Library of the Medical and Chirurgical Faculty of Maryland.

Presented by

J. Wyeth & Co. Baltimore.

BALTIMORE, MD.
209 Park Ave.

WASHINGTON, D. C.
913 F Street, N. W.

MARYLAND MEDICAL JOURNAL

A WEEKLY JOURNAL OF MEDICINE AND SURGERY

J. F. SCHULTZ, BALTO.

VOLUME XXXVII.

APRIL 17—OCTOBER 9, 1897.

BALTIMORE:
MARYLAND MEDICAL JOURNAL PRINT,
209 PARK AVENUE.
1897.

CONTRIBUTORS TO VOLUME XXXVII.

INDEX TO VOLUME XXXVII.

MEDICAL ITEMS.

SOCIETY REPORTS.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVII.—No. 1. BALTIMORE, APRIL 17, 1897. WHOLE No. 838

Original Articles.

DISPENSARY ABUSE

AND THE EFFORT FOR ITS PREVENTION AT THE PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL.

By Herbert Harlan, A. M., M. D.,
Baltimore.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND AND THE MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

THIS subject is, in my opinion, of vital importance to our profession in every town large enough to have dispensaries. The writer was a chief of clinic at the outdoor department of the Maryland University Hospital for three years, was one of the physicians at the Baltimore General Dispensary for three years and has been on the staff of the above hospital for sixteen years. During this time he has read every article on this subject which he has seen in any medical journal. A few of these articles have been well considered and well written. Most of these have been fault-finding complaints about an evil which is unquestionably very real.

One of the very best is on "The Abuse of Medical Charities," by Frank Van Fleet, M. D., of New York, and appeared in the New York *Medical Record* of August 31, 1895. In his introduction he says: "This abuse is an evil which we cannot continue to observe with indifference, for not only does it take away from the members of the medical profession what should be a legitimate source of income and deprive the worthy poor for whom these institutions are intended, of the time and attention necessary for their proper treatment, but it also begets, in the unworthy and undeserving recipients, habits which tend to degrade them, the influence of which may extend far into the future, affecting not only themselves, but generations yet unborn."

There has, however, been a great dearth of articles suggesting any practicable remedy. Let me read part of what the above article says under the head of remedies: "I would say that the first step should be an effort to raise the moral tone of society. Teach the people first that it is more blessed to give than to receive; second, that to accept charity under a misrepresentation of facts does not differ morally from taking that which is the property of some other person and, third, that these thieving actions tend not only to belittle themselves, but beget habits in succeeding generations, which will dull that spirit of independence that should be our natural heritage and leaving them degraded, will contribute to the development of a nation of paupers," and then he rather naively adds: "These strides toward that millennium, when people, seeing the right, will do it, must

of necessity be slow." Personally, I do not think any member of this society present or future will ever see that millennium.

At the Presbyterian Eye, Ear and Throat Charity Hospital a number of expedients have been resorted to from time to time. Time forbids going into details about all but the last and it is to that method and its practical results that your attention is called this evening. It is the result of the combined efforts and many consultations of the surgeons and their assistants at that institution and has been in operation about three months. This is briefly the plan :

All new patients on entering the waiting room have for a long time received their cards and rotation number from a woman clerk, who enters the names and addresses in a book kept for that purpose. Now, all those persons who present a well-to-do appearance are handed the following blank. This they are required to fill out, or in the case of children not accompanied by older persons and whose cases are not urgent, the blanks are taken home and returned filled out the next day.

PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL DISPENSARY.
1007 E. BALTIMORE ST.

This Dispensary is a charity supported in whole and conducted by private individuals, and *not by State or City*. The Surgeons of the Staff receive no compensation for their work. It is for the poor only. All persons unable to pay for professional services are welcome. Those whose circumstances are such that they can pay moderate fees will be refused treatment and are cautioned against applying. This blank must be filled out, and if the answers are satisfactory, the individual whose name it bears will receive free treatment at this Dispensary.

1. Full Name and Address.....
2. Age.....
3. Employment of self or person upon whom you are dependent.....
4. By whom employed.....
5. What is the name of physician who attends you in ordinary cases of sickness?.....
6. Give reason why you should receive free medical advice and treatment in this Dispensary.....

The object of this card is to protect the Dispensary from imposition. Information obtained from these answers goes no further than the physician in charge.

The next step is to have judgment passed as to the worthiness or unworthiness of the would-be patient. This is done by one of the three senior surgeons, Dr. Hiram Woods, Dr. F. M. Chisolm, or the writer, and requires about ten minutes' time before the opening of the daily clinic. Those evidently able to pay are kindly but positively refused treatment. The doubtful ones are asked some additional questions. Quite a number state that they are able to pay something, but not a specialist's fee. These are advised to ask their family physician as to whom they shall consult and then state their circumstances, or take a note from the doctor to the specialist he names, with the assurance that they will be treated for what they can really pay. Those turned away are not given cards or advised to go to the private offices of any of the staff.

These blanks are kept and may be referred to, and the Charity Organization Society will inquire into and report on any cases which it may seem desirable to have investigated more fully. As yet this aid has not been called in. Of course many blanks are filled out irregularly, but this is easily remedied by a few questions at the time they are inspected. Some are filled out apparently with a view to evade giving the desired information. So far this number has been very small. In modeling the blank, special effort was made to avoid wounding the feelings of deserving, but sensitive, people. I think we have succeeded in this.

There has been no trouble in getting people to fill up the blanks. A certain number, after receiving them, read them over and withdraw, and are seen no more. Some others remark that there are a good many people ahead of them and they will come another day. They, too, are seen no more. There is no account of the number in these two classes who thus tactily admit that the dispensary is not the place for them. Their names were not entered in the books. Nor is there any way of estimating the number kept away entirely by the knowledge which has become spread

abroad that if they apply for treatment, their circumstances will be inquired into. I believe it the opinion of all connected with this hospital that the number of well-dressed applicants has greatly diminished in the last three months.

There were entered during the month of January, 1356 patients. To the well-to-do looking of these, there were given 280 blanks. Of these, 26 were refused treatment, so that of 1356 patients 20.65 per cent. had the appearance of possibly being able to pay and by our inquiring about 2 per cent. were turned away as being clearly able to pay at least something to somebody. As well as can be estimated, the number declining to apply for treatment after finding that it was necessary to answer some questions was about equal to the number of those refused treatment. I grant that probably quite a number were passed that were really able to pay if they had made a special effort to do so. I believe about as many as were refused. I do not think more. The doubtful cases are usually passed for the reason that it is felt that it is better to admit some unworthy ones than to turn away a single really deserving person.

Formerly when I judged patients by appearances only, I thought and have stated that about 25 per cent. of the patients seen in the dispensary of the Presbyterian Eye, Ear and Throat Charity Hospital were able to pay some doctor something. My investigations have convinced me that the number is not nearly so large, and while the method I have described for preventing unworthy people receiving treatment is not perfect it is distinctly a move in the right direction and has demonstrated to us at least that while at that dispensary a few patients are treated who ought to pay somebody for treatment, the number is comparatively small, I believe not more than two per cent.

In conclusion, I do not believe that until human nature (medical and lay) changes, dispensary abuse can be entirely remedied, but I do believe that if the management and the patrons of dispensaries shall insist that regular and persistent efforts be made to find out the really poor and while welcoming them shall regularly and persistently turn away all others; if physicians coming in contact with people who need the attention of specialists shall use the utmost discrimination in sending patients to dispensaries and not consider fit subjects for charity persons who pay them fees and if physicians connected with dispensaries shall cease to use them as places from which to steer patients to their private offices, most of the evils will be remedied. Then let us use every effort to bring these things about and perhaps we will be able some day to drop from medical journals and society meetings the annoying question of dispensary abuse.

EGG ALBUMEN.

The fancy foods now in the market, says Dr. C. E. Boynton, in the *Pacific Medical Journal*, may all be useful as well as expensive, but when the patient is hardly able to pay a doctor's bill, to say nothing of a drug bill, a cheap and handy substitute is desirable. When fever is present and appetite is nil; when we want an aseptic article of diet, the white of an egg raw serves both as food and medicine. The way to give it is to drain off the albumen from an opening about half an inch in diameter at the small end of the egg; the yolk remaining inside the shell, add a little salt to this and direct the patient to swallow it. Repeat every hour or two. In typhoid fever this mode of feeding materially helps us in carrying out an antiseptic and aseptic plan of treatment. Furthermore the albumen to a certain extent may antidote the toxines of the disease. Patients may at first rebel at the idea of eating a "raw" egg, but the quickness with which it goes down without the yolk proves it to be less disagreeable than they supposed and they are very ready to take a second dose.

CEREBRAL SYPHILIS; INUNCTION TREATMENT.

By Henry Alfred Robbins, M. D.,
Washington, D. C.

CLINICAL LECTURE DELIVERED AT THE SOUTH WASHINGTON (D. C.) FREE DISPENSARY, DECEMBER 28, 1896.

SIXTH PAPER.

I AM very glad that this patient puts in an appearance today, as I wanted to make some more remarks on cerebral syphilis, and it is not often that this manifestation of the disease can be seen at a dispensary service. This man for several months has been under the observation of Dr. Arwine, and we are indebted to him for influencing the patient to come to us.

Two years ago I became interested in syphilis of the brain, and published an article on the subject. Since then I have continued my investigations, and have collected much valuable material.

You notice what a wonderful improvement has taken place in this man's condition. Now he does not appear to drag his leg at all, and his arm swings naturally by his side. We are more than pleased; the improvement has exceeded our expectations. You notice that there are scars on his forehead—souvenirs of the ulcerative pustular syphiloderm that covered the upper portion of his face and scalp. What are the changes which have taken place in his brain, resulting in hemiplegia?

The other day I picked up Aitken's Practice of Medicine, edition of 1868, and looked for the special lesions of the brain causing hemiplegia, viz.:

"1. Obstruction of a principal cerebral artery by a plug of fibrin detached from an excrescence on one of the aortic or other valves of the heart, the result of a former endocarditis (Kirkes and Virchow).

"2. A coagulum in an artery, resulting from some altered nutrition of its wall, and connected in general with a rheumatic or other morbid state of the blood.

"3. A softened state of the brain, such as the condition known as white softening, which follows the retardation and diminution of cerebral circulation by diseased arteries, or by the complete stoppage of an artery by a plug.

"4. Apoplexy, induration, or tumors, *e. g.*, tubercle or cancer in the parts indicated above."

Aitken gave an exact representation of the ravages caused by syphilis, without suspecting that to it could be attributed the lesions he so truly described. It is fully equal to that of Professor Heubner, who in 1874 described certain lesions as characteristic of syphilis. He mentioned fibroid indurations, and the syphilitic tumor known as gumma, and certain changes in the arteries. "In the cerebral arteries, the changes produce opacity and marked thickening of the vessel, with considerable diminution in its caliber. It is this diminution of the lumen of the vessel which is especially characteristic. When transverse sections of the vessel are examined microscopically, the principal change is seen to be situated in the inner coat. This coat is considerably thickened by a cellular growth. The growth, which is limited internally by the endothelium of the vessel, and externally by the membrana fenestrata, closely resembles ordinary granulation tissue, consisting of numerous small, round and spindle-shaped cells. The tissue appears gradually to undergo partial development into an imperfectly fibrillated structure. In addition to this change in the intima, the outer coat is abnormally vascular and infiltrated with small cells, and this cellular infiltration usually invades the muscular layer. The result of these changes in the inner coat is to diminish very considerably the lumen of the vessel; and the consequent interference with the circulation frequently leads to coag-

ulation of the blood (thrombosis) and cerebral softening."

