive of albumen—exist in the blood as minute crystals and produce their irritant effects mechanically.

The question naturally arises, why have not the crystals been observed in microscopical examinations of the blood? My idea is that they are so minute as to escape observation in blood examinations, but form the larger crystals which we find in the urine by aggregation in the uriniferous tubules or lower down in the urinary tract.

From a consideration of these cases, then, I make the following deductions:

1. Whereas the appearance of oxalates in the urine—excluding their ingestion in foods—is due to a derangement of digestion or metabolism, this derangement probably has its cause in many cases in functional nervous irregularity, which may or may not be so great as to produce general nervous symptoms, and if these be present they are not necessarily caused by the oxalates.

2. The condition causing the appearance of oxalates in the urine may produce symptoms closely simulating the constitutional symptoms of Bright's disease.

3. The excretion of oxalates by the kidney for a short while may occasion no local disturbance of that organ, but if continued may, by irritation, cause the appearance of albumen and casts with lessened urine, corresponding to the urinary symptoms of Bright's disease, and if unchecked may lead to permanent destruction of kidney tissue and true Bright's disease.

4. In all suspicious cases in which the nephritic symptoms are accompanied by the appearance of oxalates in quantity diagnosis should be held in abeyance and the oxaluria overcome by appropriate remedies to exclude this as a possible cause of the symptoms before making a positive diagnosis and pronouncing a necessarily hope-dispelling prognosis.

Sweating Feet.—For sweating feet Gerdech recommends in the Therapeutic Gazette painting the soles with formalin. About twenty drops are used for each application and a few drops are poured into the shoe.

ERYTHEMA SCARLATINOIDES—A CASE.

By J. Travis Taylor, M.D.,

Lecturer on Diseases of the Skin and Hygiene, University College of Medicine, Richmond, Va.

READ BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY, APRIL 11, 1899.

Erythema scarlatinoides may be defined as a non-contagious eruption, closely resembling scarlatina in its cutaneous manifestations, but differing much from this disease in its further course. Upon this resemblance and the consequent frequent necessity for a differential diagnosis rests the importance of an acquaintance with the salient points in the disease.

The attack comes on suddenly, possibly preceded for a day or two by malaise and a slight febrile disturbance, with a decided chill and a temperature ranging from 100°-103° F. The eruption occurring coincidently with the elevation of temperature may manifest itself on any portion of the cutaneous surface, though some part of the trunk seems to be the part preferred, and rapidly spreads over the whole body. It is in most cases uniform and of an intense scarlatinal redness, though it may be punctate or with some pin-head vesicles. In a large number of cases there are sharply-defined patches of the eruption, particularly on the face, and the contrast of these patches and the white, healthy skin makes a striking picture. There is redness of the mucous membrane of the mouth and throat, the tongue is foul and, according to Morris, has infrequently a more or less distinct strawberry character. Sometimes there is a considerable amount of burning and itching of the skin.

The fever exists only a short while, usually one or two days, when the desquamation begins almost invariably on that portion of the body at which the eruption first appeared. This may vary from the furfuraceous variety in the face and scalp to large flakes on the body and extremities, there being sometimes marked casts of the fingers, toes, palms and soles. The hair and nails are infrequently shed.

Brocq is quoted by Crocker as describ-

ing another and much more prolonged type of this disease, lasting from three to six weeks, accompanied by a more diffuse eruption, more marked throat symptoms and a greater tendency to recurrence.

The process of desquamation lasts from one to five days, although a second attack may immediately supervene on the first. This tendency to recur is always present in a greater or lesser degree, there sometimes being a seeming predilection for a return in certain seasons of the year, as spring or autumn, but each attack is milder than the preceding ones.

The etiology of this disease is by no means clear, but some peculiar idiosyncrasy on the part of the patient seems a leading factor. It may occur in the course of acute rheumatism, pneumonia, malarial fever, enteric fever, syphilis, septic infection or anemia, but in all these cases it is an open question as to whether the eruption is due to the concurrent infection or to some drug administered for the cure of that infection.

It has been seen after the injection of tuberculin in gonorrhea, where no copaiba had been used, and Lépine reports the eruption in a patient with an artificial anus, the latter case being attributed to poisoning by the absorption of ptomaines.

Crocker and Jackson both give poisoning by sewer-gas as another causative agent.

Certain drugs, notably quinine, belladonna, mercury, salicylic acid, copaiba and opium, may cause this trouble. Crocker says: "In these latter cases the rash is due to irritation of the alimentary canal acting reflexly on the vaso-motor centers."

As stated above, the importance of this eruption depends mainly on the difficulty of a diagnosis from true scarlatina. Bear in mind the course of the two troubles, and the mild constitutional disturbance, almost invariable absence of the typical strawberry tongue, lack of a general eruption in many cases, sharply-defined patches of redness in others, desquamation about the fourth day and non-contagious character of the one, in contradistinction with the severe constitutional disturbance, red and swollen fauces, strawberry tongue, general eruption, with desquamation on the tenth day and history of contagion of the other, should make a diagnosis easy, if not certain.

The treatment is purely symptomatic. It is best to isolate in all cases for a few days to avoid any possible danger arising from the spread of scarlet fever. Clear the alimentary canal with a saline purge. Use simple dusting powders on the skin, and, should there be any inflammation, use some soothing lotion, such as one of calamine earth or some alkaline solution. In every instance try to find the underlying cause and treat that.

Case: W. K., aged fourteen, of this city. He first came under my observation in the fall of 1897, when he was suffering with intermittent fever. Quinine was exhibited in two-grain doses every four hours, and after several days fever was checked. He was instructed to continue the medicine three times a day for some days, and left the city to visit friends in the suburbs.

Two days after I was called to see him at his home, and learned that the day before he had a chill, fever and eruption on his body. A physician had been called in, and suggesting that it was most probably scarlatina, advised that he be returned to his home in the city, which had been done.

I found him with a temperature of 102° F., a diffuse eruption over his whole body, extremities and face, a furred tongue, which was reddened on the edges, very slight sore throat, but saying he felt first-rate but for the itching and stinging of the eruption.

A diagnosis of probable scarlatina was made, but the constitutional symptoms were so slight, and the patient being constipated, I simply ordered a dose of calomel, soda and ipecac, to be followed by Epsom salts in the morning. In the meanwhile strict isolation was enjoined.

The next day the fever had disappeared and the only symptom of importance was the eruption. The nurse was instructed to bathe the child with a weak solution of bicarbonate of soda in water, which was done, and the day subsequent, or fourth day of disease, the desquamation began. This was the most marked that I have ever seen. Large flakes were cast from the body and limbs, with almost perfect casts of the soles and the palms.

Then a diagnosis was made of erythema scarlatinoides, probably due to malarial infection.

I next saw this patient in the autumn of 1898, when he had another attack almost entirely similar, though none of the symptoms were so marked. On investigation it was found that quinine had been administered by the child's mother just previous to this attack, and the thought was suggested that this might be the cause of the eruption. It was determined to use the same treatment in this attack as before, and then to experiment with the quinine.

The result of the treatment was excellent, and after an interval of one month quinine was again exhibited in three-grain doses, three times a day. After the use of this remedy for three or four days the eruption again appeared, and followed an exactly similar course as in the former attacks, with the exception that the throat symptoms were wanting and the eruption did not affect the face at all.

Society Reports.

RICHMOND ACADEMY OF MEDICINE AND SURGERY.

REGULAR MEETING HELD MARCH 28, 1899.

Dr. E. C. Levy, president, in the chair; Dr. Mark W. Peyser, secretary and reporter.

Dr. R. F. Williams read a paper on "Oxaluria" (see page 317).

Dr. J. S. Wellford said that there was no evidence that the crystals enlarged, but that they might aggregate to form a large mass. He could conceive the formation of calcium oxalate in the intestines by bacteria, but not their absorption by the blood-vessels, with subsequent elimination elsewhere. If the crystals were formed in the alimentary canal they would be excreted by it. The paper contained a number of points explanatory of oxaluria. Any condition of disordered digestion or lowered nerve tone, such as was produced by intense and prolonged thought, was capable of producing the disease, for the result of metabolism was first urea, then, with lessened oxidation, uric acid, and finally oxalate of calcium. Urea was soluble, uric acid (except in combination) not so soluble, and might be thrown off as calcium oxalate. If the condition of the system was such that neither urea nor uric acid could be formed, then the oxalate was. Dr. Williams' paper contained an inconsistency in that oxalates were first said to be produced by nitrogenous and later by saccharine substances. If so, then improper digestion of any food could bring on the disease. The best treatment was hydrochloric acid and vegetable bitters, with proper diet.

Dr. C. R. Robins said the symptoms of the disease were usually well marked and more or less constant, but, as Dr. Williams said, the relation of cause and effect had to be considered. He reported the case of a young man who had first been treated by a physician in West Virginia and was sent later to Old Dominion Hospital. There was posterior gonorrhea, with painful and swollen testicles, intestinal indigestion, obstinate constipation, pronounced anemia and marked depression and hopelessness. There was a large amount of urinary sediment, and purulent cystitis was inferred. Microscopical examination revealed a small quantity of pus and also the fact that the sediment, which was about one-thirtieth of the total volume of the urine, was composed almost exclusively of calcium oxalate. The patient had been taking large quantities of Epsom salt for his constipation. Dr. Robins said that for some time he had been in doubt of the relationship of urinary sediments to disease—were they causes or effects? Therefore, while treating the patient for the testicular trouble and gonorrhea he concluded to follow out the line of treatment suggested tonight by Dr. Williams, i. e., stimulate nutrition. In addition to local treatment, phosphate of sodium was given three times daily before meals to overcome the condition thought to be due to the excessive amount of Epsom salt taken, and hypophosphites as a tonic for the nervous and systemic depression. Examination of urine from time to time showed abatement and final disappearance of the oxalate, and by the time the patient was cured of the gonorrhea he was also cured of his other symptoms. Dr. Robins believed this corroboration of the theory that calcium oxalate was more a symptom

than a disease itself. He thought there was a great relationship between nutritive diseases and urinary sediments. Porter says that all kidney diseases have their origin in some vice of nutrition. Bright's disease, for example, was preceded by such a condition of the system that the kidneys were called upon to excrete abnormal substances, and from continued work they became disordered. It seemed that Dr. Williams had pointed out a line along which we could do effective work. We did not know more about this disease because we did not perform routine urinary analyses.

Dr. J. P. Davidson said he had seen a number of cases of retinal hemorrhage in which there were symptoms of chronic nephritis, with absence of albumen, but abundance of calcium oxalate and uric acid in the urine. Whether the cases were those of oxaluria or chronic nephritis was discussed at the time. After repeated urinary examinations albumen was found in some of them, together with casts.

Dr. J. Allison Hodges asked Dr. Williams if, in the examinations of the cases reported by him, he had noticed the proportion of uric acid to alkaline constituents of the urine. All the cases noted, because of their general symptoms, could be put down as lithemic neurasthenia. There was no well-defined line of treatment that would suit every case, although all may show similar symptoms. Such an authority as Dr. Landon Carter Gray acknowledged this, and said he first tried acids, then, if necessary, alkalies, and then intestinal antiseptics. The fact that albumen was found in some cases and not in others was not surprising, for there was a temporary albuminuria that could not be explained. It would appear and disappear without any treatment.

Dr. Wm. S. Gordon remarked that oxaluria was a frequent source of trouble both to patient and physician. He had recently found calcium oxalate crystals in the urine of four cases, each presenting points of interest. One was that of a young woman with hysterical mania; another, a lady at the menopause, with digestive and nervous disorder; another, a gentleman with gout, uric acid crystals being associated with the octohedral calcium oxalate, and another, a minister, with insomnia, backache, some mental depression and other symptoms of neurasthenia.

Most of the cases of oxaluria under his observation presented some or all of the following symptoms: Digestive disturbance, insomnia, lumbar backache, itching of the skin, urinary irritation and mental disorder in varying degree. The urine was acid, of high specific gravity, as a rule, and more pronounced in color than the normal. The crystals, usually octohedral, were occasionally so minute as almost to escape detection.

The constitutional symptoms were so often different from those of uricacidemia that we were obliged to consider the therapeutics of oxaluria as presenting distinct indications, although the treatment of gout and oxaluria were, to a certain point, identical.

He believed that nephritis, especially the chronic intestinal form, was often caused by the irritant action of calcium oxalate crystals in the kidney. We had no reason for believing that these crystals were formed chiefly in the bladder; therefore, they must be in the blood. Pathologists ought to be able to find them in the blood, but, so far as he knew, the discovery had not been made. More light was needed on this point.

The questions occurred, are the crystals the result of incomplete oxidation in the alimentary canal, or in the tissues? Or were they ever formed in the tubuli uriniferi? When we found the crystals in nervous disorders, were they due to the impaired digestion resulting from the nervous disorder? Did they, then, circulate in the blood and increase the nervous disturbances?

His own belief was that oxaluria originated with imperfect digestion, from whatever cause, and that the crystals were a poison to the nervous system. The good results obtained in most instances by strict regulation of the diet, fresh air, exercise and stomachic digestives and tonics would appear to substantiate this view. At the same time the nerve centers must

often be toned up and stimulated while the digestion was being regulated. Patients frequently did not get well because they were not faithful in carrying out instructions. We shall know more about this interesting question when the physiologist informs us of the true relation of oxalate of calcium to uric acid and urea. Years ago Harley wrote on this subject in a very interesting manner, and his views were practically the same that were now held.

Dr. Williams, in concluding the discussion, said, in answer to Dr. Wellford, that Thompson was his authority for the statement that bacteria gave rise to calcium oxalate. As to its absorption by the blood, if he admitted that that in the food could be absorbed, then he must admit that that formed in the intestine was also. That minute crystals of calcium oxalate might afterward form large ones was corroborated by Dr. Gordon, but the fact was seen also in the production of very large alum crystals. Its derivation from uric acid had been disproved by Purdy. Regarding the seeming inconsistency that oxalates were caused by excess of both nitrogenous and carbohydrate foods, he simply stated the various authorities. His own experience was that the former was the liable substance, and part of his treatment was to omit it. Dr. Robins' remarks concerning his case were in line with his own views. Concerning Dr. Davidson's cases, he would ask if the walls of the retinal blood-vessels were not much thinner than others. Being so, would not mechanical irritation, followed by perforation of the vessels, account for the hemorrhage?

He could not answer Dr. Hodge's question as to the proportion of uric acid. In the third case the first urinary examination revealed minute uric acid crystals.

Dr. Gordon was apparently uncertain as to whether the oxalate was a cause or a result, but he was glad, said Dr. Williams, that he appeared to believe that the crystals circulated in the blood, for this explained the renal irritation. Dr. Gordon spoke of dilute acid, but Dr. Williams said his experience was that the freshly-prepared strong nitrohydrochloric acid gave good results when the diluted did not.

RICHMOND ACADEMY OF MEDICINE AND SURGERY.

REGULAR MEETING HELD APRIL 11, 1899.

Dr. E. C. Levy, president, in the chair; Dr. Mark W. Peyser, secretary and reporter.

Dr. J. Travis Taylor read a paper on "Erythema Scarlatinoides—A Case" (see page 321).

Dr. H. H. Levy said he had seen several cases of erythema scarlatinoides, and related the following:

Case 1 was that of a man, aged twenty-three years, who, considering that he was suffering from biliousness, had of his own accord taken some calomel, etc. When seen there was a temperature of 104° F. and the skin of an intense, dusky red. The patient, judging from previous personal experience, remarked that if he took quinine he would peel. Nevertheless quinine was prescribed, and general peeling occurred, beautiful casts from the palmar surface of the hands and fingers being obtained. Some months later he had another attack, in which similar phenomena of extensive desquamation were presented.

Case 2 was that of a married lady, who suffered every spring from the disease regardless of medicines, and in whom the shedding of palmar and plantar casts and of large strips of epidermis from other surfaces occurred.

Case 3 was that of a young lady, who did not appear sick. There was not much elevation of temperature, but there was a general red, punctated eruption and furred tongue. He assured her mother, who was alarmed, that the disorder was not scarlatina, but that desquamation would occur, and it did so in four or five days. Later there was a second attack, occurring while she was out of town, in which she was attended by a physician, who said there was some little albuminuria at the end of and following the attack.

Dr. E. C. Levy said that while he had seen a number of cases of this affection, his experience was limited to its occurrence as the result of the administration of diphtheria antitoxine. The rashes, which in a considerable percentage of cases followed the injection of antitoxine,

were protean in character. Usually they were urticarial, but at times they resembled very closely the eruptions of the exanthemata, especially scarlatina. The latter class of cases was often most puzzling. While at the Willard Parker Hospital he had frequently seen cases of erythema scarlatinoides which so resembled scarlet fever that the members of both the resident and visiting staffs (all of whom must be considered experts in scarlatina) were utterly unable to decide the true nature of the case. Hence he could not coincide with Dr. Taylor in one point in his excellent paper, that the differential diagnosis was always an easy matter. In many cases the eruption was absolutely typical of scarlatina, and in some instances all the usual concomitant symptoms were also present. Of course, as all the cases he had seen were in diphtheritic subjects, there was always sore throat and frequently albuminuria. This had still further complicated the diagnosis.

In such cases isolation until the true nature of the affection became manifest (which was ordinarily a matter of not more than twenty-four hours) was the course to be followed. So far as his observation went the desquamation in those cases due to antitoxine was always of the furfuraceous type, but, as his experience was limited to about a dozen such cases, he was not prepared to say that it never took the form of casts.

Dr. Taylor, in closing the discussion, said that Jackson was the only author that he could find that mentioned albuminuria as an accompaniment of erythema scarlatinoides.

ASSOCIATION OF AMERICAN PHYSICIANS.

FOURTEENTH ANNUAL SESSION, HELD AT WASHINGTON, D. C., MAY 2, 3 AND 4, 1899.

Dr. M. Allen Starr of New York read a paper on "Tabes.". He had examined about 300 cases. We must separate the optic type from the spinal type. The spinal type may be acute or chronic, and in the optic type blindness is most prominent and the earliest symptom. These different types of tabes must be treated in different ways. The system needs building up and dieting to the point of starvation should be avoided. Use electricity, rubbing. Syphilitic treatment should be put off until later, and large doses of the iodides are doubtful. Alcohol may help in moderate doses. Exercise is of great benefit, but it should be used in moderation and should be followed by rest. Good tonics are of more value than other drugs.

Dr. Wharton Sinkler of Philadelphia said he did not believe in large doses of the iodides in these troubles.

Dr. Thomson said he used the actual cautery and red-pepper packs.

Dr. Folsom said he gave the iodides, but he did not mean to say that tabes was a syphilitic disease. Some cannot take these salts and have iodism early, such as edemea of the retina. In giving this drug it is important to get the patient under the full effect just as soon as possible.

Dr. Bond believes it is well to give the iodides for a week, and then to stop them for awhile.

Dr. Sachs spoke of the similarity of the types. He thinks there are some cases of acute spinal lues simulating tabes, and that is why the iodides give such good results.

Dr. Carey spoke of the time when the iodides should be given. They should be given on a full stomach from one-half to two hours after eating.

Dr. Janeway said he stuck to the old-fashioned way of giving the iodide with mercury and the compound tincture of cardamom, and under this patients gained weight and improved. He thinks we often give too large doses.

Dr. Folsom gives as much iodide of potash as they can stand, and then give the bichloride to the point of salivation.

Dr. Starr said in closing that it was important to be precise. Some of the best results come from the use of the water treatment and the alternation of heat and cold water. This is a disease of the neurone, but there may be no lesion of the spinal ganglion itself, but in the peripheral nerve endings in the skin and in the spinal cord; therefore, we should help the skin. The feeling that all cases are syphilitic is wrong, and this treatment should be postponed until the system is toned up.

Dr. J. B. Herrick of Chicago read a

paper on "Koenig's Sign in Meningitis." This sign is an inability to extend the leg when the thigh is flexed at right angle to the body. He notes nineteen cases, with six autopsies, and gives the cases in which this sign was present and absent. This sign is present in 80 to 90 per cent. of the cases seen, and is only exceptionally present in other affections. The technique is simple. It does not come from intracranial pressure.

Dr. Osler does not think the sign has been of such great help in diagnosis, but in certain cases it might prove to be of great value. It is an interesting sign, and the experience of Dr. Herrick and others shows that it is present in a large number of cases.

Dr. Griffith said he had found it in two cases which he saw just before he left home, and the presence of this sign was of great help to him.

Dr. J. C. Wilson of Philadelphia related a case of "Astasia-Abasia." This trouble has attracted very little attention in America. In looking up the literature on this trouble he found out of forty-three titles, twenty-two French and five American. This case of his was a man twenty-four years old of good stock. His mother was epileptic, and he had some ancestral histories of morphia and dipsomania. He was shocked by the receipt of a telegram and was not able to walk. He said his leg felt as if it was made of copper, which is a very characteristic description. He had very irregular muscular movements. He was given the valerianate of zinc, one grain three times a day, with massage and faradization, and in two weeks he could walk better. It was a symptom of hysteria. This case was discussed by Drs. Jacobi, Thomson, Henry, who said he had seen a similar case, and Dr. Wilson said, in conclusion, most of such cases occur in winter.

Dr. John K. Mitchell of Philadelphia reported a case of "Periodic Family Paralysis." This is a rare disease in this country, and is evidently caused by some poison within the body causing this morning paralysis. This case is hereditary.

Dr. Putnam said that he had seen an analogous case.

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

CENTENNIAL MEETING HELD AT BALTIMORE APRIL 25, 26, 27 AND 28.

THURSDAY, APRIL 27—THIRD DAY.

This day was given up to clinics and demonstrations at the University of Maryland, the Baltimore Medical College, the Woman's Medical College and the Maryland Medical College. In the afternoon all the institutions on the west side of the city were opon for inspection, and at Mount Hope Retreat for the Insane a most sumptuous lunch was offered. The clinical lectures at the University of Maryland were held by Drs. Tiffany, I. E. Atkinson, Ashby and J. C. Hemmeter, and a demonstration by Dr. W. R. Stokes.

Dr. J. C. Hemmeter gave an "Electrical Illumination of the Stomach" at the University of Maryland. He explained his method of intubating the duodenum. The tiny electric light, around which cool water is kept flowing to make it cool, is swallowed by the patient to be examined, this individual having first swallowed some ice water to still further cool down the stomach. Through the abdominal walls the tiny light could be seen and the size and position of the stomach could be mapped out. While this is of no great practical use so far, still it is of some assistance in diagnosing certain cancerous growths and other abnormalities of the stomach.

Dr. W. R. Stokes of the health department then described the "Municipal Bacteriology," demonstrating the workings of this laboratory, and especially did he speak of diphtheria antitoxine. The room disinfection with formaldehyde gas was also explained by Dr. Stokes.

At the Baltimore Medical College there were clinical lectures and demonstrations by Drs. Potter, Whitney, Hill, Merrick, Moseley, Earle, Blake and R. W. Johnson.

Probably the most original work in this school was the explanation by Dr. R. W. Johnson of his proposed "Turning Off the Carotids," in operations on the head and neck. This he has never yet tried on a human being, but he feels sat-

isfied from his work on dogs that it is practicable and easy. In operations such as removing of scalp vascular tumors or in any case where it is desirable to shut off the blood supply he exposes the carotid of the side desired, passes a ligature loosely around it without tying it tight and puts the two ends knotted through a slit in a short stick which the assistant holds. By raising up this stick the carotid on either or on both sides could be compressed and the blood supply shut off. Dr. Johnson is very sanguine about the success of the use of this method in human beings, and said that he could compress the carotids for ten minutes and even longer in the dog, and feels sure that the same pressure could be kept up for the same time in man without harm.

Besides the Woman's Medical College which was open, clinical lectures and demonstrations were held in the Maryland Medical College by Drs. Hodgdon, Kintzing and Branham. After luncheon, which was served at the hall of the Faculty, the afternoon scientific session began at 3 o'clock.

Dr. E. H. Bradford of Boston then gave some results of "A Study of the Human Gait" (to appear later).

Dr. A. Jacobi of New York read a very interesting paper on "European Medicine About 1799" (to appear later).

Dr. H. C. Wood of Philadelphia read a most vigorous and forcible paper on "Nostrums, the Profession and the Law" (to appear later).

Dr. Roswell Park of Buffalo read a paper on "Cancer as a Parasitic Disease" (to appear later).

Unfortunately, Drs. E. G. Janeway and Samuel Alexander were absent. In their places Dr. William H. Welch referred to the excellent chronological exhibition of medical literature and briefly gave a sketch of it. Medicine is divided into ancient, medieval and modern. The most ancient literature is found in the papyrus of George Ebers and it is probably about 2000 years old. Photographs of the original in the British Museum were shown, and in this work castor oil and opium are mentioned. This series of works is illustrated by authors throughout the whole period from 2000 B. C. to the present time.

At night the annual banquet was held at Rennert's Hotel, and about 250 physicians sat down. Among the after-dinner speakers were Surgeon-General Sternberg, Dr. James Tyson and Dr. H. C. Wood of Philadelphia; Dr. George Ben Johnston, Dr. C. Birnie and President D. C. Gilman of the Johns Hopkins University. Others at the head table were Dr. A. Jacobi of New York, Dr. Roswell Park of Buffalo, Dr. W. W. Johnston of Washington and Dr. S. Solis-Cohen of Philadelphia.

FRIDAY, APRIL 28—FOURTH DAY.

The final day of this meeting was begun by an exhibition of cases and methods by Dr. R. Tunstall Taylor at the Orthopedic Hospital. Here apparatus and appliances were exhibited and explained. Later in the day special trains took the members to more outlying asylums, where handsome luncheons were served. The exhibition of old portraits and relics was unique and merited a careful examination. Among them were portraits, paintings, diplomas, account-books, instruments of the Maryland physician 100 or more years ago. The portrait and diploma of Dr. John Archer, the first person to receive a medical diploma in the United States, were shown. Dr. Archer received his degree at what is now the University of Pennsylvania in 1768.

At 8 P. M. the business meeting was held. Dr. Chew presided, and Drs. Lord, R. T. Wilson and H. O. Reik acted as secretaries.

Reports from various committees were read and approved, and the following officers were elected:

President, Dr. Clotworthy Birnie; vice-presidents, Dr. Samuel Theobald and David Streett; secretary, Dr. J. Williams Lord; treasurer, Dr. Thomas A. Ashby; executive committee, Drs. William Osler, L. McLane Tiffany, Samuel C. Chew and Charles G. Hill; examining board for the Western Shore, Drs. M. B. Billingslea, W. F. A. Kemp, H. W. McComas, H. M. Wilson, J. T. Smith, W. W. White, L. G. Smart; examining board for the Eastern Shore, Drs. J. P. McCormick, B. W. Goldsborough, W. Frank Hines, James Bordley, J. H. Jamar.

These committees for the ensuing year were appointed by the Chair:

Library—Drs. George J. Preston, William Osler, E. F. Cordell, Harry Friedenwald, Stewart Paton.

Publication—Drs. J. Williams Lord, T. A. Ashby, J. M. Craighill, S. K. Merrick, H. O. Reik.

Memoir—Drs. E. F. Cordell, H. M. Hurd, R. F. Gundry, A. K. Hadel, J. M. Humrichouse.

Ethics—Drs. B. B. Browne, John Neff, J. L. Ingle, James Bordley, I. R. Page.

Programme—Drs. H. B. Jacobs, R. W. Johnson, W. S. Gardner, H. H. Biedler, W. W. Russell.

Legislation—Drs. E. N. Brush, C. G. Hill, M. B. Billingslea, J. M. A. Bateman, J. D. Blake.

Membership—Drs. W. S. Thayer, C. W. Mitchell, A. D. Atkinson, J. M. H. Rowland, J. D. Iglehart.

General Sanitation—Drs. C. Hampson Jones, E. M. Schaeffer, Mary Sherwood, Louise Erich, W. F. Hines, J. S. Fulton.

Finance—T. A. Ashby, J. McP. Scott, L. McL. Tiffany, Wilmer Brinton, William Whitridge.

County Medical Societies—Charles M. Ellis and others to be added.

The appointment of a special committee was recommended to go before the legislature and induce that body to pass a law requiring a four-years' medical course in the State of Maryland. Dr. Osler offered a motion that steps be taken to secure enlarged headquarters as the home of the Faculty.

Dr. E. N. Brush was chosen a trustee, vice Dr. George J. Preston, term expired, and Dr. Charles M. Ellis was made a trustee, vice Dr. George H. Rohé, deceased. Dr. W. W. Keen of Philadelphia was made an honorary member.

These new members were elected:

Drs. L. M. Allen, William Stevenson Baer, Chas. D. Baker, William Hewson Baltzell, Arthur G. Barrett, Bernard Barrow, G. Irvin Barwick, John R. Benton, Joseph E. Boetly, James Bordley, Jr., S. A. Boucher, Thomas Richardson Brown, Chas. J. Carey, James J. Carroll, Fred Caruthers, E. G. Clark, Harry C. Chappelear, Charles Cockey, John Alex. Coe, Philip Eugene Craig, William Henry Crim, John Cronmiller, Benjamin Reed Davidson, Edwin J. Dirickson, Samuel C. Dudley, E. C. Etchison, H. P. Fahrney, S. G. Fisher, Charles R. Foutz, Calvin N. Gabriel, Abram B. Gaither, Gustav Goldman, J. F. H. Gorsuch, John C. Hackett, Archibald C. Harrison, Joseph T. Hering, Mallon C. Hinebaugh, Ellsworth H. Hinman, Joseph W. Holland, William H. Howell, Mareen D. Humes, Reid Hunt, Richard Hall Johnston, Samuel Kahn, William J. Kasten, Charles J. Keller, Charles P. Kemp, C. H. Latimer, J. W. Leitch, G. Milton Linthicum, Thomas H. Lynch, T. B. Mardeen, Harold B. Miller, William B. Morrison, Arthur T. Newcomb, Henry William Nolte, Thomas B. Owings, Robert Stevens Page, Robert Vickery Palmer, O. P. Penning, Clement A. Penrose, Jephtha E. Pitsnogh, H. Revell, William Whitall Requardt, Herbert L. Rich, T. L. Richardson, Reverdy Sasscer, John E. Saulsbury, Thomas L. Savin, Walter O. Selby, William S. Seymour, Samuel K. Snively, St. Clair Spruill, George L. Staley, Daniel Edwin Stone, William D. Straugher, A. E. Sudler, Harrison Tongue, Richard W. Trapnell, David F. Waddell, H. R. Walton, J. H. W. G. Weedon, Charles A. Wells, Levin West, H. Young Westbrook, Andrew H. Whitridge, S. Kennedy Wilson, W. W. Wiley, E. Williams, John S. Ziegler, J. W. Cole, Charles E. Postley, Calen N. Athey, James S. Woodward, Ernest Rowland, Joseph E. Muse, Thomas Barnes Futcher, August Stabler, E. E. Stonestreet.

The names of all visitors registered on the books of the society are given below. Where no address is given the residence is Baltimore. The list, arranged in alphabetical order, is as follows:

J. Fred Adams, Maryland; Harry Adler, John Ayd, John J. Abel, A. McG. Belt, Walton Bolgiano, Charles C. Bombaugh, J. H. Branham, Phelps Briscoe, Calvert county; H. H. Biedler, A. G. Barrett, Dr. Budd, Petersburg, Va.; W. K. Butler, Washington, D. C.; G. M. Brumbaugh, B. J. Byrne, Ellicott City; James Bordley, Jr., John D. Blake, W. Hewson Baltzell, A. K. Bond, Frank C. Bressler, Thomas H. Braydam, Maryland; Joseph C. Bloodgood, Francis E. Brown, C. E.

Chears, New York; F. J. Cameron, T. M. Chaney, Dunkirk, Md.; John Cronmiller, Laurel, Md.; Eugene F. Cordell, J. Frank Crouch, Henry F. Cassidy, Roland Park; James M. Craighill, Baltimore; Charles Cockey, Queenstown, Md.; Claribel Cone, Charles F. Davidson, Queenstown, Md.; B. R. Davidson, Davidsonville, Md.; Dr. Deck, Sidney, Australia; Eugene Douglass, Walter B. Dent, St. Mary's county; S. Griffith Davis, Jr., Britton D. Evans, Morris Plains, N. J.; Samuel T. Earle, Jr., Louise Erich, Saml. J. Fort,, Ellicott City; W. H. Feldman, J. W. Funck, P. S. Field, P. W. Fairchild, New York; John S. Fulton, G. W. Foster, Washington; James E. Gibbons, R. F. Gundry, Catonsville; J. E. Gickner, Alfred B. Giles, W. B. Gambrill, Alberton, Md.; Nathan R. Gorter, J. W. Humrichouse, Hagerstown; J. C. Hackett, Kent county; E. H. Hinman, Calvert county; W. F. Hall, Crisfield, Md.; B. Merrill Hopkinson, Jose L. Hirsh, M. C. Hinebaugh, Oakland, Md.; John C. Harris, John C. Hemmeter, Dr. Haynes, Petersburg, Va.; J. W. Hirst, Birmingham, Ala.; Arthur Hebb, John T. Hammond, Berlin, Md.; Howard R. Hopkins, Wye Mills, Md.; J. T. Holland, Arthur P. Herring, J. D. Iglehart, John H. Jamar, Elkton, Md.; John J. R. Krozer, William Kroh, W. F. A. Kemp, J. W. Leitch, Huntington, Md.; Thomas S. Latimer, W. M. Lewis, J. P. Lawlor, J. W. Lazear, James J. Mills, Wm. E. Moseley, Edw. E. Mackenzie, W. B. Munnikhuysen, Belair, Md.; Peter S. Mallou, Morris Plains, N. J.; A. D. McConachie, Standish McCleary, C. C. McDowell, Jno. Neff, L. E. Neale, Winton M. Nihiser, Keedysville, Md.; Nathan T. Newcomb, Charles S. Neer, Wm. Osler, Henry C. Ohle, Edward R. Owings, Robert V. Palmer, Palmer, Md.; J. B. R. Purnell, Snow Hill, Md.; John U. Pickel, T. Chalmers Peebles, Lutherville, Md.; Henry O. Reik, George H. Riggs, Ijamsville, Md.; Ferdinand Reinhard, Wm. Requardt, James Ross, Dundas, Ontario; J. Holmes Smith, W. L. Smith, Jarrettsville; Franklin Buchanan Smith, Frederick, Md.; Alan W. Smith, J. McP. Scott, Hagerstown, Md.; Saml. H. Speake, Charles county; David Streett, Charles E. Sadtler, William S. Seymour, Trappe, Md.; Wesley C. Steck, Glenville, Pa.; W. C. Sandrock, W. T. Skinner, Glasgow, Md.; Purnell F. Sappington, Govanstown, Md.; Geo. L. Staley, Cecil C. Stewart, A. J. Sauer, Wm. Royal Stokes, J. S. Stone, Washington, D. C.; T. Littleton Savin, W. F. Taylor, Laurel, Md.; Richard H. Thomas, W. Guy Townsend, Samuel Theobald, Wm. J. Todd, Mt. Washington; M. L. Todd, J. Howard Uhlig, Wye Mills; Charles Vogel, W. W. Wiley, Cumberland, Md.; D. F. Waddell, Millington, Md.; Charles W. Wainwright, Princess Anne, Md.; H. M. Wilson, A. G. Watson, Randolph Winslow, J. Percy Wade, Catonsville, Md.; Joseph O. Wunder, J. T. Waltemeyer, Alberton, Md.; Lilian Welsh, J. S. Woodward, Sparrow's Point; Razan A. H. Williams, Hagerstown, Md.; James A. Zepp.

MARYLAND PUBLIC HEALTH ASSOCIATION.

THIRD ANNUAL MEETING, HELD AT BALTIMORE, MAY 11 AND 12, 1899.

After an address of welcome by the president, Dr. Edward M. Schaeffer, C. F. Langworthy, Ph.D., of the United States Department of Agriculture, read a very exhaustive paper on "Foods and Their Nutritive Value," reviewing the experiments of Professor Atwater, speaking of the kinds and amounts of food persons require, and thought that in each household there should be some one who understood the value of food. This subject was discussed by Drs. Hemmeter and Gichner, and on motion of Dr. Fulton a food and cooking committee was formed, appointed to propagate popular knowledge on this subject.

In the afternoon Dr. Edward J. Dirickson of Berlin, Md., spoke of the "Cumulative Power of Infection in Neglected Barnyards;" Dr. A. W. Clement, the State veterinarian, read a paper on "The State Inspection of Cattle as Regards the Consumption of Milk;" Mr. James U. Dennis of the Baltimore bar and Dr. H. O. Reik read papers on "Vaccination" from a legal and medical standpoint, and Dr. C. Hampson Jones, the health commissioner, impressed on the audience "The Need of a Municipal Hospital for Infectious Diseases."

On Friday, Dr. J. H. McCormick of Gaithersburg read a paper on "Some Problems of Rural Sanitation;" Dr. T. M. Chaney of Dunkirk suggested a way "How to Collect the Vital Statistics of a County;" Dr. A. K. Bond read a paper on "Some Causes of Ill-Health Among City Children;" Dr. S. J. Fort on "Special Schools for Special Children," and Dr. James Bordley of Centreville read a paper on "School Hygiene." The rest of the meeting was given up to the ladies. Mrs. E. A. Robinson spoke of the "Cigarette Habit Among Growing Boys;" Miss Elizabeth T. King spoke of the "Janitor Service in the Public Schools;" Miss Ella V. Ricker read a paper on "Teaching Hygiene to Children," and Miss Agnes McLean spoke of "Voice Training." The following officers were elected:

President, Mr. Charles R. Hartshorne of Brighton; vice-presidents, Dr. Howard Bratton of Elkton, Dr. T. M. Chaney of Dunkirk, Dr. John F. Hancock, Mrs. Daniel Miller and Miss Eliza Ridgely of Baltimore; secretary, Dr. John S. Fulton; assistant secretary, Dr. Samuel J. Fort of Ellicott City; treasurer, Dr. L. Gibbons Smart of Roland Park.

Committees were appointed as follows:

Food and Cooking—Mrs. Daniel Miller, Dr. John F. Hancock, Dr. John C. Hemmeter, Dr. Joseph E. Gichner, Dr. John S. Fulton and Dr. E. M. Schaeffer.

Rohé Memorial—Drs. Louise Erich, William J. Todd, William H. Welch, S. J. Fort, C. Hampson Jones, W. R. Stokes, John S. Fulton, H. O. Reik and E. M. Schaeffer.

School Hygiene—Mrs. Alcaeus Hooper, Dr. Mary Sherwood, Dr. Lillian Welsh, Mrs. Laura P. Todd, Miss Ella V. Ricker, Mr. M. B. Nichols, Mr. Henry Brauns, Drs. A. E Sudler, Howard Bratton and E. M. Schaeffer.

The executive committee, consisting of the president, vice-presidents, secretary and treasurer, will appoint a committee on legislation and select time and place for the fall meeting.

The meeting, which may have been a little trite for the physician, was withal full of suggestions, and the excellent work disseminated among the people will materially advance the cause of health in Maryland. The men were not especially gallant in upholding the paper on cigarettes, but they had their opportunity of depicting the horrors of tight lacing and did not avail themselves of it. The Homeopathic Society, just adjourned, has put itself on record as opposed to the cigarette for the young boy. Dr. Schaeffer is to be congratulated on his excellent work, which has been the support of this association since its inauguration.

THE INDIRECT TREATMENT OF HEPATIC CIRRHOSIS.—Cardarelli (British Medical Journal) deals chiefly with the treatment by milk diet, of which he speaks highly. In the cases in which it does good the urine increases in quantity, the urea increases and the urerythrin disappears. These good effects may not be seen all at once; they may be delayed, especially where there is much abdominal tension. Small quantities (half a liter or even less) should be given at first. If milk cannot be borne, large doses (forty to fifty grammes) of lactose may be given in weak broth. To test the power of absorption the author recommends an enema containing five to six grammes of salicylate of soda, which may be looked for in the subsequent urine. The most reliable indication for paracentesis abdominis where there is ascites is the quantity and quality of the urine and the presence of edema of the lower extremities. In performing paracentesis the author prefers the gradual method of extraction by Southey's tubes.

* * *

BRAIN ANATOMY AND PSYCHOLOGY. Dr. Stewart Paton of Baltimore contributes to the American Journal of Insanity a paper on the above topic in which he aims to show the dependence of the new psychology and the new psychiatry upon a knowledge of cerebral structure. Patience is necessary in such a difficult study. It is not yet possible to classify the normal and abnormal processes, but a beginning of a more rational study of both the normal and abnormal workings of the mind has been made. The subject is not an easy one, and much is expected from such patient and careful investigators.

MARYLAND

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

MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets,
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, MAY 20, 1899.

The Next Health Commissioner.

WITH each change in political power in Baltimore there is usually a clean sweep of all the offices, and one health commissioner makes way for another, not on account of any superiority, but more as a reward for faithfulness to the party. The medical profession has little weight in matters political, and this should not be. Dr. McShane had been in the health department as assistant and afterwards as chief for many years and had naturally learned a great deal which a newcomer could not know, and hence the medical profession were united in recommending him. The unfortunate termination of his position had nothing at all to do with his ability as a health officer. The present health commissioner, Dr. Jones, as far as can be seen, has been an efficient and active man and has been ever ready to do his work conscientiously and thoroughly, but he had to learn his trade, as it were, and now just as he is becoming fit to fill his position politics will demand that he step out and another one, who will start without experience, is to take his place.

The most active candidate so far is Dr. John B. Schwatka, an excellent physician, extremely popular and with hosts of friends and admirers. He will most likely obtain the coveted place, and he will probably be able to fill it after he has mastered the routine of the work, but he will be appointed not so much on account of his fitness, but as a reward for his close adherence to the democratic party. Dr. G. Milton Linthicum is mentioned as the assistant health commissioner, and for him it may be said that the office will be fortunate in obtaining such a good man.

All this, however, does not sanction the method of appointment, and it is, perhaps, a little too Utopian to expect more. What really should be done is this: Some good man, fitted for the place, and who would be willing to give his life to the work, should be taken up by the medical profession and backed entirely on the ground of his fitness, and the Medical and Chirurgical Faculty and the local societies should endorse him. A good health commissioner should be a man not only with experience as a sanitary expert and hygienist, but he should be free from theories which cannot be applied, and he should have good common sense and a knowledge of human nature. Many wrongs can be righted by a little tact and strategy, even though the law demands immediate obedience. The medical profession is easily carried away and many of its members will endorse any and all candidates with a desire to be pleasant to all. The Maryland Public Health Association, which has just closed its annual session, might be able to offer some valuable suggestions as to the choice of a city health officer.

The State Board of Health has a secretary who is making his work his specialty, and he will likely be kept in office as long as he does his work. Why should not the city be treated as well? Many offices in the gift of the dominant party are simply clerical and can be filled by unskilled workmen. A good business man can soon learn the routine of the collector's office, but what man could attend to the duties of city solicitor or engineer without some special knowledge? Why, then, appoint the health commissioner, a man so important in time of epidemics, simply on his political fitness? The new mayor has a great responsibility before him and the medical profession should not be too indifferent on this question.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending May 13, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	23
Phthisis Pulmonalis	1	16
Measles	16	..
Whooping Cough	3	..
Pseudo-Membranous Croup and Diphtheria.	14	4
Mumps	..	..
Scarlet Fever	6	..
Varioloid	..	..
Varicella	2	.
Typhoid Fever	*2	..
La Grippe	..	2

*1 case imported from Virginia.

Dr. J. C. Clark has submitted his first report of the "Second Asylum."

Tropical diseases will be studied at the Johns Hopkins Hospital next autumn.

Dr. Samuels has succeeded Dr. Lobelman as resident physician at the Hebrew Hospital.

Some generous citizens of Baltimore have given enough money to equip the summer baths.

The Homeopathic Hospital of Wilmington, Del., has received $10,000 from four generous citizens.

Drs. Charles H. Thomas, Joseph E. Heard and Louis E. Conradi have been appointed police surgeons for the Baltimore police.

Dr. Henry B. Lazear, a prominent physician of Morgantown, W. Va., died suddenly last week, aged sixty-nine. He was a graduate of Jefferson Medical College.

Dr. H. C. Wood, president of the National Convention for Revising the United States Pharmacopeia, gives notice of a meeting to be held in Washington in May, 1900.

Dr. Samuel Budd, a well-known and popular physician of Petersburg, Va., died recently in Baltimore, aged forty-seven. Dr. Budd received his degree from the Bellevue Hospital Medical College in 1875.

At the annual meeting of the Cecil County Medical Society, held at Elkton, Md., April 13, the following officers were elected for the ensuing year: President, Dr. John H. Hardcastle of Cecilton; secretary, Dr. Harry P. Hinchcliffe of Elkton, treasurer; Dr. John H. Jamar of Elkton.

The Third International Congress for Gynecology and Obstetrics will be held at Amsterdam August 8 to 12. Among those taking part will be Dr. Howard A. Kelly of Baltimore. The official languages are English, French, German and Italian. Dr. J. D. Emmett of New York is the American secretary.

Arrangements are being made for special rates, train service, and so on, for the Columbus meeting of the American Medical Association, June 6-9. Those intending to go and desiring to take advantage of such arrangements as can be made, will kindly address, as soon as possible, Dr. H. O. Reik, No. 5 W. Preston St., Baltimore.

The American Medico-Psychological Association, of which Dr. Henry M. Hurd is president, presents a most attractive and elaborate programme for its fifty-fifth annual meeting to be held at New York May 23, 24, 25 and 26. Among others papers will be read by Drs. Henry M. Hurd, Henry J. Berkley, Stewart Paton and Charles G. Hill of Baltimore.

The Somerset County Medical Society was organized in Princess Anne, with the following officers: President, Dr. D. W. Jones; vice-president, Dr. G. D. Atkinson; secretary, Dr. C. W. Wainwright; corresponding secretary, Dr. M. W. G. Goldsborough; treasurer, Dr. Monmonier Rowe. A committee was appointed to draft by-laws for the government of the organization and to report at its next meeting. Among the Somerset physicians in attendance were Drs. Wm. H. Gale, John Dale, C. Paul Jones, Rufus W. Dashiell, Chas. W. Wainwright, Martin W. Goldsborough, Monmonier Rowe and Dr. Hall of Crisfield.

A large gathering of physicians of Prince George's county assembled at Upper Marlboro and perfected the organization of the Prince George's County Medical Association. Dr. Charles A. Wells of Hyattsville was chosen president; Dr. French Owens of Marlboro, secretary; Dr. M. D. Hume, vice-president, and Dr. L. A. Griffith, treasurer. The finance committee is composed of Drs. Sansbury, Bird and Latimer. The executive committee elected consists of Dr. C. A. Fox, Dr. Ryon and Dr. Warren. The annual meeting of the society will be held in May of each year at Upper Marlboro. The next meeting will be held in Hyattsville June 13.

Washington Notes.

Nineteen men graduated from the medical department of the Howard University.

Cerebro-spinal meningitis continues to do business in its usual way. Over sixty deaths have been reported within seven weeks.

The number of smallpox cases are being received and dismissed from the hospital in about the same ratio. There are now twenty-seven cases in the hospital.

In a medical school the hours of care and study are unusually long and the needed air and exercises much neglected.—Prof. J. M. Taylor, address before Georgetown graduates.

At the Medical Society of the District of Columbia Wednesday evening Dr. McCormic read a paper upon "Some Medico-Legal Aspects of Railroad Injuries;" Dr. McArdle and Professor Wiley presented an article on "Cod-Liver Oil."

The new building for the Foundling Hospital is under process of erection upon the nine acres of country land recently secured. Over $10,000 have been donated and about $5000 more is necessary for the completion of the building.

At the Medical Society Wednesday evening Dr. Kober read a paper, "Effects of Modern Firearms in War;" Drs. La Garde, Borden and Munson, U. S. A., "Gunshot Wounds as Observed in the Spanish-American War." Illustrated by lantern slides of *x*-ray photographs made by Drs. Borden and Gray. Transportation of wounded, etc., prepared by Dr. M. W. Gray at Cuba and Porto Rico.

The commencement exercises of the School of Medicine of the Georgetown University was held Monday evening. The address to the graduates was made by Prof. John Madison Taylor of Philadelphia. The following gentlemen received the degree of doctor of medicine: F. C. Baker, District of Columbia; J. H. Bute, Texas; H. R. Hummer, District of Columbia; C. P. Hutchinson, Virginia; D. J. McCarthy, Massachusetts; J. C. McClure, New Jersey; James Miller, Ohio; D. D. Mulcahy, District of Columbia; W. P. Reeves, Maryland, and J. F. Wallace, Kansas. Dr. Daniel J. McCarthy received the appointment of physician resident of the Georgetown University Hospital.

Book Reviews.

THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY: Being a Yearly Digest of Scientific Progress and Authoritative Opinion in All Branches of Medicine and Surgery, drawn from Journals, Monographs and Text-Books of the Leading American and Foreign Authors and Investigators. Collected and arranged under the general editorial charge of George M. Gould, M.D. Philadelphia: W. B. Saunders, 925 Walnut street. 1899.

Gould's American Year-Book for 1899 appears promptly, and has the merits of the previous volumes. The list of contributors comprises well-known names, and the work represents a very careful analytical review of the literature for 1898. The Year-Book includes not only an admirable summary of everything relating to practical medicine, but there are very important chapters on anatomy, physiology and physiological chemistry. Any physician who wishes to keep "posted" cannot afford to be without a copy of Gould's Year-Book.

THE PHILADELPHIA MONTHLY MEDICAL JOURNAL. Vol. I, No. 3. March, 1899. $1 a year.

This is a sort of "overflow" journal of the weekly. It contains very valuable matter and will be worth reading and preserving if kept up to its present standing. Nos. 1 and 2 will soon follow, and then the regular order will be preserved. The appearance of this monthly is far from attractive. It looks undressed.

REPRINTS, ETC., RECEIVED.

Resection and Ignipuncture of the Ovaries. By Hunter Robb, M.D. Reprint from the *Cleveland Medical Gazette.*

Abdominal Section on a Patient Suffering from Exophthalmic Goiter. By Charles P. Noble, M.D. Reprint from the *American Gynecological and Obstetrical Journal.*

A Case of Abnormally High Temperature Subsequent to an Attack of Tertian Ague. By S. Grainger, M.D. Reprint from the *Canadian Journal of Medicine and Surgery.*

Closure of Vesico-Vaginal Fistula Following Vaginal Hysterectomy and Other Operative Procedures by the Vaginal Route. By Charles P. Noble, M.D. Reprint from the *American Gynecological and Obstetrical Journal.*

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Original Articles.

RECENT INVESTIGATIONS UPON MALARIA.

By W. S. Thayer, M.D.

REPORT OF REMARKS AT THE JOHNS HOPKINS HOSPITAL ON THE OCCASION OF THE CENTENNIAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

Dr. Thayer spoke in brief as follows: In the short time allotted to him he wished to say a few words especially upon recent work with regard to the manner of infection in malarial fever.

Up to the last year our ideas as to the manner of infection in malaria have been mainly speculative. There have been three chief hypotheses:

(1). That the disease was acquired through the gastro-intestinal tract.

(2). That infection took place through the inhaled air.

(3). That the poison might gain access to the body through the bites of insects.

The solution of this problem has been greatly delayed by our ignorance as to the form in which the malarial parasites exist outside of the human body. Experiment and analysis of the evidence goes to show that there is little to support the view that the disease may be acquired through the gastro-intestinal tract. Experiments by Mariotti and Ciarocchi, Marchiafava and Celli, Marino, Zeri, Grassi and Feletti have shown that the administration of large quantities of water from highly malarious districts, by the mouth, by rectum and by inhalations, as well as the actual ingestion of blood containing living malarial parasites, is incapable of causing infection.

And while in the absence of our knowledge of the form in which the parasites exist outside of the body it is difficult to positively disprove the possibility that the disease may be acquired by inhalation, there is no thoroughly satisfactory evidence in its support.

On the other hand, it has been known for many years that inoculation, subcutaneous or intravenous, of the blood of an infected individual will transfer the disease. Some years ago Laveran advanced an hypothesis that infection might take place through the bites of mosquitoes. Since this expression of opinion several other similar diseases in animals, diseases due to hematozoa, have been shown to result from the bites of insects. Thus the parasite of Texas cattle fever, an organism in many ways similar to the malarial parasite, has been shown by Prof. Theobald Smith to be transmitted by the bites of the cattle tick (boophilus bovis), while the Tsetse fly disease, or Nagana, is introduced through the bites of the Tsetse fly.

More recently Patrick Manson of London has been an ardent supporter of the idea that the mosquito might play an important part in malarial infection.

Dr. Thayer then reviewed briefly the ordinary intracorporeal cycle of the malarial parasite, calling attention to the fact that in all varieties of the parasite certain forms upon reaching maturity fail to sporulate, but in many instances after five, ten or fifteen minutes of observation undergo a process of flagellation which was early described by Laveran, the separate flagella breaking away often from the mother element, moving about rapidly in the blood with an active serpentine motion. There has been much dispute as to the significance of these elements. Laveran believed that they represented a very im-

portant stage in the life-history of the organism, while Dock first suggested that they might be bodies intended to preserve the life of the parasite outside of the human body. The Italian observers, as a rule, vigorously opposed these views, believing that flagellation was a degenerative process.

Manson, who had demonstrated the fact that the mosquito forms an intermediate host for the filaria sanguinis hominis, ventured the hypothesis that this insect might play a similar part in connection with malaria. Surgeon-Major Ronald Ross, acting upon the suggestion of Laveran, observed the development of flagellate bodies in the fresh blood within the stomach of the mosquito. This single observation was not remarkable, inasmuch as the same is often noticed when mature parasites are observed for a sufficient length of time outside of the human body. But afterwards, in carefully studying mosquitoes, he observed remarkably large pigmented structures in the stomach wall of several insects which had previously bitten infected human beings. The pigment in these structures was so similar to that previously contained in the malarial parasite that the observer was impressed with the possibility that these elements might represent some extracorporeal stage in the life-history of the malarial organism. At this stage in Ross' researches the malarial season came to an end and he was obliged to continue his studies upon the parasites of birds, which, as is well known, are closely similar to those of human malaria. The results of these observations of Ross form the most important contribution to our knowledge of this subject that has been made since the discovery of the parasite by Laveran. If a certain variety of mosquito, the gray mosquito (*culex pipiens*), be fed upon birds infected with the *proteosoma* (Labbé), there appear, two days after feeding, in the wall of the middle intestine of the insect, pigmented bodies similar to those just described. These structures gradually increase in size until at the end of the seventh day they are as large as sixty micromillimeters. They have a distinct capsule, and contain a granular material showing at first a few pigment granules, which afterwards disappear. On reaching maturity they protrude from the surface of the mosquito's intestine into the body cavity. Shortly after this period rupture occurs and a large number of small spindle-shaped trypanosome-like bodies escape which enter the circulation of the mosquito. Ross further discovered that many of these accumulate within the cells of the veneno-salivary gland of the mosquito. The outlets of this gland unite into a common duct, which descends to the extremity of the mosquito's proboscis. The discovery of these spindle-shaped bodies in the cells of the salivary gland instantly suggested to Ross a possible method by which infection might occur. And experiments showed that mosquitoes fed a proper length of time before upon infected birds were capable of transferring the disease to non-infected birds in almost every instance. Ross' admirable experiments conducted with the parasites of birds, the nature and behavior of which is so similar to those of the malarial parasites that they have by some individuals been considered to be the same organism, abundantly justified the suspicion that similar conditions might exist with the parasites of human beings.

At the same time, independently of Ross' work, Italian observers, Bignami, Grassi and Dionisi, had come to the conclusion from careful study of the etiological conditions of the disease, that the theory of infection through the bites of mosquitoes was by far the most probable hypothesis in connection with malarial fever in man. Grassi had gone so far as to narrow down upon two particular varieties of mosquito, the *anopheles claviger* and the *culex penicillaris*, as the probable varieties of mosquito which were capable of inoculating the disease. The ordinary house mosquito, the *culex pipiens*, that in which Ross had been able to cultivate the parasites of birds, Grassi believed to be harmless. Bignami, indeed, succeeded apparently in inoculating with malaria a human being who had voluntarily subjected himself to the experiment, by subjecting him to the bites of these suspicious varieties of mosquito.

Ross communicated the results of his experiments to the Italian observers, sending them specimens illustrative of the conditions observed, and during the months of November, December and January, Grassi, Bignami and Bastianelli succeeded in completely confirming all that Ross has found in birds upon the human being. They have shown that if examples of the *anopheles claviger* be placed upon an individual infected with malaria, in whose blood full-grown forms capable of flagellation exist, bodies almost exactly similar to those described by Ross appear on the second day in the stomach wall of the insect, undergo similar processes of development and rupture, setting free the same small spindle-shaped bodies which accumulate in the cells of the salivary gland. The experiment has been rounded out to complete success in the case of the estivo-autumnal parasite. Three mosquitoes which ten days before had been allowed to bite an individual infected with estivo-autumnal malaria were placed upon a non-infected individual, the result being the development of a characteristic estivo-autumnal malaria. The three mosquitoes were killed after biting this individual, and full-grown bodies were found in the walls of the stomach, while the cells of the salivary gland were filled with the small spindle-shaped "sporozoids."

The result of these observations has then been a positive demonstration of one method by which malarial infection may occur, namely, through the bites of mosquitoes.

Is this the only method? This is a question which, as yet, we cannot answer. From analogy with similar diseases, and from a careful study of the etiological conditions of malaria, the Italian observers are strongly inclined to believe that this is the case.

Are we to assume that the mosquito can acquire the parasite only by biting infected human beings? Is it not probable that there are other forms in which the parasite exists outside of the human body? These are questions which remain to be answered.

It should be said that certain of the capsule-like bodies in the stomach wall of the mosquito do not give rise to these small spindle-shaped structures, but contain a smaller number of large brown spores (?), which there is some reason to believe may be more resistant forms of the parasite and may possibly be transferred in some way to the mosquito larvae.

An interesting point in connection with these discoveries is that it has completely supported Laveran in his original view that the flagellation of the malarial parasite was an important vital process, and not, as others had supposed, degenerative in nature. The first important observations tending to support this view were, as is well known, made by MacCallum two years ago. MacCallum showed that in certain parasites of birds, as well as in the human being, the free flagella penetrate other full-grown forms of the parasite in such a manner that there can be little doubt that the process is one of fecundation. In the birds' parasite in which this process was first studied, the fecundated form changed into an active "*pseudo-vermicule*," described by Danilevsky. This "*pseudo-vermicule*" has a sharp point and a steady forward motion, as observed under the field of the microscope, which enables it to penetrate into and destroy almost any object in its way. As soon as Ross discovered the pigmented bodies in the stomach wall of the mosquito he assumed that the parasite gained entrance into the walls as a "*pseudo-vermicule*," the result of fecundation, as described by MacCallum. The discovery of MacCallum, then, seems to fill the last link in the chain, inasmuch as it will be remembered that both Ross and the Italian observers insist that the presence in the blood of forms capable of flagellation is necessary to the development of the pigmented structures in the stomach wall.

In connection with this work a few remarks concerning the observations of Professor Koch, which have been appearing during the last year, may not be out of place. Both in the reports of his studies in Africa and in a recent communication in the *Deutsche Medicinische Wochenschrift*, in which he describes his studies in Italy, Koch has detailed obser-

vations confirming much that has been done by French, Italian, American and Russian and German observers. The publications have unfortunately appeared in such a form as to give most readers the impression that the observations are original discoveries. They have been so regarded in many non-medical, and in some, particularly German, medical publications. It is but fair to say that Professor Koch's observations, while entitled to all the attention which is, of course, due to their distinguished author, are solely confirmatory in nature; Koch has not as yet made a single original observation in this field. Everything which he has described has been previously worked out and reported by others, and it is unfortunate, as Dr. Nuttall has elswhere observed, that his publication should have taken such a form.

A STUDY OF THE HUMAN GAIT.

By E. H. Bradford, M.D.
Boston.

ABSTRACT OF PAPER READ AT THE CENTENNIAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, APRIL 25-29, 1899.

HUMAN gait is ordinarily divided into the walk and the run, distinction between the two being based on the fact that in the former one foot is always on the ground, while in the latter both feet may be in the air at the same time. The walk, however, can be subdivided according to the force used in propelling the trunk forward and the manner in which that force is used.

The varieties are as follows: First, the upright gait, which is commonly seen in adults walking on an even surface. It is characterized by the erect position of the trunk and the firm planting of the heel of the forward leg upon the ground. The trunk is pulled forward by the muscular action of the glutei and the hamstring muscles, and this is aided by the push of the rear leg. This gait is seen in all cities and is common among shoe-wearing people. It is exaggerated in people the muscles of whose feet are weakened by shoes and by a life of leisure. In this gait the front of the forward foot is used but little and of the rear foot only at the end of the stride. The gait, consequently, taxes the muscles of the soles of the feet governing the action of the toes and the front of the feet but slightly. This gait can be easily recognized by the erect position of the trunk, with the head well behind the striking point of the front heel. In exaggerated cases there is added to this an exaggerated toeing out of the feet and an unusual angle of the foot formed with the plane of the ground as the heel strikes the ground. The erect gait is common in corpulent persons and in persons walking down an incline.

The second form of gait is usually seen in barefooted individuals, and is characterized by the utilization of the weight of the body falling forward as a means of propulsion. The body is inclined forward from a stationary point, and would fall forward if this were not checked by the forward leg thrust out to prevent the fall. The heel of the front foot may or may not strike the ground first, but if it does it is immediately followed by the whole of the sole and the toes. Ordinarily, however, the front foot catches the weight on the whole sole. The front of the foot pressing upon the ground presses the inclined body forward, and in barefooted or moccasined individuals and soft ground the pressure of the toes pulls the body forward, progression being also aided by the push of the rear foot at the end of the stride. The heel is but little used as a point by which the body is pulled forward, but the front of the foot is largely used somewhat as in animals to claw the ground. This gait is characteristic of barefooted and moccasined people. It is common in young children and is seen in persons in snow-shoeing, walking in slippery places and up a sharp ascent. The knees are usually slightly bent, and strain comes upon certain muscles of the leg not used in the other variety of gait, that is, in the muscles of the soles of the feet and the front of the thighs. Less strain comes upon the muscles of the calf. As the heel does not strike the ground with a straight limb, there is less jar on the spine, and as the body falling forward is utilized as an aid to propulsion, there

is a muscular economy in this gait. A combination of these two gaits is seen in strong and active walking, the weight of the falling body being utilized, but the stride is long, a strong push of the rear leg being used.

Variations also exist in the manner in which the feet are used at the different parts of the step and in the attitude of the trunk during walking.

These are dependent upon differences in the relative strength of the muscles brought into action in walking. An acquaintance with these variations is necessary in the recognition of the pathological varieties constituting a limp.

Historical Department.

Under direction of Eugene F. Cordell, M.D., Author of "Historical Sketch of the University of Maryland" and Editor of the "Centennial Volume" of the Medical and Chirurgical Faculty.

III.

THE FOUNDERS FROM THE EASTERN SHORE OF MARYLAND.

So much interest has been excited in the charter members of the Medical and Chirurgical Faculty by the recent centennial celebration and the splendid exhibit of portraits, diplomas, etc.—and I hope I may be pardoned for saying that this exhibition, in my opinion, has constituted the chief and great attraction of this occasion, drawing to McCoy Hall during the last few days thousands of our citizens of all classes and conditions*—that in continuing these historical papers I have thought that some account of our founders may at this time be more acceptable than anything else I could contribute. Our knowledge is still very meager, but I shall give what I have, hoping that the interest already excited, and possibly the publication of these papers, may add to our stock of information of them. I shall draw freely from a little book in manuscript by Dr. Peregrine Wroth, dated August, 1862, of which several copies were written by him for the descendants of the physicians of whom he writes. One copy of this interesting little work is in the possession of the Medical and Chirurgical Faculty.*

JAMES MOAT ANDERSON OF KENT COUNTY.

Dr. James Anderson, the first of the family in the State, emigrated from Scotland to Maryland during the first half of the last century and settled in Kent county. His youngest son, known as James Moat Anderson, Sr., to distinguish him from the third one of the name, was born in Kent county in 1752. He received a classical training at the academy in Chestertown, and then began the study of medicine under his father. He continued his studies at Philadelphia and Edinburgh. He never took a degree in medicine, but he brought from Edinburgh a certificate of merit, which was signed by all the professors of the university there, including the celebrated Cullen and the elder Monro. He practiced at Chestertown until about his sixtieth year, when he retired to his country-seat near the town, where he died on the 8th of December, 1820. Dr. Wroth thus speaks of him: "He achieved in that neighborhood (Chestertown) a reputation which few have since enjoyed. His practice was extensive and his services always in demand. He was fond of discussing his cases carefully in consultation, and it was seldom that he erred in judgment. His speech was plain and unaffected—always to the point. In his daily walk he was conscientious and eminently pious and was looked upon as a model man. His appearance was unique and striking; though small in stature and limping in gait, his dignity was never laid aside. His person was slender and arrayed in a gray-cloth, long-waisted, shad-breasted coat reaching far below the knee, with standing collar and ample pockets, olive-colored velvet breeches with silver knee-

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*Too much praise cannot be awarded Dr. Henry Barton Jacobs, Chairman of the Portrait Committee, for this portion of the exhibit. To his efforts chiefly we owe it. He worked incessantly day and night and wrote scores of letters all over the State.

*The brief memoirs here collected were written at the request of Dr. George C. M. Roberts, of Baltimore, one of the most devoted and active members of the Faculty, who contemplated publishing a biographical work on the charter members. What was the extent of Dr. Roberts' researches and whether he left anything in manuscript I have never learned; he never published anything to my knowledge.

buckles such as were worn by gentlemen of that time, gray home-knit stockings and low-quartered shoes, or in winter red-topped boots, a low-crowned, broad-brimmed beaver hat and a white-lawn stock, buckled behind." The last two articles of apparel were worn by the leaders of the Methodist Episcopal Church, and Dr. Anderson assumed them on account of his connection with that denomination, with which he had united in early youth.

Dr. Thacher, the New England biographer, thus speaks of him, doubtless from information obtained from some one living at or near Chestertown:* "Prompt in his decisions and drawing from a rich fund of learning and experience, he seldom failed in his diagnostic discriminations and clinical calculations. Communicative and affable to all, he never forgot the dignity of his character or what it exacted. His home was an asylum for the indigent, and such were his liberality and benevolence that though his practice was extensive and lucrative he was precluded from the accumulation of wealth. He was attached to the doctrine of the old school."

Dr. James Moat Anderson, Jr., was the oldest son of the last-named and was born at Chestertown in 1774. He received his literary education at Washington College in Chestertown, then recently founded.† His medical studies were pursued under the immediate direction of Dr. Benjamin Rush of Philadelphia, who at that day was by many considered the medical monarch of America. He attended lectures at the University of Pennsylvania, but did not receive a degree—at least I have seen his signature to a diploma of the Faculty dated 1808, and he signs simply "J. M. Anderson, Jr.," while the other four "perquisitores" (examiners) all add "M.B." or "M.D." to their names. He began practice in association with his father, and upon the retirement of the latter to his farm he succeeded to the entire business while still young. He also succeeded his father upon the board of examiners of the Faculty, the elder Anderson having resigned from the first board. Though not having the degree, he was, like almost all the physicians of Kent at that day, called "Doctor" by courtesy. His business was select and remunerative, as he avoided extensive employment among the poorer classes. He enjoyed a high reputation for skill and knowledge of his profession. He died very suddenly of heart disease at Chestertown on the 31st of May, 1830. Dr. Wroth describes him as "of medium size, well formed, of comely and graceful person, lordly in his carriage and general deportment, exceedingly careful in his dress, which was of the most costly materials, fashionably cut. On his forehead was stamped in legible characters, '*Odi profanum vulgus et arceo*'* ('I hate common people and keep them at a distance'). With those whom he considered equals he was affable and sociable. To all he showed himself to be the refined, well-bred gentleman. He was a great reader, and although spending much time with the lighter literature, kept himself nevertheless posted in the progress of medical science. In his genial moods his conversation was seasoned with much wit and humor, and, having an inexhaustible fund of anecdote, he was the life of every circle into which he was thrown. He was quick at repartee and enjoyed the society of kindred spirits so keenly that I have seen him almost fall from his chair in convulsions of laughter. He was very popular as a boon companion, and was admired by his patients as second to none as a judicious physician. After visiting his town patients one evening he returned home apparently in his usual health. There had been no suspicion of heart disease. He felt indisposed, and lay down in his bed. Mrs. Anderson was with him. He felt his wrist, and perceiving no pulsation there he said, 'It is all over,' and expired."

I have purposely left out the suffix "Jr." in the designation of the founder, because, although it is given with the name in the list embodied in the charter, I am sure it is misleading. I am satisfied that the founder was the second of the three Drs. Anderson above mentioned. That individual was then in his prime, forty-seven, and his high standing and influence on the Eastern Shore pointed him

*Phila. *Journ. Med. and Phys. Sci.*, Vol. II, 1821.

†It was founded 1782. James Anderson was one of the first Board of Trustees or Visitors.

*Odes of Horace. Lib. III, I.

out as especially eligible for the responsible and eminent position of founder of the Faculty.

It is not likely that his son, who was but twenty-five, would be selected in preference to him. Moreover, in the notice of the first meeting contained in the *American* of June 11, 1799, "Dr. James Anderson, Sr., Kent county," is named as one of the board of examiners from the Eastern Shore. That notice was doubtless given to the paper by the secretary, Dr. Ashton Alexander, and can, therefore, be considered as official, although not signed formally by him. Dr. Wroth also states that he was a member of the first examining board, as I have already stated. It may be that the second Dr. Anderson used the term "Jr." to distinguish himself from his father, the emigrant. There is against this, however, the fact that the first Dr. Anderson does not appear to have had a middle name; none is, at any rate, given in speaking of him. This is not absolutely convincing, as there was great carelessness about names then, and it was not uncommon to omit a middle name or initial in designating anyone. The first Anderson may be left out of consideration in deciding the question as to the identity of the founder, when we consider his probable age in 1799, if even living, which does not seem to have been the case. Dr. Anderson 2d was the youngest son of the emigrant, and was born in 1752. Taking all these things into consideration, the carelessness characterizing the times,* the possibility of mistake in copying and the possibility of putting a "Jr." where there should have been a "Sr.," I think we may be pretty certain that the founder was the second Dr. Anderson. It is worth mentioning that no members were elected at the first meeting in 1799; there was, in fact, some question among the founders as to whether the charter conferred the right to add to the membership, and legal advice was obtained on this point before anything was done, which postponed the election of new members to the second meeting in 1801. I find the name of "James Anderson, member of American Philosophical Society" (probably No. 1), and "James M. Anderson of Kent county, Maryland, president of a meeting for the abolition of slavery, held at Chestertown, 1792" (probably No. 2). Both of these references are from Quinan's manuscript notes. One can form an idea from the above that the writing of even a local history is by no means an easy thing, and that difficulties are met with which it is sometimes impossible to clear up. The same uncertainty exists regarding the numerous Browns, Gustavus and Gustavus R., etc., of the Western Shore.

*An example of which is seen in the charter in the name "John Hartor" for "John Huston," a founder.

Correspondence.

THOMSONIAN MEDICINE.

Correspondence Strictly Confidential.
[Established 1880.]

FREDERICK G. HOENER, M.D.

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BALTIMORE, MD., May 3, 1899.

Editor of the Maryland Medical Journal:

Dear Sir—In your "Souvenir April Number" I took notice, on pages 274 and 275, where Dr. Quinan gives an account of "Thomsonians or Botanic Physicians," etc. This is, to my estimation, deliberated falsehood. The utterances of Dr. Quinan shows that he is not in favor of medical progress and is only thereby stagnating the advancement of a true scientific practice of medicine.

The physician that starts out with the idea of using simple vegetable remedies in the treatment of disease will become the most successful, because it is based upon common-sense principles. These remedies are scattered broadcast over the whole universe. If they were put up in fine packages and sent from Germany or France and sold at a high price very likely many people would use them.

The German and French chemists and physicians put up antitoxine and many other preparations too long to mention, *et id omne genus*, for the credulity of the profession and our people to swallow,

prescribed by those who have never practiced medicine in this country. What do they know about the constitution, habits, manners and customs of the American people? It is contrary to the dictates of common sense to suppose that a poison, either animal, vegetable or mineral, can be a medicine; it is a contradiction of terms. They may provoke an action in the system for the time being at the expense of the system which may bring about bad results if continued. How much better to give a medicine that will assist nature to bring about a healthy action. Every practitioner of medicine can readily see the difference between provoking and assisting nature rid the system of disease. Brown and Thomson paved the way to establish a true scientific medicine in the future. They had committed some errors, but not so many as have been and are now committed by other schools of medicine.

The vegetable kingdom, with its abundant supply of non-poisonous "sanitive medications," either as food or medicines, is the only one that possesses the ingredients to assist nature, and a physician is an imitator or an agent to build up the weakness and purify the system at the same time from morbid matter that cannot be extirpated by any other means than by the vegetable substances. If the vegetable kingdom were not in existence all animal life would be extinct. This any sound, intelligent mind must admit, and as we are nearing the end of the nineteenth century the people in general think for themselves, and they closely observe the errors that are committed the most on either side of any school of medicine; they will depreciate, and all humbug, hypocrisy or slinging of mud will not stop the tide of public opinion.

I, for one, feel sorry for Dr. Quinan that he should so wrongfully and wilfully attack the good and true characters of my predecessors, who enlightened the world in building up a strong and healthy race, but not to poison the blood and weaken their constitutions. I hope that some day Dr. Quinan and his followers will throw all prejudice and obstruction aside and give honor to whom honor is due and be more at ease in advocating a truer system of medicine as they do now.

Very truly yours,

FREDERICK G. HOENER, M.D.

Society Reports.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY.

MEETING HELD MONDAY, MAY 8, 1899.

DR. BLOODGOOD: "Report of Surgical Cases."

Case I. A man about 56 years of age entered the hospital two years ago with tuberculosis of the shoulder joint. The joint was incised and there was found tuberculosis of the synovial membrane and a tuberculous area in the head of the humerus. The result in healing was good and the functional use of the arm was preserved, although on account of the extensive destruction of bone the head, neck and a large part of the shaft of the bone had to be taken away. The patient remained well until four months before coming to the hospital, and first noticed that he limped a little on the left leg and had pain in the left hip. On examination it was found that the left limb was pretty well fixed at the hip joint, and any attempt at flexion, extension or other movement produced pain. The limb was held a little flexed and in slight abduction. There had been no disease to produce destruction of the head and neck of the femur, so there was no shortening. When the patient lay on his back one could see a definite fullness below Poupart's ligament on the left leg, chiefly to the outer side beneath the sartorius muscle. This swelling had pushed the vessels a little to the median side and slightly forward. It was difficult to tell whether there was fluctuation, but there was undoubtedly some fluid beneath the muscles. With the history of tuberculosis of the shoulder, it was thought probable that this was an early stage of tuberculosis of the hip. Tuberculin was given twice, but there was no reaction.

It was decided to explore the left hip, and the incision on the outer side of the anterior surface of the thigh (advocated a number of years ago by Mr. Barker of London) was made. By making an ex-

ploration there, going between the tensor vaginae femoris and the rectus muscle, one finds that he can expose the capsule of the hip joint without dividing any muscles. In this case, as soon as the separation between the muscles was made, a swelling was found, which afterwards proved to be the capsule of the joint, which, upon incision, was found to contain fluid which was seropurulent. In the tissues outside the capsule there was no evidence of infiltration, but inside the capsule was found the ordinary picture of tuberculous granulations seen in tuberculous synovitis. The cartilage of the head of the femur was not eroded, but on examining the neck of the femur a small cavity was found, into which one could introduce the finger, the area around it being hemorrhagic. This tuberculous area was chiseled out, the head of the bone and trochanter chiseled into, but no other areas of tuberculosis were found. Having removed all the tuberculous bone that could be found, the granulation tissue of the capsule was curetted away, dependence being placed on this method rather than to attempt the removal of the capsule of the hip joint, which is a prolonged and difficult operation. For six weeks the capsule was irrigated and iodoform injected into it. At the end of this time the wound was allowed to close, and at the end of eight or ten weeks the patient was walking about on crutches, with no pain and no restriction of motion. He is now (some weeks after operation) apparently well.

This, of course, represents an early exploration in tuberculosis of the hip joint, and so far presents as perfect a result as could be expected in any case.

Case II. The patient is one at present in the wards of the Johns Hopkins Hospital, having been admitted seven years ago with tuberculosis of the hip, but had been under observation two years previous to her admission. During the past nine years she has spent much of the time in bed, in extension splints or walking about with the hip in plaster, and during the past year she has been using crutches. A year and a-half ago an abscess formed, broke, and soon healed. As she had been under treatment for nine years and still had pain, with an ankylosed hip, the joint was explored in order to demonstrate whether the disease was entirely cured, and if any disease remained, to remove it. An interesting picture was found, one that very few surgeons have an opportunity to see. The same incision was made as in the first case, and as soon as the fascia lata was cut through a healed tuberculous abscess was opened into. A small mass was exposed, perhaps 1 cm. in diameter, also like the center of a gumma, which was friable and did not entirely fill the cavity, the wall of which was a perfectly smooth membrane, there being no granulation tissue. From this cavity a little mass of cheesy material was easily excised. There was no fluid, and the tissues outside were simply infiltrated with new connective tissue. The normal capsule of the femur was not present, but over the neck, head and trochanter was a great deal of scar tissue. This was cut away, but on pushing back the periosteum no evidence was found of tuberculosis in the bone, although an opening was chiseled into it. The marrow was very fatty and congested. There was no acetabular cavity, but the head of the femur was surrounded by quite a growth of new bone. The scar tissue was excised, together with the abscess, leaving a blood clot, with the hope that the new tissue would be better than the old. The wound has healed, but the result is as yet uncertain.