The treatment recommended by Aitken, such as administration of ergot, would only aggravate brain syphilis, as it would contract the blood vessels still more, causing what you most wish to avoid. Five years before the publication of Aitken's Practice of Medicine, and six years before Virchow cleared up syphiloma of the brain and its membranes, and eleven years before Heubner published his description of brain syphilis, Dr. Samuel Wilks of Guy's Hospital showed himself to be far in advance of all others in syphilology. He gained his knowledge in the dead-house, as well as by the bedside, and he had a happy faculty of imparting what he knew to others.

Dr. Wilks in 1863 said: "Modern research has been mainly in the direction of discovering a wider influence for the venereal virus, and tends to show that the internal organs may be affected equally with the external. Syphilis, in its ultimate form, is capable of affecting every organ of the body; the internal may become equally as obnoxious to the effects of the virus as the external. Many obscure and intractable organic disorders are cases of visceral syphilis, and it cannot be too forcibly impressed upon the young practitioner that syphilis may affect not only the cranium, but the brain within it, or the nerves; not only the muscles of the limbs and tongue, but the heart; not only the pharynx, but the esophagus; not only the larynx, but the trachea, bronchi and lungs; also the liver, spleen and other viscera." (Guy's Hospital Report, Volume IX, 1863.)

Associated with Dr. Samuel Wilks at Guy's Hospital was the late most accomplished pathologist, Dr. Walter Moxon. Together they wrote their great work on pathology, which is in daily use by every anatomist. For several months, I had the honor of being an assistant to Dr. Moxon in the post-mortem room of Guy's Hospital. The changes which occur in the brain in this dread disease were thus described by him:

"Syphilis attacks the surface of the brain and the membranes; it attacks them in limited spots, and spreads slowly. The morbid changes are, on the one hand, adhesion of the membranes to each other and to the surface of the brain by means of an adventitious material of firm consistence and yellow color, which may be called lymph, but is harder, tougher and more opaque. This exudation may be found at any part of the surface; it invades and destroys the gray matter, interferes with the supply of blood, and when it occupies the membranes at the base of the brain surrounds and involves the nerves in the inter-cranial part of their course. In the examination of the brain after death (over 1000), I have been surprised to find in how small a number this disease appeared to originate in the under layer of the periosteum of the endo-cranium. I think this, perhaps, may be accounted for by the fact that when a gumma of the inner table of the skull does arise, the chemical features evidenced by pain, etc., are so marked (for these manifestations usually occur with the existence of external gummata) that remedial measures are adopted early, and thus promote absorption before the membranes of the brain become involved."

Professor Claude Bernard, the noted physiologist, many years ago proved by experiments on the lower animals the very interesting fact that an injury in the median line of the floor of the left ventricle would be followed both by albuminuria and the presence of sugar in the urine. We know that gummata not infrequently attack the brain and by pressure it is not unreasonable to think that it may give rise to many of the so-called cases of Bright's disease and diabetes. I can not find any authority in my own library to sustain me in this supposition.

In looking over my scrap books I found the following, which seems to corroborate the views I have expressed. Dr. Sidney Phillips, at a recent meeting of the Harveian Society of London, read the notes of a case of diabetes insipidus, due to syphilis. The patient, a man

aged thirty-three, had ten years previously been treated for a chancre, followed by secondary symptoms; and had since, at various times, suffered from the effects of syphilis. When first seen by Dr. Phillips, he stated that he was passing very large quantities of urine, as much as ten quarts in a night; he complained also of severe pain, increased at night, in the the right fronto-parietal region, with localized tenderness; the right pupil was irregular from old iritic adhesions and he had a gumma of the size of a marble in the substance of the tongue.

He was treated by iodide of potassium in large and increasing doses and in three weeks he made rapid progress toward recovery. The headache had ceased; he was passing a little over three pints of urine in the twenty-four hours, and the gumma of the tongue had much diminished in size. Dr. Phillips remarked that, in this case, the increased flow of urine was due to syphilis, but whether it was due to the lesion on the cortex of the brain was not so clear. In all the recorded cases where a growth had been found as the cause of the polyuria it had been situated at the base of the brain. Trousseau, however, recorded a case of polyuria, following an attack of ordinary hemiplegia, where the lesion was presumably elsewhere than at the base; and possibly, in the present case, it was due to the node on the surface of the brain, which softened and diminished in size under the influence of iodide, as the gumma of the tongue was simultaneously observed to do.

I have in my mind a very dear friend who is not under my professional care, who has aphasia, and whose urine is loaded with sugar. I do not mean to imply that the trouble is of specific origin. I know that it is not, but there is a plugging up of a cerebral vessel (thrombosis) and there may be some pressure on the median line of the fourth ventricle. Whatever the cause may be, the proper remedy to give is the iodide of potassium. You remember what Dr. Dowse said about "its removing a tumor as readily as the knife of a surgeon, etc."

The following case is one that occurred in my private practice; I reported it in my article on "cerebral syphilis" already referred to: "On the 11th of December, 1894, I was consulted by Mr. ——, aged forty-two years, who stated that for many months he had had persistent headaches, occurring at night. He had consulted many physicians, who had treated him for neuralgia of malarial origin. The treatment, he said, making his condition worse. I obtained the following history: Eight years ago he had had a suspicious sore on the prepuce. At first his physicians were in doubt whether the sore was the initial of syphilis or not. Subsequent syphiloderms, however, put at rest the question of diagnosis. He was placed under mercurials, and in a few months he was pronounced cured.

For eight years he had taken no treatment, and, as a rule, enjoyed good health. I gave a prescription containing bichloride of mercury and iodide of potassium, which, he stated, relieved the headache. On the evening of the 22d, he appeared bright and cheerful. On the next evening he called and said that he had not taken the medicine and that he was not feeling well. While he was standing up about to leave, he said he felt exactly as if some one had struck him a violent blow on the back of the head. He sank to the floor and it was with considerable difficulty that I lifted him to my sofa. In half an hour he was able to get up, and he passed some urine. I examined it and found no albumen or sugar; specific gravity normal. I took him home in a carriage and placed him in bed, and applied oleate of mercury (10 per cent.) over his bald head and the nape of his neck. There was no elevation of temperature, pulse 72, full and regular.

I commenced giving him fifteen grains (saturated solution) of iodide of potassium every three hours. The next day he complained of thickness of speech, and a sense of numbness on the right side. I gradually increased the iodide until he was taking 35 grains every three hours. There was no gastric disturbance. After a time there was slight

coryza and I commenced decreasing the dose until he was taking 2 grains every three hours. He daily improved in strength; headache disappeared. On January 26, I prescribed the following:

℞.—Hydg. biniodidi . . . grs. ij
Ammonii iodidi . . . ʒii
Potass. iodidi . . . ʒiv
Tinct. Gentian. comp. . f ʒiv
M. Sig. Teaspoonful in water three times a day, after meals.

Patient would go out walking or driving every day. On January 28, he went to New York City and I gave him a letter to Dr. R. W. Taylor, who stands, as you all know, so pre-eminent in our profession. I gave a favorable prognosis in this case.

On the first of February, I received a letter from Dr. Taylor, which contains the following sentence, which gave me supreme satisfaction: "Your diagnosis, prognosis and treatment are all correct. I think, with you, that the patient can be cured, provided he follows treatment repeatedly. He undoubtedly has had endarteritis of syphilitic origin."

It is two years ago, and more, since I wrote that history. A year later the patient sent me a handsome fee. Last week he called on me, looking the picture of health. He had gained in weight and his mind was as brilliant as ever, and he is noted as being a man of wonderful attainments and splendid address. To have one such case is enough to make a physician feel that life is worth the living, and goes a long way in counteracting the lack of gratitude, which is generally his recompense.

It is not necessary for anything to be new to be valuable. So with the treatment of syphilis. I do not suppose that away back, centuries ago, before America was discovered, the effects of mercury were understood, nor did our immediate predecessors know why they gave calomel for everything. Professor Samuel Jackson of the University of Pennsylvania used to say "when in doubt give calomel" and when it has been properly given it has cured many a disease, without our having comprehended the reason.

Since the bacteriologist has appeared with his immersion lens and staining fluid and culture tubes, we begin to realize that almost every disease is of germ origin. Now we are taking our turn in hunting down and destroying them. This has made a Lord of Joseph Lister and we would like to add a wreath to his crown of glory. Robert Koch has stained and brought into view the bacilli of tuberculosis. Sternberg, the Surgeon-General of our army, has acquired more fame in capturing the micro-organism of croupous pneumonia with his microscope than many a general has done with his sword. Laveran has lassoed the plasmodium of malaria. Eberth aimed at the typhoid germ with his lens and it surrendered at discretion. Neisser discovered the gonococcus of gonorrhea and with it the fact that its disastrous effects are equal, if not greater, than syphilis. Gynecologists affirm that it is the most frequent cause of their ovarian and tube cases. At present, Klebs-Löffler diphtheria bacilli are household words, making everyone afraid of Washington, as if the germ of diphtheria existed nowhere except in this maligned city. The germ of syphilis has not yet been captured, but we hope soon to hear that it is imprisoned under a microscopic slide.

Excuse this digression. I began on the treatment of syphilis by mercurial inunctions. Our forefathers gave mercury empirically. Now we know that it is the most deadly foe to germs of every variety. I consider this method of giving mercury is the best of all, perhaps so, because it is the favorite of my old teachers, Neumann and Kaposi. It is the oldest of all. In a surgical work compiled by Theodoric, a Dominican monk, in 1250, a chapter is devoted to the *malum mortuum* and a treatment by means of mercurial inunctions is recommended. This, from the description, was undoubtedly syphilis, and if the ancients knew how to use mercury by inunction, we cannot boast of much progress. They did not know what the disease really was. Up to a few years ago we were in worse than Egyptian darkness ourselves in everything relat-

ing to syphilis and it still seems to be the desire in certain quarters that it should remain so.

There are two periods of the disease when we rely on mercurial inunctions and that is in the early secondaries and when we suspect arterial changes, or we dread formation of gummata in the internal organs. We order the patient two ounces of mercurial ointment put up in sixteen parts in oiled paper packages, and we carry out as far as possible the directions of Dr. R. W. Taylor. "Taking the head and neck one day, and one or two arms the next, and the other portions of the body in anatomical succession, thus going on, day after day, if there are no other contrary indications, until the whole rash is brought under a local mercurial treatment, and, at the same time, the general system is affected by absorption of the drug into the circulation."

Before rubbing in the mercury we direct the patient to apply to the part for a few minutes a small quantity of carbolated vaseline. Then rub in the mercurial ointment for twenty minutes. The best time to apply this method is just before retiring for the night and it is well for the patient to have underclothing to wear especially during the treatment. Once a week we stop treatment and let the patient take a hot bath and begin again the next day. I pursue this treatment until there is scarcely any eruption on the patient's skin. I continue this method for twenty days and stop ten. I then return to the mercurial pill, or the mixed treatment. Should there be symptoms of internal syphilis, or tertiary manifestations, we give at the same time as many drops, saturated solution, of iodide of potassium every three or four hours, as the patient can stand. Beginning with ten drops in water or milk, increased five or ten drops every day, until symptoms of iodism commands a halt. Give only the amount of mercury and iodide of potassium that can be given without producing the toxic effects of the drugs.

Six weeks ago, a man about forty years of age, who had a history of syphilis dating back many years, called at my office. He was in a wretched condition. He was afraid to go out alone on account of frequent attacks of vertigo. He suffered from night headaches and he complained of numbness of his right leg. He was of stout build. He had just come out of a hospital and was worse than when he entered it. I put him on drachm inunctions of mercurial ointment and commenced with ten drops of the saturated solution of potassium iodide three times a day. In a few days he returned, presenting a perfect picture of despair. He was salivated and covered with an iodide eruption. I stopped treatment, gave chlorate of potash internally, as well as mouth washes, etc., and gave directions that after the ptyalism had disappeared, to begin treatment with one-half a drachm of mercurial ointment as inunction and directed him to begin with five drops, gradually increased, of the saturated solution of the iodide of soda until the physiological effects were produced.