Dr. Bloodgood said he reported these two cases to illustrate that the first, after a period of two months from the time of operation, was walking about, while the other, after nine years' treatment by rest, has an ankylosed joint. The question arises whether it is not best, in young children especially, to explore the hip joint early. We can explore the cavity as well as the bone, and as we know that tuberculosis of the bones begins in small areas, these can be chiseled away and the bone irrigated or injected for a number of weeks if necessary, and by this procedure we may shorten the time required for the cure of tuberculosis of the hip. We know that by rest cases do get well in time. Those that have had the disease for years may get well, but usually have some ankylosis, and during the years of

treatment the leg has to be fixed in some sort of splint, and the muscles are not used. We know the effect of non-use of muscles upon them and upon the bones.

The advantage, then in early exploration and removal of the disease areas is that it shortens the time of rest and the patients are able to begin the use of the leg at an earlier period. There is one other important point in the early exploration, and that is, now and then we find an abscess of the bone and drain it before it perforates the capsule and injures other parts of the joint.

Dr. Platt said this subject was one of extreme interest to him. It had always seemed that if it were possible to explore and if necessary operate upon these cases we should have made an important advance. The first view of the Germans was that we should resect and remove the head of the bone. They thought there was no way of getting out the disease and draining the cavity properly except by removing the head of the bone, which acts like a stopper in a bottle to block up the cavity. A great many cases, he is sure, originate outside the joint, in the great trochanter. If we could say what cases would get well by the rest treatment, we would have no difficulty in deciding when to operate, but that is a difficult point to determine. Of course, the great majority of cases of hip-joint disease do get well with proper treatment, rest in bed and mobilization. The traction splint, he thinks, is a delusion, and believes we would get just as good results from the Thomas splints which the English are so fond of.

Dr. Platt says where you have an abscess, and especially if there is a sinus, it would seem proper to lay them freely open and clean them out. It is surprising in a case of hip-joint disease to see how small may be the amount of trouble in the bone which causes such an immense amount of septic poisoning. He thinks the ill-effects in most cases of tuberculosis of the soft parts have come from a focus of tuberculosis of the bone, and if we can get rid of this, lay the bone open, clean it out and immobilize the limb, the disease becomes quiescent and does no further harm, but causes some partial ankylosis.

He thinks surgeons are more and more inclined to the view that the trouble in hip-joint diseases is due largely to the resultant tuberculosis of the soft parts, and only in exceptional cases to the tuberculosis of the bone itself.

Dr. Kelly: "Report of Gynecological Cases."

Case I. Extensive Destruction of the Sphincter. The patient was an old syphiletic with extensive ulceration of the bowel, which she had had for a number of years, and for which she had had a number of operations. The diseased area could be distinctly felt through the vagina as a rigid fibrous cord extending well up back of the cervix, and in some of the operations the sphincter had been destroyed anteriorly, leaving a boat-shaped scar.

On the 23d of last March Dr. Kelly performed the following operation: He divided the septum freely with a pair of scissors, cut across the sphincter and turned it over as a flap, making a U-shaped incision, with its convexity forward, then followed up the bowel, catching it with forceps and pulling it down and dissecting it out on all sides with scissors. He tied a great many small vessels, dissected out the levator ani, opened the peritoneum, and found at the point opposite the middle of the cervix that the lumen of the bowel became normal. At this point he cut the bowel, brought it down and attached the posterior end just behind the sphincter; then, by a somewhat complicated plan of suturing, he attached the bowel anteriorly and at the sides to restore the sphincter. The patient made a perfect recovery and now has entire control over the function of the bowel.

Case II. Carcinoma Uteri. Dr. Kelly said this patient had probably the most advanced carcinoma of the uterus he had operated upon satisfactorily since he had been at work at the Johns Hopkins Hospital. The lower part of the uterus was destroyed and the disease extended interiorly so far that there was some doubt about the involvement of the floor of the bladder. He first introduced bougies

into each ureter, so as to have them under observation all the time. This, Dr. Kelly thinks, is a *sine qua non* to success in all such operations, for we can at any moment see just exactly where the ureters are. He then made an incision in the vault of the vagina and began by freeing the bladder from the vagina and separating it from the uterus, and catching the uterus at the fundus, he pulled it down through the opening in the vaginal wall. He then began tying off the vessels of the broad ligament in the upper part, split the uterus in two, which made it more movable, and was able to turn the two portions down into the vagina, and so get at it more readily. He first removed the easiest side, taking care to get as far as possible from the uterus and to avoid the ureter, which was constantly in view; he then attacked the difficult side, and when he reached the base of the broad ligament was able to appreciate very well the risks one experiences when the ureter is not catheterized. The diseased portion of the ureter was amputated, the bladder incised and the ureter stitched to it. The patient has done very well ever since, and there is every reason to believe that she will make a good recovery.

Case III. Excessive Growth of Fat. A patient, thirty years of age, entered the hospital the other day because of an enormous development of fat in the body. She had a pendulous abdomen, her weight being 285 pounds, and the mass removed weighing 7450 grammes.

Dr. Welch wished to say a few words about the question of metastases in cancer of the uterus. It is a matter of interest that the prognosis is relatively favorable after such operation, and this is, of course, due to the late period at which metastases are prone to appear. There are two forms of cancer of the uterus—the flat celled of the surface, and the malignant adenoma of the body. The latter originates, of course, in the mucous membrane, extends down slowly into the wall of the uterus, and is a significant fact that the metastases occur generally quite late. It is as if the wall of the uterus was a sort of case and prevented the ready entrance of the cells into the lymphatic or blood current. The flat-celled epithelioma does not form secondary deposits in the lymphatic glands as readily as most cancers do, and this is true in general of flat-celled epithelioma.

Referring to Dr. Kelly's third case, Dr. Welch said it is well known that you can have localized growths of fat, and their relationship to genuine tumors has been very much discussed. Such diffuse masses not circumscribed occur not only in the abdomen, but on the back, sometimes around the buttocks, and he recalled one very remarkable instance which he saw in New York where it involved one thigh only.

Dr. Welch: "Hemorrhagic Infarction of the Lung."

THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD FRIDAY, MAY 5, 1899.

In the absence of the president the meeting was called to order by Dr. A. D. McConachie.

Drs. Jackson Piper and W. E. Miller were elected to membership.

Dr. Julius Friedenwald: "A Case of Dilatation of the Stomach, due to Latent Ulcer at the Pylorus; Operation by Halsted; Exhibition of Patient."

The history of the case was as follows: Man, aged thirty-nine years, with good family history, presented himself for treatment April 28, 1898. The attack began with intense pains in the abdomen in the region of the stomach and in the back, the pains being especially severe at bedtime and accompanied with nausea and vomiting, the nausea and pain being relieved by vomiting. Especially noticeable was the vomiting of very large quantities of very acid food remains, always more than could be accounted for by the last meal. On examination the patient was found to be a badly-nourished man, with flabby muscles and pale mucous membranes; heart and lungs normal; tongue furred.

On inspection the abdomen was found to be distended with gas in the epigastric region, peristaltic and antiperistaltic waves traversing this region. No tumor could be palpated, nor could the liver or spleen be palpated. By producing the "splashing sound" the greater curvature

of the stomach was found to reach two fingers' breadth below the umbilicus, which was also the case when the stomach was inflated with air. The gastric contents when removed after an Ewald test-breakfast were very large in quantity, of the well-known three-layered variety, and frequently contained food particles eaten the day before; the odor is that of bad beer, and occasionally one could detect the odor of sulphureted hydrogen. The gastric contents always showed a high total acidity ranging between 100 and 70, with free hydrochloric ranging from 0.323 per cent. to 0.137 per cent. Microscopically, large numbers of sarcinae and yeast spores were frequently found. The urine was highly concentrated and scanty, of a specific gravity of 1028 and with great excess of urates; does not contain albumen, sugar or indican.

Diagnosis of dilatation of the stomach, due to a non-malignant stricture of the pylorus, probably the result of a latent ulcer, was made. The patient was placed upon a strict diet, taught to wash out his stomach, and given powders of magnesia or magnesia with chalk and sodium bicarbonate, in addition to which strychnia was also ordered. From the beginning of the treatment, April 28, 1898, to August the improvement, though slow, was marked. After this time the motor disturbance became more marked, although the stomach did not enlarge, but the vomiting, pain, pressure and nausea began anew, and in order to have the least comfort the patient was required to practice lavage twice daily. A pyloro-plastic operation was decided upon and was performed by Dr. Halsted. The patient reacted thoroughly from the operation and had no fever during any period of his convalescence. He was fed per rectum for five days and then given liquid food per os. A few days after leaving the hospital the patient went to his regular work and has been well ever since.

Dr. Friedenwald said this case fully illustrates the fact that in cases of non-malignant strictures of the pylorus operation is essential in order to completely restore the patient to health; that while proper dieting and lavage may relieve the symptoms for a time, this effect is but transitory, and sooner or later obstructive symptoms will again manifest themselves, and, in order to have the best results, the operation should be performed sufficiently early, before the general health of the patient has failed too far or before the pathological changes in the stomach have gone on so far as to prevent the stomach from regaining its normal tone.

Dr. Stokes said he was reminded of a case in which he performed the autopsy which he thought showed the importance of early surgical interference in carcinoma of the pylorus. The patient had been attended for some time by well-known physicians, and within a week of his death they made out a dilated stomach. An operation had been thought of, but they did not think the patient would die so soon. At the autopsy the pylorus was found to be practically closed and the stomach very much dilated. The simple carcinoma of the pylorus extended into the muscular coat of the stomach and completely occluded the pyloric orifice. There was no extensive growth into the stomach wall beyond the pylorus, and Dr. Stokes said it seemed to him a typical condition which might have been relieved by a surgical operation. He wished to emphasize the fact that often an exploratory operation might suggest the necessity of a further operation which might save the patient's life.

Dr. Jose L. Hirsch gave the "Report of Three Cases of Epidemic Cerebro-Spinal Meningitis, with Demonstration of the Diplococcus Intracellularis Meningitidis," in which he referred particularly to the value of lumbar puncture, both from diagnostic and therapeutic standpoint. The importance of this step was also emphasized by Dr. Stokes.

ASSOCIATION OF AMERICAN PHYSICIANS.

FOURTEENTH ANNUAL SESSION, HELD AT WASHINGTON, D. C., MAY 2, 3 AND 4, 1899.

WEDNESDAY, MAY 3—SECOND DAY.

Dr. W. W. Johnston of Washington read a paper on "The Continued Fever of Epidemic Influenza." The onset of fever is sudden in all cases of influenza. Sometimes a short, acute, catarrhal stage is followed by prolonged fever, but more fre-

quently the attack is very mild in the beginning, but progressive weakness and increasing fever finally force the patient to seek medical aid. As a rule, the evening temperatures are ascending from two to five days. Defervescence is gradual, resembling typhoid fever, and the normal point is reached at different dates. The common characteristic of the latter stages of influenza fever is the long-continued minor oscillations and very delayed disappearance of the evening rise long after patients have resumed a more active life. The recognition of the nature of this fever is sometimes difficult, and it may be taken for enteric fever, or even for acute tuberculosis.

Dr. Victor C. Vaughan of Ann Arbor read a paper on "Typhoid Fever Among the American Soldiers in the Recent War With Spain." He said: In August, 1898, Dr. Sternberg appointed a board consisting of Maj. Walter Reed, U. S. A., Maj. E. O. Shakespeare, U. S. V., and myself to study the causes and the spread of typhoid fever among the troops in the various corps within the United States. The members of this board have been and still are engaged in this investigation. The work is not completed, but the board feels justified in formulating certain conclusions. We have visited all the large camps in the United States, making direct personal inspections, studying the water supply, the quality and quantity of the food and its method of preparation, the nature of the soil of the camp, the space allowed regiments, the arrangement and size of the tents and number occupying each one, the location of sinks with reference to the mess tent, the disposition of fecal matter, etc. Medical and other officers were called upon for testimony. Then followed a study of the records in the Surgeon-General's office.

The first striking point appeared in the first day's work at Camp Alger, and consisted in the lack of scientific diagnosis of typhoid fever; most of the febrile cases were found to be diagnosed as malaria. At once competent men were asked for and furnished promptly by Dr. Sternberg to go to the various camps and make scientific examinations of the blood and apply the Widal test in febrile cases. As a result of these careful examinations, it can be stated that malaria was a very rare disease among the troops that remained in the United States, not one case being found at Camp Alger, for instance, and only one at Chickamauga. Our full report will contain in detail the evidence and reasons for saying that practically all the protracted febrile cases were typhoid. Not only was typhoid diagnosed as malarial, but it was covered up by other names. For instance, in one regiment the death-rate from indigestion amounted to 15 per cent. of all the cases, and in another nearly all deaths were attributed to dengue.

The origin of typhoid in the large encampments is easily determined. So widespread is typhoid fever in this country that in assembling a regiment of volunteers the probabilities are that one or more men will be found to be infected with the disease, and about 90 per cent. of the volunteer regiments that went to Chickamauga were infected when they reached that place. How did it spread among the troops? The evidence concerning the possibility of water infection is for the most part negative. The most potent factor at most of the camps was camp pollution with fecal matter. The epidemic was not due in any respect to the sending of Northern men to Southern camps. In most of the camps fecal matter was deposited in pits, which were open, and flies swarmed over it, and then, of course, walked over the food at the mess tents. In many regiments fecal matter was deposited about the camp on the ground, and there were pieces of woodland near Chickamauga Park through which one could not walk without soiling his shoes. In many regiments paper soiled with fecal matter was blown about the camp. In fact, there was no adequate provision for disinfection of stools and prevention of infection.

A table will be appended to show to what extent typhoid prevailed throughout the country. The death-rate is difficult to determine, but seems to be somewhere between 4 and 7 per cent., perhaps closer to the latter figure.

Dr. Sternberg: It is certainly discouraging that after the lessons of the civil

war we should have had a repetition of camp infection by a disease that we recognize as due to filth. I had hoped for better things; that the profession in general would more fully appreciate the dangers, and I issued a sanitary circular describing the means of avoiding such an infection. The line officers were many of them inclined to consider all talk about cleaning the camp, about flies carrying infection, etc., as a fad of the doctors, and would not recognize danger until the epidemic had occurred. I am afraid that the doctors throughout the country do not pay as much attention as they should to the sterilization of the excretions from typhoid patients, and these are the doctors that made up our regimental surgeons. Typhoid invaded practically all the camps, even those in Northern States, where the regiments never left the home camp. I can only hope that the results of this war may be impressed upon the profession, and that we may devise some way of avoiding similar disasters in the future.

Dr. Kinnicutt: It seems to me that Dr. Vaughan has shown in a striking way the probable cause of typhoid in the late war, and unless medical officers have sufficient knowledge and power to enforce proper sanitary precautions in the army, I do not see how we can hope for anything better in the future. I had an invitation to inspect the sanitary conditions at Camp Montauk, and I found that disinfection of the excretions from typhoid cases was exceedingly inefficient. At this camp the natural topography made the conditions extremely unfavorable, and I saw the camp cooks washing dishes at some of the numerous stagnant pools that abound in that neighborhood. I confess that camp sanitation is a difficult problem, but I believe that greater knowledge on the part of our medical officers and greater power given them would bring about better results.

Dr. Peabody: It seems to me this paper constitutes the most terrible indictment I have yet heard upon the general efficiency of the army surgeon, and it would seem quite in line with future progress to use it as a tract for distribution to the profession.

Dr. Sternberg: In reference to the medical department of the army I would like to say that we had an insufficient number of medical officers even for the small army of peace times, and when the call for such a large number of volunteers came, with the demand that they be put into the field immediately and thoroughly equipped, the medical force could not expand to meet the emergency properly. The surgeons for the volunteer regiments were appointed by the governors of their respective States.

Dr. Jacobi: I do not know what the rights or duties of the Surgeon-General are, but he should certainly not be compelled to accept all the rubbish that might be sent him by an ignorant governor. If he is compelled to accept such appointments, it is about time something should be done to abolish such a practice.

Dr. Sternberg: I do not mean to say that these men who went with the regiments were below the average of the profession. Of course, the best men with large practices do not offer themselves for such positions, but even if they did, many of them would have much to learn about camp sanitation, a subject to which medical schools pay little or no attention.

Dr. Dock: I brought with me some temperature charts for your inspection which were taken in these camps. A large number of the volunteer surgeons went to camp with the idea that they would have a large number of cases of malaria, and they carried large stores of quinine. Some of them instructed the men to begin dosing themselves with this drug on the first appearance of illness.

Dr. Cohen: I want to say a word for the volunteer regimental surgeon. It is a matter of record that Colonel Porter's regiment from Pennsylvania had almost no fever, and but two deaths from any cause. This was due not only to the efficiency of the surgeons, but also to the efficiency of the line officers, who thoroughly carried out sanitary measures suggested by the surgeons. I do not believe the responsibility for this awful disaster is upon the profession to the extent that the paper would imply, for I think with Dr. Sternberg, that many of the line officers are responsible in that they con-

sidered all sanitary suggestions as medical fads.

Dr. Vaughan: I did not mean to be hard upon the regimental surgeon, but I think we should all recognize the fact that the medical officer is powerless unless the line officer will follow his direction. I honor the graduates from West Point and Leavenworth, but I consider it a crime that the line officers of the United States Army have no instructions upon sanitary matters at either of these places.

Medical Progress.

Surgical Hints.—In these days of absolute cleanliness in surgical operations the following hints from the International Journal of Surgery are well worth considering:

Never allow a room to be swept or dusted just before an operation. Cover everything with wet sheets, if necessary, so as to prevent the raising of dust.

When you have blood on your hands, first wash them in pure water. Using soap at first is a mistake, as soapy water does not dissolve blood rapidly. Clear water and a nail-brush should come first, soap next.

In all amputations, remember that the loose muscles retract more than those which are attached to the bone. Hence it is better to sever the loose muscles first and the attached ones next, so that the ends may be of equal lengths.

If you believe that the operation has been a clean one, leave the wound alone, if not an infected one. The best surgeons usually apply but one dressing, the first. When this is removed the stitches are taken out, and the wound only needs a clean covering for a few days.

Before giving ether to patients suffering from catarrh of the nasal passages, wash these out with an alkaline solution. This will, by cleaning out the secretions, allow much easier breathing, and hence increase the facility with which anesthesia can be induced.

Scalp wounds should always be stitched if of any size. But always remove the stitches very early, otherwise they may act as setons and lead to suppuration, which, if it reaches the loose layer under the aponeurosis, is likely to be serious. These wounds only gape if the scalp muscle or its aponeurosis is incised, and a very few stitches are needed.

In cases of felon, find out as soon as possible whether the bone is attacked. Should the terminal phalanx become loose, amputation will nearly always give the most useful finger, especially to workmen. The amputation, however, is best delayed until the septic process is overcome, or else the flaps will probably die, and the time needed for healing by granulation will be greater than that taken up in previous antiseptic treatment.

* * *

The Absorption of Medicines.—In an article by Moritz, referred to in Gaillard's Medical Journal, the point is taken that medicines are differently affected and absorbed according as the stomach contains food, water or is entirely empty. Such substances as salol or keratin have been used as a coating to prevent action on the pill by the gastric juice and to allow the medicament to reach the intestinal tract intact. Moritz concludes from his experiments that water and neutral solutions leave the stomach most quickly, while water mixed with food passes out of the stomach more slowly. In this way he says that alcohol with food passes into the intestines more slowly than without food, and it is not a matter of rapidity of absorption, but of rapidity of passing on.

Therefore he concludes that drugs leave the stomach and are more quickly absorbed when given with plain water, less rapidly with soup or milk and more slowly still after a full meal. Irritation of the stomach by drugs is thus avoided.

* * *

The Treatment of Favus.—In the Therapeutic Gazette the treatment of favus is considered by Peterson, who says that after first softening the crust of favus by means of a 1 per cent. carbolated vaseline ointment and washing it away by soap and water, he paints the diseased area with tincture of iodine. It is not necessary to remove the hair.

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BALTIMORE, MAY 27, 1899.

How to Write and Read Papers.

THE epidemic of medical meetings at the present time almost leads one to believe that a little instruction in writing and reading some of the papers presented would add greatly to the charm of these valuable contributions. In regard to carelessness in writing, the following quotation from the *New York Medical Journal* sets forth very clearly some of the troubles of the editorial chair:

"It not infrequently happens that we receive letters the nature of which suggests that they are intended for publication, but which we are obliged to ignore because the writers, either from ignorance of, or carelessness as to, editorial requirements do not conform thereto, and consequently the publication of their letters would entail upon us an amount of additional labor which we do not feel disposed to undertake. As instances of such defects, we may mention the writing upon both sides of the page, which entails considerable additional trouble on either editor or printer; the habit of using abbreviations, which we distinctly object to as leading to ambiguity, and the omission of small words, such as pronouns, etc., from sentences, thus rendering them incomplete. Brevity, it is true, is the soul of wit, but it should be exercised in the condensation of thought, and not in the omission of small words which are necessary to the grammatical construction of a sentence. These items have to be corrected in the editorial office, and much unnecessary labor is thereby thrown on the editor; and, further, if the letter, as not infrequently happens, is closely written on a small sheet of note paper, it is often impossible to make such corrections legibly without rewriting the entire letter. We trust our readers will bear this in mind."

To present a subject to a meeting is not an easy task. Many good subjects are marred by a poor delivery and an overweight of matter. At the late meeting of the Association of American Physicians at Washington the best ideas in some of the papers read were so buried in words that it took the utmost attention to gather what was wanted. One thing unnecessary in the reading of a paper is the relating of a string of cases much alike and which add nothing but length to the paper. The discussions are usually the best part of these meetings. The executive committees of these several societies should see to it that papers are kept within limits.

* * *

Baltimore Medical Schools.

THE last number of the *Bulletin of the American Academy of Medicine* contains some very interesting statistics on medical instruction in the United States, and it shows that Baltimore has eight medical schools, seven regular and one homeopathic. In these schools during the session of 1897-1898 there were 305 instructors, 1316 students and 325 graduates. All demand a course of four years except the Maryland Medical College, but the Baltimore University will not enforce the four-year course until after 1900. The length of the courses is from six to eight months, the Johns Hopkins Medical School and the Maryland Medical College giving eight months, while the others have shorter terms. The values of the plants run from the Maryland Medical College, valued at $25,000, to the University of Maryland, valued at $250,-000. In 1898 the Baltimore Medical College earned $5000, the Baltimore University $3000, the Maryland University $500, the Homeopathic College nothing, and the Woman's Medical College over $1500.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending May 20, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	13
Phthisis Pulmonalis	..	16
Measles	20	..
Whooping Cough	..	..
Pseudo-Membranous Croup and Diphtheria.	..	..
Mumps	1	..
Scarlet Fever	11	2
Varioloid	..	..
Varicella	..	..
Typhoid Fever	2	..
La Grippe	..	..

Dr. Nathan Herman has removed to 1708 Madison avenue.

Russell Sage has given $50,000 to the Woman's Hospital of New York.

Dr. Joseph W. Holland has succeeded Dr. J. C. Clark as assistant at "Spring Grove."

The Anne Arundel County Medical Association held its meeting in Annapolis last week.

Mr. J. P. Morgan has given the promised $1,000,000 to his New York Lying-In Hospital.

Dr. Wm. H. McEnvoe of New York, an authority in materia medica and therapeutics, died suddenly last week.

Dr. L. F. Barker will succeed Dr. Simon F. Flexner as professor of pathology in the Johns Hopkins University.

The governor of Colorado has vetoed the bill to regulate the practice of medicine in that State on the plea that it favors trusts.

At the eighteenth annual commencement of the Woman's Medical College, held this past week, three women received their degrees.

At the first commencement of the Maryland Medical College of Baltimore seventeen candidates received their degrees. This school has made wonderful progress since its foundation.

The daily papers announce that Baron Heyl zu Herrnschein, a native liberal member of the Reichstag, has contributed 3,000,000 marks, or about $750,000, to the tuberculosis-asylum movement in Germany.

The fourteenth annual conference of State and Provincial Boards of Health of North America was held in Richmond during the past week. Dr. John S. Fulton of Baltimore was one of the delegates.

Dr. William F. Lockwood has been elected professor of therapeutics, materia medica and clinical medicine in the College of Physicians and Surgeons, and Dr. Samuel J. Fort associate professor of materia medica and pharmacy in the same school.

The Tri-State Medical Association of Western Maryland, West Virginia and Western Pennsylvania will hold its semi-annual meeting at Markleton, Pa., June 22. The members will be the guests of the Markleton Sanitarium, of which Dr. Crossman is resident physician.

The fiftieth annual meeting of the Georgia Medical Association, held at Macon last month, was a great success. The following officers were elected: President, Dr. F. W. McRae, Atlanta; first vice-president, Dr. J. B. Graham, Savannah; second vice-president, Dr. H. B. McMaster, Waynesboro; secretary, Dr. R. L. Taylor, Griffin; treasurer, Dr. E. C. Goodrich, Augusta. Atlanta is the next place of meeting.

At the last meeting of the Baltimore County Medical Association the following officers were elected: President, Dr. W. J. Todd of Mt. Washington; secretary, Dr. P. F. Sappington; treasurer, Dr. L. Gibbons Smart; executive committee, Drs. Charles G. Hill; H. B. Stevenson and W. P. E. Wyse; committee of honor, Drs. Jackson Piper, E. M. Duncan and R. C. Massenberg. The following honorary members were elected: Drs. W. L. Smith of Jarrettsville; Joseph T. Smith, Charles Donovan, Eugene F. Cordell and Samuel T. Earle of Baltimore.

At the recent meeting of the Maryland Homeopathic Society the following officers were elected for the ensuing year: President, Dr. W. Dulany Thomas of Baltimore; vice-presidents, Dr. Bartus Trew of Baltimore and Dr. G. H. Wright of Forest Glen; recording secretary, B. C. Catlin of Baltimore; corresponding secretary, Dr. John Evans of Baltimore; treasurer, Dr. L. B. Palmer of Baltimore; librarian, Clarence Nichols of Baltimore; board of censors, chairman, Dr. Mifflin, Dr. H. J. Evans, both of Baltimore, and Dr. John Garrison of Easton, Md.

Washington Notes.

Acting Assistant Surgeon Chas. L. Baker, at Augusta, Ga., has been ordered to this city.

Acting Assistant Surgeons M. W. Rainold and Charles Burning have been assigned to duty in Cuba.

Acting Assistant Surgeon R. E. Austin, at Greenville, S. C., has been ordered to accompany the Tenth Cavalry to Santiago de Cuba.

A movement is started by the alumni of the Garfield Hospital Training School for Nurses to bring all the trained nurses of the city into one organization.

Passed Assistant Surgeon F. W. Olcott has been assigned to the Texas, Assistant J. H. Payne to the Indiana and Passed Assistant J. C. Rosenblauth to the Buffalo.

The ninth annual meeting of the American Electro-Therapeutic Association will be held in Washington, D. C., on September 19, 20 and 21, 1899, under the presidency of Dr. F. B. Bishop of Washington.

Surgeon J. D. Gatewood has been ordered to duty in the Bureau of Medicine and Surgery; Surgeon J. C. Byrnes from Norfolk to the Massachusetts, relieving Surgeon S. H. Dickerson, who is ordered home.

The following changes will take place at the Emergency Hospital June 1: Dr. F. H. Morhart, the present resident physician, retires; Dr. J. L. Adams becomes resident physician; Dr. W. E. Whitson becomes first assistant, and Dr. W. C. Williams will be made second assistant.

About forty physicians banqueted Dr. J. J. Kinyoun at Rauscher's Saturday night. This was a farewell testimonial of regard to Dr. Kinyoun, who has been ordered to San Francisco by the Marine Hospital Service. Dr. Jos. Taber Johnson acted as toastmaster, and Drs. Woodward, W. W. Johnston, Stone, Kober and Sternberg responded to toasts.

Assistant Surgeon Robert H. Zanner, U. S. A., has been ordered from this city to Camp Meade, Pa. Acting Assistant Surgeon Owen W. Stone, U. S. A., has been relieved from further duty in the Department of Santiago and is ordered to duty in the Division of Cuba. Acting Assistant Surgeon Alden E. Smith, U. S. A., has been relieved from further duty at Matanzas, Cuba, and is ordered to Freeport, Ill., for annulment of his contract.

Book Reviews.

RETINOSCOPY (OR SHADOW TEST). By James Thorington, M.D., Adjunct Professor of Diseases of the Eye in the Philadelphia Polyclinic and College for Graduates of Medicine, and Assistant Surgeon to Wills Eye Hospital. Third edition. Price $1.00. Philadelphia: P. Blakiston's Son & Co.; Baltimore: Cushing & Co.

We are pleased to see that this work has been received with such favor as to call for a third edition in less than two years. Its success must indeed be very gratifying to the author, not only because of the appreciation shown of his work, but because of the evidence thereby afforded that retinoscopy is attaining its proper position in ophthalmology. We fully agree with Dr. Thorington in the axiom he suggests, that "with an eye otherwise normal, except for its refractive error, and being under the influence of a reliable cycloplegic, there is no more accurate objective method of obtaining its exact correction than by retinoscopy."

The colored illustrations of the new edition are a marked feature and will help the beginner with this method of examination very materially. In fact, the whole subject is handled in a manner admirably adapted to the student; the explanations are clear and concise, and we unhesitatingly recommend the book to those desirous of learning retinoscopy.

AN EPITOME OF HUMAN HISTOLOGY. For the Use of Students in Connection with Lectures and Laboratory Work. By A. W. Weysse, M.D. Pp. i-ix and 1-908. New York: Longmans, Green & Co. 1898.

The book before us is not intended to be a text-book of histology nor is it the author's idea that it shall replace a text-book. It is rather a syllabus of histological lectures, presenting the subject and the majority of the terms met with in the most compressed form. One would scarcely believe it possible to even mention as many structures in the space at the author's disposal as he has succeeded in doing. But the histological entities of the various organs and tissues are not only mentioned, but also briefly and accurately described.

REPRINTS, ETC., RECEIVED.

A Case of Endothelioma Lymphangiomatodes of the Cervix Uteri. By Hunter Robb, M.D. Reprint from the *Transactions of the American Gynecological Society.*

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Original Articles.

SERUM THERAPY.

WITH THE REPORT OF THREE CASES IN WHICH THE STREPTOCOCCUS SERUM WAS USED.

By Jesse Shoup, M.D.,
Washington, D. C.

READ AT THE APRIL MEETING OF THE WASHINGTON MEDICAL AND SURGICAL SOCIETY.

It is impossible to think of serum therapy without at the same time having in mind the terms toxine, antitoxine and immunization, and their relations to one another.

In speaking of a contagious disease caused by a specific micro-organism such as diphtheria we no longer think of the bacillus itself causing the effect which we term diphtheria. We know that the toxine thrown off from the bacilli is the immediate cause of the disease.

When a man has received the toxine of a pathogenic bacterium in his system the physician does not attack the disease directly. He sustains the patient until there is produced within his body an antidote for the poison—an antitoxine for the toxine. When a sufficient amount of antitoxine is formed to neutralize the toxine recovery begins. Before we knew that disease was ever caused by pathogenic bacteria the physician sustained his patient until the disease had run its course, not knowing why it ran a limited course.

Besides knowing that toxines and antitoxines really exist, but little is definitely known in regard to them. We know that a precipitate from a culture medium gives the reaction of albumose and an organic acid or alkali. We know further that this precipitate contains the toxine because of its specific effect on an animal inoculated with it, but beyond this, and that some are enzymes, but little is known.

We say a human being or animal is immune when there is enough antitoxine contained in his or its organism to offset that quantity of toxine from a pathogenic bacteria, which, if not controlled, would cause disease or death. But as to our knowledge of immunity we are still in a stage of theory. Almost as many theories have been advanced as there are writers on the subject: Chauveau's "retention theory," the theory that immunity exists by virtue of some bactericidal products retained or deposited in the tissues; Pasteur's "exhaustion theory," that immunity is the effect caused by the subtraction from the tissues of the specific pabulum of a micro-organism; Roux's theory, that nucleinic acid is developed, which either neutralizes the toxine or is bactericidal, and the theory of the alkalinity of the blood increases with the degree of immunization, and causes it.

All these theories have few adherents now. Buchner claims that there is present normally in the body a protective substance—an alexine, the office of which is to repel invasion of the tissues, that antagonizes the bacilli. Gruber goes further and claims that there is formed in all animals undergoing the process of immunization a substance which he terms agglutinin, which renders the sheaths of the bacteria sticky, causing them to adhere and lose their motility, thereby allowing the alexine of Buchner to more easily destroy them. The theory of phagocytosis, first held by Sternberg, is generally admitted now to play but a minor part in immunization, the leucocyte only removing and devouring the dead bacilli. The theory that is most

generally accepted now, and which seems most tenable, which explains best the phenomena of immunization, is the theory of cell excitation—the theory that body cells are stimulated to greater resistance to the formation of antitoxines. It is known that other substances cause immunity to some degree besides toxines and antitoxines. For instance, Dr. Vaughan has demonstrated the power of nucleins to cause immunity, which he also explains on the theory of cell excitation. This seems to support Buchner's theory of alexine.

Cell excitation can be presumed to take place to some extent, and, probably, does when any foreign substance is injected into the tissues.

We speak of acquired immunity and natural immunity. Acquired immunity has been divided into actively and passively acquired immunity. Actively acquired immunity is where the human being or animal acquires immunity by the production of an antitoxine from the effect of a toxine entering its system. Passively acquired immunity is where the serum of an immunized animal is injected directly into the human organism or that of an animal, rendering it practically immune at once. Natural immunity is where a human being or animal successfully resists the inoculation of a pathogenic bacterium without the aid of artificial immunizing agents.

Dr. Thompson of New York, in the *Journal of the American Medical Association* for January, 1898, holds that "natural immunity is not different from acquired immunity, but that it is originally acquired immunity, which has been perpetrated for an unusually long period of time through succeeding generations." In other words, natural immunity is inherited immunity. He holds—and I think justly, too—"that the blood has no power to transmit lasting immunity, since the blood is an ever-changing quantity; that only by the stimulation of the body cells and tissues can lasting immunity be transmitted," since the cells alone have power to transmit impressions to succeeding cell generations. He classifies all artificial immunizing agents under two heads: "First—They may be of the nature of a ferment, stored like an enzyme in the body of a leucocyte, or that of the germ, or developed free in a culture medium; in this condition they may be supposed to act on the blood serum almost indefinitely after inoculation, and, like the digestive ferments, pepsin, trypsim, etc., being themselves not destroyed at once, but serving as agents for the manufacture of antitoxine out of the cells. Second—They may be finished products, true antitoxines, incapable of self-propagation, and, therefore, incapable of maintaining indefinitely immunity after inoculation as far as their own substance is concerned. If, therefore, it can be shown that they do produce lasting immunity after inoculation it must be through stimulation of leucocytes or of the body cells and tissues to greater resisting power."

After all, immunity is not constant. One may be immune to a disease today and successfully inoculated later. Experience and experiment have shown that anything lowering vitality lessens immunity.

We know that immunity to diphtheria and erysipelas lasts but a short time. We know that inoculation with one pathogenic bacterium favors inoculation with another to which the organism was previously immune, which seems to show that the body cells can be exhausted or overstimulated, as it were.

Antitoxines are now prepared from cultures of a few of the pathogenic micro-organisms by successive inoculations in animals, and kept in readiness to be used in the human being or animal. These antitoxines have been mostly successful in offsetting the influence of the specific toxine from the bacilli, rendering the patient or animal almost at once immune, for a time at least, thereby saving valuable time, shortening the duration of sickness and lessening the number of deaths.

It falls to us, as a practicing physician, to administer these antitoxines, and we are getting past the point where we give them according to the directions only from the bacteriological laboratory. To the laboratory we have added clinical experience. We know that some antitox-

ines of today are liable to deteriorate, and we cannot put our trust in antitoxines simply because it is labeled such without knowing who made it, how and where it is kept and how old it is. We know by experience that an antitoxine must be given in large initial doses early in the disease if we wish to get the best results. This is in accord with the knowledge that antagonism to the bacilli first takes place within the blood-vessels, and while there are the most accessible and, therefore, the most readily destroyed. Sudden deaths have been reported from the injection of antitoxine. Antitoxine poisonings have been reported. After-effects of various kinds have been reported from the use of antitoxines, showing that they are not as free from danger as it was at first believed. Those sudden deaths are usually attributed to air emboli, but Dr. McClintock's experiments make that cause seem most unlikely indeed. He, in a series of experiments upon horses and other animals, by the injection of large amounts of air directly into the veins, failed in but one instance to produce death thereby, and that in a rabbit that had been given twenty cubic centimeters of air into the veins, causing death in several minutes.

He says that "a corresponding amount of air for a 40-pound child would be 400 cubic centimeters, or far more than enough to occlude all the branches of the pulmonary artery." In all the rest of his experiments, injecting large amounts of air directly into the veins, unfavorable symptoms, if any, soon passed away. It seems, then, we will have to charge these sudden deaths to something else—if not shock, then it must be the antitoxine.

So in giving antitoxine too freely there seems from evidence that a due amount of caution must be used. I have never had any alarming symptoms to appear, but I have had annoying after-effects in several cases.

CASE REPORTS.

Case 1. Mr. P., age sixty-five, has had good health, and was generally considered rugged. When first called to see him, found him suffering with acute otitis media purulenta following grippe, with a profuse discharge of pus from the ear. At the end of the first week a perichondritis developed, followed by an attack of erysipelas, which spread over the side of his face and entire scalp. The patient complained of a great deal of pain in his ear and side of the head and face, which increased with the spreading of the erysipelas. He was put on the usual treatment for erysipelas, tincture of the chloride of iron and quinine, with ichthyol ointment, spread over the face and scalp, but he gradually grew worse, fever ranging around 104°, pulse weak, semicomatose condition, being stupid and drowsy. About the eighth day of the disease, and the third day of the erysipelas, I gave him twenty cubic centimeters of Marmorek's streptococcus serum. The temperature on the evening of the day of the injection was 105°, pulse 145, four hours after injection of the serum. At this time the patient was thought by friends to be dying, and I was sent for. I found him in a very critical condition, but, after administering heart stimulants and nourishment, he seemed better and got through the night fairly well. At my next visit the following morning, 10 A. M., his temperature was 102°, pulse 100, general condition better in every way. The evening of this same day his temperature continued to decline, and thirty-six hours after the injection his temperature was normal, pulse 88, and he seemed bright and talkative.

The swelling had not extended and was less red. He showed signs of improvement and took his nourishment well. The temperature remained normal and he went on to a steady and complete recovery.

Case 2. Typhoid fever patient, who had suffered a relapse at the end of the fourth week. During the fifth and sixth weeks his condition and temperature presented so much the appearance of septic infection, although I could not in any way account for the infection, that I decided to give him the streptococcus serum, and accordingly I gave him twenty cubic centimeters in two doses—ten cubic centimeters as the initial dose and on the following day ten cubic centimeters more. There did not appear to be any change in his condition until forty-

eight hours had elapsed after the second injection, when his whole condition suddenly changed, temperature rapidly falling and remaining normal, and he rapidly recovered without any unfavorable symptoms. Of course, in this case we are not justified in saying the serum caused the change for the better, no culture having been taken, but for myself I can hardly help feeling that the serum did have a great deal to do with the patient's recovery.

Case 3. The serum was given for supposed mixed infection, no examination for the streptococcus pyogenes having been made. It was a case of pulmonary tuberculosis, with continued fever. I gave the first ten centimeters of Marmorek's serum without any influence on the fever. After an interval of one week I gave ten centimeters of another make of serum without any effect on her fever. After twenty-four hours' gave ten cubic centimeters more of this serum, with the same result. This case was negative throughout as far as I could see, no benefit being derived from the injection. I wish to say that in this case the serum caused at point of injection a great deal of swelling and pain, which annoyed the patient a great deal, and at each injection of the serum caused a decidedly depressing influence on the patient—a sort of reaction, which seemed to cause a slight rise in the fever, if anything. This same patient about five days after injection had an attack of sub-acute rheumatism, which I attribute somewhat to the serum. I never had any swelling of joints before.

In conclusion, I wish to say that the streptococcus serum as now put up for the physician's use is entirely too bulky; there is too much serum to inject, and causes too much inconvenience to the patient. I think it ought to be more concentrated. Dr. W. H. Park has shown by experiment that streptococcus serum is almost useless after it is four weeks old. This is very important, since some claim serum to keep indefinitely. As to the therapeutic value of streptococcus serum in streptococcus infection I think there is enough evidence now to prove without doubt its immunizing power. As to any power it has on other than the streptococcus infection there is not enough evidence to form trustworthy conclusions. Dr. McNabb reports two cases in the New York *Medical Record* for February 25, 1899, of cerebro-spinal meningitis treated with the streptococcus serum. In both the serum seemed to cause improvement of the symptoms, and in one a cure was effected, but in neither case was enough serum given early in the disease.

I wish to quote further from Gruber's experiments and conclusions as excuse for giving serum in my second case. Gruber claims "that both active and passive immunity are identical in nature, and both forms of immunity depend upon the presence of agglutinin; that agglutinins are specifically different. Each kind of bacteria has its own kind of agglutinin. The influence of these specific agglutinins is not, however, limited specifically. It shows gradation in intensity of reaction, the maximum intensity of action being manifested upon its own kind. On other species the action is more intense the more closely allied the microbe is to that by means of which the agglutinin was prepared."

HEADACHES AND NERVOUS SYMPTOMS.

CAUSED BY ERRORS OF REFRACTION AND HETEROPHORIA.

By James J. Mills, M.D.,

Assistant in Ophthalmology and Otology, Johns Hopkins Hospital; Consulting Oculist Baltimore City Insane Hospital.

RARELY a day passes that I do not see in my private practice or my clinical work at the Johns Hopkins Hospital some sufferer from headaches, either periodical or almost constant, who has sought relief in various drugs regardless of the origin of the trouble.

There are many individuals who unquestionably owe their headaches to some abnormal condition of the blood, various nasal abnormalities, etc. Among the former I would name those suffering from Bright's disease, diabetes, anemia, malarial conditions, etc. Yet the patients suffering from these conditions form but a

small percentage as compared with those in whom scientific means can detect no real disease, and in those I shall mention presently all the above conditions may be excluded.

Patients who speak of their acuteness of vision and prove their statement by reading the proper line of test type at twenty feet are often surprised at their diminution of sight under atropine. When their refraction error is corrected they become conscious for the first time of the muscular effort which they have been compelled before to make in order to see without the correcting glass. These facts are well known to oculists, but physicians in general are often much surprised at the disappearance of various nervous phenomena when refractive errors or heterophoric conditions are corrected.

It is particularly interesting to note those cases of persistent frontal (sometimes occipital) headaches, with vision 20-20, in which there is no manifest error of refraction, atropine failing to reveal any latent condition, and where insufficiency of some one of the ocular muscles may be detected. If the heterophoria be not great the relief afforded by a weak prism is often surprising, and if the muscular error is considerable tenotomy is unquestionably in order, and will, in the majority of properly selected cases, give entire satisfaction. During the past year I have performed thirty-odd tenotomies for insufficiency of the ocular muscles; out of this number five were for exophoria, the rest being for esophoria.

With the exception of two or three, who received only partial relief, the rest were entirely satisfactory. As before mentioned, in the cases below, taken from my office case-book, all conditions not strictly ocular have been carefully excluded.

Case 1. Mr. S., aged twenty-seven, a prominent merchant, complains of almost constant headaches, with frequent nausea. Has diplopia occasionally, which is found to be homonymous. Has frequent attacks of vertigo, and is unable to read for any length of time on account of extreme drowsiness. In appearance he is robust, and after a careful examination no pathological lesion could be demonstrated.

Upon examination I found between nine and ten degrees of esophoria for twenty feet and about the same for reading distance. An operation was advised after the muscles had been tested at several different times to confirm the amount of esophoria given above. Accordingly a tenotomy of the left internal rectus muscle was performed, a free dissection being made. His refraction error, which was = right eye + 0.50 cyl., ax. 90°; left eye — 0.25 + 1.25 cyl., ax. 90°, was corrected and the glasses were ordered for constant use. Over two years after the operation only between one and two degrees of esophoria were found; disappearance entirely of all the above symptoms. It must be noted that from the time of the operation up to this date the diplopia, nausea and vertigo disappeared and reading and writing were resumed a few weeks after.

Case 2. Mrs. L., aged thirty-eight, has complained of frequent headaches, vertigo and rarely diplopia. She has a divergent strabismus. Upon examining each eye separately, with the correction of refraction, vision was found nearly 20-20 in each eye. On January 22, 1896, a tenotomy of the left external rectus muscle was made, and on February 17 a tenotomy of the right external rectus was performed. Some weeks later her error of refraction was corrected and the glasses prescribed for constant use. Right eye — 0.75 sph.; left eye — 1.00 — 2.00 cyl., ax. 155°. With this correction she had binocular fixation. A few days later she reported complete disappearance of vertigo, headache, etc. I have recently seen her, over two years after operation; binocular vision is maintained and the other symptoms remain absent.

Case 3. Miss H., age about fifty, has constant pain over eyes, often diplopia, accompanied by vertigo and sometimes nausea; when sewing she complained of what she called doubling of the needle. She was wearing simple-cylindrical lenses, and said she had to have them changed every four or five months. Upon repeated examination I found a little over six degrees of hypophoria, with slight exophoria for distance. She declined operation. She was given for a distance glass

the following: Right eye — 1.00 cyl., ax. 180°, prism 1½°, base up; left eye — 1.25 cyl., ax. 180°, prism 1½°, base down. A glass for near work was also prescribed. I explained that she would at first find the glasses difficult to wear, but by persisting in their use comfort would follow. At my request she recently reported to me, and said the glasses had almost entirely relieved her, headaches rarely recurring. This is nearly two years after the glasses were ordered. I mention this case because it is not often, in my experience, that prisms with bases up or down will afford relief without change being required for so long a period.

Case 4. Miss H., aged twenty-nine, consulted me on account of various nervous phenomena (twitching of facial muscles, vertigo, etc.) from which she had suffered for several years, believing they might be caused by her eyes. The ophthalmoscope revealed a myopia of high grade, accompanied by slight choroido-retinal changes. She was wearing right and left eye — 11.00 sph. constantly. With this correction she shows an exophoria of ten degrees for twenty feet and about the same for the reading distance. Tenotomy of left external rectus muscle was performed. When she left the city a few weeks after only two degrees of exophoria remained. She has been enabled to resume the advanced studies she was pursuing in a Northern college, and when last heard from, nearly two years after the operation, complete relief was reported.

Case 5. T. S., aged ten, a healthy-looking lad, was brought to me by his mother on account of a habit-chorea which she had noticed for about one year. She said the family physician had given him the usual remedies, arsenic, bromides of soda and potash, etc., without any diminution in the facial spasm or other choreic movements. Upon ophthalmoscopic examination hyperopia of high grade was found. The muscular balance was normal; the eyes were atropinized and the proper convex glass prescribed. He recently reported to me, and his mother said that two or three days after wearing his convex lenses continually the spasmodic twitchings began to decrease. When I saw him last they had absolutely ceased.

Case 6. F. H., a student at a college many miles from the city, consulted me on account of the excruciating headaches from which he had suffered for several years past. They had recently become so severe that he was compelled to discontinue any mental work, and felt obliged to lie down many hours each day. He had been under the care of the college physician, but all the remedies prescribed failed to afford relief for more than a brief period. His face was intensely congested, having a purplish-red hue. He said it had been so for a year or more. He hesitated and stammered so much in speaking that it was often difficult to understand him. He complained of the constant sensation of having a string tightly tied around his throat. Upon ophthalmoscopic examination both eyes were found emmetrophic. He showed an exophoria of ten degrees for twenty feet and twenty degrees for the reading distance, or about fourteen inches. I advised tenotomy, but it was declined; so prisms were ordered for constant use, and he was informed that the relief would be only temporary.

For six months he enjoyed comparative comfort, then returned for operation, his suffering being more severe than formerly. A free tenotomy of the right external rectus muscle was performed. The following day the congested appearance had disappeared and he already felt great relief. Some weeks afterwards he reported to me; he then showed two degrees of exophoria for twenty feet and about six degrees for the reading point. His headaches had not reappeared, and the congested appearance of his face was noticeably absent. He is now studying from six to eight hours daily. The stammering and hesitancy in speaking has entirely disappeared.

Case 7. Mrs. L., aged thirty-five, has an alternating divergent squint; never had binocular fixation; has suffered with headaches ever since she can remember, and of late the sensation of pressure over the top of her head has become so severe that she has been obliged to discontinue her occupation. All other causes being

excluded, for she had secured the best medical advice, her family physician advised the examination of her eyes. Ophthalmoscopic examination revealed normal fundi; vision 20-20. I proposed tenotomy, which was agreed to, the right external rectus muscle being divided. Homonymous diplopia resulted, lasting for a week or more. After this binocular fixation resulted, and has been maintained for over one year up to this date. The headaches have disappeared, and the patient's general health has greatly improved when last I heard from her.

Where a permanent strabismus exists, there being no attempt upon the part of the patient at binocular fixation, no nervous phenomena follow, but where exophoria or esophoria of high degree exist, and the images can be blended by great effort in spite of the muscular error, then many of the nervous conditions above mentioned are demonstrated. We must admit that eye defects, or anomalies of the ocular muscles, are liable to become causes of impaired nervous energy, because they demand an excess of nervous expenditure. We are then forced to the conclusion that the earlier this source of physical depression is removed the better are the prospects of the patient so relieved of escaping conditions which impaired nervous energy necessarily tends to hasten or develop.

It is not my intention to impart the impression that I believe errors of refraction and muscular anomalies are the origin of all the ills to which the flesh is heir or that their correction will cure all headaches, etc., but I do believe that they play a far more important part in nervous disturbances, remote and otherwise, than is usually recognized.

The above are but a few of many cases I could offer to show where, after careful and repeated examinations, tenotomy was surely indicated and the relief that followed.

The cases of tenotomy mentioned in this paper I have had an opportunity of observing from two to six years, besides many others of more recent date. I believe the results will be found of interest to the profession.

NOTES ON RECENT SCIENTIFIC LITERATURE.

By William Lee Howard, M.D.,
Baltimore.

V.

The increasing scientific study of the organic basis of life—sexual activity—is noticeable among the progressive medical men of today. Too long has the physician studied and written about the gross appearance of life, its objective entrance into the struggling mass of humanity, or else dealt with the pathological states or anomalous conditions found after the individual has learned from sad and expensive experience what he could mostly have learned through proper instruction. The physician has left a vast hiatus, a deep chasm, between the false and real basis of life. He has not failed to inform himself upon the diseases certain to follow a misconception of sexual laws, but rests in a haze, doses in a crespuscular atmosphere, as regards the true attitude of man and society in relation to the basis of all organic existence, sexual energy. I speak in reference to the silence or whisperings of the practitioner of certain physiological facts and pathological states existing among individuals of both sexes.

Why should a presumably scientific physician wish to ignore a habit neurosis, such as masturbation in a young woman, or fail to recognize the twist in the sexual center or centers of a brilliant man? Such a physician assumes a false morality; an appearance of disgust which is in reality a badge of ignorance, for frequently this same physician can be found with his nose and eyes between two mottled limbs, peering with eagerness and pleasure into the mephitic anal cavity of a constipated coal-heaver, or else penetrating with sinuous fingers the mucoid arcana of a *nymph du pavé.*

A recognition of the pathological states of the sexual centers as demonstrated in certain psychical conditions and morbid acts; a full comprehension of the power of association and suggestion in the adolescent sexual neuropath, and the knowledge that the nature of association, suggestion

and instruction to such individuals means the difference between hell and health, is the first duty of the earnest physician to fully accept and appreciate.

If any one pathological state, such as congenital sex perversion, is too disgusting to be recognized, then a pathological state producing syphilitic sores of the vulva is too filthy to be treated.

These ideas have been forced from me through several incidents occurring lately. Just as I started to write these notes I received a letter from a parent begging me to come and treat his son, a mere lad of nineteen years, who had abnormal sexual habits and desires. The father had rightly become disgusted with the indifference of his family physician in the case, and it had culminated in the physician flatly refusing to treat such "dirty" cases. The case is in a Northern State, and at the time of writing the lad was in a delirium.

Another noted incident is the Bedborough case; the Havelock Ellis' prosecution. This particularly aroused my ire, as I had read much of Ellis' copy, and looked forward to seeing the English physician and publicist placed in a position where they would understand that a human being is just as liable to have the growth in the cells making up the sexual center disturbed and distorted as in the cells making up any other center, physiological or psychical. To send a man to prison because he was deformed in certain psychical centers is as good a demonstration of ignorance and barbarism as whipping a child because it was born with a hare lipe.

It is scarcely necessary for me to tell my readers anything about Havelock Ellis. Havelock Ellis is England's foremost criminologist and the editor of the modern works on criminology. He is also one of the leading authorities on sex perversion and inversion. His book on the latter subject is a classic. It is cleaner, has more of the pure scientific atmosphere and shows greater study and research than any work yet published, not excepting that of Krafft-Ebing or Schrenck Notzing.

On May 31, 1898, Mr. George Bedborough was arrested for selling to a disguised detective a copy of Havelock Ellis' "Sexual Inversion." He was charged before Sir John Bridge at the Bow Street Police Court with "publishing an obscene libel" (in other words, circulating an indecent work), with the intention of currupting the morals of Her Majesty's subjects. Mr. Bedborough was simply a seller of the book, it must be added, and in no way responsible for its production. The trial resulted in the suppression of the work in England, but the book will be published in Germany and in this country.

In a communication from Dr. Ellis he fully explains his attitude. It is creditable to the Anglo-Saxon that he cannot understand the various anomalies existing in sexual activity; that sexual abnormalities are so infrequent in the past history of this manly race that even the knowledge of such matters is a stranger to him. However, such conditions as Ellis writes of exist, and the same conservatism that kept Bradlaugh out of the House of Commons is now keeping scientific knowledge of supreme importance out of the house of the English physician.

Dr. Ellis writes: "'Sexual Inversion,' published at the end of the year 1897, is the first volume of a series of 'Studies in the Psychology of Sex,' which I projected over twenty years back, and which I have ever since had before my mind as the serious and vitally important subject to which the best energies of my life should be devoted. The work will extend to five or six volumes, and although this first volume discusses a form of perverted sexuality, the Studies as a whole will deal mainly with the normal sex impulse. It should be needless to point out the magnitude and the importance of the problems arising in such an investigation; in its first volume, moreover, we are brought face to face with a practical question which is constantly demanding attention both in society and the law courts. Whatever diffidence one may feel in approaching questions of this nature, there should be no doubt as to the necessity of so doing provided we approach them seriously.

"How seriously I approached this

great subject may be judged, not only from the long period of labor and preparation spent on the work, but from the fact that I occupied several years merely in the preliminary task of attempting to clear the ground by inquiring into the psychological and anthropological secondary sexual differences of the sexes, the main result of this special inquiry appearing in 1894 under the title of 'Man and Woman.' Before its publication in England, 'Sexual Inversion' had been translated into German by Dr. Kurella, a physician and criminologist of distinguished reputation, and published at Leipsic. In its final English shape it expresses my most mature convictions on the subject it treats; the opinion of judicious friends had been obtained at doubtful points and every sentence carefully weighed. Errors of fact or opinion possibly may be found, but there is not a word which on moral grounds I feel any reason to regret or withdraw. Any question of retractation or apology could not, therefore, possibly arise; it would be a kind of intellectual suicide."

Society Reports.

ASSOCIATION OF AMERICAN PHYSICIANS.

FOURTEENTH ANNUAL SESSION, HELD AT WASHINGTON, D. C., MAY 2, 3 AND 4, 1899.

WEDNESDAY, MAY 3—SECOND DAY.

Dr. William Osler spoke of "A Case of Hemochromatosis, With Exhibition of Patient." The patient is a man of good family history, who noticed about four years ago that he had begun to change in color. He is a vigorous, healthy man, but on examination last Saturday I found a well-marked hypertrophic cirrhosis of the liver, with enlargement of the spleen. He has the long duration of the disease, the increasing bronzing of the skin, the enlarged liver, and has had recurrent attacks of purpura. Examination of the urine shows the presence of iron.

Dr. Wm. H. Welch gave a "Report of a Case of Hemochromatosis, With Exhibition of Specimens." I have brought over the specimens from a case of this disease which have been very thoroughly studied by Dr. Opie. The patient presented extreme pigmentation of the skin, and examination of the various organs of the body have shown that they are all more or less pigmented and have undergone hypertrophic changes. Two kinds of pigment are present, the iron-containing and iron-free pigment, the latter being found principally in the heart muscle and in the walls of the small intestine.

Dr. Adami: I have seen a case of this disease almost identical with the one referred to by Dr. Welch, the woman having such an extreme pigmentation of the skin that she was known in the wards as "Blue Mary."

Dr. Welch: I believe Dr. Adami's is the only case recorded as having occurred in a woman.

Dr. S. J. Meltzer of New York read a paper on "Otitis Media in Lobar Pneumonia of Children." He related a case, and said that at the onset there was usually a earache, which lasted for one day, and either lessened or disappeared, and in none of the cases did the pain outlast the pneumonia. There was no discharge from the ear.

Dr. Jacobi did not think it was an otitis media when there was no pus. Possibly the earache was simply an angina, and that might be the connection between the two symptoms. This was simply a suggestion.

Dr. Kinnicutt said that if so many children die from various causes with an otitis media, that must militate against his reasoning.

Dr. Jacobi said that the presence of bacteria in the ear should not be blamed as a proof of this trouble. We do not diagnose diphtheria if we find the organism in the throat, and also we can find the tubercle bacilli without the presence of tuberculosis. The presence of bacteria does not prove that they constitute a part of the morbid process. The presence of mucus and muco-pus does not prove it either. He believed while those who say that the muco-pus in the middle ear is normal may not be right, the others who say it is an otitis media are not right either.

Dr. T. M. Rotch of Boston said it was important to recognize the frequency of

affections of the middle ear in young infants, but such young children usually do not have any pain at all. He has found it necessary to have the ears examined once a week as a routine way.

Dr. Meltzer said, in conclusion, that he had not seen cases with pus in lobar pneumonia, and others have believed also it was not otitis media.

Dr. F. A. Packard of Philadelphia reported "Five Cases of Endocarditis of Tonsillar Origin." He has found these two connected quite frequently, and related five cases. This is an interesting question. In his cases there had been no previous history of articular pain or joint trouble, and he thinks these cases are simply tonsillitis, causing secondarily endocarditis. The staphyloccocus has been found at the autopsy in the tonsils and in the pulmonary vessels. It is well to look out for endocarditis in tonsillitis.

Dr. James Tyson of Philadelphia said that endocarditis was not the only disease from this cause. He thought that nephritis also came from this, and the two conditions were quite analogous.

Dr. Wm. S. Thayer related a case of a child four years old that had a slight sore throat, and then a convulsion and high fever, with some slight stiffening of the neck, and it died within thirty-six hours. He thought it was cerebro-spinal meningitis. The autopsy showed nothing abnormal, but cultures showed a general streptococcus infection. He agreed with what Dr. Packard said.

Dr. Thomson spoke of a case of quinsy, which was followed by rheumatism. The next day he had pleurisy, and then he had a heart murmur, with signs of parotiditis, and then ecchymotic spots on the body.

Dr. Dock thought that rheumatism was the manifestation of various kinds of affections. He mentioned a woman who had rheumatic iritis of an acute type and the subacute joint swelling. Her pain was relieved in the usual way, and the only prodrome was a sore throat two weeks before.

Dr. Rotch said that Dr. Thayer's case was like the angina described by Senator ten years ago. Dr. Packard did not know how normal his valves were before the attacks of tonsillitis.

Dr. Packard said, in conclusion, that in three cases he did not know anything about the heart, but he did in the other two. The point he wished to make was that we ought to stop talking about tonsillitis and endocarditis as members of the rheumatic family. They are evidences of an infection from the tonsil to the endocardium.

Dr. George Dock of Ann Arbor reported "A Case of Fatal Epistaxis, With a Study of the Blood." The patient was admitted for epistaxis which had existed for six weeks. He had had fever, then catarrh. When admitted he had been bleeding. His pulse was 120 and was dicrotic. His blood was thin; urine negative. Hemorrhages into the retina. He went to the throat clinic first for the bleeding, and then came into the ward. Plugging was tried and then transfusions of gelatine. He died of acute edema of the lungs. The autopsy showed a variety of affections. The examination of the blood was most complete. There was a great diminution in the number of red blood corpuscles reaching at one time 360,000 c. cm. There were many nucleated red corpuscles in the field, and a moderate leucocytosis. A small endothelioma of the nasal septum was found.

Dr. Thayer had seen several years ago a case like this in a case of pernicious anemia in a man of sixty. All the corpuscles were of the smaller variety, with small nuclei, and in the field there were often as many as fifteen nucleated red blod corpuscles at the same time.

Dr. Stengel said that in the examination of the blood he had never found as many nucleated red blood corpuscles as were found by Dr. Dock or Dr. Thayer. There was no sharp line between the different forms of nucleated red corpuscles. Some say that in these kinds of blood corpuscles the diagnosis of pernicious anemia is not to be thought of, but that is not so.

Dr. Osler mentioned a form of epistaxis in a man. He had seen three instances in early childhood recurring and often almost proving fatal as superficial varicose angiomata over the surface of the skin. Two cases were in brothers, and one died recently of cancer of the stomach. One looked like a case of acne. There was nothing in the literature like it.

Drs. J. G. Adami, Maud E. Abbott and F. J. Nicholson of Montreal spoke of "The Diplococcus Form of the Colon Bacillus." He described small bodies in the liver cells, which he thought were bacterial. He described their bipolar form of staining. He described their bacteriology, morphology and the results of inoculation.

Dr. Welch said that Dr. Adami's investigations were interesting, and they had the value of suggesting the interpretation of these little intracellular bodies that he had been able to demonstrate. He apparently describes two distinct diplococcus forms of the colon bacillus, and he thought that these were to be separated from each other. At the Johns Hopkins Hospital he had for years been making systematic observations in the autopsies, and had found the colon bacillus so very frequently, more particularly in the kidneys and liver, and not so frequently in the spleen, kidneys and bile, that unless there is some evidence of a definite lesion, we attach no importance to its presence. Of course, this idea that certain organisms and certain cells of the body are by process of digestion disposing of bacteria is an important suggestion, but the evidence, while accumulating, and perhaps the most plausible view as that taken by Dr. Adami, seems to him to be as yet scarcely conclusive of demonstration of bodies having the morphology of diplococci in the cells, is a justification of this view that is extremely difficult to explain away. Notwithstanding this, it seems that there is still room for a justifiable scepticism as to that interpretation. He thought this work was important and showed the power of the cells to protect the body.

Dr. Adami agreed with Dr. Welch in his position of scepticism, as this subject required such careful study that he was perfectly willing to spend some years yet before hoping to convince anyone that this was the proper conclusion.

Dr. Wm. S. Thayer of Baltimore made "A Demonstration of an Acromeglic Skeleton," in which he described the symptoms of the case during life and the anatomical findings at the autopsy.

Dr. Osler said that one of the most remarkable features of this case was the persistent character of the headache, and yet show here a very small pituitary enlargement, and he never had many disturbances of the visual field.

Dr. James Stewart of Montreal read a paper on "Tumors Involving the Hypophysis," and it was discussed by Dr. Starr.

Medical Progress.

On the Absorption of Iron.—Iron has always been a symbol of strength, and from early days the profession and the laity have used iron in weakened conditions and especially in anemia. Now, however, Dr. A. E. Austin expresses the opinion in the Boston Medical and Surgical Journal that much of the inorganic iron administered to persons is not absorbed. To prove his point he experimented on dogs, and he draws the follow ing conclusions:

1. That iron is constantly being eliminated both in urine and feces even during fasting.

2. That apparently raw meat furnishes an available form of iron for absorption under normal conditions.

3. That inorganic iron, as represented by ferrous sulphate, is non-absorbable.

4. That albuminates and peptonates of iron are absorbable, but to a limited extent.

5. That organic iron, of which hematin and hemoglobin are representatives, furnishes the most easily absorbable and most valuable of all iron preparations.

* * *

Thyroidism Through Mothers' Milk.—The effects of drugs given to a young mother in the nursing child have often been noted. Byron Bramwell records in the Lancet a case of thyroidism in a child six months old caused by administering thyroid extract to the mother, who had exophthalmic goiter. When the thyroid extract was stopped the child improved, and when it was given again to the mother the child had a relapse. After the child was weaned it had no further symptoms, and treatment was continued to the mother with no further complications.

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BALTIMORE, JUNE 3, 1899.

Too Many Schools.

THAT there are too many medical schools no one will deny, and there hardly seems to be a doubt but that a multiplication of schools means a lowering of the standard of medical education. There is rarely any danger in this country of too high a standard of medical education, but there are perhaps a few schools which demand so much that the graduate enters on his life work laden down with a mass of theoretical knowledge which, as a practicing physician, he will soon forget.

It is a great gratification, if the press reports are true, to see that the Woman's Medical School of New York, which has maintained such a high standard and which has turned out so many good graduates, has decided to close its doors. The reason given was that Cornell and the Johns Hopkins gave such excellent facilities that they were superfluous, and so the faculty and trustees preferred to close their doors rather than to compete at a great loss with abler institutions. This is not exactly consolidation, but it is a step in that direction, and some of the medical schools in Baltimore should decide to retire from the field or combine with others in such a way that the good material of all will be used and some advantage accrue to the supporters and a better education to the students.

If there is any advantage in being connected with a school which is carried on at a pecuniary loss it must be from the titles and the practice gained. If there are any shortcomings in such a financially weak school it is the student and not the teacher that suffers, and last of all it is the public that bears the brunt of the whole fault. The withdrawal from business of the school just noted is a credit to its teachers and managers, and others might help the cause of medical education by doing likewise.

* * *

The Index Medicus.

AFTER another hard struggle the *Index Medicus* will cease to appear, because there seems to be not sufficient support for it. This is a great blow to those who have cheerfully paid the high price which its small circulation demanded, and those who have used its pages in their literary work will miss it sadly. Of course, there are other works that may be used, and several journals now attempt to publish a sort of index of what appears, but none of them have had the facilities that the *Index Medicus* had.

The Index-Catalogue of the Surgeon's-General's Library is the best work of its kind in any language, but it can hardly take the place of a publication issued as frequently as the *Index Medicus*. Too much praise cannot be given Dr. Billings for his past work, and Dr. Fletcher of the Surgeon-General's Library for the untiring work he has put in this publication, and the publishers themselves have for years issued this journal at a loss and simply as their contribution to medical science. There was at first some hopes of continuing this periodical, but Dr. Fletcher has said that the decision to discontinue is final, and all efforts are useless unless some philanthropist should wish to endow it and give it to the profession.

It may be that the demands for such a journal belong to the past, and the lack of support may either indicate the lessening of a spirit of searching medical literature, or it may mean that other and more modern aids have taken its place. Whatever may be the truth, it still remains a fact that there is a feeling of sadness at seeing the *Index Medicus* pass over to the great majority of journals that ceased to live from lack of support.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending May 27, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	11
Phthisis Pulmonalis	..	24
Measles	31	..
Whooping Cough	1	..
Pseudo-Membranous Croup and Diphtheria.	15	1
Mumps	1	..
Scarlet Fever	8	..
Varioloid	..	..
Varicella	4	.
Typhoid Fever	2	1
La Grippe	..	..

Buffalo will have a cancer hospital.

A consolidation of the charities in Baltimore is under consideration.

Frostburg, Md., has had no deaths from typhoid fever in the past year.

The Woman's Medical College of New York has decided to close its doors.

The recent smallpox epidemic at Alexandria will cost that city little less than $10,000.

Dr. William Warren Potter of Buffalo will edit the *American Medical Quarterly* to be published in New York.

Atlanta's municipality has passed a "spitting ordinance," prohibiting expectorating on the sidewalks and in all public places.

Dr. George B. McReynolds of the City Hospital is resident physician of the Presbyterian Eye, Ear and Throat Charity Hospital.

There are thirty-three candidates for graduation at the Johns Hopkins Medical School. The commencement will take place June 13.

The *Atlanta Medical and Surgical Journal* and the *Southern Medical Record* have consolidated to form the *Atlanta Journal-Record of Medicine.*

Plans are under way to consolidate all the springs at Saratoga under one management and build a sanitarium and make a large park.

Among the proposed changes of residence are that of Dr. J. M. T. Finney to 1300 Eutaw Place, and Dr. A. D. McConachie to 805 North Charles street.

James W. Koontz, who sued Dr. Joseph T. Jarboe of Smithsburg for $10,000 damages for unskillful setting of the bone of his leg, was awarded a verdict for $750.

Dr. Charlotte B. Gardner of Cumberland, who received her medical degree at the Woman's Medical College of Philadelphia, is said to be the first woman physician from Allegany county, Maryland.

At the commencement of the University and Bellevue Hospital Medical College of New York 162 candidates received degrees. Of these, twenty-nine, after competitive examinations, secured appointments in hospitals.

Dr. H. W. Wiley, chief chemist of the United States Department of Agriculture, declared recently before a senatorial pure-food investigating committee that fully 90 per cent. of the articles of food and drink manufactured and used in this country are frauds.

John Philip Sousa has made a contract to compose a march for $5000 to bear the name of a medical article and to be used in its exploitation. The *Medical Record* suggests that it might not be inappropriate to set the march to the tune, "Tommy Make Room For Your 'Anti.'"

According to the *Medical News* for April 8, a Minnesota veteran, having given a public testimonial to a patent-medicine firm that its medicine has restored him to perfect health, is now trying to set himself right with the Pension Office, which proposes to take him at his word and cut him off the pension rolls.

Governor Roosevelt has signed an amendment to the civil code which forbids a physician to give any information concerning the mental or physical condition of his patients, either before or after the death of the latter. Hitherto the law has permitted a physician to testify concerning the physical condition of a person holding a policy of life insurance.

The faculty of the Woman's Medical College of Baltimore has elected Dr. Claribel Cone, president; Dr. Joseph T. Smith, secretary, and Dr. Herbert Harlan, treasurer of the faculty. Miss Jennie Browne was elected adjunct professor of physiology; Dr. A. C. Harrison, professor of physical diagnosis and clinical medicine, and Dr. Flora Pollack, associate professor in obstetrics. Dr. M. Augusta Waters was elected resident physician of the Good Samaritan Hospital.

Washington Notes.

Passed Assistant Surgeon W. F. Arnold has been granted two months' sick leave.

Capt. W. H. Wilson, assistant surgeon, now at Fortress Monroe, has been ordered to San Francisco.

Acting Assistant Surgeon R. H. Zauner has been relieved from duty at Camp Meade and ordered to San Francisco.

Lieutenant J. H. Ford, assistant surgeon, U. S. A., recently serving in the hospitals at Fort McPherson and at Savannah, Ga., has been ordered to San Francisco.

At the Washington Medical and Surgical Society Monday evening Dr. George C. Clark read the paper of the evening, subject, "The Physiology and Etiology of Skin Diseases."

At the District Medical Society Wednesday evening Dr. Robert Reyburn presented a paper, subject, "Can the Excessive Mortality from Acute Pneumonia be Reduced?" Dr. Lamb presented cases and specimens (1) Cirrhosis of the Liver, (2) Septic Pericarditis and Nephritis.

The fifteenth annual commencement of the Medical and Dental Departments of the National University will be held Tuesday, June 6. The address to the graduating class will be made by Prof. Millard F. Thompson, and the valedictory address by J. Kell Munroe. Graduates in medicine are S. B. Bain, C. K. Bartlett, E. L. Maddren and A. D. McKenzie. Graduates in dentistry, J. R. Armstrong, T. F. Baxter, C. P. Cullen, J. P. Devlin, Z. E. House, M. F. Kirwan, J. K. Monroe, J. B. North, W. B. Todd, L. E. Ward.

The Columbian University commencement exercises were held in Convention Hall Wednesday evening, May 31. Degrees were conferred upon 269 candidates. Of this number, twenty-seven received the degree of doctor of medicine, thirteen doctor of dental surgery, fifty-four master of laws, ninety bachelor of laws. Besides these, a large number received the degree of bachelor of arts and science and other branches of study, including civil engineering, electrical engineering, architecture, literature, mechanical engineering and master of patent law.

Book Reviews.

Hirst's Obstetrics. A Text-Book of Obstetrics. By Barton Cooke Hirst, M.D., Professor of Obstetrics in the University of Pennsylvania. Handsome octavo volume of over 800 pages. Profusely illustrated. Philadelphia: W. B. Saunders. 1899.

Professor Hirst is so very well known both as an obstetrician and teacher of obstetrics that the title of this volume alone should be more than enough to insure its getting into the hands of the majority of specialists, general practitioners and students of obstetrics throughout the country. The work is an admirable one in every sense of the word, concisely but comprehensively written in a style which makes its reading more a matter of entertainment rather than the perusal of numerous dry facts and dogmatic statements. Frequent reference in the text has been made to the work of others, both in this country and abroad, but an apparent laudable effort has been made to avoid mentioning the long list of names and tedious recapitulation of literary productions, which, in the opinion of the author, only tend to confuse and complicate matters for the student. For that reason only the epoch-making articles have been referred to.

The illustrations of the book are in the main excellent, and although some of them cannot be said to come into the strict category of art, yet they have the advantage of bringing out the facts which the author wants them to show. Exception to this might be made, however, in the case of a few reproduced photo-micrographs which occur in the section of the placenta. Photo-micrographs may be accurate from the purely optical and scientific standpoint, but it is so very rare that one sees the reproduction of one showing what is claimed for it that it is with considerable regret that we see them, however few, in a publication possessing so many other advantages.

The author has divided his subject, Obstetrics, into the following sections: Pregnancy, Physiology and Management of Labor and the Puerperium, the Mechanism of Labor, the Pathology of Labor, Pathology of the Puerperium, Obstetric Operations and the New-Born Child.

In so short a review it is impossible to give this work what criticism it deserves, but, as a whole, we can say that the volume will be one of the greatest practical and scientific value to anyone interested in the practice of obstetrics.

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Original Articles.

JOHN HUGHES BENNETT.

HIS SERVICES TO MEDICINE.

By William W. Johnston, M.D.,

Washington, D. C.

READ AT THE CENTENNIAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 25-28, 1899.

On an occasion such as this, the anniversary of an ancient and honorable medical society, nothing seems more appropriate than to review the memories of men who were recognized leaders in their time, and whose lives marked epochs in medical science.

No name stands out brighter in the beginning of the last half of the century than that of John Hughes Bennett. His life and work mark the beginning of a revolt, the birth of a new spirit, the dawn of a new era. It was the age when the advances in physiology, in chemistry, and, above all, in pathology, placed medical science in an attitude of opposition to much of its past, and created the demand for leaders of a new advance. Bennett was a sceptic towards tradition in medicine, a critic of all accepted faiths, a bitter hater of mysticism and error. He had the animus of the revolutionist, but he was a reformer as well. He destroyed only to build better.

In the limited time at my disposal it would be impossible to review in detail the events of Bennett's life. I can only dwell upon the chief features of his work and their value to science. But I cannot help speaking of the man.

Born in England in 1812, he became an articled pupil of Mr. Sedgwick of Maidstone at the age of 17. He entered the University of Edinburgh in 1833, and graduated in 1837. Two years were then spent in Paris and two in Germany. Distinguished as a student by zeal and intelligence, he showed great activity in literary work, and soon after graduation wrote seventeen district articles for Tweedie's Library.

Teacher, Editor and Writer.—Returning to Edinburgh in 1841, four years after his graduation, he began at once a course of practical instruction in histology for the students of the university. One of his handbills issued at this time, fifty-six years ago, was as follows:

"Histology.

"Dr. Bennett during the summer session will give a public course of lectures on the minute structure of organized tissues, with reference to anatomy, physiology, pathology and the diagnosis of disease. These lectures will be illustrated with numerous preparations, diagrams and demonstrations under the microscope, the latter by means of twelve achromatic instruments of great power, manufactured by Chevalier of Paris expressly for this course. An introductory lecture will be delivered on Friday, May 13, at 11 A. M., in the classroom, Surgeon's Square, and the course will be continued every Monday, Wednesday and Friday at the same hour throughout the session; fee, two pounds two shillings. Dr. Bennett will also give private courses on the practical manipulation of the microscope. Each class is limited to six, and the time of the lecture regulated by the wishes of the majority. The lectures embrace the optical and mechanical arrangements of microscopes, illumination, mensuration, optical illusions, mode of displaying objects and every information necessary for the medical inquirer in his examination of the animal textures in a state of health

and disease; fee, three pounds three shillings.

"16 Pitt street, May 2, 1842."

The importance of this historical reference lies in the fact that up to this date there had been no systematic instruction in histology in England or in this country. Bennett was the first to begin a course of practical instruction in microscopical technology, and was, in addition to this, the first in England to apply the microscope to clinical diagnosis. Moreover, Bennett was a pathologist as well as a clinician and histologist. He early insisted upon the miscroscopical examination of diseased organs, and very much of the best original work done by him was in this direction.

On October 1, 1842, Dr. Bennett published a paper on "Cod Liver Oil As a Therapeutic Agent in Certain Forms of Gout, Rheumatism and Scrofula, With Cases." Although this oil had been spoken of as a remedy from 1789, and was used in Germany and among the fisher folk of the southern coasts of Scotland, it had not been generally used for phthisis pulmonalis. To Bennett we owe the beginning of the extended and firm faith in its curative virtues in this affection, and his name will always be connected with this special therapeutic application.