I did not expect to see the man again and assigned the patient to the third classification of skin diseases of John Hunter. His division of dermatological diseases was very simple, consisting of three classes: "Those which are cured by sulphur, those which are cured by mercury, and those which the devil himself could not cure."

Last week, however, the patient turned up again, and said that he had been out of town for a month. The headaches had disappeared, and he was not troubled with vertigo and he felt himself on the highway to recovery. He had taken just the right amount of mercury, and he was taking twenty-five drops of the iodide of soda solution three times a day. He had found the exact amount of the drugs that he could tolerate. I had done better than his Satanic Majesty. We will take up at an early day the treatment of syphilis by hypodermic injection.

Uterine Prolapsus.— Boursier, in the *Montreal Medical Journal*, states that incontinence of urine is one of the earliest symptoms of a prolapsed uterus.

RECENT PERSONAL EXPERIENCE WITH TUMORS OF THE HEAD AND NECK.

REPORT OF REMARKS MADE BEFORE THE CLINICAL SOCIETY OF MARYLAND, DECEMBER 18, 1896.

By Robert W. Johnson, M. D.,

Professor of Principles and Practice of Surgery, Baltimore Medical College.

My purpose in reporting a few cases, selected from my work during the last eighteen months, is to call attention to points that are perhaps overlooked or forgotten by the general practitioner and to give some practical results arising from experience in a limited number of cases of each kind mentioned. The first and least serious group of cases are six belonging to the epitheliomata of the face, ranging in age from 35 to 75 years. My rule in the treatment of these cases is to extirpate them with the knife rather than by escharotics or cautery. The wounds as a rule heal kindly and leave but a linear scar, instead of the asterisk left by the sharp spoon or hot iron. I prefer ether to cocaine, especially in nervous women. Two cases, involving the nose, being inoperable, I treated with protonuclein externally with decided beneficial effects, staying the disease in one instance until the parts had nearly healed, when advancing years and intercurrent disease gave the *coup de grace*. In one case, where there were numerous malignant looking warts on the face and neck, I removed as many as I could with the knife, applied the actual cautery to the others and exposed the patient to erysipelas infection, which he took, with the effect of leaving the hospital practically well. He was told to return should there be a recurrence, and as he has not, it is fair to presume that he is doing well.

One of the most disgusting sights I ever saw was a case of epithelioma of the inner canthus and vicinity in which the lady stated she thought she had been stung by a fly the day previous. When I saw her the whole cavity was one mass of writhing maggots. She complained of itching, but, as she was dim of vision, she never knew how near she had come to sharing Herod's appalling fate.

One finds that the wound after opertions, especially the middle of the ellipse, is inclined to remain open longer than the ends, probably because the resistance in the center is less where the epithelioma originated than in the ends, but in spite of delay I have found that this, too, heals, though slowly, and delay does not mean that the growth has been thoroughly extirpated. The line of incision should, if possible, be in the direction of the wrinkles, and drawing of the lids be avoided by supplementary incisions or by transplanting flaps. In the vicinity of the eye the wound is liable to become infected from the discharges, unless it is protected by collodion or vaseline and iodoform. In young patients the wealth of circulation causes union of well approximated edges in an incredibly short time and justifies the use of numerous fine sutures without fear of necrosis. The incision must include a rim of healthy tissue with the epithelioma in the center, as an island, and must dip down back of the disease as well as to either side of it. The disease encroaches faster when the mucous membrane is involved than when it is confined to the skin, and as a practical corollary we learn that dry dressing, as powders of protoneuclein or iodoform, with their blotting-paper action in absorbing moisture, act more satisfactorily than moist applications.

The next group is one composed of two cases of carcinoma of the scalp. A young man, whom I saw with Dr. Micheau, had been the rounds of the hospitals, where various diagnoses and treatment had been made, including abscess and incision, and cirsoid aneurism, etc. The fluctuation of such a mass easily

simulates that of pus and unless one annexes to the *tacus eruditus* the more mechanical and surer diagnostician, the aspirator, one may easily be led astray. The pulsation from its large nutrient vessels might possibly suggest aneurism but we miss that contorted arrangement of vessels that is so characteristic of cirsoid varicosities. The course of the case ran on to a rapid death, involving as it did the occipital scalp, ulceration, and finally hemorrhage carrying the patient off.

The second case is that of a large sarcoma of the scalp, which I show you, in a negro, pressing through the skull; it is actually down on the dura mater. The disease had lasted four years and for a time the use of Colly's fluid, ptomaines of erysipelas and prodigiosus bacillus seemed to hold it in check, but manifestly did not effect a cure, though he reacted systematically after each injection. One cannot too strongly emphasize the value of early operation in these growths, not allowing them to become inoperable under the mistaken idea that they are gummata or wens.

I have two cases of sarcoma of the upper jaw to report; in one I removed the upper jaw and he left the hospital at least temporarily better; the other was a colored man of 45 whose condition was such that I was unable to do more than scrape out the antrum. In both instances I did a preliminary tracheotomy, which in bloody operations about the mouth I think a most excellent step. A crico-thyrotomy adds but little to the danger; it is so simple and leaves the operator free to stuff the pharynx to his heart's content. In this last case the preliminary tracheotomy had more than a conservative effect; it was actually resurrectionary. Under chloroform (used on the theory that the cautery might be required) the patient ceased to breathe by the time I had the bone severed and it was only by the most strenuous efforts that he was raised from the dead. His heart kept going, fortunately, but he failed to respond to artificial respiration after five or six minutes' work and it was only when I introduced a catheter into the tracheal tube and inflated his lungs at rhythmic intervals, that we finally persuaded him to resume his own respiration. I suppose we were at work on him fifteen minutes in all, and as it was in my clinic, I was particularly glad of so favorable a result. It made me a stronger advocate of preliminary and accessory operations than I had ever been previously. He left the hospital with a gloomy prognosis as to recurrence.

One of the most interesting cases I have seen lately was a case of Hodgkin's disease which I saw with Dr. Kirby. The lady, a sister in a convent here, was propped up in bed with the shadow of death on her face. Her pulse and respiration were very rapid, without a corresponding rise in temperature. She was greatly exhausted, her neck was bulged out on either side, her face covered with clammy sweat, the trachea displaced towards the left, the glands about the neck were as large as goose eggs and her right axilla was distended by the same condition. She had been seen by some of the best men in town and given over to death. One of them remarked: "How beautiful it is to see such Christian resignation." She had run the gamut of remedies, the diagnosis of Hodgkins' disease was made by all who saw her and operation was considered impossible. I was about to join my colleagues in a prognosis that gave her a week or ten days to live. Just as I was leaving the convent an inspiration, for I had not seen it mentioned in this connection, suggested the use of thyroid extract and I got Dr. Kirby to begin with small doses. In two weeks the lady was about her duties and in a month was practically well. Having to go to the convent a short time after, she assisted at an operation, but I did not recognize her, she looked so changed. As far as I know she continues well under the occasional use of thyroid extract. It was really one of the most satisfactory cases I ever treated and shows the inter-dependence of surgery and medicine to a marked degree.

The last case of the series is one whose photograph and specimen I show

you. A young negro with a large fibroma of the parotid. As you see, the whole gland is involved and extends back of the ear, which is elevated, and dips down into the neck. I first tied the common carotid of the left side at the point of election, a very easy operation, and then making a Y-shaped incision in front and behind the ear, I extended it well down over the tumor. Careful dissection with the blade, as well as the handle, of the knife uncovered the growth which I found adherent to bony structures behind it, but fortunately not including the larger vessels and nerves, *i. e.*, internal carotid, internal jugular vein of pneumogastric nerve, which presented themselves at the bottom of the wound. It was more or less encapsulated, so that I could remove it *en masse*, which required about twenty minutes. There was little hemorrhage, thanks to the carotid ligature. The wound was aseptic, except where the short drain was introduced back of the ear. The patient recovered and left the hospital in twelve days.

In conclusion, I would call your attention again to the great value of getting rid of hemorrhage in larger operations on the jaw, tongue and vicinity. Attention to the details of modern technique may make us forget that the old masters did great operations even if they had suppuration, and were often successful in them because they remembered that surgery means handicraft and they took mechanical means to attain the ends that mechanical means alone can attain ; so that besides the element of shock being partly eradicated by checking bleeding, they had what is essential to success, a clear view of the field of operation and a clear idea of what they wanted to accomplish.

SYPHILIS AND PARESIS.—Dr. Williams says, in the *Cincinnati Lancet-Clinic*, that practically 75 per cent. of all cases of general paralysis show proof of an early syphilitic infection. The free use of alcohol also has much to do with the cause. Treatment avails little and the prognosis is bad.

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD DECEMBER 18, 1896.

THE meeting was called to order by the President, Dr. S. K. Merrick.

Dr. Robert W. Johnson read a paper embracing SHORT NOTES OF RECENT PERSONAL EXPERIENCE IN OPERATING ON TUMORS OF THE HEAD AND NECK. (See page 9.)

Dr. J. D. Blake: I fully agree with Dr. Johnson in the position he takes regarding the early diagnosis in cases of carcinoma which often follow such a disastrous course if neglected. Generally these troubles are found to commence in the bone, elevating the tables and separating them, and are often considered to be syphilitic nodes, the patient put upon anti-specific treatment and the disease not controlled by it. I agree fully with Dr. Johnson also in regard to operations upon the neck, and I think it is always best to control the hemorrhage by ligating the common carotid or at least having it exposed to view so that if necessary it can be compressed. I sometimes have a ligature passed around the vessel and kept there until the close of the operation, when it is removed if there has been no necessity for tying it. I have the specimen here, that Dr. Johnson spoke of, to show the Society (exhibiting specimen). Here is what is left of the skull bone, a giant-celled sarcoma destroying the bone and being intimately connected with the dura but not involving that membrane to any extent. The entire vault of the skull was removed by the absorbing power of the growth. The patient suffered with this about four years and finally died, probably from septic infection.

Dr. I. E. Atkinson: I do not know that I fully understand Dr. Johnson but if I did I consider his remarks on treatment of epithelioma rather sweeping. I have been in the habit for many years of using caustics in the treatment of superficial epitheliomata and with success. I am careful to apply it only in those

cases that are still superficial. I am quite ready to refer any case of infiltrating carcinoma to the surgeon for the use of the knife. These, however, are the slowest forms of malignant growths that we have. I have over and over again seen cases that have lasted fifteen or twenty years and at the end of that time the size of the growth was very little larger than at the beginning, so it is a form of epithelioma that for the most part we can treat with a great deal of deliberation. The use of cocaine does away with the necessity for a general anesthetic and the operation can be just as well done, the result is better and the scar less disfiguring than after the use of the knife. The nitrate of silver stick is the best caustic because it is feeble; just the reason that makes it objectionable elsewhere makes it desirable here. When it comes in contact with healthy skin it meets a wall of resistance that it cannot overcome and the operator may bore it and ream out the growth. A simple dressing is applied and in most cases the resulting scar is insignificant. I am sure that I can record many cases of permanent cure of superficial epithelioma by this method.

Dr. J. H. Branham: I was greatly interested in Dr. Johnson's remarks. As to ligating the carotid artery; there is no question but that ligation of the external carotid in these cases of sarcoma of the jaw makes the operation less bloody, and tends to retard and possibly prevent the return of these growths. Dr. Johnson spoke of the ligation of the common carotid. I do not know whether it was possible in his case to ligate the external, but we all know that ligation of the common carotid is a dangerous operation. About twenty-five per cent. of the cases so operated upon die with brain symptoms, the interference with the brain circulation being so great that they result fatally. A preliminary ligation of the external is better.

Dr. Wm. Osler: In regard to the case of Hodgkin's disease I would like to ask Dr. Johnson whether she was seen by any reputable physician, for I do not take much stock in a surgeon's diagnosis of Hodgkin's disease. The surgeon's diagnosis in such cases is like the physician's diagnosis of epithelioma. I do not remember ever to have seen a case of Hodgkin's disease cured. Thyroid extract will do a great deal but I do not think it will cure Hodgkin's disease. This woman is probably in one of those periods of rest seen often enough in Hodgkin's disease. I have seen the glands partly disappear under phosphorus and other drugs, but I think if this is a case of genuine Hodgkin's disease the glands have probably not all disappeared.

Dr. T. C. Gilchrist: I can quite confirm what Dr. Atkinson has said about the superficial epithelioma of the face. His is the course that I have followed in about sixty cases in the last few years and the results were good. I think the curetting and caustic are quite sufficient and I have not had a case in which the epithelioma returned.

Dr. L. McLane Tiffany: With reference to Hodgkin's disease I think Dr. Johnson is fortunate to have his case recover in such short time. I call to mind four cases of Hodgkin's disease, in three of which I used thyroid extract with absolutely no effect and in none did I have a good result. For a certain time after giving the remedy two of the patients seemed to improve, but that was only for a short while. The best results I have seen are derived from sending the patient to an absolutely different atmosphere and environment from that in which they have been living. One woman had enlargements on both sides of the neck; her breathing became very difficult and on two occasions she came near dying. She went to Louisiana for a visit and I have heard within a month that she is able to perform all her duties and thinks herself well. She has taken no medicine so far as I know. Whether it will recur or not I cannot say, but I think it will. Another case that has improved by change of residence I saw within the week. She came under my care last spring; a young girl about twenty, apparently in good health except that she had enlargements in both axillae and on the side of the neck. She was sent to the pasture lands of a dis-

tant State. When seen recently she had small glands in the axillae and two small collections in the left side of the neck. She thinks she is free of them. Both of these patients had been treated with thyroid extract without beneficial results.

Dr. R. W. Johnson: I would like to ask Dr. Tiffany if that lady who went to Lousiana was a sister of charity.

Dr. Tiffany: Yes, I think it was the same case that was cured by Dr. Johnson.

Dr. Johnson: I think that is right; it must be the same person for Dr. Tiffany is the man who said "How beautiful to see such Christian resignation."

Dr. Tiffany: I saw her after Dr. Johnson had treated her and she was covered with glands in every direction.

Dr. Johnson: After I gave her thyroid extract?

Dr. Tiffany: Yes, she said so.

Dr. Johnson: When last I saw her she had no enlarged glands and was about to start for Louisiana. The only way to have settled the disputed diagnosis would have been to have called in Dr. Osler, but that was omitted. I did not mean to make any general claims for thyroid extract but only to report what occurred to me in the last few cases. I believe it did this patient a great deal of good. Now in regard to the question of epitheliomata; every one recognizes that the cautery and nitrate of silver are efficient, but I say, from a cosmetic point of view, I would prefer the line left by the knife to the scar that follows caustic, and after hearing Dr. Atkinson's description of the way he uses the caustic I cannot help thinking that the knife is less painful.

Medical Progress.

The Baltimore Cases of Rabies.—Dr. Paul Gibier, in describing the cases of the Baltimore boys who were treated at his Pasteur Institute, says in his report: "But, if in accordance with the practice which has been adopted in Europe, we consider that, when the treatment has been administered, fifteen days more are required for establishing immunity, we see that not one of the above reported deaths can be accounted as failures of the Pasteur treatment, inasmuch as in every case the symptoms of the disease made their appearance less than fifteen days after the patient had left the institute." The *New York Medical Journal*, in commenting on this, says:

We think the profession would like to know the reason for the European practice of throwing out from the statistics the cases of patients who have died of rabies within fifteen days of the termination of the Pasteur treatment. It seems very much like saying that patients on whom the treatment has been tried in vain have not been subjected to it at all. From all points of view, it seems to us better to acknowledge openly that the treatment fails in some cases, endeavor to find out the causes of its failure, and then try to do away with those causes. Another point on which the profession would like to have precise information is this: How soon must a person who has been bitten by a rabid animal be subjected to the Pasteur treatment for it to exert the degree of protection which its practitioners generally expect of it? As regards the Baltimore cases, the last of the eight boys that were bitten on December 1 was in the Pasteur Institute on December 4.

* * *

The Delivery of Twin Monsters.—Lroff (*British Medical Journal*) recommends the following maneuvers when a clear diagnosis of joined twins has been made. If the heads present, and are movable, one should be pushed up, the other will then be well engaged, and will most probably be delivered, the second following it; this fortunate result occurring in some instances spontaneously, while in others it can readily be effected by the forceps. Delivery of the bodies is not difficult. As a rule, however, especially when the heads are large, it is safer to turn and to bring down all four legs. The same practice is advisable when the twins' breeches present.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, APRIL 17, 1897.

Dispensary and Hospital Abuse.

THAT dispensary and hospital abuse is a subject of importance no one would doubt who reads the medical journals of the present day. In early days bequests and donations made to found a hospital or dispensary were welcomed by the profession and laity alike as helping to alleviate the sufferings of the poor and bring medical science within the reach of all. But when so-called charitable institutions gathered within their folds persons able to pay and who would pay were they not tempted to accept free treatment, then the curse of such wholesale charity became evident to the physicians of the larger cities and the feeling of wrong is culminatng in loud protests all over the land and in a united attempt to keep those able to pay a fair fee from receiving aid that is intended alone for the deserving poor.

Much of this abuse is the fault of the doctors themselves. It seems almost to be a fight between two factions. Those who are in and those who are not. Those who have extensive and influential hospital and dispensary connections and those who have not. Some hospitals and dispensaries make a pretense of discouraging hospital abuse and many institutions close their eyes to all things but a desire to have as many patients appear on their lists in order to show an increased amount of work for the year and thus to better appeal to the sympathies of the public and to the city and State authorities.

The result of this abuse has been that many persons able to pay have actually disguised themselves as poor and have attended the best dispensaries in order to save the doctor's fee, and also many deserving patients who with the laudable desire of wishing to appear well before the physicians, come to the dispensary with as neat clothing as they can command even if they borrow some of it, and thus appear so well off that they may be denied treatment.

Dr. Harlan, who discusses the subject in this issue in a clear and quiet manner, shows what steps have been taken by the staff of the Presbyterian Eye, Ear and Throat Charity Hospital and with what success this work has been carried on. While the system of investigation has not as yet done wonders it certainly has been the means of sending off quite a number of persons who were shown to be able to pay their doctors and have perhaps given a fee to some poor doctor who deserves it. The various schemes resorted to by would-be money-makers has resulted in the formation of clubs and companies for medical service treatment at small prices.

Some localities have banded together and have agreed to make no contracts or do anything that will tend to depreciate the value of a physician's time. The "Battle of the Clubs" has been waged in England for some time, but victory is not yet in sight. If all of the dispensaries treating the better class of patients would do as Dr. Harlan suggests and actually carries on at his hospital, this work, together with the various charity organization societies, would soon show what proportion of persons deserves free treament.

The subject is an enormous and interesting one and needs further study and some such practical results as shown by Dr. Harlan will soon be forthcoming.

Meanwhile dispensaries and hospitals are doing more work and individual physicians find they have more time for just such work.

The Annual Outpour.

About this time the annual outpour of young doctors will begin. Already some of the schools have turned out on the cold and heartless world a large number of graduates and other schools will do the same in the near future. There are seven medical schools in Baltimore and each one contributes its share towards increasing the number of physicians in Baltimore.

The Woman's Medical College has been a three-year graded school from its foundation and the others followed under compulsion. Later the Johns Hopkins Medical School opened with a four-year course and then the Association of American Medical Colleges added a fourth year, to which all the schools here subscribed except the Baltimore University School of Medicine. This school this year has turned out a remarkable set of men, for of the fifty-five applicants for graduation all have passed.

The Johns Hopkins Medical Department will have a few graduates later in the season and it will be the first graduating class from the medical department of that University. After this will come the judgment by the State Medical Examining Board and the report of that body will show just how the various schools compare and is indeed the only one of the few safeguards between poor medical schools and the unwary public.

The University of Maryland has been severely handicapped the past year by the incomplete condition of its hospital, but by the beginning of the next term that magnificent structure will be entirely completed and this old school will be one of the best equipped institutions of its kind in the country. It is extremely gratifying to the many graduates of that school to see old age and progress united.

The Baltimore Medical College has been an object of admiration to all students and physicians for its wonderful progressive spirit shown and for the great advances made by it in every department. Rarely in the history of medical teaching has a young school been able to show such facilities and such an excellent corps of good teachers as this institution.

The Woman's Medical College has always deserved the praise of the community for being one of the few schools of the country that adopted the advanced graded three-year course when such was not compulsory and when its competitors were giving a very poor two year course.

The college and hospital facilities of Baltimore have more than kept pace with the growth and advance of the city and the great hospital and dispensary abuse which Dr. Harlan so well points out and so clearly shows how to avoid, has only been brought about by unhealthy competition and is in the main the fault of the physicians themselves.

* * *

College Athletics.

When the mind is not healthy it is hardly expected that the body will be healthy. That is, "all work and no play makes Jack a dull boy." It is hard to arouse any athletic feeling in a medical school that closes its work at the season when outdoor sports are supposed to begin. Still there is a part of the time when baseball and such sports can be indulged in and the schools which foster such feelings are not making a mistake. The academic colleges have found that victories in football and baseball have attracted students, the young men preferring to go to that college which "beat in football." Therefore outdoor sports not only help the student and take him away from the constant grind of the class-room and the dissection hours, but spread the name of the institution and help the school.

There has been some little interest taken in athletic sports by some of the medical schools of Baltimore of late and this spirit should be fostered. When one school defeats another on the field of battle the news is soon spread and the reputation soon made known. There was a time when it was thought that all time spent away from the reading of books and the attendance on lectures was wasted, but now it is more than ever appreciated that too much work dulls the intellect and sends out a man stuffed with knowledge which he does not know how to use.

The physician who stands high in his profession is not always the one who stood first in his graduating class.

Medical schools which seek to be prosperous and flourishing should not only provide ample facilities for lectures and demonstrations but should encourage this athletic spirit which, when not carried to extremes, creates a healthy rivalry and incidentally makes better known the *alma mater*.

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 10, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		26
Phthisis Pulmonalis		16
Measles	27	1
Whooping Cough	6	2
Pseudo-membranous Croup and Diphtheria	17	6
Mumps	6	
Scarlet fever	35	1
Varioloid		
Varicella	1	
Typhoid fever	4	

New York has a small outbreak of smallpox.

Koch announces that he has improved his tuberculin.

The State Board of Health will hold some of its meetings in different parts of the State.

A Brooklyn jury has fixed $100 as the proper fee for the operation of appendicitis.

There were eleven graduates at the Southern Homeopathic Medical College of Baltimore.

The Baltimore Medical College graduated 141 physicians at its commencement last Thursday.

The University of Maryland Alumni Association is urging its graduates to join the association.

At the Baltimore University School of Medicine all applicants passed and fifty-five were graduated at the commencement.

The College of Physicians and Surgeons of Chicago has recently become the Medical School of the University of Illinois.

Physicians in all the large cities are petitioning the United States Senate not to increase the duty on imported mineral waters.

Dr. Henry W. Wickes, formerly of Baltimore but now Assistant Surgeon in the United States Marine Hospital Service, has been transferred from New Orleans to Boston.

The health officers of Cincinnati, Drs. J. W. Prendergast and O. V. Limerick, have been arrested on the charge of blackmailing the Frazer Tablet Triturate Manufacturing Company.