In 1842 he was an unsuccessful candidate for the chair of general pathology, but about this time he became a fellow of the Royal Society of Edinburgh, a fellow of the Royal College of Physicians of Edinburgh, physician to the Royal Dispensary, and, more important than these, pathologist to the Royal Infirmary. In connection with the dispensary he began a course of clinical lectures on the plan of the German Polyclinic. As pathologist to the infirmary he had that rare opportunity which, if it comes to a student of medicine in his career, proves of lasting and incalculable benefit. Bennett's whole line of work and thought so far had shown how clearly he saw that medical science and art were to be advanced only by the rigid observance of the facts of disease and by the careful recording of these facts, and he foresaw what wonderful aid the microscope would give to the finding of facts not otherwise discoverable.

It was during this period that he formed a museum of 1100 specimens, and gave six courses of lectures each winter on morbid anatomy and pathological histology, the special and novel feature of which was the demonstration under the microscope of morbid tissues. The students studied for themselves each separate specimen. From 1842 to 1848 he lived a life of incessant mental activity. For several years he was editor of the *Edinburgh Journal of Medical Science*, to which he was also a frequent contributor. Thirty-four papers appeared in its pages written by Bennett during these six years. They range over histology, physiology, pathology, medical and surgical therapeutics and natural science. This was original work, the result of his own observations, much of which has now become an intrinsic part of our knowledge. Among the titles of the papers are: (1) On the employment of the microscope in medical studies; (2) On the parasitic fungi found on living animals; (3) Pathological and histological researches on inflammation of the nervous centers; (4) Note on the structural changes of the blood in the hemorrhagic diathesis; (5) On the frequent spontaneous cure of pulmonary consumption and the indications furnished by pathology for its rational treatment; (6) Case of hypertrophy of the spleen and liver in which death took place from suppuration of the blood.

This was that celebrated paper containing the first recorded case of leucocythemia and about which there was so much controversy. Undoubtedly Bennett was the first to describe a case of leukemia and to picture correctly the microscopical appearances of the blood in that disease. This he did in a paper published October 1, 1845. But it is also true that Bennett did not recognize the true nature of these blood changes. He spoke of it as true pus formed universally within the vascular system. To Virchow, in papers published in November, 1845, and later, is due the honor of having first understood the process to be one of an increase of the colorless cells of the blood, connected with disease of the lymphatic system. But the claim of the priority of discovery made by Bennett is justified by

the publication of the first careful description of the microscopical blood changes six weeks before Virchow's first published case.

The heated war of words which continued for some years between Bennett and Virchow and his partisans shows how much this title to priority was coveted. To Bennett, too, is due the suggestion of the term leucocythemia (white cell blood), which is much more expressive of the true pathology of the disease than Virchow's designation of "leukemia."

(7) "How Should Medicine Be Advanced" was the title of another essay, all of which, but for its length, I would like to quote here, as it gives a definite expression to some of Bennett's views, views that seem as pertinent now as fifty years ago.

Professor of the Institutes of Medicine.—This part of Bennett's life came to a close by his promotion to the chair of the Institutes of Medicine. In accepting the chair Bennett had in view the teaching of physiology by constant reference to the sciences of pathology and therapeutics. In other words, he proposed to be no mere physiologist, but to enforce the practical bearings of this branch upon those departments of medicine that were more immediately connected with the welfare of humanity.

This union of interests and aims was further strengthened by his appointment to the chair of clinical medicine and by placing under his immediate charge certain wards in the Edinburgh Infirmary.

The work of reorganizing the teaching of physiology in so conservative a university was not an easy one. But Bennett's vision carried him far beyond the well-trodden paths of his predecessors. His methods involved a complete revolution in the plan of teaching. With the microscope and other instruments of physical research, which science and mechanical genius had recently introduced and improved, he carried his pupils into entirely new lines of investigation.

There were three separate courses carried on simultaneously by himself and not simply under his direction. These were:

1. Histology and practical instruction with the microscope in the laboratory. This demanded several hours a week, as each man was taught individually in classes of 20 to 30.

2. A laboratory course in experimental physiology, with demonstrations as to the use of modern physical instruments.

3. A course of lectures on physiology covering the entire winter from October to April.

In teaching histology he drilled his classes in the use of the microscope until every man knew his instrument as a trained soldier knows his rifle, and until in the handling of it he was as perfect as the veteran in the manual of arms. At the word "Microscopes out" there was a hurried movement of hands, and in a moment everyone was ready for the expected lesson. His system was to let every man make every section for himself, see for himself the object prepared, and describe it in his own words; these words must be carefully chosen so as to give a correct picture of the cell, tissue or organ seen. Nothing but accuracy would suit his exacting demand, and woe to the unhappy pupil who attempted to describe what he did not see, or whose words were ill-chosen or inappropriate. The student soon learned a lesson in the art of observation and in the meaning of words in the English language that he was not likely ever to forget. A system like this developed in the student the art of seeing, of letting nothing escape the eye, and of transforming these sense objects into accurate and appropriate language.

Teacher of Clinical Medicine.—But it was in the wards of the Royal Infirmary, as professor of clinical medicine, that Bennett sat on a throne. Here he was *facile princeps*. The leading idea in his plan was to teach the student method—method in the correct observation of facts and in recording them, and in the drawing of deductions from them. He taught the art of arts, that of clear thinking. The student, after an examination of the case in the presence and under the criticism of the class, was required to describe the symptoms, to define the organ affected and the nature of the lesion. From this he passed to the deduction, the diagnosis and the reasons therefor.

Precision in method and in language was insisted on. Bennett excluded everything that was unnecessary to reach a conclusion, and the histories of cases as he wrote them and taught them to be written were models of condensation. He was, however, a hard taskmaster, and the discipline of his class was to some irksome in the extreme. The habit of using uncertain or obscure words he was especially severe upon. If the luckless student said the patient "seemed to have a fever," "What!" he would say, "Has he a fever or has he not? Seems to have means nothing." He would grow very much excited if the statement was made that the pulse was "about 120." "It is 120, or is not" he would exclaim. "Why do you say 'about?'" One can readily see how such a method made students accurate, painstaking and efficient in the examination and diagnosis of disease. And it is one of the highest tributes to Dr. Bennett that, after his death, letters came from all over Great Britain and elsewhere, written by former pupils, expressing their appreciation of the value of his teachings, and saying that their success was largely due to his influence. Dr. Andrew Clarke of London said in an address when the bust of Bennett was presented to the university: "I was once his pupil, and for a long time his assistant in the pathological department of the Royal Infirmary. From him I got not only knowledge, but the love of work. He laughed me out of my youthful conceits, provoked me into perseverance and drilled me into habits of exact observation. To the habits of thought and work begotten and established under the influence of Dr. Bennett's teaching and example I owe, in great part, such success as I have had in life, and I rejoice in this opportunity of making grateful acknowledgment of what I owe him." Such was the universal testimony.

During this period of his life, after he became professor of the Institutes up to the close of his active work, he continued to contribute to the journals and to write books. The journal articles numbered sixty during these years, and seven volumes were printed, the largest, of 1020 pages, being his work of clinical lectures on the principles and practice of medicine.

Treatment of Pneumonia.—Bennett saw early in his professional career that the treatment of pneumonia was not based upon a true knowledge of the pathology of the disease; that it was a system, the actual results of which had never been collected and analyzed. But he was slow in coming to a final conclusion, and it was not until he had observed and treated pneumonia for sixteen years that he gave out his complete argument, based on the accumulated facts and experiences of that period.

On January 2, 1857, he read a paper before the Medico-Chirurgical Society of Edinburgh, entitled "Observations on the Results of an Advanced Diagnosis and Pathology, Applied to the Management of Internal Inflammations, Compared With the Effect of a Former Antiphlogistic Treatment and Especially of Blood Letting." This paper excited great discussion, in which all the leading physicians took part. Controversial papers appeared on the subject from the pens of Professors Allison, Gairdner, Sir Thomas Watson, Laycock and others. To all of these Bennett replied, and in support of his contention he published other papers on the same subject, his complete work on pneumonia appearing in 1866.

His argument against the antiphlogistic treatment of pneumonia was based upon his personal study of the pneumonic lung and his observations of the symptoms of the successive stages of the disease, uninfluenced by treatment, in its progress towards recovery. His words are as follows: "If the resolution of a pneumonia simply consisted of a retrograde process—of a so-called necrosis of the exudation—an antiphlogistic practice, by favoring it, might be expected to relieve the lung rapidly and cure the disease. But my conviction that such removal was dependent upon vital processes of growth led me to an opposite treatment, viz., never to attempt cutting the disease short, or to weaken the pulse and vital powers, but, on the contrary, to further the necessary changes which the exudation must undergo in order to be fully

excreted from the economy." (Pneumonia, page 52.)

Those who had accepted and employed treatment by bleeding were not spoken of harshly. He attacked errors sometimes with headlong impetuosity and rarely left much of his adversary's argument, but individuals he treated with courtesy. In one place he says: "I believe that former physicians were thoroughly conscientious and acted in perfect harmony with the pathology of their day, and the then state of knowledge. But now that pathology has greatly advanced, and our knowledge has been correspondingly extended, it only becomes us, instead of remaining slaves to the authority of our forefathers, to imitate them at least in this, viz., to bring our theory and practice in harmony with each other. My real purpose has been to demonstrate that our acquaintance with diseased processes has led us to a treatment which has greatly diminished the mortality of acute inflammation, and if I have succeeded, I shall rejoice that the end has been obtained, while I regret that such eminent physicians as Drs. Allison, Christison, Watson and Stokes have differed with me in opinion."

The mention of these eminent names among his opponents shows with what odds he had to contend and how serious was the opposition to the new doctrine. Indeed, he had the world against him then and after. As late as 1864 no marked effect had been produced by Bennett among the practitioners of medicine.

In addition to the arguments from pathological anatomy and the study of the natural history of the disease, Bennett published a table of 125 cases, each one of which had been carefully and publicly examined by him personally in the wards of the infirmary. In each case the diagnosis was accurately made, every symptom and physical sign being noted. There was no point omitted that could leave a loophole for the objector as to the correctness of the diagnosis.

Bennett's figures show that from 1841 to 1848, when the treatment by bleeding and antimony was alone employed, one death occurred in two and three-quarters of the cases of pneumonia. From 1848 to 1856, when the "restorative plan" was introduced, the mortality was reduced to one death in four and one-half cases; from 1856 to 1865, under the same plan, one death occurred in seven and three-quarters cases; nearly three times as many cases recovered under the new treatment as under the old.

Such results startled the world, and especially the Edinburgh world. Bennett's honesty and skill in diagnosis left no doubt as to the nature of the cases treated, and therefore he was not accused of manipulating the figures to suit his ends.

It soon came to be an admitted fact that patients died because they were bled, and got well because they were treated on the "restorative plan." But although the fact was granted as to the patients of Bennett's day, it was for a long time claimed that in former days, before his time, bleeding was useful and did save life.

Sir Thomas Watson offered the change of type explanation, which became current at the time. His words are these: "I am fully pursuaded, by my own observations and by the records of medicine, that there are waves of time through which the sthenic and asthenic characters of disease prevail in succession, and that we are at present living amid one of its adynamic phases." Bennett attacked this argument with great skill, but he himself unwittingly admitted the truth of the statement when he says: "The morbid poisons in the atmosphere arising from various sources are more powerful at one period than at another, and not only induce symptoms varying in intensity, but cause varied symptoms, such as occur in typhus and typhoid fevers. It is the latter change which constitutes difference in type." When Bennett wrote this he did not know that pneumonia would, in another thirty years, be classed with the infectious fevers and be traced to a micro-organism. His prescience of the infectious nature of pneumonia is remarkable.

The line of reasoning followed in this propaganda against venesection was also opposed to the faulty methods by which faith in any plan of treatment or in any drug is created and sustained, and to the hasty deduction from statistics to prove

the value of any therapeutic system. His words on this point are very emphatic. He says in one place: "A still more important lesson, however, may be derived from this discussion, viz., that in medicine no sound conclusions can be drawn from the glowing description of a few cases in illustration of any treatment whatever. Sober facts, well attested and tabulated, are what we require, with all the leading phenomena of the disease accurately observed and recorded. More especially is it necessary for arriving at truths to give a series of cases in which the failures, as well as the successes, are considered, avoiding all assumptions and rhetorical efforts, and depending alone upon the completeness and exactitude of detail." "On no subject," he continues, "does the contradictory character of medical reasoning become more apparent than in that of medical statistics, because while every practitioner is constantly endeavoring to prove his treatment to be successful, he regards with aversion everything that reminds him of failures. How common also is the tendency to ascribe recoveries to medical skill, while the deaths are referred to the inevitable progress of the malady. Although philosophical physicians have at all time pointed out the fallacy of these beliefs, they still hold almost universal sway over the medical profession. It must be admitted that mere assertion and opinion are altogether incapable of determining any question whatever in medical practice. Our object should be not to dispute about what we think or believe, not what may, could, would or should be, but what is."

Personal Characteristics.—Bennett was tall, and in early life was pale, and had long, dark hair. He did not grow stout with age, but was always slender and active in his gestures and movements. In the lecture-room he sat the personification of intellectual force, his eyes keen and flashing, his expression grave or gay, as his subject demanded. His words were measured, eloquent and fit, and in every sentence gave examples of the precision of the methods that he wished his students to acquire. The didactic lectures on physiology were delivered in a large classroom, the professor being seated, wearing his academic gown. His lectures were all written, but never read, and they seemed to be extemporaneous, yet the nature of his mind and his craving for accuracy made him commit each thought to paper. Every night before a lecture he read it over in his home, and he was often heard talking science to the empty drawing-room long after the family had retired for the night. His manner of speaking was marked by elegance and emphasis, and his array of facts and arguments was perfect in accurate statement and logical arrangement. Facts and figures were invested with all the charm of literary and artistic skill, for Bennett was artist also, and with chalk and blackboard could make clear the most difficult parts of his subjects. His lectures, too, were profusely illustrated with colored plates and drawings.

What I have said would be incomplete if I failed to show Bennett from another point of view. He was devotedly fond of music and evinced the greatest interest in the musical education of his children. The annual dinners of the Royal Medical Society, where he was invariably an invited guest, were always enlivened by an original song (it was usually a comic one, hitting off the foibles of the day) by the professor of the Institutes. He was, moreover, a great reader of general literature, and this love, as well as a tendency to insomnia, led him to having a bag full of books at his bedhead every night filled with heavy or light literature, as the fancy seized him. At one time he read Cooper's novels through and talked of nothing but La Longue Carabine and those other heroes and heroines who have charmed our youthful imaginations. He was devoted to poetry and to Shakespeare, and could recite long passages with the greatest effect. At other times he would discuss religious questions with seriousness, but with much of the critical spirit that marked his thought in other lines. It mattered little what the subject or the occasion, his clear and comprehensive intellect had a keen and trenchant quality that fascinated all who heard him.

Conclusion.—Much more might be said of other lines of Bennett's work, some of which are more interesting historically

than the few selected. The chief features of his arduous life may be summed up as follows:

1. He was the first to begin systematic instruction in microscopical technology and histology in an English-speaking university.

2. He insisted upon the great value of the microscope in the detection of diseased processes at a time when but little attention was paid to this mode of study. In this direction much of his best work was in connection with diseases of the nervous system. His publication entitled "Pathological and Histological Researches on Inflammation of the Nervous Centers" is said to be "the first positive addition to our knowledge of nervous diseases by means of the microscope."

3. He was one of the first to use the microscope for chemical diagnosis, and was a pioneer in the recognition of disease by blood examinations, the first recorded case of leukemia being described by him.

4. He revolutionized the treatment of pneumonia.

5. He was an iconoclast, destroying idols and warring with persistent delusions and useless dogmas. Much of his life was a battle in which blows were given and taken, but the influence of Bennett's teaching and the example of his accurate clinical methods have had a far-reaching and prolonged influence in England, and, above all, in this country.

PRACTICAL HINTS ABOUT HERPES ZOSTER AND ITS TREATMENT.

By J. Abbott Cantrell, M.D.,

Professor of Diseases of the Skin in the Philadelphia Polyclinic and College for Graduates in Medicine; Dermatologist to the Philadelphia Hospital, the Frederick Douglas Memorial Hospital and the Philadelphia Medical Mission, Philadelphia.

Herpes zoster, in its cutaneous manifestations, does not entirely limit itself to following the course of one nerve. It may either follow one nerve in its major portion or proceed to its smaller branches and through these be carried to an adjacent nerve or set of nerves.

These facts may be presented in cases of pectoral zoster wherein one dorsal nerve and its intercostal branch may alone be affected, or when, through collateral branches, several intercostals may show the irritation, although the dorsal or main trunk may not be affected by the inflammation, or it may be by a subsequent contamination. A like example may be taken from brachial zoster where extension of the condition follows through collateral nerve elements. Although the above facts bespeak the characters of procession, they cause no change either in the kind of manifestation presented or the feelings exhibited by the affected person.

According to personal observation this cutaneous disease presents the greater number of cases during the months of August, October and November. The white race contributes about eighteen times those of colored blood, while males are affected slightly more frequently than females. Indoor work seems to influence the number of cases more often than does outdoor occupation, although probably this may be through careless attention to dress when occasion demands passage from home circles to place of business. The greater majority of cases are shown between the ages of ten and thirty years, the pectoral region presenting the larger frequency and the left side of the body more often than that of the right.

It has been found that pain does not follow any general rule in the manner in which it is presented, as we often notice that cases of zoster pass entirely through their course without giving any distinct feelings of distress, while at other times they may cause excruciating pain before, during and after the disappearance of the eruption. Pain is often manifested previous to the outbreak of the eruption, disappearing upon the occurrence of the lesions in one set of cases, while in others this symptom only present during the existence of the eruption or may only appear after the disappearance of the cutaneous outbreak. Ophthalmic zoster is usually accompanied with distressing pain throughout its existence and often causes severe disfiguration either upon the skin itself or causes some disturbance of the

eye function, such as disturbance of vision or loss of sight entirely.

The lesions encountered in zoster are usually vesicular in type, although they may become vesico-pustular; they rarely rupture spontaneously, but often, through friction, may suppurate and ulcerate. The diagnosis of zoster should offer little, if any, difficulty if one will take the character of eruption, its course along a nerve and the occurrence of pain into consideration. The lesions, vesicular in type, are discrete, although closely aggregated, and each, as well as the entire group, is surrounded by a pinkish-red areola. The prognosis is always favorable except in the ophthalmic variety, when disfigurement may ensue.

In treating this affection it is seldom necessary to use extreme measures, as the mildest remedies often suffice to bring about an early cure. In extreme cases it may often be necessary to apply more powerful medicaments to alleviate pain and discomfort as well as limiting the amount of disfigurement or loss of function. While it has been asserted that abortion of an attack is never accomplished, this fact carries with it the feeling that such an attempt should be exerted in behalf of the affected individual. External measures should be directed towards the prevention of friction and its consequent effect upon the rupture of the small vesicular lesions. If the vesicles are allowed to rupture the amount of pain is greatly enhanced in extent and degree, and where pain was not previously present it soon is manifest.

Internal remedies are called for in those types of extreme depression, as may often be observed in the ophthalmic variety. Other forms often demand the use of internal treatment when the affection is witnessed in those especially of nervous temperament. When the condition is observed in those of tender years or of advanced age it may be deemed advisable to contravert shock with strengthening measures.

External Treatment.—In the milder types of herpes zoster the writer has frequently received excellent results from one of the following applications:

℞ Bismuth subnitrate, ʒi.
Petrolatum vel Ungt. Zinci Ox., ʒvii. M.

S. Apply directly to affected areas thrice daily.

℞ Salolis, ʒss-i.
Etheris., ℥i. M.

S. Apply with brush directly to lesions once, twice or thrice during the day.

℞ Morphiae sulphat., gr. i-ii.
Lanolin, ℥i. M.

S. Apply several times daily.

In applying any of the above-mentioned formulae it is especially advisable to see that the parts are well covered and that immediately upon the dressing pieces of linen are arranged so that friction or pressure does not take place. If care is not exerted to limit the amount of harm that may arise the case may become complicated with suppuration or ulceration, and hence disfigurement even in the most mild of cases.

In cases of extreme degree, where pain is excessive, whether this occur in one type or another, it will be demanded to give the more strenuous measures. In some of these extreme cases the slightest amount of pressure, whether exerted by the clothing or by a camel's-hair brush in applying medicaments, causes the direst distress. In those of especially nervous temperament even close proximity causes tension from fear of touch.

The following may be found serviceable in these types:

℞ Collodion, ℥i.

S. Apply by camel's-hair brush directly over the lesions three or four, or more, times daily. (Do not remove at each dressing, but apply over former painting.)

℞ Ichthyol, ʒiv.
Aquae, ʒiv. M.

S. Paint with camel's-hair brush thrice daily.

In some cases applying cloths soaking wet with the above application gives a better result. In some very extreme cases the use of ichthyol in full strength every six hours gives the greatest benefit. In cases where pain is excessive the writer has often advised the following with benefit.

℞ Morphiae, gr. i-ii.
Collodion, ℥i.
Applied three or four times a day.

℞ Acetanilide, gr. xv-xiv.
Etheris, ℥i.
Apply thrice daily.

One of the above-mentioned formulae will give the desired result in almost any case that may present ieself, and it is only occasionally that cases arise that they will not relieve. The strength of each may be increased when occasion demands such procedures.

Internal Treatment.—Probably in the milder cases of herpes zoster it may only be necessary to give some slight sedative to the nervous system, such as bromide of potassium, in doses to suit the age and temperament. Often when the patients are somewhat lowered in vitality it may be advisable to give small doses of arsenic, such as three or four drops of Fowler's solution, thrice daily or one-thirtieth grain of arsenious acid in like doses. In those who are greatly run down and have not the power to withstand discomfort it will often be advisable to use either iron or strychnine, or both, in combination. Quinine, phenacetine and acetanilide may often be deemed necessary in certain nervous people. Other forms of treatment, bearing upon the same direct line, will give similar results.

EPITHELIOMA (SKIN CANCER) TREATMENT.

By A. D. McConachie, M.D.,

Assistant Surgeon to the Presbyterian Eye, Ear and Throat Charity Hospital; Ophthalmologist to Bay View Hospital, Baltimore, Md.

READ BEFORE THE UNIVERSITY OF MARYLAND MEDICAL SOCIETY. MARCH 21, 1899.

Cancer in former times was regarded as a tumor which began as a hard nodule and later was changed into the cancer nodule proper, undergoing fungous proliferation, then ulceration, and finally resulting in death by general marasmus (cancer cachexia).

After many changes in theory our present conception of cancer has been arrived at, due largely to the researches of Rokitansky, Billroth, Thiersch, Remak, Förster and Virchow. From their investigations we are now able to define cancer as a malignant neoplasm which consists of a proliferating epithelial cell mass, arranged in an alveolar cone-like or tube-like manner, together with a connective tissue stroma in a condition of inflammatory infiltration. This definition applies to epithelial cancer, to which epitheliomata belong, but does not apply completely to some other forms which cannot be included in a general definition.

Clinically an epithelioma may be divided into (1) flat, (2) nodular or deep-seated, and (3) papillary and located on the skin or mucous membrane.

The flat form may begin as a vesicle, papule, wart or nodule, or as an eczematous-like lesion. They soon excoriate or fissure spontaneously or by scratching, and are then covered with a crust of viscid secretion and blood. It may take several years before this stage is reached. The focus then enlarges and new nodules or papules develop at the margins. These nodules are made up of epithelial cells (round, spindle-shaped nucleated cells) arranged around a central mass, the whole being known as cancroid corpuscles or spheres or pearl bodies. Exfoliation proceeds until a large area of ulcerated surface, with base and edges hard, and strewn with pearl bodies, which may heal at the end of years, or, as is usual, new foci appear, rarely producing any bad effect upon the general system or enlargement of neighboring glands. It may be converted into the deep-seated or nodular form; the latter, however, usually begins as a primary affection.

The papillomatous variety runs the most rapid course. It appears as a broad, hard tumor, or is pedunculated like a mushroom and projects from the surface of the skin.

Epitheliomata spread not by centric growth, as is the case with simple tumors, adenoma, lipoma, etc., but by growth peripherally and invasion of the surrounding tissue by way of the lymph channels, so much as not to be recognized by touch or the unaided eye. Even a microscopical examination may not detect the migrated epithelia, as is so fre-

quently shown by recurrence after excision of the entire diseased area. A knowledge of the form, direction, location and rapidity of the growth of the cancer is of great value in judging as to the possible extent of the invasion, and should be carefully noted in every case in order that the disease may be thoroughly removed, and still avoid unnecessary destruction of normal tissue. Yet thorough removal is necessary, as partial removal is not only not beneficial, but actually harmful, as it hastens the growth of the tumor and favors secondary lymphatic gland infection, when the disease can then be considered incurable.

Skin cancers (all forms) occur most frequently upon the face, chiefly the eyelids and adjacent parts, skin of the nose (bony and cartilaginous), the lips, lateral parts of the cheek and forehead. The eyelids, temples and bridge of the nose are often covered for years by flat apitheliomata, and may extend to the cheeks, lobe of the ear and upper lip, or may extend to the conjunctiva, thence into the orbit, without involving the eyeball for a long time; from the lips it may extend to the buccal mucous membrane and extend to the hard palate, involving the bone in degeneration, producing perforation of the hard palate, loss of teeth and alveolus, perforation of the antrum of Highmore, the frontal sinuses, the cranial bones and exposure of the brain. Other portions of the body may be the seat, as the genitalia, upper and lower limbs. Cancer of the tongue and mucous membrane is much more frequent.

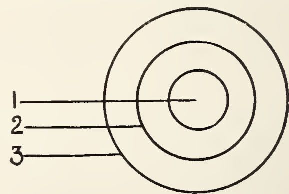
The cause of cancer in general is still obscure. In epitheliomata certain local, acquired or congenital histological conditions of the skin furnish the exciting cause for its development as soon as a change in the nutritive relations between the papillae and connective tissue stroma on the one hand and the rete and pigment on the other. Among such conditions we may mention warts, which undergo epithelial proliferation either spontaneously or by irritation from tobacco juice or mechanical irritation.

The diagnosis is readily made from the symptoms except in certain locations, and then may be mistaken for chancres or tuberculous lesions, in which cases anti-syphilitic treatment or histological examination will be required.

The prognosis of epithelioma of the skin is more favorable than that of all other forms of cancer in any locality. Cancer is at first a purely local disease and not a manifestation of a constitutional condition, hence a thorough removal, before it has invaded other parts, of the growth is equivalent to a cure of the disease.

Treatment.—Our object should be to thoroughly remove all tissue involved with as little scar and deformity as possible and the least amount of destruction of normal tissue. Our choice of agents lies between the knife and destructive agents—caustics, thermo- or electro-cautery.

In parts of the body, as the scrotum and front parts of the neck, where it is possible to remove large amounts of tissue without injury to the patient, undoubtedly the knife is the best agent to use. My work in epitheliomata being confined to those of the skin about the face, brow, eyes, lips, nose and ear, I am convinced that caustics are the most suitable and should always be employed in preference to excision on account of the greater certainty of success and the slighter deformity remaining after the removal of the diseased area. This, I think, can be made apparent by the illustration.



Should we have an area (1) of epitheliomatous skin (clinically); around this as far as (2) we may find or suspect a few migrated apitheliomata epithelia with some inflammatory infiltration, and beyond this to (3) with still a few migrated epithelia, and beyond (3) healthy tissue. If we use the knife it would be necessary to remove all the tissue within (3) or the disease would recur, and at the same time much mutilation of the face and much tissue must be removed. If we use caustics for the purpose, and one of sufficient

intensity, the diseased area within is destroyed, also the epithelia in the areas (2) and (3) as the action of the caustic extends beyond the necrosed area by an intense inflammatory process which leads to destruction of all the tissue within (2) and of the cancer epithelia in (3) without destroying the normal tissues, as pathological tissue is more affected by caustics than normal tissue.

Thus we get the equivalent results of the knife, but the open wound with caustics only extends to (2) and with the knife to (3). Herein lies the advantage of the caustic over the knife. Mild caustics, as carbolic acid, nitrate of silver, hydrochloric, sulphuric and acetic acids, are slight in action and too slow. Their use only destroys a portion of the growth at one time, and the remainder is so stimulated that its reaction hastens the growth and may, by metastases, favor secondary lymphatic gland involvement. The stronger caustics, as caustic potash, chloride of zinc and arsenious acid, are preferable.

Caustic potash is rapidly destructive even of healthy tissue and should be used only when small diseased areas are involved, as severe hemorrhage may follow when large areas are destroyed. It can be used in solution, stick or Vienna paste (equal parts of potassa and lime in paste). Chloride of zinc can be used in solution, or, what I prefer, in collodion, or may be used as a paste combined with a local anesthetic. Arsenious acid in the form of Marsden's paste (two parts acid to one of gum acacia) or some modification (in strength) thereof I consider the best agent in treating skin cancer of the face. It has but comparatively slight action on normal tissue. In any case where the papule or nodule is unbroken we should curette the surface before applying the paste. The paste should cover sufficient area to be destroyed so as to be sure that the entire area involved in proliferated epithelia is incorporated in the destructive action of the paste. It should be left on for twelve to twenty-four hours, to be renewed if evidence of any growth remains; the strength of paste, length of time to be applied and number of applications to be regulated by the demands of the case. Too much destruction of normal tissue should not be allowed.

My habit is to apply the paste with collodion, which readily dries, leaving a crust, and requires no adhesive plaster or bandage to keep it in place. Pastes when applied in the region of the eye are apt to become moistened and run to neighboring parts through excessive lachrymation; in such cases the collodion paste militates against this, being impermeable to moisture. The collodion paste crust should be removed at the end of twelve to twenty-four hours and the effects noted, and if the desired results have not been obtained, it should be reapplied, possibly reduced in strength. Our guide is the effect upon the tissues. When sufficient destruction is had the wound is to be treated simply, and no attempt made to heal it antiseptically, as the ptomaines and toxines from pus organisms and the inflammation are of service in helping to destroy the epitheliomata epithelia, and the needful granulation tissues quickly restores the part to normal. Caustics should not be used too timidly. Physicians frequently err by not using the agents sufficiently freely until the disease is removed. When effectively used I am sure that the operator will soon conclude that an epithelioma is not so dangerous a disease as it is usually thought to be.

In cases where the epithelioma involves structures whose entire removal is impossible, as in conjunctival or orbital involvement, palliation is possible by a dusting of orthoform, being nontoxic, anesthetic and slightly antiseptic. I am quite sure, if judiciously used, we have in the caustics, especially potassa, chloride of zinc and arsenious acid, the most effective agents for the cure of epithelioma with the least amount of deformity and scarring, with the greatest certainty of permanent destruction.

The use of electricity and the Paquelin cautery should not be relied upon, especially when large areas are involved. The use of erysipelatous toxine has not proven satisfactory. Internal medication, by making a profound impression on the general nutritive condition, may slow the growth of the cancer, but in time the cancerous cause adapts itself to the new environments and reasserts itself.

Society Reports.

ASSOCIATION OF AMERICAN PHYSICIANS.

FOURTEENTH ANNUAL SESSION, HELD AT WASHINGTON, D. C., MAY 2, 3 AND 4, 1899.

THURSDAY, MAY 4—THIRD DAY.

Drs. F. Pfaff and J. J. Putnam of Boston read a paper on "Experimental Research Disproving the Theory That Paraxanthin Poisoning Is a Case of Migraine." As a preliminary explanation Dr. Putnam referred to his work done several years ago on this subject, and said they had collected five cases of typical migraine and seven cases of epilepsy. The results were uniform and agreed with former results. The analyses were made and took weeks and months, and the necessity for procuring four liters of urine from each one may explain the small number of cases. Dr. Pfaff then explained the chemical examination of the urine and showed how the xanthin was to be separated from the paraxanthin. The urine should be passed during and after an attack of migraine. He does not think that migraine is caused by paraxanthin.

Dr. Rachford said that he depended on the physiological as well as chemical tests for the results. He explained his method and said he believed in the physiological test and said it was leucomain poisoning. He spoke of the poisonous fluids from a migrainous case. He spoke of the ammonia compound of the xanthin group and the instability of the liver as affecting these fluids. He suggests remedies to affect the liver and intestinal canal.

Dr. C. A. Herter said it was clear that many opposite opinions were held on this point. Persons should have great experience to draw conclusions in this matter. Those that contend that migraine depends on the presence of paraxanthin must prove this.

Dr. Pfaff in reply to Dr. Rachford said that if the toxicity of the final fluids depended on the ammonia product of paraxanthin, one could prove this by experiments on animals by using fixed quantities. He had injected 70 c. c. into a rabbit and he did not show the least discomfort.

Drs. F. Forcheimer and R. W. Stewart of Cincinnati read a paper on "The Toxicity of the Urine." He injected fresh urine into a mouse and it died. The shock may have killed it. The same urine boiled did not kill. When filtered it did not kill, and when boiled and injected the results were not uniform. When boiled and kept it became more toxic the longer it was kept. The addition of boric acid had no effect. Urine kept a long time will kill all mice. There were many errors, but these methods which excluded bacteria kill almost not at all. We are not justified in saying that the bacteria are not the only poisonous element in the urine. He referred to a former paper in which a faulty method was used. His experiments seem to show that the views heretofore held in regard to the toxicity of the urine are erroneous.

Dr. T. M. Rotch of Boston reported "A Case of Perforation of the Stomach by a Foreign Body in an Infant Seven Weeks Old." An infant was attacked suddenly with abdominal pain and vomiting. Symptoms of peritonitis developed. Laparotomy was done. The infant died, and in the stomach wall was a small perforation in which there was a thread.

Dr. F. H. Williams of Boston spoke of "An Aneurism and the *X*-Ray." A small aneurism was not made out by ausculation, but the *x*-ray showed it, and the autopsy showed the value of the *x*-ray.

The other papers were read by title.

The following officers were elected: President, Dr. E. G. Janeway; vice-president, Dr. William H. Welch; recorder, Dr. I. Minis Hays; secretary, Dr. Henry Hun; treasurer, Dr. J. P. Crozer Griffith; councillor, Dr. Wm. T. Councilman.

The following new members were elected: Honorary membership, Dr. Israel T. Dana of Portland; active membership, Drs. J. B. Thacher, Walter B. James, Wm. H. Park of New York; R. C. Cabot, Morton Prince, J. H. Wright of Boston; John S. Ely of New Haven; L. F. Barker of Baltimore; W. G. Johnston of Montreal.

Correspondence.

THE MEDICAL PROFESSION AND "THE EXAMINING OPTICIAN."

Editor of the Maryland Medical Journal:

The following circular letter has been sent to oculists generally through the country:

"PHILADELPHIA, *May* 26, 1899.

"DEAR DOCTOR—The following resolutions, presented by Dr. Louis J. Lautenbach of Philadelphia, Pa., and supported and seconded by Dr. S. S. Towler of Marionville, Pa., were unanimously adopted by the Medical Society of the State of Pennsylvania on Wednesday, May 17, 1899, at Johnstown, Pa.:

"'*Resolved,* That it is the opinion of the Medical Society of the State of Pennsylvania that opticians are not qualified by their training or are they legally qualified to perform the work of the oculist, and they should not be the consultants of regular physicians. Further, it is

"'*Resolved,* That all physicians are requested to call their brother-physicians in consultation, thus discountenancing the growing pretences and assurances of the optician and his brother, the graduate optician, or, as he is beginning now to call himself, the "ophthalmotrician."'

"It is the purpose of the undersigned to present similar resolutions substituting 'American Medical Association' for 'Medical Society of the State of Pennsylvania' for adoption by the American Medical Association at Columbus on Tuesday morning, June 6, 1899.

"It is hoped that you will in every way possible promote their passage, that you will vote and work for the same if present at the meeting, influencing your friends, who expect to attend, to do the same, and if possible send the resolution as passed by the Medical Society of the State of Pennsylvania to such medical journals as you think will best promote the purpose intended, with the view of having them present this matter in their editorial columns. I am, yours truly,

"LOUIS J. LAUTENBACH,
"1723 Walnut street."

A glance in the advertising columns of a daily paper or at the signs in street cars shows how rapidly "free examiners" multiply. Many questions suggest themselves. Are these examinations really "free?" If one will take the trouble to neutralize glasses sold at one of these places, inquire the price, and then compare the price of the same glass when furnished on an oculist's prescription, it will be found that in the latter case the charge is nearly, if not absolutely, always less. But this is not the worst of it. The case-book of any oculist of large practice will furnish many such blunders as the following, culled by observation from among the former patrons of the "free" examiners: Concave lenses on hypertropic children, overcorrection of myopia, strong concaves on myopes with defective acuity of vision—a most dangerous error—neglect of astigmatism, or the cylindrical correction in a compound glass of a small amount, which is often purely subjective, adding, it may be remarked, greatly to the expense of the glass; glasses on eyes still preserving some sight, but dangerously diseased, giving the patient very little help and a false idea of security until, possibly, too late to remedy the trouble; prisms, when the real trouble is paresis of an eye muscle dependent upon a central or peripheral lesion. The unnecessary use of glasses in childhood is also to be mentioned as one of the sins of the "free" spectacle-sellers. A child can have headache and pain on studying, and there can be a co-existent astigmatism or hyperopia, readily detected by subjective tests, and yet the correction of the refraction error be neither necessary nor effective. Faulty habits of life, errors in diet, sleep, exercise, pushing a child's eyes beyond their working capacity, uncongenial school surroundings in a certain class of children—these are only some of the factors which a careful oculist has to consider in ordering correcting lenses, and their rectifying sometimes does away with the need of glasses. But when the examination is "free," and there is no fee if no sale, is it probable that the examiner will carefully weigh the various methods which might save him from putting on a pair of lenses with handsome gold frames?

Does the examining optician do harm? If by this is meant is it never safe for one to select a pair of glasses without consulting an oculist, the answer must certainly be that in many instances glasses bought over the counter do not injure the eyes. There are too many persons with excellent sight who have been doing this thing for years to justify the claim that opticians never give correct glasses. Again, it is urged that when a difficult case presents itself the patient is sent to some chosen oculist, who, in turn, sends his patients to this particular optician. Who is to judge when a case is difficult? Is the examining optician? If so, does he judge impartially and correctly? So far from becoming more conservative with the increased knowledge about the significance of refraction errors, and greater public realization of the necessity of watching the eyes and their defects, opticians seem to be getting bolder—to be stretching out into territory demanding the highest type of medical judgment. Such blunders as have been mentioned illustrate. Sometimes nature uses the conservative influence of pain to secure relief, but not infrequently this is wrongly interpreted by parent or family physician, and only drugs or more experiments at the optician's result. Again, deceived by the fact that the glasses seem to give "sharp" vision," the child goes on until destructive organic lesions come.

A remedy for the optician abuse is of great importance. Admitting that in some cases—for instance, simple presbyopia—one may select the proper glass (though he usually overdoes it), and that in a small proportion of cases of more serious trouble the examining optician "hits it," there is conceded to this gentleman all to which he is entitled. The word "free" is much more attractive to an unenlightened parent than the same word with the "r" omitted. There is a deep and time-honored conviction that, after all, one knows when a glass suits him, and that the subjective is the final test; hence no professional opinion is necessary. To correct these ideas by education of his patients is the duty of the family physician. He can do it better than the oculist, for the latter only reaches those who consult him, and, as a rule, these know the truth already. Are physicians themselves alive to the extent of the abuse in question? Do they appreciate, as they should, the facts that the eyes, like other organs, have blood-vessels and nerves and important reflex functions, and are not merely visual machines; that when they are out of order, or are apparently causing remote disturbances, it is not merely a question of buying a pair of spectacles, but one of careful and painstaking diagnosis? Dr. Lautenbach is right in starting the correction of the optician abuse in the general profession. His resolution deserves hearty support. It ought to pass the American Medical Association and receive the careful attention of family physicians who are called upon not infrequently for advice concerning the various eye reflexes.

Hiram Woods, M.D.

Medical Progress.

Arrest of Hiccough.—Dr. Louis Kolipinski of Washington, D. C., in referring to the article on "Arrest of Hiccough by Depressing the Tongue" in the Journal for February 25, 1899, says: Kindly allow me to report two other cases, supplementary to the one above noted:

1. An old man dying from chronic lead poisoning, followed by tuberculosis, developed hiccough, persisting for nine days. By depressing the tongue the spasm was repeatedly stopped, but returned again in a few hours. The method was discarded, however, on account of a painful and obstinate stomatitis making firm pressure intolerable. Still, it had been successfully applied both by myself and the nurse eight times before we were compelled from the circumstances mentioned to resort to other means of relief.

2. A policeman, recently the victim of a tapeworm, and recovering from a severe anemia caused by the parasite, had hiccough for twenty-four hours. He was unable to sleep on account of it, and passed his time in seeking relief by trying a great variety of remedies suggested by an apothecary. I depressed the tongue; there was one very audible spasmodic sound and two or three noiseless contrac-

tions of the diaphragm and the hiccough ceased.

In the "Practice of Medicine," by Dr. George B. Wood, a favorite American work of its day, remedies for hiccough are divided into two classes—those that stop it and those that prevent its return. Of the latter class I find quinine to be the most valuable. The dose is five grains of the muriate twice a day. In the case of the policeman the hiccough reappeared in a few hours, but having given him this remedy he returned to report his cure the next day.

I find the most convenient instrument for depressing the tongue to be a Türck's tongue depressor, preferably of metal, as it allows one to crowd the tongue well down on the floor of the mouth and, at the same time, to make pressure backward and downwards the pharynx and larynx.

* * *

Typhoid Fever and Trichinosis.—H. Fischer (American Journal of the Medical Sciences) reports an old observation, being the case of a young butcher who developed typhoid fever and trichinosis simultaneously. Two days after eating excessively of raw tainted meat he had chills, loss of appetite, pains and great weakness of the limbs. Six days later he was admitted to the hospital with all the signs of a severe typhoid. A large bed-sore developed over the sacrum. On removing the gangrenous tissue a piece of healthy muscle was accidentally cut away, which even to the naked eye appeared thickly studded with trichinae. Microscopical examination showed the trichinae to be very near each other and encapsulated, the capsules still transparent and the parasites very lively. The patient died of pneumo-pleuritis. The autopsy showed the typical lesions of typhoid fever in the ileum. There were many trichinae in all of the muscles. The clinical signs of trichinosis were unimportant, those of typhoid fever dominating the clinical picture. Neither edema nor stiffness of the muscles was observed. The trichinae grew and increased undisturbed by the high septic fever or the changes in nutrition and structure of the muscles caused by the typhoid fever.

Hysterical Insanity.—In his manual of "Psychological Medicine," Dr. Edward C. Mann recommends for the student of medicine the classification of insanity originated by the eminent German, Professor Krafft-Ebing. One of the heads in his classification he calls "Hysterical Insanity," dividing it into the transitory and chronic forms. Under transitory forms he places "(a) with fright, (b) hystero-epileptic, (c) ecstatic visionary form, (d) moria-like conditions." Under chronic forms, "(a) hystero-melancholia, (b) hystero-mania, (c) degenerative states, with hysterical basis." Dr. Mann has always been recognized as one of our best authorities on the subject of insanity, yet a physician who is termed an insanity expert states before a jury that in his forty-three "years of experience" he has never seen or never heard of hysterical insanity.

* * *

A Contribution to our Knowledge of Diphtheria.—Hennig, in Pediatrics, in comparing two epidemics which occurred previous to the antitoxine period—1890-1891, in a village near Tübingen, and 1893-1894 in Tübingen proper—lays stress on the fact that in the first epidemic, presenting much more favorable surroundings, numerous cases appeared in 41.4 per cent. of the families, while in the latter only 11 per cent., with an even higher mortality, occurred, although the surroundings were less favorable. He points out, in this relation, how careful we should be in judging of the effect of inoculation of diphtheria antitoxine as a preventive measure. The question of immunization, especially when we consider the short time in which the so-called immunity of dwelling-houses against diphtheria is active, must not be answered hastily.

* * *

Brandis (Medical Times) has collected ten cases of syphilis in physicians, all infected professionally in the fingers and all extremely violent cases, only yielding to prolonged and repeated treatment. The diagnosis was made very late in each case.

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BALTIMORE, JUNE 10, 1899.

American Medical Association.

THE meeting of the American Medical Association, with its various side shows, at Columbus during the past week attracted a large number of physicians from all over the country, but especially from the West, from which section perhaps the largest number of members come. While the amount of work crowded into a few days hardly receives justice, there are many advantages in these meetings, and they will always continue to be successful even if the matter presented is not always of the highest scientific character.

Columbus is a charming place of meeting, and the profession and public there have spared no pains to open freely their doors and grant every act of hospitality to the visiting physicians and their families. The programme of the Association reflects great credit on the committees in charge, and the whole arrangements at this meeting proved that no mistake was made when Columbus was selected. Besides the *Journal of the American Medical Association*, the *Columbus Medical Journal* issued special souvenir numbers, with portraits and views of Columbus, thus reflecting great credit on the enterprise of these two journals. Future numbers of journals all over the country will contain for some time to come detailed accounts of this meeting.

The Oculist and the Optician.

The attempt in recent years of the optician to replace the oculist has at last begun to receive the attention it deserves from the profession. Every optician, every little shop and every department store thinks it possible to have some one to fit glasses as skillfully as any oculist who has taken a medical course and given his time to the special study of the eye.

As our correspondent points out in this issue, the optician often fits glasses properly and removes the trouble, but his failures alone come to the oculist's attention, and they are not only many, but the harm done by ignorant fitters of glasses can hardly be calculated.

If opticians continue to fit glasses and correct irregularities of refraction it is time they should be properly licensed, not with a view to helping the profession of oculists, but in order to protect the ignorant public, which always turns where apparent cheapness announces itself. The present method not only helps the oculist, but it also destroys a certain number of eyes each year and does more permanent harm than is suspected. To obviate this some plan of licensing and limiting the powers of opticians is needed. The letter of our correspondent should be read with care.

* * *

Public Baths.

THE severe warm weather of the past week makes the public appreciate more than ever the great liberality of Mr. Harry Walters of Baltimore, who has guaranteed a sum sufficient to equip and carry on several public free baths in Baltimore. This is a step which has elicited the interest of the Maryland Public Health Association, the Arundell Club and many public-spirited citizens. The young boy who longs for the cold water and a good swim takes any risk to have his dip in the dirty waters of the docks or in neighboring streams, and, although against the law, few officers would interfere in such an act. There is danger when small boys not able to swim go into streams they do not know and sink into a deep hole, never to reappear. The poor of any large city compelled to remain in the hot city the whole summer through, and having no facilities for bathing, will appreciate the generous gifts for the free baths, and the large numbers using the meager facilities of former summers testify to the importance of baths for all,

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending June 3, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	2	..
Pneumonia	..	9
Phthisis Pulmonalis	..	22
Measles	34	..
Whooping Cough	1	..
Pseudo-Membranous Croup and Diphtheria.	13	2
Mumps	..	..
Scarlet Fever	7	..
Varioloid	..	..
Varicella	2	..
Typhoid Fever	..	1
La Grippe	..	..

The death of Dr. Norman Kerr in London is announced.

Christian Scientists are not having an easy time in some States.

The Robert Garrett Sanitarium for Children at Mt. Airy, Md., is open.

Mr. Harry Walters has given $45,000 for free public baths in Baltimore.

The medical department of the University of Vienna will soon celebrate its 500th anniversary.

Dr. Robert J. Bogue, a graduate of the University of Maryland in 1866, died in Baltimore last week.

The meeting of the American Pediatric Society will take place at Deer Park, Md., June 27, 28 and 29.

Governor Roosevelt has decided that a city may support a municipal hospital outside of the city limits.

The bill for shorter hours for New York drug clerks has been passed, but it did not receive the governor's signature.

The powers and privileges of the State Board of Medical Examiners of Tennessee have been curtailed by the legislature of that State.

The subject of Dr. Osler's Cavendish lecture before the West London Medico-Chirurgical Society next Friday will be "Cerebro-Spinal Fever."

It is announced that all of the thirty-three candidates for the degree of M.D. at the Johns Hopkins Medical School will receive their degree next week. Two of them are women.

At the Baltimore Eye, Ear and Throat Charity Hospital 3702 patients were treated during 1898, 11,219 visits were paid in the dispensary, and 467 surgical operations were performed.

At the last meeting of the American Orthopedic Society Dr. R. Tunstall Taylor was elected first vice-president, which is a great but well-deserved honor for so young a man.

The American Gynecological Society elected the following officers for the ensuing year: President, Dr. George J. Engelmann of Boston; vice-presidents, Drs. Edward L. Duer of Philadelphia and Seth C. Gordon of Portland, Maine; secretary, Dr. J. Riddle Goffe of New York; treasurer, Dr. J. Montgomery Baldy of Philadelphia.

The American Academy of Medicine elected the following officers for the ensuing year: President, Dr. G. Hudson Makuen of Philadelphia; vice-presidents, Dr. A. G. Plumber of Salt Lake City, Dr. A. Goldspohn of Chicago, Dr. Edwin F. Wilson of Columbus, Ohio, and Dr. A. L. Benedict of Buffalo; secretary and treasurer, Dr. Charles McIntyre of Easton, Pa.; assistant secretary, Dr. W. L. Pyle of Philadelphia. The place of the next meeting will be selected by the council.

The following officers have been elected by the American Medico-Psychological Association: President, Dr. Joseph G. Rodgers of Indiana; vice-president, Dr. Peter M. Wise of New York; secretary and treasurer, Dr. C. B. Burr of Michigan; auditors, Dr. Thomas J. Mitchell of Louisiana, Dr. William Mabon of New York; councillors for three years, Dr. C. B. Bancroft of New Hampshire, Dr. H. A. Tomlinson of Minnesota, Dr. S. F. Cook of Ohio, Dr. A. W. Hard of New York.

Officers of the American Laryngological Association for the coming year are: President, Dr. Samuel Johnston of Baltimore; first vice-president, Dr. T. Amory De Blois of Boston; second vice-president, Dr. Moreau Brown of Chicago; secretary and treasurer, Dr. Henry L. Swain of New Haven; librarian, Dr. Joseph H. Bryan of Washington; member of council, Dr. William E. Casselberry of Chicago; committee of arrangements, Dr. T. Morris Murray of Washington. The next meeting will be held in Washington.

Book Reviews.

Diseases of the Eye. A Handbook of Ophthalmic Practice. By G. E. de Schweinitz, Professor of Ophthalmology in the Jefferson Medical College, Philadelphia, Pa. W. B. Saunders, publisher. Third edition. Pp. 696. Cloth, $4.

No farther proof of the worth and welcome of this book is needed than the fact that in six years a third edition is necessary. It is not hard to see wherein lies its popularity. Dr. de Schweinitz writes clearly, forcibly, somewhat dogmatically, and shows excellent judgment in selecting the subjects upon which students need instruction. His illustrations are valuable. This is especially true of the descriptions of operations. One can go to this book for information and get in a few pages, or maybe lines, the practical gist of the subject. Again, the work is up to date. The latest researches in bacteriology as applied to eye diseases, methods of sterilization, local anesthesia, etc., are set forth. If there is a fault in its general plan or its detail—and whether there is or no is a matter of individual opinion upon what "students and practitioners'" need—it is, we think, in places, a lack of thoroughness, a tendency to give results of research and practical facts rather than to outline for the student principles upon which he can do his own thinking. These latter are not entirely wanting; indeed, in the chapters upon optics they are now and then over the head of the average medical student. Two or three examples will illustrate. There is no chapter devoted to the anatomy of the eye; nor, as in other works, is the anatomy of each structure given in the chapter devoted to its diseases. Here is, at least, an omission which drives the student to another book for necessary information. On page 64 a few lines are given to the color of the iris. "The color of the iris of all new-born children is of a light grayish-blue; the stromal pigment is developed subsequently." What is the stroma? What the "stromal pigment?" Why does its non-existence produce a "grayish-blue" color? So far as the book under discussion goes, there is no answer. Compare Fuchs' description, occupying very little more space (text-book), and it is seen that the ideas given by the two writers distinctly differ in thoroughness and clearness. Again, the rules for detection of color-blindness are given clearly enough, but there is no explanation vouchsafed. There is mention of Helmholtz's theory of color-blindness; but of Young's theory of color perception, as modified by Helmholtz, and generally accepted as a working basis, there is no mention. Compare description of same in Juler's book. Again "the author doubts the propriety of any ripening operation." This in reference to immature cataracts, after mentioning the proceedures employed and the surgeons using them. Not a word to explain the doubt. A few lines would have given the thoughtful reader most useful and suggestive information. There is enough for the student who accepts his professor's or author's statement as the last and authoritative word, but not enough for one who consults the book of a leader in ophthalmological thought, either to obtain complete information upon a well-known subject or a useful opinion upon a mooted question. One is a little surprised to find no allusion in tests for muscular imbalance to Duane's "Parallax Displacement." It is, we think, more suggestive and useful than many given.

REPRINTS, ETC., RECEIVED.

Infection After Abdominal Operations and Its Treatment. By Hunter Robb, M.D.

Some Remarks About the Study of Medicine in Germany. By Emil Amberg, M.D. Reprint from the *Leucocyte*.

Deaths (Ten) Surgical and Causes. By Merrill Ricketts, Ph.B., M.D. Reprint from the *Cincinnati Lancet-Clinic*.

The Dermal Coverings of Animals and Plants. By B. Merrill Ricketts, Ph.B., M.D. Reprint from the *Cincinnati Lancet-Clinic*.

Acetanilide; Its Uses as a Preventive Measure in Premature Expulsion of the Ovum. By Stephen Harnesberger, M.D. Reprint from the *Journal*.

Serpents and Their Venom—Copperhead, Coral and Rattlesnake. By B. Merrill Ricketts, Ph.B., M.D. Reprint from the *Cincinnati Lancet-Clinic*.

The Influence of Extirpation of the Ovaries Upon the Structural Changes in the Uterus. By Hunter Robb, M.D. Reprint from the *Cleveland Medical Gazette*.

Primary Focal Hematomyelia from Traumatism; A Frequent but Often Unrecognized Form of Spinal-Cord Injury. By Pearce Bailey, M.D. Reprint from the *Medical Record*.

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Original Articles.

CANCER AS A PARASITIC DISEASE.

By Roswell Park, M.D.,
Buffalo.

READ AT THE CENTENNIAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 25-28, 1899.

In the century during which your learned society has been in existence there has never come before it any problem for discussion so important, nor probably one upon which views have changed so often, as that upon which I have been invited to address you. And this invitation, by the way, came almost with the unexpected force of a demand, since it was extended through a gentleman for whom personally I have the highest and most affectionate regard, and whose attainments and natural gifts have caused him to be accepted everywhere as a leader in our profession. When, therefore, he invited me to thus come before you and take this as my subject, it was an invitation too tempting to be declined even by one so unworthy as myself. I imagine that it was but another expression of his genial good-nature, in that he wished especially to afford an opportunity to tell you of what we are trying to do in our State with public aid in solving this great problem. Whatever his reason, however, I regard it as a rare opportunity to be able to bring you the congratulations of a Sister State, and of a large collection of technical schools, upon this the centennial anniversary of a society which has done so much good work and enrolled so many honorable names as yours. By such a meeting as this you set an example which every State in its turn should follow, and you give the impetus to collective work and collective investigation which every large association of men needs.

There probably has never been a subject in the domain of medicine which has attracted more attention, or upon which men's minds have been more active, than that of the nature of cancer, and this should be stated always in reply to the cynics who wonder why we have not learned all about it long ago. The very fact, however, that it is today so moot a question finds its own answer in the fact that only now, if even yet, have we been able to furnish a reasonably or partially satisfactory solution. One reason for this trouble in the past has been a lack of concerted effort. Men have studied the disease wildly or from a very restricted point of view, having in many instances pet theories which they sought to prove, caring little or nothing for the studies of others or for the inconsistencies of their own hypotheses. One of the greatest divisions of opinion has been with regard to the local or the constitutional origin of cancer. The importance of establishing one or the other will appear in a moment, if one but consider how the whole question of treatment hinges upon what may be determined in this regard. If cancer be primarily a constitutional condition, there must necessarily be an end to mechanical therapeusis. If, on the other hand, it be a local disease, there is a time in the history of every growth when, if it be accessible and be recognized in time, it can be so removed by radical operation that there may be offered every prospect of absolute cure. How eagerly, then, the surgeon has watched for the demonstration of its

local origin I need not even remind you.

Thirty years ago that most versatile English scholar, Jonathan Hutchinson, read an important paper, in which he enunciated and emphasized the views which he has since maintained, that cancer is a disease essentially local in its beginnings, and insisted upon the paramount importance of this doctrine as the only safe basis of surgical treatment. This paper had a far-reaching influence and gave rise to numerous other papers and discussions before various English societies. Some years later, when discussing this same subject and referring to his earlier expressions, he said: "It is the conviction which grows with each year's experience that in the rules of practice which should spring out of the full and hearty adoption of the doctrine of the local origin of cancer rests our only hope of being able to save those who consult us from the dreadful horrors of this malady. 'Too late! Too late!' is written in legible characters on three-quarters of the cancer cases when they come under the notice of the operating surgeon."

The English surgeons and pathologists as a class have leaned strongly toward the so-called precancerous stage, which must pass today as a recognition of either a local or a constitutional predisposition to infection. This may be due to disturbances in nutrition, to hereditary influence, to previous injury or to some congenital defect or departure from the normal condition, as when, for instance, we see cancer developing in branchiogenic cysts. But it by no means follows that a local disease is necessarily the result of a constitutional inheritance, for, as has been significantly suggested, the inheritance of a fortune is a very different thing from its acquisition, and gives no clue as to how it may have been secured. Senility and the decadence of tissues which have passed the period of their usefulness and are about to undergo physiological rest are undoubtedly predisposing causes. So we find also predisposing conditions in certain parts of the body where embryological vestiges or rests are found, as the regions of the pylorus, caecum, adrenal rests, etc. That infection occurs in some places more easily than in others is everywhere recognized, while everywhere we try to account for the facts by certain changes too minute to be recognized in the cells.

It is safe to maintain today that the origin of cancer is now purely a biological problem. To act as do epithelial cells when they produce cancer there must be present some stimulus, either internal or external. To acknowledge the former is to confess that there are influences at work which we cannot appreciate, much less name; subtle influences, whose effects only are perceptible, or else that it is purely a question of heredity, which of itself is the most subtle and ill-understood of all. If we put aside, however, these hypotheses, there is still before us the possibility of stimuli from without. Most prominent of the external stimuli, and that which appeals to our reason as a possibility, is naturally some form of parasite, although a long list of improbable external stimuli might be enumerated. What has especially called attention to the possibility of an external stimulus in the form of a parasite as the etiological factor in cancer has been and is the presence within cancerous tissues of bodies of varying form, which cannot be definitely classified as either degeneration products of the cells or as true parasites. This, of course, referring purely to the histological point of view.

It will be readily understood that the mere observation of such bodies and the study of their apparent relations to the tissues, especially in fixed preparations, cannot lead us to a final conclusion regarding their nature. From the beginning many have committed themselves to the belief that these bodies were none other than parasites, while others, in fact, the large majority of observers, have contended that this was not proven. Various experiments to demonstrate that cancer is transferable have been made, but when successful have always been met by the argument that the mere transference of a cancer cell under favorable conditions proves nothing more than that the cells possess within themselves the ability to continue growth in the new host.

Nevertheless, what is every metastasis except a transplantation experiment un-

der most favorable conditions, and why have men been so ready to accept metastasis in the generally accepted infectious conditions as sure expressions of infection, and so loth to regard them in the same light when they occur in cancer?

The duplex nature of this problem is most apparent, and obtains in that it is both a matter of the deepest scientific interest as well as the greatest sociological and public importance. For instance, Duehrssen has recently claimed that more women die every year in Germany of cancer of the uterus than were lives lost in the Franco-Prussian war, and that women during the climacteric period are subject to as many chances of death from cancer of the uterus as soldiers to be killed during active warfare. If the nature of cancer can be established, and if in time a suitable prophylaxis and treatment can be discovered, the government has as much indicated duty in this matter as in the case of consumption or other communicable disease.

I have so recently, and elsewhere, pointed out the startling increase of cancer all over the world, and particularly for my own purposes in my own State, that I do not think it necessary to burden you with any figures, simply falling back upon the easily demonstrated fact that in all civilized countries the death-rate from this disease is constantly increasing, until it is, roughly speaking, now four or five times what it was fifty or sixty years ago. In considering topics of this kind one naturally draws comparisons between cancer and certain other generally prevalent diseases, of which consumption is the most common and the most applicable. Twenty-five or thirty years ago consumption was the greatest scourge of the human race, with the exception of those acute infections which destroy whole communities. Then came the discovery of its cause, and later have followed sanitary and improved therapeutic measures, by which its spread is much more limited and its treatment much more successful. As a result, we have now a gradually decreasing death-rate from this disease. Can any rational man deny the benefit in the same direction which we may expect to accrue from a successful study and determination of the causes of cancer in various parts of the world and with various forms of private, and especially public aid?

Institutes for infectious diseases and sanitaria for the treatment of consumption have been founded and conducted to the great enhancement of human happiness and human health. But cancer, which undoubtedly is usually a still slower form of infection, continues to claim its thousands of victims, to devastate localities and to be the hideous specter which stalks in the shadows of many a household, and yet practically never until a year ago did any State or public government consider the problem of sufficient importance to appropriate money toward its solution. Cancer hospitals have been richly endowed, with never a laboratory in them. Grants have been made occasionally by learned societies for a limited period of time to enable one or more individuals to prosecute studies in this direction, but it remained for the State of New York to publicly consider the matter and to appropriate a sum of money annually for the purpose of equipping and maintaining a laboratory to be devoted to this especial purpose. The first money so appropriated became available in May of 1898, and the institution was organized and placed under the direction of the medical department of the University of Buffalo. Since this time active work has been constantly going on, and with already in the past few months a number of results which give the greatest promise for the future. It has been hard to make legislators appreciate that this was a matter of years of study and research, and that to expect immediate results was to defeat the very object of the appropriation, which was careful and painstaking study.

It will be universally conceded that oncological studies must now and henceforth be carried on in the biological laboratory, because the nature of cancer is henceforward a biological problem. The nature of all the infectious diseases was solved by the biologists, *i. e.*, the pathologists or the bacteriologists, and we must look for light upon our present problem from the same direction.

The cancerous process is not to be in all respects compared with known infections, save in certain obvious directions, until the exciting cause is finally definitely recognized as an organism. As I have elsewhere pointed out, the length of time between infection and clinical phenomena varies within extraordinary limits in the various infectious diseases. There are infections which kill in a few hours, others in a few days, still others in a few weeks, while in the case of several we know that this interval is protracted over several months, or even years, being, nevertheless, always fatally terminated in the natural course of events or unless science intervenes. It is, however, no argument against the parasitic nature of cancer to have to acknowledge that even years may elapse between the two events, *i. e.*, infection and death. No one will think of denying that this is true in leprosy or in rhinoscleroma.

The communication of cancer from one part of the body to another is a not infrequent and now well-recognized possibility, or even danger. I mean by this direct communication, and not a metastatic invasion. Metastases characterize nearly all the neoplastic infections. In the ordinary infectious granulomata, however, it is only the parasites which wander around and produce metastatic foci, but when we deal with cancer it is the cells of the primary tumor, apparently, which are conveyed from their original position and produce wherever deposited a secondary tumor whose cells are not necessarily normal to that locality. These differences are significant, but not fundamental, and may constitute, as Lubarsch has emphasized, a sort of novelty in the study of infectious disease.

The communication of cancer from one part of the body to another is a now well-recognized danger. Under no conditions are ordinary inflammatory phenomena reproduced without the transfer of the specific organism. It has been completely established of late that bacteria can pass through certain tissues leaving no trace of their passage, but finding resting-places at remote points. It is claimed by Bosc that his laboratory investigations illustrate the facility with which the organisms he has isolated from carcinoma may pass from peritoneal to pleural cavities and yet leave no evidence in the diaphragm of their passage through it. Although this explains nothing, it is of importance to know that organisms entering at one point might migrate widely and produce cancer at some other. That certain tissues and localities are more easily invaded by these organisms is only another expression of a now well-known phenomenon in pathology. Whether organisms actually possess selective activities or whether heredity or other subtle influences make certain tissues more inviting than others we may not yet say. Nevertheless, certain organisms show always certain affinities. We may draw certain analogies also from that most rapid of all infections, bubonic plague, for whose organism there has yet been demonstrated no constant path of infection nor port of entry. It enters sometimes in one way and sometimes in another, so far as we know, and leaves no traces even when the infection has become general. This is true also of malaria, for we can scarcely regard the alleged role played by certain insects as positively demonstrated. But even assuming this method of infection, there remains in the tissue thus sown or infected no permanent trace of the organism itself.

Surely I do not need to remind this audience of what twenty-five years have accomplished for us in the way of improvement of technique and of optical facilities, nor of the new world which these means have exposed to our study. To say, however, that limits have yet been reached in any one of these directions would be absurd. Already we know of organisms which pass through porcelain, and which as individuals elude the best lenses yet made. Nevertheless, we may feel confident that more exact methods for their study will yet be devised.

The theory of infectivity of cancer is far from being new. Two hundred and fifty years ago Lusitanus published a striking case, and Tulpius, who figures as the "Anatomist" in Rembrandt's great picture, voiced his view in the statement that "the ulcerated cancer is just as contagi-

ous as inflammation of the eyes." This was in 1673, and in 1731 Junker maintained that cancer is contagious, only requiring that infective material should fall on a suitable spot where there is already a breach of surface. Certainly the most radical thinker of today can scarcely take more advanced ground than this. Striking events indicate how generally men are appreciating the necessity for a collective study of this disease. A few years ago a small number of surgeons and pathologists formed in Paris a league for the study of this disease, and a journal is now being published quarterly, *i. e.*, *Revue des Maladies Cancereuses*, devoted to this particular topic. It is under the direction of those well-known authorities, Duplay, Lannelongue and Cornil. It is now in its third year, and contains a great deal of value. There exists today in London a Society for the Prevention of Cancer, which might well find associate members or active imitators in this country.

The most recent and striking expression of interest in this direction has come in the shape of the April number of the London *Practitioner*, which is entirely devoted to the subject of cancer, the contributions being entirely by English and American surgeons, including the writer. These men, writing independently, and each from his own standpoint, practically agree as to the parasitic nature and infectivity of the disease. Power, for instance, furnishes most striking evidence in favor of transmission of the disease, in which locality seems to play an important part. His paper on the "Local Distribution of Cancer and Cancer Houses" is an extremely painstaking and convincing one, and in the care evinced in its preparation is to be compared only with the recent study of Behla (*Ctlbt. f. Bakteriol.*, Vol. 24, p. 780) on the increase of cancer, which I have elsewhere epitomized. Power does not necessarily believe that cancer haunts houses, nor that the disease is water-borne, but he does believe that it haunts localities, and is of the opinion that the germ of the disease inhabits some intermediate host belonging to the vegetable or animal kingdom, by whose agency it somehow finds its way into the human body. He sees strong analogies between cancer and malaria in this respect, a resemblance made still closer by the fact that Haviland seems to show that cancer and malaria have a definite relation to marshy soil, at least in some parts of the world.

In a well-illustrated article in this number Plimmer also commits himself entirely to the parasitic theory, although not to the recognition of a single germ. He reminds us that the first one to name these bodies was Metchnikoff, who regarded them as parasitic protozoa, using this term in its widest significance. Plimmer is generous in his recognition of the work done in other countries, also broad-minded in that he fully recognizes the pleomorphism and the polymorphism of these lowly organisms. During six years he has examined microscopically 1278 cases of carcinoma, in 1130 of which he has found parasitic organisms, while ninety of the entire number were unfit for examination. He states positively that these bodies are constantly present in cancer and constantly absent in other diseased or degenerated conditions. He seems to corroborate the views enunciated by Bramade, who communicated to the French Société de Biologie last year similar results, although not from so large a number of cases examined. Plimmer has found that in some cases the parasites are present in overwhelming numbers, and that the cases then take an acute course and present a clinical picture as different from that of chronic cases as can ever be seen between acute and chronic tuberculosis, in all save final interpretation. Therefore, these various investigators practically agree, and whether the organisms prove to be animal or vegetable is a matter of at present secondary importance, the principal thing being to establish their parasitic character.

In reviewing in short the status of this controversy, it may be well to array before you the names of those who have committed themselves definitely to the parasitic theory, and to give you in short the grounds on which they base their

conviction, as well as to call attention to those who, by industrious work and elaborate publication, have attempted to show that the bodies which appear in cancer are the result of tissue degeneration. The most prominent of those who have committed themselves definitely to the parasitic theory of cancer are Darier, Albarran, Nils Sjöbring, Malassez, Thoma, Foa, Soudakewitch, Bosc, Podwyssoszki and Sawtschenko, Cattle, Vedeler, Ruffer, Plimmer, Walker, Metchnikoff, Kahane, Jürgens, Korotneff, Kurloff, Müller, Clark, Sanfelice, Roncali, Bramade, Fabre-Domergue. The principal opponents of the parasitic theory are Hansemann, Marchand, Ziegler, Nöggerath, Neisser, Ströbe, Pianese, Schwartz. The great body of scientists may be said to occupy a more or less neutral position, not denying that the cause of cancer may possibly be a parasite, but not acknowledging that sufficient proof has yet been brought to conclusively establish the fact. Of those who in their published articles have committed themselves to the parasitic theory may be mentioned Sanfelice, Roncali, Plimmer and Bramade, among the more recent, in that they claim not only to have isolated from carcinoma a definite parasite, but that these parasites, when injected into animals, produce tumors and alterations of the tissue which to the minds of these authors offer sufficient evidence to indicate that these organisms are the etiological factor in carcinoma.

Inasmuch as I have written several times upon this subject, I would like to make my own position clear. From a clinical standpoint I have long been convinced that the only rational explanation for cancer must be founded upon the parasitic theory. If one compares the illustrations published with the articles of those who have advanced the parasitic theory, one is at once struck with the remarkable similarity, if not identity, of the forms which they have observed. These forms, while of great variety, have certain definite characteristics by which they may be recognized. Even the illustrations of those who are opposed to the parasitic theory leave no doubt that their authors have observed the same forms. If, then, it be possible to isolate and cultivate from carcinoma a parasite which in its morphology appears identical with the cell inclusions in carcinoma, it will be acknowledged that we have gone a step farther and have demonstrated that the cancer inclusions are in all probability not the result of cell degeneration, but actual organisms. This much we may say has been accomplished. Careful perusal of the publications of Roncali, Sanfelice, Plimmer and Bosc will convince the most conservative that we are justified in advancing this far. It has been my fortune to inspect the preparations of Roncali, and it was this fortunate incident, combined with my long-standing conviction based upon clinical evidence, which has led me to openly champion the parasitic theory of carcinoma and to advocate the establishment and maintenance of systematic investigation along these lines. Bramade and Sanfelice claim that the parasites which they have isolated have produced in animals typical carcinomata. Their statements have not been definitely credited, and it is to my mind this portion of the work which may be said to still remain in doubt. It is not necessary for me to remind you of the great difficulties which surround this form of experimental demonstration, or to reiterate what has so often been stated, that we may not expect to repeat in animals the conditions which obtain in man. The great significance of the apparent uniformity in the morphology of the parasites which have thus far been isolated may not be overlooked. Roncali and Sanfelice have carried on their labors in Italy, Bosc in Montpellier, Plimmer in London and Jürgens in Berlin, and this wide geographical distribution, combined with the uniformity of results obtained, if not associated with uniformity of interpretation of these results, must strongly indicate that we are at last approaching a not too far distant day when this, the greatest riddle of modern pathology, shall at last be solved.

As I have said, the solution of the origin of cancer is now a purely biological problem, and it is to the unbiased and painstaking efforts of the laboratory worker that we must look for its solution.

PATHOLOGY AND ETIOLOGY OF SKIN DISEASES.

By George C. Clark, M.D.,
Washington, D. C.

READ BEFORE THE MEDICAL AND SURGICAL SOCIETY, MAY 29, 1899.

THE skin being subject to the same morbid processes to which other parts of the body are, we find in this important organ the same pathological changes that take place in other organs and tissues of the body. Of the great variety of pathological changes as found in the skin the most important are anemia, hyperemia, inflammation, hemorrhage, hypertrophy, atrophy and the formation of new growths.

All the layers of the skin are prone to these morbid changes, but the corum or true skin, because of its being the seat of the blood and nerve supply of the skin, is the one which usually suffers, at least primarily, extending to the other layers subsequently, it may be. The skin is also attacked by a great variety of animal and vegetable parasites, and is the seat of various neurotic disturbances. Functional and organic disorders of its numerous and various glands and their ducts also take place. The same is true of the other appendages of the skin—the hairs, hair follicles and nails.

Anemia is indicative of definciency, while hyperemia is due to an excess of blood in the capillaries of the skin. The minute phenomena of cutaneous inflammation are identical with those found in inflammation elsewhere in the body. Cutaneous hemorrhage is generally the result of rupture of the cutaneous capillaries, but may occur by diapedesis. Hypertrophy consists in an abnormal increase in the size of normal tissues, and may be due either to excessive development of pre-existing elements or to the growth of new elements, while atrophy is the decrease of size or number of tissue elements.

New growths are produced by the deposit of new material and development of new tissues in the substance of an organized structure. If made up of simple connective tissue they are benign in character, but made up of cellular matter are, as a general rule, malignant. Such is, in brief, the general pathology of the skin.

Bacteriological research has gone on in the study of skin affections equally with its study in other parts of the body, and has necessarily modified and enlarged our conceptions of the etiology and pathogenesis of these diseases greatly; and doubtless as the methods of investigation in that line improve the number which is due to bacteria will increase. Professor Unna thinks that all skin affections should be regarded as due to parasites for which no other causes can be found, and he places in the list of these affections due to bacteria a number which we had always previously been taught to regard as due to or symptomatic of some constitutional affection, as psoriasis and some kinds of eczema, and while the parasitic origin of skin diseases is not so generally accepted by the authorities in this country, the proof not being sufficient to remove all skepticism, nevertheless any discovery in that line which would make the proof complete would not be a great surprise to any. It is a very tempting theory for such affections as psoriasis and certain kinds of eczema for which no possible cause can be discovered often; nevertheless the American mind requires some more substantial evidence.

But aside from these doubtful instances, there are still a number of affections to which, before the days of bacteriology, no satisfactory etiology could be assigned and which are now assigned to that class, and no doubt rightly, because, while in many of them, as for example, syphilis, contagious impetigo, anthrax, the exanthemata and probably tuberculosis of the skin, scrofuloderma and possibly carcinoma in its early stages—I say that notwithstanding the fact that the particular pathogenic germ has not as yet been isolated which is the cause of these affections, yet the circumstantial evidence in support of the fact that they are the cause is convincing, and we no longer entertain any doubt that some day the proof will be made absolute by the discovery of the causative germ in each and all of these affections. Of course, we do not mean to say that even in this class of cases bacteria are the sole cause, for there

are other factors which probably enter into every case to render the skin more vulnerable and increase individual liability or susceptibility to the development of certain diseases, and so far as we are aware of yet are the only etiological factors in many skin affections. These are heredity, age, sex, diathesis, occupation, season of the year, climate, plethora, debility, pregnancy, dentition, dietetic errors, neurotic disturbances, constitutional diseases, improper clothing, heat, cold, personal habits and a host of others.

Heredity probably exercises the most important influence, either alone or in conjunction with one or more of the above-mentioned causes, or with the bacteriae in the causation of skin affections in that certain individuals inherit a weak or susceptible skin for certain affections, for how otherwise will you explain the very numerous list of skin eruptions which are due to the taking of drugs and the handling or even coming in the neighborhood of poisonous plants of the rhus family, while other persons can take these medicines and handle these plants with impunity; and affections of the urticaria type, which, while usually superinduced by dietetic errors, are found only in individuals with an inherent weakness of the skin for this particular affection. These examples could be added to almost all through the list of skin diseases, but these few will suffice for my purpose.

To go more minutely into this subject would draw my paper out to too great length, and I only wish to say in closing that while much has been learned from the study of skin affections of late years, there yet remains a large field for research, and it behooves all who are interested in medicine, and particularly those in this particular line, to lend his energies and talents to clear up the obscure and disputed points as soon as possible.

Chloride of Zinc in Chronic Metritis.—Delbet says (New York Medical Journal) that intra-uterine injections of chloride of zinc are very efficacious in chronic metritis. They do not cause complications and they do not call for anesthesia or lay the patient up.

SIMULATED BLINDNESS AND ITS DETECTION.

By Edward J. Bernstein, M.D.,

Baltimore.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, APRIL 21, 1899.

The disposition to simulate blindness, either in one or both eyes, is rather rare in this country, except in the case of railroad injuries, where the desire to mulct the company leads the patient to feign blindness, and occasionally in children or hysterical patients for one cause or another. On the Continent, where military duty is compulsory unless some defect can be shown, the attempt is much more common, and all military surgeons are fully aware of the common means for its detection.

Three very interesting cases occurring a short time ago, and in rapid succession, in my practice, lead me to bring this interesting topic before you.

A woman who had been under the care of an oculist for iritis, which had yielded perfectly to treatment, with almost perfect restoration to sight, i. e., she had V. R. E. 5-9, V. L. E. 5-5, with absolutely no defect in the fundus oculi when discharged, met with a railroad accident two years later. She was slightly jarred only, and a few bruises on the shoulder were all that could be detected. She came to me declaring that the accident had brought on a return of her trouble, and that now she could not see with her right eye. The eye was not in the least bit congested, and no lesion could be detected in the fundus. I felt that she was feigning, and proved that she could see.