One of the most interesting medical congresses to meet this year is that of the American Physicians and Surgeons in Washington on May 4, 5 and 6. Dr. William H. Welch is the president.

A bill has been introduced into the New York legislature directing the payment of twenty-five cents for each marriage, birth, or death notice made out and transmitted to the proper authorities in accordance with the existing law.

Bel Air, Harford County, Maryland, announces the Red Star Course of Entertainments given by the Friday Night Lecture Club. One of these lectures will be by Dr. John M. T. Finney of Baltimore on "Marvels of Modern Surgery."

Dr. Albertus Cotton of Athens, Ohio, succeeds Dr. John Ruhrah as resident physician at the City Hospital. Dr. Ruhrah has taken an office at 838 North Eutaw Street and will take charge of the proposed Pasteur Institute here, should it be established. Dr. Hotaling continues to represent the College of Physicians and Surgeons as the resident physician at Bay View Hospital.

The Medical Association of Georgia has published an elaborate and interesting programme of its annual meeting, to be held at Atlanta April 22 and 23, 1897. Papers will be read by such well-known men as Drs. Virgil O. Hardon, J. C. le Hardy, W. F. Westmoreland and others, besides Dr. Joseph Price of Philadelphia, Dr. Samuel Lloyd of New York, Dr. Hunter McGuire of Richmond and Dr. W. E. B. Davis of Montgomery, Alabama.

Dr. Josiah G. Keller, a well-known physician of Baltimore, died at his home, 222 West Monument Street, after a short illness. Dr. Keller was graduated from the University of Maryland in 1863, and served during the civil war as army surgeon. He afterwards settled in Baltimore, where he rapidly built up a large and lucrative practice. Dr. Keller was a member of all the medical societies and was a good citizen, having served in the city council. Dr. George A. Fleming is his son-in-law.

WASHINGTON NOTES.

NINTY-FOUR deaths were reported to the health office during the past week, 41 being whites, 53 colored. Death rate being 11.1 per thousand for the white, 31.0 for colored and 17.4 for total population. The general annual average is 18.75. Of the causes of death, 10 were from brain diseases, 19 from acute lung affections, of which 14 were pneumonia, 1 from typhoid, 2 from diarrhea and 4 from la Grippe; 21 of these deaths were infants under one year. Four new cases of diphtheria were reported, but no new cases of scarlet fever.

Public expectorating will soon be prohibited and one means of contagion and destruction to property will be properly dealt with. The District Commissioners will have the problem discussed in the near future, with the result that more handkerchiefs will be used and the persons who do not know proper decency will be warned against spitting in cars and other public conveyances.

Considerable interest is manifest among physicians over the prosecution of physicians, real and alleged, for practicing in the District without a license. The out-and-out pretenders who have not and can not register at the health department, not having any evidence whatever of the slighest medical education, must quit, as demonstrated by the case of Dr. (?) Simon Ford, who prepares his own drugs, which are superior to all others, but can neither read nor write and graduated as a steamboat cook. He was fined fifty dollars and given ten days in the District jail. The next case was that of John E. Johnson, who demanded and will be given a jury trial.

The physician practicing without a license is guilty of misdemeanor, punishable by a fine of not less than fifty nor more than five hundred dollars, and imprisonment in jail not less than ten nor more than ninety days. These licenses are to be obtained from the board, recorded in the office of the clerk of the Supreme Court within three months from the date of the license, and then exhibited at the health office, where the holder shall register name and address. The physicians whose certificates are still with the secretary of the board are of those who applied three months ago and it is now to be decided whether or not they can ever register under the law without passing the examination provided for all those not registered under the old law.

Book Reviews.

A SYSTEM OF PRACTICAL MEDICINE. By American authors. Edited by Alfred Lee Loomis, M. D., LL. D., Late Professor of Pathology and Practical Medicine in the New York University, and Wm. Gilman Thompson, M. D., Professor of Materia Medica, Therapeutics and Clinical Medicine in the New York University. To be completed in four imperial octavo volumes, containing from 900 to 1000 pages each, fully illustrated in colors and in black. Vol. I. Infectious diseases. Just ready. Vol. II. Diseases of the respiratory and circulatory systems, and of the blood and kidneys. In press. Vol. III. Diseases of the digestive system, of the liver, spleen, pancreas and other glands; gout, rheumatism, diabetes and other constitutional diseases. In active preparation. Vol. IV. Diseases of the nervous system and of the muscles; diseases of doubtful origin, insolation, Addison's disease, etc. In active preparation. Per volume, cloth, $5.00; leather, $6.00; half-morocco, $7.00. Philadelphia and New York: Lea Brothers & Co., Publishers.

The time is ripe for another authoritative standard system of medicine by American writers, since it is eleven years from the completion of Pepper's system. The arrangements for the present work, the first volume of which has just been issued, were made by the late Dr. Loomis, and the publishers have been fortunate in securing the coöperation of Dr. Gilman Thompson to carry on the work.

The first volume is taken up entirely with the infectious diseases. The most comprehensive article is by Drs. Welch and Thayer, on Malaria. It extends to 154 pages and is the most thorough consideration of this disease from the modern standpoint that has yet appeared.

Dr. James C. Wilson of Philadelphia writes an excellent section on typhoid fever. Surgeon-General Sternberg writes on yellow fever, Dr. West of Galveston on dysentery, Dr. I. E. Atkinson of Baltimore on septicemia and pyemia, Dr. Wm. M. Welch of Philadelphia on smallpox and variola. The article on diphtheria by Dr. W. H. Park of New York is also an extremely valuable and practical one. Tuberculosis is considered by Dr. Osler in one extended section.

The typography of the work is excellent. There are a number of beautiful plates. The photographs to illustrate Dr. Wm. M. Welch's paper on smallpox are particularly good. We should be sorry to think that Plate IX, showing vaccinia on the tenth day, was an accurate representation of a normal vaccination.

Current Editorial Comment.

MEDICINE AS A SCIENCE.

American Medico-Surgical Bulletin.

MEDICINE as an art is very old. It has existed under many changing forms since the earliest times. Medicine as a science is but an infant in years, and will not acquire its full stature for centuries. As astronomy had its astrology, and chemistry its alchemy, so medicine had its pseudo-scientific form during the Middle Ages, and has scarcely gotten out of it yet. Not until the adoption of the inductive method did it become worthy of the name of science.

CHARITY ABUSE.

Medical Record.

THE time has come when there should be some very plain talk on the subject. There is a disposition on the part of the lay managers of the hospitals and dispensaries of this city, not only to ignore the protests of the profession regarding the free treatment of patients who can pay, but openly to defy any reasonable effort to remedy an incorrigible outrage. The number of patients treated who are undeserving of charity is simply appalling. Such are taken from the legitimate sources of the younger practitioners' income, formerly small at best, but now barely adequate for decent subsistence.

THE MEDICAL HUSTLER.

The Medical and Surgical Reporter.

IT is a serious question whether the development of modern business methods within professional life, however desirable from one standpoint, has not been accompanied by a tendency essentially degrading and liable to substitute for the extrinsic attractions of the older generations of physicians' methods quite as far removed from genuine medical capability, though presenting the specious appearance of brightness and intellectual acumen. It is just as much an affectation for the old man to dye his hair and shave his gray beard, as for the young man to cultivate his whiskers and brush his scalp into a premature baldness; just as much a professional mannerism to push oneself into prominence socially, as to maintain a too dignified reserve when the object of each mode is to secure patients. Dignity may be the wisdom of a fool, but officiousness and constant seeking for notoriety are the scintillation of an intellect of low magnitude.

Society Meetings.

BALTIMORE.

BALTIMORE MEDICAL ASSOCIATION, 847 N. Eutaw St. JAS. E. GIBBONS, M. D., President. E. L. CRUTCHFIELD, M.D., Secretary. Meets 2d and 4th Mondays of each month.

BALTIMORE NEUROLOGICAL SOCIETY. Meets 3d Wednesday each month. SAMUEL J. FORT, M. D., Secretary.

BOOK AND JOURNAL CLUB OF THE FACULTY. Meets at call of President.

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

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

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d and 4th Thursdays of each month—October to June—8.30 P. M. J. B. SCHWATKA, M. D., President. S. T. ROEDER, M. D., Corresponding Sec'y.

MEDICAL JOURNAL CLUB. Every other Saturday, 8 P. M. 847 N. Eutaw St.

THE JOHNS HOPKINS HOSPITAL HISTORICAL CLUB. 2d Mondays of each month, 8 P.M.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY. Meets 1st and 3d Mondays, 8 P.M.

THE JOHNS HOPKINS HOSPITAL JOURNAL CLUB. Meets 4th Monday, at 8.15 P. M.

MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE. SUE RADCLIFF, M. D., President. LOUISE ERICH, M. D., Corresponding Secretary. Meets 1st Tuesday in the Month.

UNIVERSITY OF MARYLAND MEDICAL SOCIETY. Meets 3d Tuesday in each month, 8.30 P. M. HIRAM WOODS, JR., M. D., President, dent. E. E. GIBBONS, M. D., Secretary.

WASHINGTON.

CLINICO-PATHOLOGICAL SOCIETY. Meets at members' houses, 1st and 3d Tuesdays in each month. ARTHUR SNYDER M. D., President. R. M. ELLYSON, M. D., Corresponding Secretary. R. T. HOLDEN, M. D., Recording Sec'y.

MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets 1st Thursday each month at members' offices. FRANCIS B. BISHOP, M. D., President. LLEWELLYN ELIOT, M. D., Secretary and Treasurer.

MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA. Meets Georgetown University Law Building 1st Tuesday in April and October. W. P. CARR, M. D., President. J. R. WELLINGTON. M. D., Secretary.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets Wednesday, 8 P. M. Georgetown University Law Building. S. C. BUSEY, M. D., President. HENRY L. HAYES, M. D., Recording Secretary.

OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY OF WASHINGTON. Meets monthly at members' offices. President, S. O. RICHEY, M. D. Secretary, W. K. BUTLER, M. D.

WOMAN'S CLINIC. Meets at 1833 14th Street, N. W., bi-monthly. 1st Saturday Evenings. MRS. EMILY L. SHERWOOD, President; DR. D. S. LAMB, 1st Vice-President. MISS NETTIE L. WHITE, 2nd Vice-President. MRS. MARY F. CASE, Secretary. MISS MINNIE E. HEIBERGER, Treasurer.

WASHINGTON MEDICAL AND SURGICAL SOCIETY. Meets 1st Monday in each month. N. P. BARNES, M. D., President. F. W. BRADEN, M. D., Secretary.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY. Meets 1st and 3d Fridays of each month at members' offices. GEORGE BYRD HARRISON, M. D., President. W. S. BOWEN, M. D., Corresponding Secretary.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVII.—No. 2. BALTIMORE, APRIL 24, 1897. WHOLE No. 839

Original Articles.

THE CARE AND TRAINING OF THE FEEBLE-MINDED.

By Samuel J. Fort, M. D.,
Superintendent of Font Hill Private Institution for Feeble-Minded Children, Ellicott City, Md.

READ AT THE CONFERENCE OF CHARITIES AND CORRECTION, HELD IN NEW ORLEANS, MARCH 6, 1897.

THE elder Seguin's comprehensive and thoroughly practical scheme for reaching the dulled, deficient, or dormant faculties of the defectives known as feeble-minded, contemplated the survey and mapping out of three avenues by which the sensory centers could be reached, viz., the hand, the eye and the ear. The half century, now nearly past, that covers the period of intelligent oversight of this class of dependents has developed no better scheme; has only added to its efficiency by opening side avenues, or further smoothing over the rough places, developing the engineers in charge of the work, as well as widening their sphere of usefulness.

At the beginning of Dr. Seguin's work he dealt with individuals; and later, though the number in public institutions increased until the individual bid fair to be lost, successful efforts were made to give each child, or inmate, individual attention, while recognizing the gregarious attributes of the number and utilizing that successfully in bringing order out of disorder.

At this, the beginning of the second half century of our work, we are confronted with overcrowded institutions and an ever-growing army of defectives of all grades; and the problems of education are assuming proportions that will severely tax the resources of our country to properly solve.

Let us first consider what should be the training given by the State to its deficient charges. This is governed by the receptivity of the individual and must in all cases be directed towards making that individual capable of contributing towards his or her support; and, if possible, so developing each individual that his or her earnings shall not only pay for his or her own support, but create a surplus that shall help pay for others who are unable to contribute to their own support. In other words, the State institution shall become as near self-supporting as possible through the efforts of its inmates. In no sense should the feeble-minded become a burden upon the State, that shall be all outgo and no income.

To bring this about, provision must be made for the early recognition of defective children; and, once recognized, they must be given early and proper training in schools especially provided for them. These primary schools might be made a part of the public school system of large cities, if only the curse of political influence can be removed so that teachers may be appointed who are capable. In the normal schools of Germany the students have a course of in-

struction in the education of defective children. In Norway, there are schools established for exceptional children and no teacher is permitted to have more than twelve children under her care. In London, special effort is made to segregate children mentally dull and these are then organized into special classes, not more than twenty being assigned to one teacher. These classes are in the same building with the normal children. Personally, I think that such a system as that pursued in London is open to criticism, but it is a move in the right direction and one that our school boards might well take under consideration when we face the fact that out of 100,000 feeble-minded persons in the United States, not more than 4 per cent. are receiving proper instruction or training, and certainly not more than 10 per cent. receiving instruction or training of any kind.

This matter of mentally deficient children in the public schools of the United States is not receiving the attention it should ; and no one realizes the injury done to schools where these children are on the rolls more than those who are conversant with the peculiar needs of such individuals and thoroughly posted as to the handicap imposed upon the teachers and their normal charges by their presence.

The first reference to a class of children denominated as "incorrigibles and habitual truants" that I can find in that American compendium of school-work, the Annual Report of the Commissioner of Education, is the issue for 1887-88. In those States having compulsory attendance laws it is found that large numbers of children are enrolled whose environment has brought about a distaste for restraint and disregard for authority ; and while all public schools have to contend with a greater or less number of such children when forced to attend, the numbers of those who take little or no interest in their work and prove hindrances to the advance of others is largely increased. Says the Commissioner : "How to manage such children is one of the gravest questions with which schoolmen have to deal. They must not be excluded from the school entirely, but their influence tends to demoralize better disposed scholars if instructed in the regular schools. They should not be committed to reformatories or other institutions for criminals, for they are not criminals and association with vicious characters can only prove detrimental to them." "The establishment of 'truant schools' under the management of men peculiarly fitted for such work seems to be the most satisfactory means of dealing with such incorrigibles."

Results of existing "truant schools," as given in the above report by their superintending officials, seem to prove the efficacy of the remedy. It would be interesting if the results of a competent medical examination of these "incorrigibles and habitual truants" could have been appended, for I believe that a very large percentage would show the stigmata of degeneracy or defective mentality. We cannot prove, perhaps, that all criminals are mental deficients or defective, neither can we say that all deficients or defectives are criminals. It is purely speculative that the habitual criminal is mentally deficient, and while he or she may show physical signs of degeneracy, the post-mortem table may not prove the significance of the outward signs. Craniologists recognize, and probably correctly, a class of criminals due to deprivation or environment. It is possible to conceive of the offspring of criminals, constantly surrounded by vice, who, in turn, become criminals and the parents of other criminals. The close student of the imbecile and of his heredity, however, finds it almost impossible to separate the criminal from the imbecile. The prevention of imbecility and of its results would, therefore, seem to be in line with a scheme that would detect mental defect at the earliest possible period and after detection let provision be made for its peculiar mental and physical necessities by separate school and special teachers.

But admitting that we have recognized the imbecile, the feeble-minded, or whatever term may be applied to an

individual whose mental development may not be on a par with those of the same age designated as normal, what shall be done with him later when he has been submitted to the curriculum of the special schools? The State has taken cognizance of individual mental deficiency and applies a compulsory education so far as we know, throughly scientific, and yet the best results can only hope to lift pupils from a lower to a higher grade. Do we believe, at the present stage of our knowledge, that we can lift such individuals sufficiently high to enable them to go out into the world as the equals of those whom we designate as normal? Once having assumed guardianship, shall not the State remain the superior?

We may roughly divide this class into three grades according to their age, as follows: children, up to the age of puberty; youth, up to early man and womanhood; adults, from that period up to old age.

It is obvious that a system of training applicable to children from the age of five up to sixteen or eighteen is not applicable to those belonging in the second period. It is also a fact that many of those belonging in the second period, according to their years, are only mentally of the same age as those of the first period, and the same may be said of those belonging to the third period. This is the problem that all institutions now in existence, and those yet to come into being, must solve ere their systems of instruction can be of practical importance, how best to reconcile these discordant elements.

Naturally, the only thing to be done is to make an arbitrary division such as I have suggested, and adapt the system to the material on hand. This would contemplate training of all young deficients, and for this purpose there is no system yet evolved superior to that known as the kindergarten, for two reasons; the first, that the system deals with the elements of everything and purposes a mental and physical development that shall be symmetrical; the second—perhaps the most important—the teachers are as a rule exceptionally well-developed by the training necessary to receive a diploma. I have heard the system condemned many times because of incompetent exponents; more often from the inability of the critic to appreciate the fundamental ideas underlying the system. There is another reason why the kindergarten is suitable for this special work, and that is because of its wonderful adaptability and endless resources of attraction.

No system can be applied to an abnormal child that is hard and fast in its requirements. The brain, in its entirety, is sufficiently complex when normal; when hindered in its development, when anatomically deficient and dependent upon vicarious substitutions of centers for its activity, the complexity becomes bewildering. We know not the ground over which we are traveling; rule fails us, our chart is a blank, our compass at fault, and like the sailors of old, we are obliged to travel from one point to another, making our map as we go. Seguin's physiological training was nothing more than the skillful application of the central idea from which the kindergarten was gradually evolved, and since its introduction into our State institutions its value has been fully demonstrated.

It is thus we must deal with our younger inmates; and from this preparatory training our teachers and superintendents must decide upon the future of this particular number. This, I take it, is a matter of far-reaching importance. What shall be the future of the educated imbecile? Agreeing that some are benefited by training until the difference between them and normal persons is so slight that few can tell the difference, is there a superintendent of an institution for the feeble-minded who could conscientiously graduate an inmate, and thus officially certify to his or her fitness for marriage and possible family? At the present time our laws regulating marriage are too lax to warrant returning such an individual to the community, no matter what their development may have been. Somewhere in that nervous system is a defect more powerful in its results upon succeeding

progeny than any known to physiologists. The consumptive, the syphilitic, may have normal progeny, the feeble-minded, never. Besides all this the training spreading over a number of years has become a necessity. The orderly regulation of the daily life, the enjoyment of the frequent entertainments, the plentiful, well-cooked food, the absence of worry incident to entrance on and existence in the great world, are all absent in the institution. In the world, the newcomer is one, but not of, the crowd; temptations, appealing particularly to the females, are constantly appearing; the will, that served to adjust the equilibrium of right and wrong, when surrounded by props and encouragements, proves inadequate to the task when thrown upon its own resources, and we have the melancholy history of another incompetent thrown on the State or county, with perhaps others in due course of nature.

It would, therefore, appear that due provision must be made for life care of the feeble-minded, and, if this be true, we must decide how best to prepare the children to help themselves, the youth and adults to add something to the general store. It is clear that mere mental training has no bearing upon this ability to earn. That is we have no reason to believe that the young man or woman who develops most mentally will be *a priori* the greatest earner. I question the utility of mere school education for all classes, I seriously question the propriety of giving such an education to some classes, notably the moral imbeciles, unless their environment is to be permanently restrictive. The institution of the future will deal with the economic practical training that will prepare its inmates to become self-supporting and this can only be done through the shops. The farm must of necessity be an integral part of any institution where a large number are to be provided for but farming must be only a method by which the muscular elements of the inmates are to be employed. Unless pursued in an entirely different manner than is usual, I can conceive of nothing more oyster-like in its existence than that of the average farmer. He has no time to admire the beauties of nature; his is a grim battle against the elements, with no assistance but what human muscles aided by horseflesh can give him. His work is never done, his horizon limited, his daily bread truly earned by the sweat of his brow.

For those of feeble mind the growing of diversified crops bears no significance where the mental caliber has never been able to compass the fact that four pecks make a bushel; few arrive at the philosophical condition of taking pride in the abstract fact that they contributed to the making of the annual crops; with this in view, I believe that any institution should acquire ample acreage to support the entire number of inmates, be it fifty or a thousand, and that much of the work should be done by the inmates, the shops being the mainstay so far as employment may be possible. Dr. J. Q. A. Stewart of Kentucky showed the value of shoe shops, several years back, and since then Ohio, Pennsylvania and others of the State institutions have more than demonstrated the value of hand training as a valuable resource.

It has been suggested that it would be easy for the shops to produce an oversupply, but when one considers the necessities of a family numbering 1000 or more, butter- and cheese-making in the dairy, shoe-making, hat-making, mattress-making, mat-making, carpentering, painting, carpet-making, tailoring, broom-making, brush-making in the shops, the unused surplus would not be hard to dispose of, and might net, annually, a neat sum over and above expenses.

It is not intended to make a person afflicted mentally a prisoner at hard labor; he is taught to work because it is wrong to be idle, and periods of relaxation and recreation must be provided and receive due importance in the schedule of daily life, and here the institution bands and theatrical companies have an educational bearing.

Should sex prove a bar to manual training? I unhesitatingly say no. There is no good reason why a female should not learn any or all of the handi-

crafts usually apportioned to the male sex. Dr. Mary J. Dunlap of the Vineland Institution for Feeble-Minded Women has solved that problem by boldly putting her charges to work in the fields and garden, to do such work as their strength and mental capacity will permit, and with excellent results. Perhaps it raised the cost of production somewhat, for I take it that even her enthusiasm and personal oversight could not have attained such results without capable assistants, and these cost more than the usual attending; but it was, and is, worth all that it costs.

Elwyn several years past introduced what was known as manual teachers, whose duty was to teach so many of all grades as possible how to use their hands in making something; and I have often thought if it were possible to obtain bright young women as instructors in flower-raising and gardening, the dreary duty of delving in the earth would cease to be a toil and become a pleasure and pride.

No system of training that embraces the care of the feeble-minded is complete without due provision for the well-being of the physical side of the problem, and the best results naturally follow where the physical trainging begins early in life. All of this class are not physically deficient, but few if any have the coördinate power that is apparent where the sensory and motor endowment is more nearly normal. The shambling gait, the accommodative power of the eye that estimates distance, size and direction, may be developed by appropriate exercise, and the hearing ears that hear not may also come to a greater degree of usefulness through the agency of music directing systematized movement.

The highest degree of physical well-being must be attained by exercise and a plentiful, well-cooked dietary at regular intervals. Where can this be so thoroughly systematized as in the modern institution? Cost is the bugaboo of the men who by decree of their fellow citizens appropriate the public money for the support of public institutions, and it is a well-nigh hopeless task to teach the tax-payer that while the aggregate sum necessary to support the entire defective population of a State is enormous, the let-a-lone policy is still more costly. This matter has been ventilated over and over again and the time allotted to my subject is only sufficient to again emphasize the statement.