The second case was that of a little girl whose brother had been under my care for some defect of vision, which was corrected by appropriate glasses. The father bought gold ones for the boy, and the sister evidently forgot her ninth commandment, for she next day informed her parents that she could not see at all, and thought glasses would help her. In great fear the father brought the girl to my office. Neither the ophthalmoscope or external appearance showed any evidence of loss of vision. Detection of simula-

tion was very readily proven by light reflex of the pupils of the eye and the fact that she could be made to look at a near object when the ordinary convergence contraction took place. The "laying on of hands" cured her blindness next day.

The third case was the son of a medical friend. The little fellow had been under my care for a refraction trouble, and I was quite sure of the state of his vision. He had been struck over the right eyebrow with a snowball. He came in to his mother complaining of the pain, but was soon soothed and started off to play again. Some two or three days thereafter he startled his mother with the statement that he could not see with his right eye. His father did not believe his story fully, but after the child persisted in his statement sent him to me. I soon proved by the colored glasses and flames and the pupillary reaction that he was feigning, and ordered that his eye should be smeared with vaseline each night on going to bed. I impressed on his mind that he would read the big letters the next day when he came, and that after that he would read one or two lines more each day till he would be entirely well, which occurred in two or three days.

In handling these cases one must remember that the foundation for success is to make the patient think you believe him implicitly until you have gathered all your evidence. Then tell him very unconcernedly that you are sure he sees quite well.

One must have made a most thorough ophthalmoscopic and subjective test before reaching such a conclusion. To detect simulation of one-sided blindness:

1. One first examines the pupillary reaction of the so-called blind eye. If it be normal, one may think of malingering For instance, if the right eye be the one in question, the left eye is covered by the hand in such manner that its pupil can always be watched; light is now thrown into the "blind" eye; immediately it will contract, as will also the shielded left eye. If it (the "blind" eye) be under atropine, and so have accommodatory paralysis, this will be detected by engaging the patient's attention on small object held close to the uncovered eyes. If there be atropine dilatation, of course the "blind" pupil will not contract, but if there be dilatation of the right eye by reason of blindness, it will still contract with its fellow, except under such exceptional cases where there is also oculomotorious paralysis.

2. Observation of the visual axis. If the "blind" eye be covered and the good one engaged upon a near object, then uncover the other eye and watch it; if it make movements either internally or externally it is an evidence that nature is trying to restore binocular vision. If one places before the "blind" eye a prism of ten degrees base towards the nose, an eye which sees will make an attempt to overcome the effect and move outward. A really blind eye will be perfectly still.

3. One places pictures in the stereoscope. On one side place a horizontal line, on the other a vertical; if he see a cross, then he sees with both eyes; or, one has specially-arranged pictures for binocular vision; if he see the total picture, he uses both eyes.

4. One places before the suspected eye a very low prism, three or four degrees, and suddenly remove it (the patient's gaze being directed upon a near object); if this eye make a restitution movement it is evident that it is a good one.

5. One places weak glasses before each eye; then neutralize them; finally, before the good eye place a very strong cataract glass; if he still reads the distant vision letters he is detected; or place a slightly weaker convex glass in front of the good eye, both eyes being open, and get him to read fine print; if he still read it beyond the focal distance of the lens you may know he is doing his reading with his blind eye.

6. One has red and green letters arranged alternately on a black background; before his left eye you place a red glass and before the other a green glass; now ask him to read; if he read all the letters you know he uses both eyes; if only the alternate ones, then only one eye is being used, for green glass only transmits the rays from the green letters and neutralizes the red ones, and vice versa.

7. In a darkened room at ten or twelve feet distance you place a lighted candle; before the good eye place a seven-degree prism with its base up; diplopia only comes to two good eyes; you disclose the fraud by covering the good eye and showing that he sees only one candle now. If he now denies that he saw double, you place the prism in front of the good eye in such wise that only half the pupil is covered by its edge; then you get monocular diplopia. Now if he declare that he sees only one object, you know that he falsifying. One covers his "bad" eye and shows him that he saw double with the good alone. If he now give in that he sees double, open his bad eye and now cover the good eye completely with the prism; he will then say he sees double, and you can readily disclose the fraud.

8. The test for the total field of vision is made with both eyes open, but that can only be done exactly with the aid of the perimeter; you can roughly do this by holding close before the good eye a lead pencil while the patient reads some fine print; if he read uninterruptedly you know he uses both eyes; whereas if only the good eye is used a defect will be found.

When blindness in both eyes is claimed the examination is slightly more difficult, but still can be disclosed by pupillary reaction to light and convergence. Those blind in both eyes have a peculiar stare; their pupils are usually more or less dilated and one ordinarily detects some lesion of the fundi oculi. When these are not seen and malingering is suspected, one may detect it by seating the patient and noiselessly approach his eye with a knife; if he wince or jerk his head away, he is detected.

I have seen one man detected by having the exact height of his eyes from the ground taken; he was then taken out of the room, a very light wire strung across the room before the examiner's desk; the suspect was brought in and asked to approach the desk, which he did; suddenly he ducked his head to avoid the wire and his malingering disclosed.

Society Reports.

BALTIMORE COUNTY MEDICAL ASSOCIATION.

MEETING HELD THURSDAY, APRIL 20, 1899.

On Thursday, April 20, at 2 P. M., the Baltimore County Medical Association assembled at the Woman's Medical College. The faculty of the college tendered the members of the association a luncheon, which, though informal, was thoroughly enjoyed and furnished opportunities for sociability, which were interrupted by the rap of the president's gavel shortly before 3 o'clock. The meeting was called to order, with Dr. Chas. G. Hill, president, in the chair, Dr. L. Gibbons Smart, secretary. After the reading of the minutes Dr. Wm. L. Smith of Jarrettsville, Md., was proposed for membership. A motion postponing the reading of papers till after the transaction of business prevailed.

Dr. Wm. J. Todd, president of a committee, consisting of Drs. Todd, L. Gibbons Smart and B. F. Sappington, reported appropriate resolutions on the death of former member, Dr. Geo. H. Rohé, which were adopted as follows:

The Baltimore Neurological Society desires to place on record the sense of loss and sorrow felt by its members at the sudden death of their associate, Dr. George H. Rohé. Dr Rohé was one of the founders of this society, its initial meeting having been held in his office at the hospital in Catonsville. His active interest in psychiatry and neurology dates from his appointment in 1891 to be the superintendent of Spring Grove Hospital. Having been much interested in gynecology, his work among the insane served to strengthen his ideas upon the relation between mental and pelvic disease in women. His name will always be identified with the most active advocates of gynecological operations among the insane. In 1896 he resigned from Spring Grove to become superintendent of the State hospital at "Springfield." Here he was responsible for the architectural arrangements and general scope and management of the new hospital. His conduct of this new work has resulted in making it what promises to be one of the

best institutions in this country. The successful practical operation of the "open-door" system may be said to be entirely due to his wisdom and care. He was a member of many learned societies, in all of which he took very active interest, and it was while attending a meeting of the American Prison Association that his sudden death took place. His writings were voluminous and of much practical importance. As a man he was respected by all and beloved by those who were so fortunate as to know him at all intimately. This society will feel his loss most keenly, and extends its heartfelt sympathy to his widow and daughters.

E. N. Brush, M.D.
Geo. J. Preston, M.D.
R. F. Gundry, M.D.
Committee.

Then followed considerable discussion concerning the place for holding the annual banquet. It was finally decided to hold it in Baltimore. A motion made by Dr. Piper, that a committee be appointed to present histories and biographies of medical men of Baltimore county, was carried, and Drs. Piper and Todd were appointed by the Chair. Dr. Todd was also added to the banquet committee.

The following additional names were proposed for honorary membership: Drs. Jos. T. Smith, Chas. O'Donovan, J. R. Trimble and Eugene F. Cordell. Dr. Jesse C. Coggins was elected an active member and Dr. Thos. Opie an honorary member.

Dr. Jay exhibited a case of malignant disease of the superior maxilla, operated on at the Good Samaritan Hospital by ligation of the external carotid artery and removal of the superior maxillary bone on the right side. The patient is up and about, though it is scarcely three weeks since the operation was performed. There are, however, signs of recurrence.

Dr. Trimble exhibited two cases that had been operated on for gall stones, and related several others. He also exhibited a gall stone taken from a pig nine months old, and concluded from analogy that children of the same age may have gall stones.

Dr. Massenberger, in discussing Dr. Trimble's paper, said that there is also a medical standpoint as distinguished from the surgical one presented by Dr. Trimble for the treatment of gall stones. He then proceeded to detail some cases, saying that he never had occasion to resort to surgical intervention, and that all his cases had, notwithstanding, recovered. He claimed that sulphate of sodium was very efficacious, but where this failed he used dilute nitro-muriatic acid with much benefit.

Then followed a paper by Dr. Jos. T. Smith on "Diagnosis of Diseases of the Kidneys," one by Dr. Chas. O'Donovan on "Pharyngeal Diphtheria," and finally "The Pathological Report of a Case of Erysipelas in a Child" by Dr. Claribel Cone. The papers were all very interesting and well received, and especially the last, which was received with much applause and many encomiums for its thoroughness.

Dr. Samuel T. Earle, representing the Medical and Chirurgical Faculty of Maryland, then gave a description of the advantages that membership in the Faculty afforded and also a short synopsis of the programme of the centennial festivities to take place next week, and invited all present to participate. Dr. Herman invited all present to attend the next meeting of the Clinical Society of Maryland in behalf of the society, and the meeting then adjourned, many of the members viewing with much interest the specimens upon which the "Pathological Report" had been based and which had been skillfully arranged under microscopes by the author, Dr. Cone. Another meeting for election of officers will be held at Towson.

Nathan Herman, M.D.,
Secretary.

Removing Foreign Bodies. — A writer in the International Journal of Surgery says that it is never well to attempt the removal of a needle concealed in the hand or the sole of the foot without obtaining an *x*-ray picture beforehand, if possible. It will save many disappointments, as they are exceedingly hard to find. Then, unless impossible for anatomical reasons, make your incision at right angles with the shaft of the needle.

MARYLAND

Medical * Journal.

PUBLISHED WEEKLY.

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MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets.
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, JUNE 17, 1899.

Soda-Water Glasses.

A KEEN observer has said that the devil, with all his faults, is industrious, and usually presents himself in an attractive garb. The barkeeper and mixer of alcoholic drinks, as a rule, makes a clean show and uses materials and glasses which are usually clean. It is a pity that the dispensers of soda water and other soft drinks cannot be made to follow the same rules and use clean glasses.

If there is danger of communicating disease in many ways, so often commented on by boards of health, there is certainly a danger in the unwashed soda-water glass and long spoon. The average mixer empties the remains from an unclean glass, gives it a hasty dip into an unseen receptacle containing water long since contaminated and then serves the next customer. Even with ordinary water the practice of using the same glass by many persons is objectionable, but with sticky syrups, oily cream and flavors of all sorts, the chance of getting a clean glass is very small. The long spoons, with hollow handles to be used as straws, are also a curse of the soda-water counter.

At this season of the year, when everyone is bent on quenching thirst, the average person should see to it that even if the contents of his glass are unknown and mysterious, the glass itself and other articles are clean before each use. If the Health Commissioner wants to be bold and fearless and do his duty he will inform the public of the dangers, and also of the nasty customs of drinking such mixtures in unclean glasses.

* * *

The City's Health.

IT still looks as if the various medical appointments to be filled by the mayor are to be subjected to a political test before their professional fitness is considered. It is more than likely that the present incumbents in office will go out at the end of their time without reference to their records or the work they have done.

The new charter and the victory of what is supposed to be good municipal government cannot expect to work miracles, but there was a small ray of hope that the present incumbents would be carefully examined and their work scrutinized before the new appointments are made. It is much better for a sanitary office to have the same head as long as possible, all things being equal, than for a change at each municipal election to occur. There has been no severe test in any of the offices, but from all appearances they have all done their work to the satisfaction of the city and of the profession, and changes for political reasons alone, simply with the desire of giving a friend a good berth, should not be made.

* * *

The Warm Weather.

IT is supposed to make one warm to talk about the weather at this season, but certainly the busy man hardly notices the changes of temperature until after his busy hours, and then if he does have a rest the feeling of heat is so much the more oppressive. The physician more than many other men should have a rest and a change, and he should take it in the summer, when many of his patients are away and when he may have a little relief from the hot streets and other disadvantages of the city in summer.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending June 10, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	11
Phthisis Pulmonalis	..	20
Measles	38	..
Whooping Cough	..	..
Pseudo-Membranous Croup and Diphtheria.	9	2
Mumps	4	..
Scarlet Fever	2	1
Varioloid	..	..
Varicella	5	..
Typhoid Fever	2	1
La Grippe	..	..

The inmates of the Maryland Hospital for the Insane now edit and publish a paper.

The Prince George County Medical Society held its regular meeting last Tuesday at Hyattsville.

The Baltimore County Medical Association held its regular meeting at Mt. Washington last Thursday afternoon.

Lawson Tait died last Tuesday, aged fifty-five. He was born in Edinburgh in 1845, and did his best work at the Birmingham Hospital.

The death of Dr. Norman Kerr of Bright's disease in his sixty-sixth year is especially sad when it is remembered that along with Dr. Benjamin Ward Richardson he was a total abstainer and very strong on the subject of so-called temperance. He should have lived at least twenty-five years longer to vindicate his principles.

The Medical Society of Delaware held its annual meeting at Wilmington last Tuesday. The following officers were elected for the ensuing year: President, O. D. Robinson, Georgetown; vice-presidents, W. H. Hancker, Farnhurst, and J. W. Clifton, Smyrna; secretary, John Palmer, Jr., Wilmington; assistant secretary, William P. Orr, Lewes; treasurer, William C. Pierce, Wilmington.

The Tri-State Medical Association of Western Maryland, Western Pennsylvania and West Virginia will meet at the Markleton Sanatorium, Markleton, Pa., Thursday, June 22, 1899, at 1.30 P. M. The following is the programme: "A Résumé of the Physiological Action and Uses of the Mescal Button," Dr. D. W. Prentiss, Washington, D. C.; "Gunshot Wounds of the Abdomen, with Report of Cases," Dr. J. M. Spear, Cumberland; "Reflections at the Thirty-third Mile Post in My Professional Career," Dr. William F. Barclay, Pittsburg; "The Early Diagnosis and Treatment of Melancholia," Dr. E. O. Crossman, Markleton; "Mechanical Treatment in Diseases of the Stomach—Clinic," Dr. A. Endfield, Bedford.

The following announcements were made at the regular commencement of the Johns Hopkins University last Tuesday: Dr. J. Whitridge Williams, associate professor of obstetrics, is now full professor; Dr. L. F. Barker, formerly associate professor of anatomy, is now associate professor of pathology; Dr. R. G. Harrison is associate professor of anatomy. The following assistants to the associates have been appointed: In anatomy, Dr. Charles R. Bardeen; surgery, Dr. Harvey W. Cushing; obstetrics, Dr. George W. Dobbin; physiological chemistry and toxicology, Walter Jones, Ph.D.; Dr. P. M. Dawson is assistant in physiology; Dr. Eugene L. Opie, second assistant in pathology, and Dr. M. T. Sudler, assistant in anatomy. Besides these, a large number of internes, externes and resident house officers of the Johns Hopkins Hospital were appointed.

The Board of Medical Examiners of Maryland held the regular semi-annual examination May 17, 18, 19 and 20. License to practice medicine or surgery in Maryland were granted to Drs. J. Amberg, S. A. Bain, W. J. F. Blaney, H. F. Bradley, A. J. Carrico, S. Claggett, C. H. Conly, H. A. Cotton, T. E. Daugherty, F. Fox, J. R. Green, H. J. Hahn, Jr., A. N. Halabi, W. S. Hall, L. P. Hamburger, J. J. Harward, A. C. Hearn, C. I. Hill, H. Hubbard, F. L. Hughes, H. C. Hyde, H. W. Kennard, N. G. Keirle, Jr., E. A. Knorr, T. W. Koon, S. Law, J. E. Legge, E. C. Ligg, J. McP. Lowrey, Jr., L. B. Milbourne, E. V. Murphy, E. S. Osborne, E. Quarles, C. Riely, T. C. Rontson, J. G. Selby, J. R. Shook, J. K. Shriver, Jr., H. G. Simpers, A. J. Smith, W. B. Smith, T. J. Smith, C. DeF. Snyder, H. C. Solter, W. R. Steiner, G. H. Stuart, M. A. Waters, G. C. Wegefarth, F. H. Weidemann, E. J. Wheatley, E. H. White, M. M. Whitehurst, T. R. W. Wilson, E. E. Wolff.

Washington Notes.

Two cases of heat prostration have been reported to police headquarters.

Acting Assistant Surgeon F. A. Hodson has been ordered from Fort Monroe, Va., to Denver, Col.

The city's milk supply is now undergoing an investigation, the work being done by Prof. J. D. Hird.

Past Assistant Surgeon C. H. De Valin has been ordered to the naval hospital at Portsmouth, N. H.

Two new cases of smallpox have been sent to the hospital this week, making a total of five cases in the detention camp.

Col. Charles R. Greenleaf, assistant surgeon-general, has been ordered to inspect the sanitary condition of Columbus barracks, and on completion of that duty to proceed to San Francisco for duty as sanitary inspector of the camps to be established there for the muster out of troops returning from the Philippines.

Book Reviews.

A Manual of Organic Materia Medica, being a Guide to Materia Medica of the Vegetable and Animal Kingdoms, for the use of Students, Druggists, Pharmacists and Physicians. By John M. Maisch, Ph. M., Phar.D., late Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. Seventh edition. Revised by Henry C. C. Maisch, Ph.G., Ph.D., Professor of Materia Medica and Botany in the Medico-Chirurgical College of Philadelphia, Department of Pharmacy. Philadelphia and New York: Lea Brothers & Co.

A perusal of this work leaves one with at least three well-defined convictions. It is very difficult for even the master mind to write a thoroughly acceptable text-book; often it is better, indeed, always it is better to rewrite such a book than to simply revise it, and, lastly, the peculiarities of our times demand practical common sense and up-to-date treatises on materia medica—a treatment which will lift the subject and the substances out of the mire of veritable empiricism and place them in the light of scientific attainment; that will be far less heavily burdened with obsolete, irrelevant and impotent material and carry a fresh and interesting load of facts relating to essentials. Such, unfortunately, is not found in the "manual" under consideration. It has proven its value and popularity by the repeated editions required, and remains a creditable monument to the conscientious, careful work of its illustrious author. No doubt it was the book of its day, but the revision is scarcely apparent. The book is divided into three parts: Part I—"Animal Drugs." Part II—"Cellular Vegetable Drugs." Part III—"Drugs Without Cellular Structure." After noting heading of Part I, one is surprised to find some nine or ten animal products treated in Part III. Again, one fails to understand just how the distinctions are made which lead to the consideration of extractum glycyrrhizae, oleum ricini or menthol under individual headings, when the well-known active constituents of cinchona and opium are not. Part I occupies nineteen or twenty pages; twenty-five articles are considered, including such highly scientific, *fin de siecle* and much-used remedies as cockroaches, sponges, oyster shells, egg shells, crab stones, cuttle-fish bones and bones in general—"any old bone." Such drugs as ambergris, hydraceum and civet are also described here, with such potent agents as eggs, milk and blood. Isinglass and gelatin are treated separately, because of the striking peculiarities of each. Eight of the nineteen pages are devoted to the articles mentioned, while antidiphtheritic serum is not noticed. The first twenty pages of Part II present twenty-three medicinal roots. In a diversified active experience of twenty-five years one will not find 50 per cent. of these or their preparations used, either in prescriptions or by the laity. Seven or eight pages of the twenty are given up to these eleven or twelve drugs, which are, practically, never used. This space could be put to a much more profitable purpose. By its different use the terseness of its text could be lessened and the student could be given a measure of that which is memory's greatest aid—supporting association.

REPRINTS, ETC., RECEIVED.

Practical Methods for the Differentiation of Coal-Tar Products. By Henry P. Hynson. Reprint from *Merck's Report.*

Dermatitis Venenata; A Résumé of Its Etiology, Symptoms, Diagnosis and Treatment. By Jacob Sobel, M.D. Reprint from the *Medical Record.*

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Original Articles.

MEDICINE IN THE NINETEENTH CENTURY.

THE PRESIDENT'S ADDRESS DELIVERED ON THE CENTENNIAL ANNIVERSARY OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND, HELD AT BALTIMORE, APRIL 25-28, 1899.

By Samuel C. Chew, M.D.,

President of the Faculty, Professor of the Principles and Practice of Medicine in the University of Maryland.

Fellow-Members of the Medical and Chirurgical Faculty of Maryland:

It is at once the expression of a most sincere feeling and my bounden duty to tender to you special thanks for the double honor which I have received at your hands in being called for the second time to this presidential chair and in being asked to assume it at this epoch in the history of this Faculty.

A century has passed away since the foundations of our polity were laid. The Act incorporating "The Medical and Chirurgical Faculty or Society of the State of Maryland" was passed by the legislature of this State at its session of 1798, and our earliest record shows that the Faculty met for the first time in the city of Annapolis, agreeably to law, on the first Monday in June, 1799.

This period of a hundred years comprises a fourth part of the whole time that has elapsed since civilization was brought to this Western Continent, and although it may seem brief in comparison with the duration of institutions in the Old World—in comparison with that which makes venerable the ancient seats of medical learning at Padua, at Bologna, at Oxford or at Edinburgh—yet, if we accept the traditional date of the origin of mankind, it answers to fifteen hundred years of Europe, or to the time that has passed since Theodosius ruled the Roman Empire. This degree of antiquity that we have to show is enough in this Western hemisphere to give the grace and dignity of age, to make us cherish our Society not only for what it is, but for what it has been, and to prompt for it an attachment akin to the "love far-brought from out the storied past." I envy not the man who is indifferent to such associations or who is so engrossed with the interests of the present that he will not pause at times to listen to the voices which come echoing along the years and telling us how others in the past were actuated by the same hopes, warmed by the same attachments and stimulated to the same endeavors which now inspire and occupy ourselves.

While days are measured and determined by the revolutions of the earth, months by the circling courses of the moon and years by the sweep of our planet in its orbit around the sun, yet a century is an arbitrary term as far as astronomy is concerned and has nothing answering to it in celestial mechanics or topography. The region in indefinitely extended space in which the solar system finds itself at the beginning of any century is not appreciably different from that wherein it was one hundred years before or wherein it shall be one hundred years afterwards. And yet how strong is the appeal to the imagination, and especially to the historic imagination, which is made by the contemplation of one hundred years. I do not mean merely the thought of any space whatsoever of that duration, for in this sense every year witnesses the close of one century of time and the beginning of another,

but the contemplation of periods determined by those centurial years, such as the one we are approaching, wherein a mark of time is changed and we pass from one long-familiar notation to another the ending of which we shall not see.

It would seem, indeed—at least in these latter centuries—as if the courses of human affairs and of historical developments sympathized with this instinctive feeling of the human mind or, at least, added to its force, so often has it happened that the terminal periods of those centuries have been turning points of time and have been packed with events struggling to their birth in a new and hitherto unknown order of things affecting the destinies of men and nations. The last decade of the fifteenth century witnessed the discovery of this Western world and the establishment here of the once mighty power of Spain. The latter years of the sixteenth century saw the first great repulse of this power by our own Anglo-Saxon race, and saw, too, in "the spacious times of great Elizabeth" the dawning in England of that liberty which replaced the despotism of the last Plantagenets and the earlier Tudors. Just one hundred years from the time of the Armada constitutional government was at last firmly established in England as against personal rule. Still another hundred years passed away, and the end of the eighteenth century saw in the successful administration of the first President of the United States the completion of the work in which our forefathers struggled and fought, and it saw also the outbreak of those convulsive forces which constituted the French Revolution. And surely these penultimate years of the nineteenth century must be regarded as fraught with their full share of importance, witnessing as they have done the final and not unpathetic leave-taking by the chivalry of Spain of this Western world which it had brought to the knowledge of mankind; witnessing also great events which shall lead to the extension of civilization throughout the entire length of darkest Africa from Cairo to the Cape; and yet to witness that splendid effort in the annals of the world—if only an effort, yet how great an event—*faustum sit felixque*—the assembling of the Peace Congress with the object of giving rest to the peoples of the earth, so that "nation shall not lift up a sword against nation, neither shall they learn war any more."

And as it is with the affairs of nations so also in the comparatively restricted fields of labor in which classes of men are severally engaged, they are instinctively led, if thoughtful at all, if "made with large discourse, looking before and after," at such epochs as the close or the beginning of a century, to sum up what has been gained and to forecast what may be expected and hoped for.

It may be safely said that throughout the whole duration of medicine as a science studied or as an art practised among men no period can be compared as to the number and the importance of its achievements with the century the close of which we are celebrating. Whether by small and gradual gains or by great and sudden accessions of knowledge, the medical science of today is so vastly in advance of what it was when this Faculty was founded that the difference is to be measured not by years only, but by a complete revolution both in our modes of dealing with disease and in our very conceptions, in many cases, of what disease is. Dating from a point long subsequent to the foundation of this Faculty, how many advances have been made in the medical sciences themselves and in all branches of science bearing upon the practice of medicine. What precision in diagnosis has been attained; what extended knowledge of physiology and of animal chemistry has been gained; what additions to therapeutic resources have been discovered—in a word, what increase in definiteness of medical aims and what enlarged power of accomplishing those aims have resulted from the studies and labors of the last fifty years.

If we begin with a point almost exactly coincidental with the establishment of this Faculty a century ago, and come down the years, we find at successive intervals periods at each of which some important discovery has been made or some great advance in medical knowledge accomplished. The first of these, starting at

the point indicated, is Vaccination. It is true that some of the observations and experiments from which Jenner drew his great philosophical deduction had been made previously to the last decade of the last century. A popular, local belief existed that cowpox in some way and sometimes gave protection against smallpox, and in accordance with this belief there had been some cases of deliberate and successful vaccination. But it was Jenner's task to systematize the grounds of this imperfect and confused belief and to establish his great achievement upon the basis of extensive and accurate study and experiment. "The result of a casual and chance observation by certain peasants," it has been said, "was gradually matured into a rational and scientific form by a mind deeply imbued with the best principles of sound philosophy." The first edition of Jenner's "Inquiry Into the Causes and Effects of Variolae Vaccinae" was published in London in 1798. In the following year, that of our own foundation, the practice of vaccination began to spread throughout Europe, and in 1800 it was introduced into the United States.

"Boston and Baltimore," it has been said, "are rivals for the honor of establishing vaccination in America."

On the 8th of July, 1800, Dr. Benjamin Waterhouse, then professor of medicine in Harvard University, vaccinated his own family. In the same summer Dr. John Crawford of Baltimore, a member of this Faculty, obtained vaccine virus from Dr. Ring of London and used it successfully here. In the spring of 1801 Dr. Waterhouse obtained his second supply of virus, and in the same spring Dr. James Smith of Baltimore, also a member of this Faculty, got his first supply, and, beginning the use of it here on the 1st of May, 1801, he was actively engaged in extending it over the whole of the United States; but its employment by President Jefferson in Virginia and other Southern States, by Dr. Coxe in Philadelphia and Dr. Seaman in New York were all subsequent to its use in Baltimore by members of this Faculty.

The large majority of persons familiar with present conditions, but wholly ignorant of those which existed previously to Jenner's great discovery, are unable to appreciate the grandeur of his work. Its value has been challenged and denied even by some who, as regards other questions, would seem capable of weighing evidence, but in this are unable, or unwilling, to estimate duly the evidential value of facts which are simply immeasurable in their multitude and overwhelming in their cogency.

It is remarked by a learned English historian that "if a modern traveler could find himself transported to the streets of London as they appeared in the early part of the present century (and in the last) it is probable that no peculiarity of architecture, dress or behavior would be to him so strikingly conspicuous as the enormous number of pock-marked visages he would encounter among the people at every turn. * * * That disease over which science has since achieved a succession of glorious and beneficent victories was then the most terrible of all the ministers of death. The havoc of the plague had been far more rapid, but the plague had visited our shores only once or twice within living memory, and the smallpox was always present, filling the churchyards with corpses, tormenting with constant fears all whom it had not yet stricken, leaving on those whose lives it spared the hideous traces of its power, turning the babe into a changeling at which the mother shuddered, and making the eyes and cheeks of the betrothed maiden objects of horror to the lover."*

Such is the picture, drawn by an acute and fairminded thinker and observer, of the evils from which Jenner wrought a great deliverance. What Jenner claimed was, to use his own words, that "vaccination duly and efficiently performed will protect the constitution from subsequent attacks of smallpox as much as that disease itself will. I never expected it would do more, and it will not, I believe, do less." The experience of a century has fully established the truth of Jenner's prophecy, and at this time when fanatics are striving to undo his work and to place mankind where they were before his day, when they have just succeeded in having repealed the legislative enactments for the

*Macaulay: History of England, Vol. IV, p. 369.

systematic enforcement of vaccination made by the British Parliament in 1871, it behooves us to keep in mind for ourselves, and to make known to others, the great facts bearing upon the question which we know to be true and which cannot be gainsaid; such a fact, for an example of many that might be adduced, as that whereas in the ten years from 1771 to 1780 the annual deaths from smallpox in England were 5020 for each 1,000,000 of the population, in a like period of ten years after the enforcement law was passed, from 1883 to 1892, the deaths from the same cause for each 1,000,000 were reduced to seventy-three. And when it is considered that notwithstanding the best efforts some persons, through perversity and ignorance—their own or their advisers'—have always succeeded in evading and escaping the operation of the law, it may fairly be held that were it fully applied the disease would be utterly abolished.

If we apply the annual death rate from smallpox as it was in England previously to the discovery of vaccination to this city of Baltimore, with its 500,000 population, as it would be without the protection of vaccination, there would occur, according to a fair estimate, an annual mortality here from smallpox of 2500. This does not include the still larger number who, escaping with their lives, would be left blinded or hideously deformed. The victims doomed to death would be fifty in every week. What is the actual fact? The actual fact is that there has been but one single death from the disease here in more than two years and that death occurred in an unvaccinated child.

These great changes have been wrought by the clear intellect and arduous labor of one man. What has been his reward? He was misrepresented, falsified and traduced by many of his contemporaries, as he has been by others since their day. His reward has not been found in the loud voices of popular applause, for untold multitudes whose lives he has saved have never known his name. Nor has it consisted in monuments of brass or marble, for, although "after considerable difficulty," as his friend and biographer pathetically said, " a statue of him was placed in the Cathedral of Gloucester," that county in England which was the scene of his beneficent labors, yet another statue erected to him in Trafalgar Square, London, was removed (whether ever replaced for very shame I do not know) to make room for that of a successful soldier whose laurels were won, not *ob cives servatos*, but on fields red with slaughter. In such wise was his work requited. Was it not indeed a monumental instance of ingratitude? And yet how far above the reach of all obloquy and detraction is the glorious fame of the great discoverer of vaccination; how safely is his work garnered up in the great treasure-house with the deeds of all the good and just; and how surely among the benefactors of humanity and amid the constellations of science will the name of Edward Jenner shine on as "the brightness of the firmament and as the stars forever and ever."

The next of the great advances in medicine of the first order belonging to this century is due, like the one just considered, to the philosophical intellect, the acuteness of observation and the patient labor of one man. I refer to Réné Théodore Laënnec, and I think it may be said without the least exaggeration that in the entire range of all branches of knowledge there is no more remarkable illustration of human ingenuity—nay, more, of human profundity of thought, of human power of deducing the deep unknown from the superficial known—than is afforded by that science of auscultation which sprang forth almost perfect and complete—and there is the wonder of it—from the brain of one man, from the brilliant genius of Laënnec. It is a science which has converted previously unheard, unheeded and confused sounds into an articulate language, speaking with logical precision and conveying truth with the certainty of mathematical demonstration. It was remarked by Rokitansky that "had Laënnec done nothing else for medical science his discovery of emphysema and of the causes giving rise to it would have been sufficient to render his name immortal." But important as this contribution to medical knowledge was, it was a small and very limited part

of Laënnec's great achievements. There are, as is well known, passages in the writings of Hippocrates which show that he had practised the application of the ear to the chest in conditions of thoracic disease, but his use of the method was very limited and led to no certainty of diagnosis. It may be said, too, that very many centuries after Hippocrates the treatise of Avenbrugger, "Inventum ex percussione thoracis," had been published in 1761. But though, when translated by Corvisant forty-seven years later, this may probably have suggested Laënnec's work, it can hardly be regarded as having any closer relation to the full establishment of auscultatory diagnosis as a complete scientific system by Laënnec than the voyage of Eric the Red to Greenland in the tenth century had to the great discovery of Columbus 500 years later. He is the true discoverer who makes his discovery known. The historians of astronomy tell us that the conception of gravitation among the celestial bodies was formed before Newton, whose office it was to collect the vague ideas of others to prove and blend them together with a mathematical power at that time unequaled. In like manner, whatever in the same line of thought may have gone before, it is to Laënnec's genius that the world owes a diagnostic method which is as powerful and as accurate a solvent of previously insoluble problems as the calculus is in the realm of mathematics.

In February, 1815, Laënnec communicated to the Société de l'Ecole his first results in auscultatory diagnosis. On the 30th of April following he read another paper on the same subject before the same body, and on May 15—an illustrious day in the history of medicine—he made his first essay with the stethoscope. April and May, 1815—memorable months for far different reasons of a most memorable year. Consider the contrast between the events of the outside world at this time, when the embattled armies of Europe were marshaling for the tremendous struggle which in a few weeks was to find its close in the carnage of Waterloo, and, on the other hand, the work of the quiet student within the wards of the Beaujon and Necker hospitals, earnest in his labors, constant in his duty, devout, as we are told he was, in his religious faith, strict in his adherence to the Catholic Church of his native land, bent only on the acquisition of knowledge which should lessen human suffering and save human lives. For in civilized nations there are comparatively few persons who have not at some time, and many of them many times, received the boon of health or the boon of life from knowledge contributed to mankind by Laënnec. Ponder the contrast between the two scenes—the one familiar to all men, the other never thought of:

> "Of two such lessons why forget
> The nobler and the better one?"

"Hereafter," says Señor Castelar, "the world will care more to know who gave man eternal light by the striking of the flint and steel, bringing him forth from the obscurity of his cave; to know who yoked the ox to the plow that the earth might give forth bread and wine; to know who brought quinine, the remedy for our fevers, from another hemisphere to our own, than to know who the warrior was whose helmet, steel cuirass, sword, spurs and whip plainly show that he is to be inscribed among conquerors; that he is responsible for all sorts of violence; that he is to be classed among the enemies of liberty and the persecutors of humanity; whose place is not among the redeemers."

Ponder, I repeat, the contrast. It is like the difference which exists between the confusion, turmoil and strife of the "corrupted current of this world" and those blessed ministrations of good which may engage the serene and beneficent intelligences beyond the veil.

The fourth decade of this century was distinguished by an achievement of the first rank as to its importance in pathological science and as to its bearing on the treatment of diseases of very frequent occurrence. I refer to the great work of that illustrious physician, Richard Bright. As in the cases already spoken of, there were foreshadowings of the results of Bright's labors before his day, which, though valuable in their time, were faint and comparatively unimportant, and were completely effaced by the light following

them. Bright's first work was given to the profession in 1837, and twenty years earlier Blackall had described the detection of albuminuria by chemical tests. But for the respect which is always due to the earliest rays of light shining into a surrounding darkness, and but for the sense of thankfulness which they prompt, we might almost smile at some of his utterances which appear such truisms to us, as when he remarks that "Van Helmont in his chapter on Dropsy has even pronounced the seat of this disease to be the kidneys themselves."

But Blackall's line of investigation stopped far short of the point which showed the relation of dropsy to organic renal disease; still less did it show the essential pathology of nephritis and the various forms in which it occurs, or lead to any really valuable therapeutic measures. We are all so familiar now with conditions which have been made plain and easy to understand by the diagnostic measures of Laënnec and by the pathological researches of Bright that it is hard to realize what our feelings would be when confronted with such cases if the work of Laënnec and Bright had never been done. Consider the position of our predecessors in the last century—to go no farther back—and in the earlier part of the present before that work was done. How inevitably must certain affections of the chest, bearing some resemblance to each other, but wholly unlike in the pathological conditions involved in them and in the treatment which they required, have been constantly and necessarily mistaken for each other, and often, no doubt, with disastrous results. How impossible, for example, without the aid of auscultation must it have been in many cases to determine whether pneumonia or pleural effusion, whether hypertrophy or dilatation of the heart existed, and yet how wide is the difference in the treatment to be adopted accordingly as one or the other of these affections is present. Remember that at the time referred to the mode in which dilatation occasions cardiac dropsy was wholly unknown, as were also the manner of detecting such dilatation, and the marvelous powers of digitalis and iron to retard or relieve it. Remembering these things you may form some idea of the state of mind of the practitioners of those days, and the very best of them, when they encountered conditions which to us present the easiest of problems. Groping blindly in the dark without guides, knowing of dangers with which they had to deal, but not knowing where they lay or whence they sprang, they were entangled in a perplexity involving the dread issues of life and death. In their fears and misgivings they may almost without exaggeration be likened to Dante when he found himself wandering in the mazes of the gloomy wood:

> "Even to tell
> It were no easy task, how savage, wild
> That forest."*

If you would seek a further and a local parallel in the realm of imagination, strive to picture to yourselves the scene which would be presented if all the temples of religion, the schools of literature, art and science, the marts of trade, the memorial monuments and the countless homes which cover and adorn the hills of this fair metropolis of Maryland were blotted out and replaced by the trackless forests and the waste wilderness which once were here. Do this, and you will have no inadequate figure of the tasks with which our forefathers had to deal. But from this obscurity and perplexity the medicine of today has wholly emerged, and among all its achievements none rests upon a firmer basis of scientific accuracy than the diagnosis of the causal conditions producing the various dropsical effusions. And along with this increased knowledge of the true nature of these maladies there has grown up a vastly enlarged power of relieving them, so that in some, the dropsy of acute tubular nephritis, for example, attended perhaps with a pulmonary edema imminently threatening life, there will result from proper treatment a perfect recovery, with entire restoration of function and structure, and in others, not admitting of such complete cure, great alleviation of distress and prolongation of life may yet be effected.