Under certain conditions the utilitarian policy of asexualizing both sexes of the feeble-minded might be of service. But to my mind the proportion that contemplates such surgical procedure where no pathological condition exists beyond the mental deficiency is too extreme to be practical. Granting that the female imbecile is the only sex to be considered, the radical obliteration of her ability to procreate other imbeciles seems to me to argue that we are unable to properly care for her, and I submit that this is not true. And if we produce such a condition as a safe means of prevention of others like her, and turn her over to the almshouse or permit her to go to her home where no adequate protection can still be given, I submit that we are licensing, in many cases, an evil condition that would be wholly wrong.

If the fact of such physical condition were known and the girl or woman had the slighest moral obliquity, I submit that she would prove a veritable firebrand in the community. Procreation is not the worst evil that can obtain from the contact of sexes where one is weak and the other a villain.

Under these premises, in conclusion, I would submit:

1. That the State owes its mental defectives not only proper care and training, but life guardianship.

2. That early recognition of mental deficiency would tend to increase the chances of improvement under proper training; hence, measures should be taken to submit so-called "incorrigibles," "truants" and "juvenile delinquents," as well as the more docile children of our public schools, to physical examination by medical experts; and, upon their recommendation, those

showing signs of mental and moral waywardness, or actual mental deficiency, should be sent to schools especially equipped for their benefit.

3. That our normal schools should make the study of training backward and mentally deficient children a compulsory and thorough course, that teachers of the public schools may be better able to coöperate with the medical examiner in detecting signs of mental weakness, and thus give a chance for improvement at an early age.

4. That manual training in properly equipped shops should occupy at least one-third the schedule time of school work, for those competent to receive such instruction, and where out-door employment is done, it should be made as atractive as possible.

5. That life-care of the imbecile or feeble-minded of all grades, by the State in properly equipped and supervised institutions, is the only plan by which this class of defectives can be properly controlled.

RABIES IN SHEEP.

By A. W. Clement, V.S.,
State Veterinarian.

WITH BIOLOGICAL EXAMINATION.

By William Royal Stokes, M. D.,
Bacteriologist to the Health Department of Baltimore, and Lecturer on Bacteriology, Baltimore Medical College.

In the month of July, 1896, a gentleman from Mullikens, Prince George's County, reported "a strange disease" among his cattle and sheep from which several had died and of which others were ill. I visited the farm the day after receiving notice of the outbreak, and heard from the owner the history, and his observation of the symptoms.

He had twenty young cattle running in a field with abundance of shade, water and grass, and in fine order. At first two steers died within a day or two of each other after a short illness. Ten days later a third steer was attacked similarly and died, and a month after the first steer was taken sick, a fourth one died. When I arrived I found the fifth steer dead, but none of the remaining number appeared sick.

The symptoms as described by the owner were as follows:

"At first they began rapidly to lose flesh. A few days afterward they isolated themselves and remained perfectly quiet. They would neither eat nor drink. After remaining in this condition for two or three days, they would lose, to a certain extent, control of their hind legs, and stagger as they walked. They then became very vicious, would attack any object, and bellow constantly until they died."

The autopsy which I made upon the steer found dead showed no lesions whatever, though a thorough examination (excepting the brain and spinal cord) was made. I could not make any diagnosis of the disease and so informed the owner.

It was said that a mad dog had passed through the neighborhood about Easter, but I, unfortunately, did not pay much attention to the statement, as it was some time before the hydrophobia excitement in Baltimore, and I had not seen a case of rabies since I was in Paris ten years ago. I did not believe the dog had rabies. About the first of January the same gentleman wrote me that he had lost several sheep on the same pasture where the cattle fed. Under date of January 4, he wrote that eleven had died and that he had discovered another lamb affected that afternoon. He described the symptoms as follows:

"The face swells on both sides just below the nose, and one of the animals looked first at one side, then the other, as if in pain. They do not appear to suffer

much, as a rule, and some of them eat a little. They all have the same vicious propensities from the commencement of the attack, which increases as the disease develops. As a general thing they live about four days." As to the cause the gentleman cited the observation of a neighbor who said he saw a dog chasing his own sheep about ten days before; since then he had lost three. He further writes: "A dog has not been in this flock since last Easter, when three sheep were killed, and some of the lambs which have since been affected were not born then."

In answer to this letter I asked the owner to ship me by express, well boxed, a live sheep affected with the disease, whatever it might be, for the purpose of making a thorough clinical observation, and also that the conditions might be most favorable for autopsy cultures and inoculations. Accordingly, on the morning of the 6th of January, there arrived in Baltimore by express a full grown ewe. This animal was secured in a crate. When not disturbed at all it would lie or stand perfectly quiet, except occasionally when it would butt its head against the slats as if attacking an imaginary object. No matter how quiet it might be, however, on the least irritation, such as kicking on the slats, making any extra noise, or even when one stood in front of the cage, it would butt the slats with all the force possible. There was nothing else observable about the animal as indicating disease. There was no frothing at the mouth and the peculiar expression so characteristic of rabies in dogs was absent. At noontime the sheep was removed from the crate, and placed in a box stall. The excitability appeared to increase and the animal became gradually weaker. In the morning it was found lying on its side, unable to rise. There was tonic convulsion of the legs, and severe opisthotonos. It only needed the touch of one's hand or of a stick on any part of the body to bring on the most aggravated convulsions. She died in one of these convulsions at six P., M. in the presence of Dr. Stokes and myself.

At eight P. M. a careful autopsy was made and cultures taken from the blood and organs. The result of the autopsy was negative. The brain was most carefully examined. Portions of the brain and medulla were reserved for biological examination. Appended will be found a description of the biological examination as conducted by Dr. Stokes.

In a letter of January 14, the owner says "None have died since Friday, when four were buried. I have lost so far eighteen. The flock now looks more healthy. A gentleman who lives about four miles from here, I am informed, lost during the fall some sheep affected in the same way."

Biological Examination.—The medulla was removed from the skull under aseptic precautions, and a small portion of tissue from the floor of the fourth ventricle was rubbed up with sterile water in a sterilized porcelain crucible.

Two rabbits were then prepared in the following manner: The heads were shaven and a 5 per cent. solution of carbolic acid was applied on cotton for about five minutes. A longitudinal incision was then made through the skin in the median line, and the dura mater exposed by means of the trephine, the operation being performed under antiseptic precautions. About ten cubic centimeters of the suspension of the medulla were then injected beneath the dura of each rabbit, and the wound closed.

Both animals were kept under daily observation but nothing of interest was noted until the tenth day after the operation.

Rabbit No. 1 then began to show characteristic symptoms. These symptoms began with slight incoördination of the muscles of locomotion when running. The symptoms of incoördination gradually increased, especially rapidly behind, followed by almost complete paralysis of the hind extremities, finally involving the front legs so that the animal was unable to move, in which condition he died on the eleventh day. The autopsy and cultures from the blood and organs were negative. During the sixteenth day the second

rabbit showed similar symptoms, together with tonic convulsions, and died on the 17th. Autopsy and cultures were negative. (The first rabbit died during the night, so that the presence or absence of tonic convulsions was not noted.)

The temperature of both animals during the period of incubation averaged 102° F., but fell to 100° F. after the beginning of the attack.

Diagnosis. — Rabies caused by the transference of the virus of this disease from the medulla of the sheep.

Conclusions.—The clinical symptoms of the sheep, the negative result of the autopsy and the positive result of the rabbits' inoculation, point conclusively to the diagnosis of rabies. If this animal had rabies, a fact we believe beyond dispute, the other animals on the farm and on the two neighboring farms must have had the same disease also.

Had inoculation experiments been made from the brain of the steers which died early in the summer, the diagnosis would have been made then. This, however, would not have prevented this outbreak of disease, because undoubtedly the deaths in these sheep were caused by subsequent inoculation from the bite of a rabid dog. Neither will the present knowledge of the case prevent further trouble unless something is done to check the spread of rabies in dogs. A well-bred dog is a useful and companionable animal, but that is no reason why irresponsible people should own wild curs and allow them to run at large.

A good dog law well enforced for a few months would make rabies an unheard of disease. It is a disease communicable only by inoculation, and of course cannot arise spontaneously.

We are much indebted to Dr. N. G. Keirle, Medical Examiner, and to Dr. John C. Morfit for assistance in the technique.

ISOLATION IN CASES OF INFECTIOUS DISEASES.

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

A SHORT time since, an article appeared in one of our leading newspapers, proposing that a room be set apart for the sick in every house and it is in answer to that proposition that I publish the following.

The separation of the well from the sick has always been insisted upon, but, in my opinion, it is equally important to separate the sick suffering from the same disease when that disease is contagious. As it is impossible to keep children apart as long as they remain under the same roof, in case of sickness, they should be separated and part sent to a house where there are no little ones. I have always followed the above rule and never had a contagious disease spread when I was called in time to the first case. If the family is small the well should be sent away; if large, the first to be taken sick should be sent. As far as my observation extends, it is the custom to put all persons who happen to be sick in a household with the same disease in the same room and if they happen to be children, in the same bed. No practice could be more pernicious, for every infection is a multiple infection and the microbe that one patient lacks, another supplies. In illustration of the foregoing contention, I will mention a few cases out of the many that have come to my notice.

In the month of January, 1893, I was called to a family consisting of ten members, father, mother and eight children, all ill with epidemic influenza. On account of the inability to keep up many fires, they were all crowded into two rooms. The father had meningitis, from which he did not entirely recover for two years; the mother had pneumonia; the one year old baby had meningitis, with a temperature of 107° F., from which it died, and not a member

of the family had a temperature lower than 104° F. The first case of diphtheria occurring in a family, unless it be a laryngeal case, is nearly always mild in character. In the latter part of February, 1895, a child came to this neighborhood from Washington to visit relatives. On arriving here, he complained of sore throat, but was not put to bed, nor did he see a physician. A few days later, the eldest child of the family he was visiting was attacked with a slight sore throat also, when a doctor was called in who pronounced it a mild case of tonsillitis. In a few days, three other children sleeping in the same room with this one had diphtheria in the septic form and died in less than four days.

It has been declared recently that when pneumonia was conveyed from one person to another that the disease was of diphtheritic origin and, from recent experience, I am ready to believe that such may be the case, for this winter I had under my care a severe case of tonsillar diphtheria, followed almost immediately by a violent attack of pneumonia. Although pneumonia is not looked upon by everyone as a contagious malady, I now never suffer two persons affected with it to occupy the same room on account of the following experience: Some years ago I was called to a case of pneumonia in a very large family occupying a one-room house. In a few days a second case developed and then a third, which proved fatal. There is no proof that all diseases affecting the human organism are not communicable from man to man and at least those affecting the respiratory organs should be looked upon with suspicion and subjected to quarantine.

THE PHYSIOLOGICAL INFLUENCE OF MUSIC.

MM. Binet and J. Courtier give in the *Lancet* an account of experiments made by themselves and others on human beings and animals of the effects of music on the heart and respiration. M. Patrizi, an Italian physiologist, had a patient with a wound in the skull which laid bare the brain. He was thus enabled to observe the actual effect of music on the cerebral circulation. Music occasioned an increase in the size of the brain itself. The effect on the cerebral circulation was variable, the vessels being sometimes constricted and sometimes dilated. At other times no effect was produced. MM. Binet and Courtier experimented on a musician. Isolated notes, chords in unison, and discords were first tried. Both major chords struck in a lively manner and discords quickened the respiration, the latter more especially. Minor chords tended to retard respiration. When melodies were tried it was found that all, whether grave or gay, produced quickened respiration and increased action of the heart. The lively tunes produced the greatest acceleration. The subject also sometimes unconsciously endeavored to synchronise his respirations with those of the singer. In *rallentando* and *diminuendo* passages the respiration was retarded. Where the sound was wholly uncomplicated by emotional ideas, as in single notes or chords, the heart's action was accelerated, but not in so marked a degree as when a melody either grave or gay was played. During operatic pieces or those well-known to the subject the acceleration attained its maximum. The subject had a strongly marked capillary pulse. The influence of music on the capillary circulation was tested by a plethysmograph attached to the right hand. The capillary tracing usually showed a diminution of pulsation. This diminution was occasioned by the sound of single notes, chords, or discords. In sad melodies, especially minor ones, there was almost no diminution, whilst in lively airs the diminution was marked.