The decade of this century immediately following that of Bright's first work, the

*Inferno, Cant. I, 3, Cary's Translation.

period, that is, between 1840 and 1850, constituted the splendid era of the discovery and the practical application of anesthetics. These have drawn as deep a line of demarcation between the present and the past as any discovery ever made by our science or by all sciences. Nothing ever known among men has gone so far in the fulfilment of the blessed prophecy still awaiting ultimate completion—"Neither shall there be any more pain, for the former things are passed away." Into the controversy whether Dr. Jackson or Dr. Morton, both of Boston, is entitled to the distinction of being the discoverer of the anesthetic power of ether it is impossible now to enter. Let it suffice to say that the first operation ever rendered painless by ether was performed by Dr. Morton on the 30th of September, 1846, and on the 16th and 17th of October of that year Dr. Warren and Dr. Hayward of the Massachusetts General Hospital made the first public use of ether in surgical operations. In the following year, 1847, Dr.—afterwards Sir James—Simpson of Edinburgh satisfied himself by many experiments as to the power and value of chloroform as an anesthetic and gave his discovery to the profession and the world.

It is, however, not only the mere obliteration of pain under conditions in which it would be most acute and most appalling that is accomplished by anesthetics, but, besides this consideration, vastly important as it is, the use of these agents makes surgical aid feasible, and indeed easy, for troubles which could not be dealt with or reached without them.

The discovery of anesthetics is then one of the causes to which the rapid advances and wondrous achievements of modern surgery are due. Another cause is found in the rise and development of bacterial pathology. In this field a large number of able and earnest workers have been engaged—Pasteur and Koch and Eberth, Fraenkel, Friedlander, Lister, Klebs, Loeffler, Pfeiffer, Haffkine and others—who have demonstrated the bacterial causes of some most important affections, such as tuberculosis, cholera, typhoid fever, pneumonia, diphtheria, influenza, plague and some others. Further investigation and experimentation along the lines which they have laid down is very sure to lead to improvements in the treatment of these affections, such as has already taken place in so conspicuous a degree in the case of diphtheria. Important as this system of pathology is in surgery, it is no less so in medicine, whether in the study of causation or for the purpose of diagnosis, prognosis, treatment, or, best of all, prevention of disease.

The story of the discovery of the various forms of organisms productive of disease—micro-organisms, or microbes, as they are called—is one of the most interesting as it is one of the most surprising chapters in the history of science. That there are harmful agencies in nature was, of course, a familiar thought—such agencies as the deadly poison of strychnia and aconite, which yet, from a medical standpoint, have "a soul of goodness in things evil;" the venom of the cobra, the ravening tooth of the tiger, the lightning and tempest. But it was a new thought that men are surrounded by all-pervasive, subtle, mysterious energies and agencies of evil, which are found to be the causes of manifold and most perilous diseases. New—and yet perhaps not wholly so; for possibly they are not altogether fanciful who have found in the bacterial pathology of our day the revival and the establishment upon a scientific basis of direct observation of the teaching of an ancient school of medicine which held that many maladies were caused by evil agencies entering the body from without. Whether *daimones*, demons, as they were then called, or bacteria, as we know them in modern phrase, is perhaps a question of terms only. But it is certainly curious to note how some of the characteristics of the bacteria correspond with those spoken of in old books and commonly regarded as belonging to the *daimones*. Thus, in view of their almost infinite multitude, they may be called legion, for they are many. Powers they are of tremendous potency. Witness the fearful ravages of tuberculosis, of cholera, of plague, of smallpox already referred to, of typhoid fever, of diphtheria, of scarlatina, of meningitis and others still. And though we

may not term them malevolent in themselves, yet surely they are maleficent, and "powers of the air," for they inhabit and traverse it and are borne by it—some of them at least—upon their evil missions; "powers of darkness," too, for many of them, the existence of which on grounds of analogy we know, are involved in as yet unpenetrated obscurity, from which others, touched by the Ithuriel's spear of science, have been dragged forth, revealed in their true nature and happily often robbed of their power for harm, as in the coming century will surely be the case with others of the evil brood.

The splendid victories of modern surgery are due, then, chiefly to these two things—the discovery of anesthetics and the rise and development of the bacterial pathology, with its corollary, antisepsis. And the magnificence of these victories—who can compute?—whether they be estimated by the restorations which they have accomplished from imminent peril or certain death to health and vigor and all that gives value and sweetness to life—the recall from the very verge of the grave to "the warm precincts of the cheerful day"—or estimated again by the aggregate of time added to human lives, which on the most moderate calculation of the multitudes of those restored, their average age and their fair expectancy of life, is without doubt to be numbered by hundreds of thousands of years.

But, speaking from the standpoint of the physician, trusting that I may not be regarded as too much

> "Like the dyer's hand,
> Subdued to that it works in,"

holding the labors of my colleagues, the surgeons, in the fullest measure of honor which they so eminently deserve, I would yet enter this plea in behalf of modern medicine, that the work of surgery would not be what it is without the aid of those purely medical appliances, anesthetics and antiseptics. The handwork, the chirurgia, the surgery, would be the same or nearly so, but the winning of the day is from the alliance with the auxiliary forces of medicine.

Within the domain of medical practice itself these same agents are of equal importance as in surgery, and to them are to be added numerous therapeutic resources wholly unknown in the last century and many of them not known until comparatively a few years ago. Among them are the bromides in neurotic diseases, arsenic in pernicious anemia, the salicylates and the alkalies in rheumatism, the skilled use of digitalis, which has in such great degree superseded its former empirical employment; the antitoxine treatment of diphtheria, the hydro-therapeutic treatment of typhoid fever—these are some of the advances made in modern medicine. And there is the power of the hypodermic needle in calculus, hepatic or renal, and the other manifold forms of pain—how truly it is, in the words of an old tragedian, "the sleep-giver to suffering mortals." There, too, is the amyl-nitrite, bringing instant relief even in the supreme agony of angina, that pain which seems not of the body only, but of the very spirit itself, to which we may perhaps apply the words of that great master of the English language, Cardinal Newman—

> "That sense of ruin which is worse than pain;
> That masterful negation and collapse
> Of all that makes one man"—

and yet under this assuaging balm it passes away and the spirit is at ease.

These are some of the gifts which the medical and surgical science of the nineteenth century lays down as its tribute at the feet of humanity. And they are all good gifts. Other sciences have in the same time made great advances, more brilliant perhaps, more striking to the imagination than those of medicine. But in themselves they are in many cases ethically indifferent, having no moral bearing whether towards good or evil. In fact, some of the greatest discoveries and gains in knowledge made by men are capable of perverted use. The printing press itself, or, going far back of that, "the letters Cadmus gave," infinite as are the blessings they have bestowed, have yet been only too often instruments of evil. It is an excellent thing to be able to cross the ocean in five days, to traverse the land at the rate of a mile a minute, to converse at the end of a wire with Chicago or Duluth, perhaps soon with Hawaii or Manila. But steamships may transport mission-priests and Bibles, or,

on the other hand, Maxim guns to oppose bows and arrows; telegraphs and telephones may transmit messages of mercy and good-will, or, again, they may promote stock gambling and deliver consequent maledictions. Phonographs may store up and pour into the ears of future generations the lessons of the greatest divines and the greatest statesmen, of a Liddon and a Gladstone, or they may utter the ribaldry of the demagogue or the atheist.

But the objects of medical art and science, and the results which they accomplish, are wholly good and good alike to all. What though they are bestowed equally upon the wise and virtuous as upon the idle and profligate—they are in this only like the blessed gifts of the sun, which riseth on the evil and on the good, and the rain which is sent on the just and on the unjust. All are partakers of their bounty and from none is their hand withheld. Their whole purpose towards mankind is that they may have life and that they may have it more abundantly.

The things which have been accomplished in the medical sciences during the last one hundred years thus cursorily reviewed are the promise and the earnest of still better things which the coming century will see. Though much has been accomplished, much remains to be done, and the attainments of this present time may hereafter seem but faint beginnings in comparison with what will then have been achieved. A broader light will surely illumine much that is now obscure. More delicate methods of investigation than any we now possess will foreshadow impending diseases or detect them at earlier and more remediable periods of their courses. The poisons by which "the life of all the blood is touched corruptibly" will be more thoroughly known and more effectively guarded against, expelled or neutralized by their own antitoxines. Epidemic diseases, the nature and origin of which are involved in obscurity, the pestilence that now "walketh in darkness," will be set in clear light to be blotted from the sum of human ills forever. Anesthetics, which shall charm away pain without any jeopardy to life, will then be known. The great subject of neuro-pathology, now almost in its infancy, will be developed far beyond its present limits, not only through increased knowledge of the special functions of different portions of the brain, but by the power which may then be possessed of tracing the earliest disturbances in vascular and glandular action to altered innervation.

Of some of these things we are on the verge, and many others will assuredly come of which we now hardly dream, but which will be acquired by the faithful pursuance of methods like those now used.

Another hundred years will roll away; another centennial of our Faculty may be celebrated, and if at that time those of the present day shall be regarded as

"The ancients of the earth,
And in the morning of the times,"

it will yet be looked back upon as a morning not clouded over with the mists of error, prejudice and superstition, but bright with the radiant promise of those good things which then will be living realities.

Let it be remembered always that the gains to medicine, whether in the way of therapeutic resources or improvement in diagnostic means or in wider pathological knowledge, have been contributed by those who have been or are themselves workers in medical science or in the allied sciences. In no single case has anything of value been supplied to it by any system of charlatanry or by any heretical school which has sought to raise itself into rivalry with legitimate medicine. As it has done in the past, so in the future medical science will continue to use and appropriate to its purposes all contributions which may be supplied to it by chemistry, biology, electricity and other departments of advancing science; but the peculiar, the proper work of medicine is the study of disease and the application of remedies.

On its theoretical side it is engaged always, to use Milton's noble words, "in seeking the bright countenance of truth in the pure air of delightful study," and on its practical side in giving relief to the suffering and, so far as in it lies, deliverance and safety to those who are ready to perish.

Fellow-members of this Faculty, let us pledge ourselves and those who shall succeed us in the coming century to more and more strenuous and faithful work in our calling, and let us be thankful to God for having given us the privilege and the blessing of being engaged in its labors.

Historical Department.

Under direction of EUGENE F. CORDELL, M.D., Author of "Historical Sketch of the University of Maryland" and Editor of the "Centennial Volume" of the Medical and Chirurgical Faculty.

IV.

THE FOUNDERS FROM THE EASTERN SHORE OF MARYLAND.

MORGAN BROWNE.—Dr. Browne was the eldest son of Joseph Browne, a farmer of Quaker Neck, Kent county, Maryland, where he was born in 1769.* He was educated at the Free School in Chestertown and at Washington College, but did not graduate. Upon the completion of his classical course he entered the office of Dr. Edward Worrell as a student of medicine. Here he became associated with several other young men engaged in the same pursuit. Being the oldest of these he was frequently called to the bedside of the sick in the absence of his preceptor, and such were his prudence and tact that although but a tyro he won golden opinions. In the fall of 1790 he entered the University of Pennsylvania. Near the close of the course, in February, 1791, a general inoculation was practiced in Kent county, and he was summoned home to assist before he had received his diploma, the M.B. degree, which was then given after one session.† He did not return, for, being taken into partnership with Dr. Worrell, he entered at once upon a large practice. Having a strong taste for study, he lost no opportunity to improve his mind and add to his knowledge. He continued in the laborious work of his profession, taking the entire business on the death of his preceptor, until 1841, when he had a severe attack of typhoid fever, which broke him down both in mind and body. He died a year later, aged seventy-three.

Dr. Browne was about five feet nine inches in height and very neat, but not showy, in his dress. In early life he was accounted very handsome. We have the evidence of Dr. Wroth that he was good-looking even in advanced life. He was noted for his excellent judgment. "In my whole life, now extended to seventy-six years," says Dr. Wroth, "I have known no physician of more matured judgment." He took a warm interest in the politics of the day, being an adherent of the Federalist party. A small profile picture of Dr. Browne is in the possession of the Medical and Chirurgical Faculty, having been presented by his niece, Mrs. William Ringgold, through Dr. Hines of Chestertown.

JAMES DAVIDSON.—The family of Davidson sprang from a powerful clan in the highlands of Scotland known by the name "Clan Chattan," the records of which begin in the twelfth century. One of this line was George Davidson, magistrate of Aberdeen, Scotland, who had one son, James, the founder and subject of this notice. Dr. James Davidson was born in Aberdeen in 1743. He attended the Royal College in that city and received the degree of M.D. therefrom, his diploma bearing date 1769. In 1771 he came to America, settling and practicing at Queenstown, Queen Anne's county, Maryland. He was twice married, first to Elizabeth, youngest daughter of Philemon Charles Blake of "Blakeford," in the same county, by whom he had one son, George, and one daughter, Elizabeth. His first wife dying on the 23d of November, 1802, he married on the 18th June, 1804, Mrs. De Courcey of "My Lord's Gift," near Queenstown. By her he had one daughter. He died in June, 1811, and his remains were interred at "My Lord's Gift." The only public position which Dr. Davidson is recorded to

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*This is Dr. Wroth's statement but in the *Maryland Herald and Eastern Shore Intelligencer*, published at Easton, I find a notice of Morgan Browne Administrator of Morgan Browne lately deceased, of Kent Co. This was dated April 14, 1802.

†It was dropped entirely after the session of 1790-1791.

have filled is that of attending physician to the Queen Anne's County Almshouse, 1792-1804. The diploma of Dr. Davidson (recently on exhibition here) is the only one I have ever seen from Aberdeen. It is written on parchment and is signed by Alexander Gordon, "Baronetus, M.D., Professor et Decanus," and others. By it the degree of M.D. is conferred upon "Dominus Jacobus Davidson."

ARNOLD ELZEY.—Dr. Elzey was born in Somerset county, Maryland, in 1758. His ancestors were English. One of them was a colonel in the British army of the same name.* Dr. Elzey resided later in life in Montgomery county, Maryland, moving finally to Washington. During the last war with England he offered his services to the government and was accepted, receiving an appointment as medical officer, U. S. A., April 15, 1814. In April, 1816, he was made post surgeon and was assigned to duty in Washington. He continued in this office until his death, which occurred in that city on the 6th of June, 1818. Dr. Elzey was the physician of President Madison and had considerable practice among persons connected with the government. He was vice-president of the Medical Society of the District of Columbia at the time of his decease. His last illness was short and painful.

Of THOMAS S. FOSSETT, all the information I have is that he died in Worcester county in 1847.

Of ROBERT GEDDES of Kent county I know nothing.

HOWES GOLDSBOROUGH of the well-known family of that name of the Eastern Shore was descended from Nicholas Goldsborough, who was born in England in 1640, married Margaret Howes in 1659, and emigrated later to Maryland. He was born in Dorchester county, Maryland, November 20, 1771, being the son of John and Caroline Goldsborough. He married Miss Mary McMullan of Duck creek, near Smyrna, Del. He seems to have resided for a time in Frederick county. He held the office of clerk of Dorchester county court, and died in that county October 20, 1804.

*Many of the readers will doubtless rememember the curious portrait of him by Sir Peter Leby, recently on exhibition.

ROBERT GOLDSBOROUGH of the same family as the last was born at "Four-Square," the family estate in Talbot county, Maryland, December 4, 1772. Of his early life and education I know nothing. He was president of the Faculty from 1826 to 1836. He died at his residence in Centreville, Queen Anne's county, Maryland, on the 30th September, 1849, having practiced there for more than forty years. He was an old-fashioned gentleman, very fine-looking, precise and prim. He drove a chaise and dressed in the old style.

JOHN GROOME of Elkton, Cecil county, was a medical pupil of Dr. Edward Worrell of Chestertown, Md. Visitors to the late exhibition will recall a very interesting faded water-color profile of him, representing him with straw hat and standing collar. A letter from him was also shown. It was dated at Elkton, June 15, 1824, and was addressed to Mr. John C. Groome, Litchfield, Conn. I give the following extract from it, which, with the above, is all that I have been able to gather of Dr. Groome: "I have the satisfaction to acknowledge the receipt of three letters from you since you left Philadelphia—one from New York, New Haven and Litchfield—all of which tended to relieve our minds about you, as the bursting of the boiler of the steamboat, etc., nad produced a little anxiety. All of them were very satisfactory, more especially the latter, as it communicated to us a knowledge of the present state of the country over which you traveled, as well as a history of the town of Litchfield, its inhabitants, manners and customs, etc. Your uncle, Samuel, called here last week and was extremely pleased indeed at a perusal of your letters. He observed you promised to write to him occasionally, but he had not yet received a letter. He brought down with him a very splendid gig and horse, which he purchased in Philadelphia, and has promised to be up here about the first week in next month to take Eliza down to spend a month with him. At present he says the strawberries and soft crabs are in abundance. Since I left Philadelphia I suffered a good deal with a dyspeptic stomach, which has pulled me down a little and brought on

my usual complaint of hypo[cho]ndria. For a week past I feel as if I was mending, and if I could only get hold of a handful or two of the L'argent I would soon get well. Col. Veazey by letter has notified me and my family to attend on this day two weeks, the 29th inst., the consecration of their new church by Bishop Kemp, which probably I and Eliza will obey. By the Elkton Press, which Mr. R. V. Cost says he regularly has sent you, you will find the people are very much divided as to the celebration of the next Fourth of July. No less than preparations for three separate dinners are announced. I don't know whether I shall dine out at all this year for the first time for thirty years past. I enclosed you the American, giving an account of the death and funeral of Genl. Winder, which I supposed came to hand. * * *

"Yours affectionately,

"J. Groome."

Of Elisha Harrison I have only been able to learn that he was born in Cecil county in 1762, that he was a surgeon in the Revolution, settled after that struggle in Washington, was a founder of the Medical Society of the District of Columbia in 1819, and died in Washington on the 24th August, 1819.

Dr. Ezekiel Haynie was the son of Samuel and Judith Haynie. He was born in Northumberland county, Virginia, September 29, 1750, but moved with his parents in early childhood to Salisbury, Md. Here he was educated and began the practice of medicine. During the Revolution he became surgeon's mate in the Maryland Line, a position which he seems to have held from 1781 to 1783. On the cessation of hostilities he settled at Snow Hill, Worcester county, Maryland, and practiced there a short time. He then moved to Princess Anne, Somerset county, where he acquired a large and lucrative practice and where he continued to reside until his death in 1803. Dr. Haynie married Bettie Bayly, daughter of Esme and Linah Bayly. Of the children of this union two daughters alone lived to maturity and married. At the recent Centennial two letters were shown written by Dr. Haynie from Princess Anne to his brother, Dr. Martin L. Haynie, at Chestertown. Both are in a good, readable hand and neatly and carefully executed. The style, etc., shows that the writer was a scholarly person. The first is dated 8th February, 1799, and gives some of the Doctor's views upon practice. "Bleeding at first in all diseases attended with severe and fixed pain I think a remedy much to be relied on. We can never say the experiment of it has been fairly made unless the quantity is in proportion to the violence of the case and continued till a considerable degree of debility ensues. From the success of it in this way for some time past in my practice I am inclined to think it is seldom in the common way carried as far as it deserves, though I am not yet so much wedded to this remedy as to extend it to diseases unattended with evidence of inflammatory action. Blistering never comes amiss in rheumatic cases, unless where the disease consists rather in a general diathesis than in local inflammation. When it only shifts the seat of the pain without removing it, it is now a constant rule with me to reapply as fast as the sores dry up till the pain is subdued. Where there is little or no fever general remedies seem to have little effect. Sudorifics and anodynes, however, afford in some cases considerable relief. I use Dover's powder, etc." The second is in reply to his brother's request to be furnished with his "rates of charging." In it he speaks of his "small stock of medical ideas." For a visit in town to one not a customer "3/9 in day;" "out of bed in night, 7/6." "In the country under five miles 7/6 and so on. After twenty the proportion of charge to distance is increased, as long absence from home and from neighborhood custom is both disagreeable and disadvantageous. All-night visits double, and bad weather is a good reason for additional charge. Detention beyond the time necessary to examine the case and give directions is also a good ground of charge." Then follow charges for various kinds of medicines, etc. "Vs. in arm, 3/; extracting teeth, 5/; opening abscess, about 3/9; reducing fracture or dislocation of ye large bones, £3 to £5; consultation with one or more physicians a guinea; conference with do. [a nice distinction—applied to lighter

cases] about 7/6 to 17/6." He adds that these charges are "as low as the common and much below many in our part of the country." "For administering glyster, 5/," etc.

William Hays was a representative of Dorchester county, and Henry Helm is credited to Denton, Caroline county, Maryland.

John Huston of Worcester county was born February 20, 1768. He married Sarah Dashiell December 3, 1800, by whom he had four daughters but no sons. He died at Salisbury, Somerset county, Maryland, January 23, 1828. Mrs. Belle H. Jones, his granddaughter of Salisbury, sent a silhouette of him to the Centennial for exhibition.

NOTES ON RECENT SCIENTIFIC LITERATURE.

By William Lee Howard, M.D.,
Baltimore.

VI.

It is impossible for any thinking man to write upon a subject dealing with the many perplexing problems of our existence and the moral and social habits which ever control our actions without entering boldly and plainly upon the facts basic as concerns the sexual relation of that existence. This is the apology for continuing the subject dealt with in my last article.

Doctor Woods Hutchinson of the University of Buffalo has just written a small work entitled "The Gospel According to Darwin." It is not my purpose here to collate his ideas and statements regarding religion and science. This is old straw threshed over and over, yet some grains of wheat can always be found even after the last threshing. As Dr. Hutchinson says, "Darwinism has no quarrel with religion—only with its excesses."

I particularly wish to call the attention of the progressive physician to the last three chapters of the book, namely, the tenth, "The Duty and Glory of Reproduction and Economics of Prostitution;" the eleventh, "The Value of Pain," and to the twelfth, "Lebenslust." There are many whose training and education have been such that they will not agree with the statements and conclusions of the author. There are others, the free-lancers of science, who will rejoice at the unfettered yet moral tone of dealing with unassailable facts. I say "unassailable facts," because the denial of an active sexual life in all strong, healthy men, and the teaching that if such an activity exists it should be forever suppressed, can only come from jejune, ascetic, monastic manipulators or those unfortunates suffering from obscuration of physical facts and incoherence of any past adolescence. "However, between the Pauline attitude and its offspring, the black plague of monasticism, on the one hand, and the Phallic worship, with its Bacchanalian rites, upon the other, there is really little to choose either as to rationality or moral results."

I cannot conceive of men calling themselves scientific physicians and, at the same time, professing to ignore and refusing to enter into the study of what is the basis of all life—morality and religion. Vice and religion, morality and physical disintegration, all, each and every action of mobs and empires, individuals good and bad, the nun and the demi-monde, the priest and the lecherous cenobite, have had but one and the same cause of existence—sexual passion. Except for the normal sexual passions of his parents the purblind morbid moralist and the attenuated preacher of celibacy would not be in existence. Would that the parents of these humiliating bipeds had carried out the advice of their children!

Simply because prostitution is and always has been an institution of society, and in spite of all the ecclesiastical and legal pressure brought to bear upon it, never suppressed, Dr. Hutchinson looks upon it as a necessary evil. He even goes farther, and sees in it an institution having a sociological reason for existing. To quote the author: "To sum up, the whole mechanism of prostitution is an engine of deadliest efficacy in sterilizing and ultimately destroying the worst elements of both sexes. To say that it also involves fearful and widespread suffering and damage to innocent women and children would be as true as it is pitiable and har-

rowing, but I firmly believe that this is much less both in extent and painfulness than is usually stated, and is, from a purely economic standpoint only, far overbalanced by the benefit resulting to the race. 'A companion of fools shall be destroyed' is no vengeful threat, but a simple statement of a stern, necessary natural law. Pain, disease and death are hard to bear and harder to look upon, but they are among the greatest benefactors of the race.

"The only way to check its action is to reduce to its 'anatomically necessary' limits the class upon which it is sure to act. Men should be taught the sacred duty and true dignity of reproduction; that any attempt to avoid this duty brings its own punishment; that their sexual powers belong not to themselves, but to the race, and every exercise of them must result ultimately in either a pregnancy or syphilis; that they cannot hope to enjoy the privileges of manhood and shirk its responsibilities.

"Women should be taught to trust their instincts, for in them the maternal impulse is stronger than life itself; that, like every other natural instinct, it is of highest benefit, not only to the race, but also to the individual; that any attempt to thwart it, or even failure to give it proper development, will result in either dwarfing or decay."

At last we have the subject of bicycling for women collated and condensed in such a manner that one can get a good idea of the attitude of medical men concerning this mooted question. I find this subject dealt with in "The International Medical Annual," 1899, E B. Treat & Co. I advise those who, like the writer, have been troubled with the conflicting statements of gynecologists and neurologists regarding the baneful moral effects on one side, and the beneficial anatomical results on the other, to read this concise report.

The "Annual" for 1899 is a decided improvement on those which have gone before. Especially marked is this improvement in the medico-legal section and the chapters dealing with sanitary science. The colored plates are superior to those usually found in these annuals, and altogether it is a work valuable for information and necessary as a reference to all those who would keep in touch with the rapid progress of modern medicine.

Society Reports.

BALTIMORE MEDICAL AND SURGICAL ASSOCIATION.

MEETING HELD APRIL 10, 1899.

Dr. John R. Winslow read a paper entitled "The Tonsils As a Menace to the General Organism" (see page 302).

Dr. E. J. Bernstein: The subject in its terrific aspect is possibly a new one. The wonder is that so many bacilli are found on the tonsil and so few enter the system. This is explained by the phagocytic action of normal mucous membrane. He does not believe that 10 per cent. of tonsils are tubercular. He does not use the finger-nail, or advise others to do so, in removing adenoids. The finger-nail is not clean.

Dr. Randolph Winslow reported two cases of general streptococcic infection entering through the tonsil. In the second case antistreptococcic serum was injected without benefit.

Dr. Morris C. Robins reported a case of streptococcic infection entering through the tonsil that terminated in recovery.

Dr. John R. Winslow: Cases of streptococcic infection involving the pleura and entering through the tonsil are not rare. Quite a number of cases just as severe are due to staphylococcus infection. He always thoroughly cleans his finger-nail before removing adenoids.

Dr. C. Hampson Jones read a paper on "Vaccination and Revaccination." The amount of variola today is insignificant compared with the amount of smallpox before the time of Jenner. Glycerinated virus is preferable to ivory points, because it is decidedly freer from germs. The number of "takes" is the same from both. The apparent periodical visitations of smallpox are probably due to the fact that the effects of previous vaccinations have died out. Revaccination is necessary. He is glad to have a virus (glycerinated) that will not produce the frightful inflammation formerly so frequent. He

advises revaccination every five years.

Dr. E. G. Waters inquired about the strength of different varieties of virus.

Dr. E. Dorsey Ellis: He has always been in doubt as to when a person should be revaccinated.

Dr. E. J. Bernstein: What is the percentage of successful takes in vaccination? Were the different makes of glycerinated virus equally trustworthy?

Dr. A. D. McConachie: On the point of revaccination we are never certain.

Dr. John B. Schwatka: The amount of original scarification accounts for the size of the scar more than the virus used.

Dr. E. G. Waters mentioned the case of a lady, aged 53 years, who was vaccinated by him in 1882. She told him that that was the twenty-sixth time she had been vaccinated with varying results.

Dr. John Neff: He has been successful in using quills without harmful results. He mentioned a family of six children, one of whom had smallpox, and the other five had been vaccinated unsuccessfully. He revaccinated them and it took, but all had mild varioloid.

Dr. D. Z. Dunott: The size of the scar is not proportionate to the amount of scarification.

Dr. James A. Zepp: Is the fever following vaccination the result of the vaccination or of streptococcic infection?

Dr. James E. Gibbons: He has never seen very large scars unless the vesicles were broken. He has never used anything but ivory points, and always with much success. Not every sore arm is a vaccination "take."

Dr. C. Hampson Jones: He declines to state what virus he prefers. All the varieties of glycerinated virus were practically free from germs. He does not know when revaccination is necessary. No scar remains after vaccination with pure glycerinated virus. Most undoubtedly fever does result from the vaccination itself. He takes every precaution when visiting a smallpox patient to prevent carrying the contagion.

The association then adjourned.

Eugene Lee Crutchfield, M.D.,
Secretary.

Medical Progress.

Pharyngitis and Tonsillitis in Infants.—Many attacks in infantile life are thought by Dr. Henry Dwight Chapin to be due to some catarrhal inflammation of the throat, and for that reason he recommends in the Medical News a tongue depressor so curved at its small tip that a satisfactory view of the small throat can be examined. He says, in conclusion:

"To sum up, in order to successfully examine the throat of an infant the parts must be satisfactorily seen at the first examination. By means of the tongue depressor here presented the base of the epiglottis is firmly held at the first attempt and the fauces exposed to view. Pharyngitis and tonsillitis are more common in infants than has been supposed and are a fruitful cause not only of present discomfort, but of post-nasal catarrh in children. Repeated attacks will surely cause enlargement of the adenoid tissue at the vault of the pharynx as well as of the faucial tonsils."

* * *

Tuberculin in the Insane.—While the use of tuberculin as a remedial agent has not given very remarkable results, except in the case of skin tuberculosis, its value as a diagnostic medium has been sufficiently proven. Dr. John H. Neff in the American Journal of Insanity speaks of its usefulness in suspected tuberculosis of the insane, who are often not able to give any information as to their condition and in other ways do not co-operate with the physician. From all these reasons, and as a result of his personal experience in many cases, Dr. Neff thinks that the use of tuberculin offers advantages to hospitals for the insane.

* * *

Removing Ear Wax.—The Western Clinical Recorder says that cerumen may be quickly and effectually softened by filling the meatus with peroxide of hydrogen and allowing it to soak for a few moments, after which it may be easily removed by syringing with warm water.

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Newspaper Medicine Again.

It is a great pity that facts allied to medicine and attempts to teach the public should all find a place in the daily papers, and especially in the large Sunday issues, which teem with sensational reports. One paper describes a rather simple case, but clothes it in such remarkable language, and illustrates it with such grotesque figures, that there is no wonder the public is alike appalled and surprised. Then, again, facts which have some foundation may be correctly stated in the paper and yet lead to erroneous conclusions.

The recent statements of Atwater on the amount of alcohol which can be taken in the human system in a healthy condition in twenty-four hours cannot but do harm when garbled by a sensational press anxious to create notice at any cost. The difficult question of the poisonous dose of alcohol in any form has not yet been settled, and the statement that two ounces, more or less, of alcohol or its equivalent may be taken daily with impunity can hardly be accepted at this time without attaching so many conditions that the original statement can hardly be found. At the same time it is a great pity that the school-books on physiology as used in the schools of Maryland and of other States should be filled with exaggerated statements on the effects of alcohol on the body.

The question of the use of alcohol in health and disease is one which will always be discussed, and is one on which too many have decided opinions, too often extreme. The drinker makes statements which his own physical condition proves wrong, and the total abstainer is equally ridiculous in the other direction. Such questions as the use and abuse of alcohol should be kept from the daily press until they are settled, and the fact that the daily papers are allowed to make statements which may be followed by great harm shows at least in one respect the need of a press censor.

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Mistaken Diagnoses.

In the *North American Journal of Diagnosis and Practice* Dr. C. H. Powell has a very sensible article on the mistaken diagnosis, and he very properly insists on the importance of a correct understanding of the case before prescribing. One physician will accept the diagnosis of another, or even allow the friend and family of the patients to suggest the diagnosis and proceed to give treatment without further examination. The rare and exceptional cases are too often the result of ignorance, and the man who reports a large number of usual or unusual cases seen in a short time can often be put down as a slovenly observer or a member of the Ananias club.

It is often the young physician who sees the wonderful case, and lucky is the older one if he can escape hearing about the wonderful cases as depicted by his younger colleagues on the street cars or wherever a patient and long-suffering listener can be found. It is hard not to be influenced by the views of others, and it is natural for one physician to ask what his predecessor said in regard to this or that case. In a consultation often the consultant will fall into the diagnosis of his colleague, and that without any intention.

It is well to make the diagnosis carefully, and try as far as possible to be free from the influences of other physicians and of the friends of the family.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending June 17, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	6
Phthisis Pulmonalis	..	16
Measles	22	..
Whooping Cough	3	..
Pseudo-Membranous Croup and Diphtheria.	17	2
Mumps	1	..
Scarlet Fever	2	..
Varioloid	..	..
Varicella	4	.
Typhoid Fever	5	2
La Grippe	..	1

The plague is said to have appeared in Paris.

The plague is reported to be very severe in the East.

The Hospital for Ruptured and Crippled has moved to its country home at Blue Ridge Summit, Pa.

Dr. W. F. Brunner, chief of the United States Marine Hospital staff at Havana, has been made health officer of Savannah.

The surgeons of the Baltimore & Ohio Railroad met at the hall of the Faculty last Tuesday and Wednesday and read papers and elected officers.

Dr. Nathan Pratt, a prominent physician of Milford, Del., died last Sunday, aged sixty-six. He received his degree from the University of Pennsylvania in 1860.

A State bacteriological and pathological laboratory has been established for Delaware. Professor Chester, State bacteriologist, has been appointed director.

Dr. E. N. Brush, superintendent of the Sheppard and Enoch Pratt Hospital, has been elected professor of mental diseases at the College of Physicians and Surgeons.

As noted not long ago, there were thirty-three graduates at the Johns Hopkins Medical School. Of these, two were women. This is very large for the third class that ever received medical degrees at that institution.

Dr. James Ward Scott, Jr., died last week at Belair, aged fifty-four years. Dr. Scott was born in Missouri and received his degree at the University of Maryland in 1866. At one time he lived in Baltimore.

At the Maryland Hospital for the Insane Dr. J. Percy Wade was re-elected superintendent; Dr. Robert Garrett, first assistant; Dr. Joseph K. Shower, clinical assistant; Dr. Cornelius Deweese, second assistant, and Dr. Jessie C. Coggin, third assistant.

Dr. J. C. Webster of McGill University, and formerly of the University of Edinburgh, has been appointed to the chair of obstetrics and gynecology in Rush Medical College, which will form part of the Chicago University. This is the chair lately refused by Dr. John Whitridge Williams of Baltimore.

Two societies have been incorporated in Baltimore recently—one to furnish medical and surgical attendance to its members and the other to maintain a hospital and transact an undertaking business. It is a sort of medical trust and probably like the clubs against which English physicians have been fighting for so long.

The following officers of the American Proctological Society were elected: President, Dr. Joseph M. Mathews, Louisville, Ky., the retiring president of the American Medical Association; vice-president, Dr. James P. Tuttle, New York city; secretary-treasurer, Dr. William M. Beach, Pittsburg; board of counselors, Drs. Samuel T. Earle, Baltimore, Md.; A. Bennett Cooke, Nashville, Tenn., and J. R. Pennington, Chicago. The next annual meeting of the society will be held in Washington, D. C., in May, 1900.

The following officers of the American Medical Association were elected: President, Dr. W. W. Keen, Philadelphia; vice-presidents, Dr. C. A. Wheaton, St. Paul; Dr. E. Ferguson, New York city; Dr. G. M. Allen, Liberty, Mo.; Dr. W. E. D. Middleton, Davenport, Iowa; secretary, Dr. G. H. Simmons, Chicago; treasurer, Dr. H. P. Newman, Chicago; assistant secretary, Dr. J. A. Jay, Atlantic City, N. J.; librarian, Dr. W. G. Webster, Chicago; chairman committee of arrangements, Dr. Philip Marvel, Atlantic City, N. J. Atlantic City, N. J., was chosen as the place of the next meeting.

Book Reviews.

Nervous and Mental Diseases.—By Archibald Church, M.D., Professor of Neurology, Northwestern University Medical School, Chicago, etc., and Frederick Peterson, M.D., Professor of Mental Diseases, Woman's Medical College, New York, etc. Philadelphia: W. B. Saunders. For sale by the Medical Standard Book Co., Baltimore.

This book is not exactly the conjoint work of the two authors, but the section on neurology has been prepared entirely by Dr. Church, and Dr. Peterson contributes that on mental diseases. Part I deals with the examination of the patient, and offers many valuable suggestions. The other sections treat of the diseases of the meninges, cranial nerves, brain, spinal cord and the neuroses. The clinical descriptions are clear and concise, and there are many excellent illustrations. As a book intended mainly for students more attention should have been devoted to treatment. There is rather too great a tendency in the recent text-books toward indoctrinating the student with therapeutic nihilism. The article on hysteria is excellent, and the author very properly condemns the indiscriminate use of hypnotism. The article on epilepsy is rather brief, and more should have been said about the general management and treatment of this affection.

The last 200 pages of the volume are devoted to mental diseases. Dr. Peterson has succeeded in presenting this subject in a concise, clear and intelligible manner. It is just about what the student and general practitioner needs to know. The only criticism that can be made is that there should have been a brief statement as to the relations of the insane to the law.

A Pocket Medical Dictionary. Giving the Pronunciation and Definition of the Principal Words Used in Medicine and the Collateral Sciences, etc. By George M. Gould, A.M., M.D. A new edition, entirely rewritten and enlarged, including over twenty-one thousand words. Pp. 9-530. Price $1. Philadelphia: P. Blakiston's Son & Co. 1898.

This is a new edition of a very useful work which has become known through the medium of Dr. Gould's larger dictionary. As it is a condensed edition of the unabridged one, and both have been noticed before, further criticism is not necessary. The spelling is according to the author's own ideas.

REPRINTS, ETC., RECEIVED.

Report of the Kensington Hospital for Women of Philadelphia. 1898.

First Annual Report of the University Hospital of Kansas City, Mo. 1898.

The Episcopal Eye, Ear and Throat Hospital of Washington, D. C. 1898.

The Antitoxine Treatment of Diphtheria. H. K. Mulford Co., Philadelphia and Chicago.

Ninth Annual Report of the Lutheran Eye, Ear and Throat Infirmary of Washington, D. C. 1899.

The 101st Annual Report of the Board of Managers of the Maryland Hospital for the Insane. 1898.

Bezold's Mastoiditis; Report of a Case. By M. D. Lederman, M.D. Reprint from the *New York Polyclinic.*

Twenty-first Annual Report of the Presbyterian Eye, Ear and Throat Charity Hospital of Baltimore. 1898.

Teaching Obstetrics. By J. W. Williams, M.D. Reprint from the *Bulletin of the American Academy of Medicine.*

A Year's Work in the Preventive Treatment of Rabies. By John Ruhräh, M.D. Reprint from the *Philadelphia Medical Journal.*

Some Observations of General Interest Regarding the Course and Management of Cataract. By J. H. Woodward, B.S., M.D.

The Bacteria of the Vagina and Their Practical Significance. By J. Whitridge Williams, M.D. Reprint from the *Transactions of the American Gynecological Society.*

Tumors of the Naso-Pharuynx; Their Treatment Through the Natural Orifices. By John R. Winslow, B.A., M.D. Reprint from the *Journal of Eye, Ear and Throat Diseases.*

Furunculosis of the External Auditory Meatus, Followed by Suppurative Otitis Media, with Mastoid Involvement and Operation. By M. D. Lederman, M.D. Reprint from the *Laryngoscope.*

The Cause of the Conflicting Statements Concerning the Bacterial Contents of the Vaginal Secretion of the Pregnant Woman. By J. Whitridge Williams, M.D. Reprint from the *American Journal of Obstetrics.*