* * *

SYMMETRICAL MALFORMATION.

Dr. Arthur Stern reports, in the *International Medical Magazine*, a case of perodactylus symmetricus in which the middle finger was wanting. There was no hereditary tendency.

Society Reports.

WASHINGTON MEDICAL SOCIETIES.

MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA.

THIS Association held its annual meeting Tuesday evening, April 6, and elected the following officers for the ensuing year :

President, Dr. G. Wythe Cook ; Vice-Presidents, Drs. W. Sinclair Bowen and Sterling Ruffin ; Secretary, Dr. J. R. Wellington ; Treasurer, Dr. H. M. Deeble ; Standing Committee, Drs. Mclain, Holden, Leech, Ober, Acker, Kober, Carr, Stone and Johnson ; Censors, Drs. Frank Leech, Mayfield and Woodward.

Delegates to the meeting of the American Medical Association, to be held June 1 to 4 in Philadelphia, were elected as follows : Drs. Cook, Barrie, Mayfield, Eliot, Deale, Johnson, Ruffin, Barker, Acker, Hunt, Brown, Heiberger, Scott, Adams, Bovée, Nordhoof, Jung, Carr, Stone, McLaughlin, Glazebrook, Belt, Leech, Bogan, Wellington, Franzoni, Magruder, Tompkins, Sohon, Kleinschmidt, Moran, Hazen, Kober, Woodward, Reyburn.

The following gentlemen were elected to membership : C. Neil Barry, Edmund Barry, Frank W. Braden, Duras Desmus Carter, Marion B. Carter, Edward Francis Cumminskey, William C. Ford, Hub'd. Gillette, Franz A. R. Jung, Robert L. Lynch, Bernard Francis McGrath, Robert Daniel Mayer, Frank A. Mazzei, Homer Sanford Mudford, Thomas Miller, Leonard W. Numson, James Richard Tubman, William O. Wetmore.

MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

At the meeting of the Medical and Surgical Society of the District of Columbia, held April 1, Dr. Chamberlin reported an interesting "Case of Nasal Cystoma," which he had successfully removed. Remarks were made by Drs. Reyburn and J. Eliot.

Dr. Hunt read a paper on the "Therapy of Phthisis." He stated that the only hope of eradicating the disease was by proper prophylaxis. He strongly emphasized the fact that it is only by an early diagnosis that we may hope to accomplish a cure. He believes that tuberculin may be used as a means of diagnosis in suspected cases of human tuberculosis. He reported a case in which it was used for such purpose as early as 1892. He is not a believer in serum therapy of phthisis, but advocated the use of tuberculin in small doses in incipient cases. He gives creosote in small doses as a stomachic tonic, as he does not believe it has direct action on the tubercle bacilli in the body. He has obtained his best results from strychnia in doses of gr. $\frac{1}{40}$ to gr. $\frac{1}{20}$ and believes that hygiene and alimentation are of more importance than drugs, or climate, although each plays an important role in the therapy of the disease. Discussion by Drs. Vincent, J. Eliot, Kober, Morgan, Chamberlin, Mayfield, Reyburn and Sothoron.

EPISCOPAL EYE, EAR AND THROAT HOSPITAL.

The Episcopal Eye, Ear and Throat Hospital was opened with appropriate formality Wednesday, April 7. Many persons visited the hospital during the afternoon and evening, and were pleased with the arrangement of the same. This institution is under the auspices of the Episcopal church, but open to all worthy poor regardless of creed or color. Its arrangement is modeled after the Presbyterian Eye, Ear, Nose and Throat Hospital of Baltimore, with seventeen rooms, three of which are private, four free wards and a dispensary. It is managed by a board of governors, board of lady managers and a medical board. The attending staff consists of the following gentlemen : Drs. J. H. Bryan, W. H. Fox, T. M. Murray, W. H. Wilmer, F. Hyatt and E. O. Belt.

The Consulting Board are Drs. S. C. Busey, W. W. Johnston, N. S. Lincoln, J. F. Thompson, J. W. Bayne and J. T. Johnson.

WASHINGTON MEDICAL AND SURGICAL SOCIETY.

Dr. Barnes read a paper entitled "The Modern Æsculapius." Concluded

ing a brief historical introduction, he stated that theories have been advanced, nursed, followed and exploded since the time of Chiron the Centaur and the glory of the temples of Cos, Gnidos and Rhodes, and today the theorizing and establishing of facts go on with greater care and expertness than ever before. But human nature with her love of self and inhumanity to man has stood the revolutions of the past unchanged, though brightened and blest by an occasional mind of extraordinary ability whose untiring efforts and self-sacrificing love for truth has appeared an oasis in the wilderness of pretensions. The relation of physician to patient and patient to physician has not changed in any particular. Physicians were loved and lauded, mocked and scorned, received pay and promises just as today, and each doctor's ideas and remedies were then, as now, superior to all others.

Thus it is thought, aided by State laws and a more rigid educational curriculum, the followers of Æsculapius have to meet today about the same condition of affairs that existed in the days of ancient Rome. True medical science is a unit and the self-respecting, scientific physician should consider it a reflection upon his intelligence to be classed as an allopath, homeopath, hydropath, electropath or any other path. He is simply a physician with all the doors of knowledge open before him, and he has neither time nor inclination to discuss such vulgarities. Drug action is uniform, always the same under the same circumstances, and the theory of *similia similibus curantur*, and *contraria contrariis curantur*, are abundant for *medico curare cito, tute et jucunde*.

He considers as one of the greatest hindrances to the young practitioner, and certainly of more or less injury to all physicians, the multiplicity of free institutions that promise fair to take in the entire population soon and treat them free of cost, just for humanity's sake. The cause of this he claims to be due to the grasping disposition of the physician, whom he speaks of as Dr. Take-all, who when elected to a chair in hospital or dispensary regards it as a life position and can neither be blown out by the dynamite of board and staff or removed by the jack-screw of time, and the young man has either to stay out or start one of his own. He believes that all such free institutions should be supported and controlled by government and colleges and the attending physicians compensated for their labors and such patients be used for teaching the rising generation of physicians. Paying his respects to Dr. Drugibus, the eminent physician and surgeon of anti-malaria and santal-midy fame, says that we should never embarrass him by having "not to be renewed" upon our prescriptions. Then taking up the regular profession, he speaks of that most pitiable specimen of practitioner who does not know that long before the establishing of the code of ethics there existed in the heart of every true medical gentleman the principles embodied in the code. That the code is simply a concise expression of honor and tact and the doctor who has to be told what to do and what not to do and the why, is incapable of being that which he purports to be, and would have done better by the noble profession which he encumbers had he followed another line of work more suitable to the education and brain of a proletarian. The meaning of the terms honor and tact are unmistakable, they are the same to all men, be they humble practitioners earning their bread by honest labor at the bedside of suffering humanity, or be they potentates and dignitaries in the realm of medicine, enlightening the world, or shedding the reflected glory of some college professorship, or any other place in which a streak of luck has fortunately left them. He thought that a discussion of the meaning of the term honor applied to the profession at large, practitioner to colleague, practitioner to patient and practitioner to colleague's patient might be interesting and instructive. That among this army of medical philanthropists, real and alleged, we see marching, side by side, the giant intellect and the humble spirit; the pharisee of old in the garb of a modern

Æsculapius ; the idealist with his head full of the glory and greatness of his profession, though his stomach be empty ; the realist who is in it only for gain of the filthy lucre ; and many others, some gentlemen because they are "built that way," others who are anything but gentlemen and cannot help it. Some whose actions show us the highest types of manhood—*demonstratio ad oculos* while others are *reductio ad absurdum* — "yet they are all, all honorable men."

Dr. Barnes then delineated the character of Drs. Grabitall, Ethicus, Hog, Sneakabout, Scalpel and other types well-known to the profession.

Correspondence.

HOW TO ARREST TUBERCULOSIS.

Editor MARYLAND MEDICAL JOURNAL :

Dear Sir :—Will you allow me to propose through the columns of the JOURNAL that the Maryland State Board of Health, with which I was so long connected as executive officer, should invite local boards of health, agricultural boards, farmers, dairymen, stockbreeders, housewives, farm laborers, practicing physicians and others to meet at an appointed time and place in the several counties, in order that the executive of the State Board of Health may explain *viva voce* the simple facts of the essential causation of tubercular diseases in man and in animals generally with the view of taking many easy and common sense precautions for checking the spread and ravages of Koch's tubercle bacillus ?

At such meetings the secretary of the Board could open a discussion on the subject, especially in relation to what measures should be employed for dealing with tuberculosis in living animals and in the carcasses of animals, and I venture to say that physicians, sanitarians and scientists will join him in an effort to excite among agriculturists, dairymen, stockbreeders and others a clear perception of the truth of the case, so that agriculturists and health officers may reciprocally aid each other, and the supreme cause of public health in continued individual and effectual efforts to employ the obvious and easy measures of prevention which a knowledge of the facts readily supplies.

It is now a part of general medical knowledge that a prolific and widely distributed micro-organism is the determining and essential cause of tubercular pulmonary consumption, and other tubercular diseases among human beings, as well as tuberculous maladies, which are so prevalent among animals kept by man for pleasure or profit. The tubercle bacillus is one and the same, whatever living animal being, or animal tissue, it may invade. Human beings are infected from each other and from the lower animals, and the lower animals from each other and from human beings. The reciprocal process goes on through manifold varieties of intercourse ; but the experience of sanitary authorities generally shows that the bacillus of tubercle is too widely spread, and implicates our own race far too widely for "stamping out" by segregation to be possible.

It is reassuring to know, and to know increasingly, that an individual amongst men and the lower animals who is in perfect general and local health, as to structural integrity and vigor, is practically immune, under favorable conditions, against the deadly tubercle bacillus. Such a truth must be brought home to the general apprehension of agriculturists, stockbreeders and dairymen, while all who have to do with cattle and other animals must learn the economy which lies in the effective destruction of tubercular animals and their tissues and issues.

C. W. CHANCELLOR, M. D.
Havre, France, February 17, 1897.

[Since Dr. Chancellor wrote this letter the Maryland Public Health Association, which virtually covers the same idea, has been formed and in a very short time practical results of this work will be seen in the State of Maryland.—ED.]

Medical Progress.

Traumatic Tetanus Treated with Chloral Hydrate and Bromide of Potassium.—Bhiccaji (*Therapeutic Gazette*) reports the case of a female Hindoo applying for treatment for the lobule of her left ear, which was torn through. The injury occurred on February 20. On February 24, about midnight, the reporter was called to see her at her house, where he found tetanus had appeared. The woman was removed to a hospital and the wounded lobule of the ear antiseptically dressed. He prescribed fifteen grains of hydrate of chloral, with equal weight of bromide of potassium, every four hours. On the third day the patient was much better. Treatment was continued for eight days and the patient discharged cured on the fifteenth day.

* * *

Cecal Tumor Mistaken for Diseased Appendages.—Delassus (*British Medical Journal*) records the case of a woman who suffered from hypogastric pains for some time. A tender movable tumor, as large as a hen's egg, lay in the right fornix, resembling a tube and ovary subject to chronic inflammation. There was constipation and the patient became sickly. The abdomen was opened and a malignant tumor of the cecum was found in the right iliac fossa. It was quite irremovable. The earlier history was interesting, several experienced practitioners having attended the patient. The unilateral pelvic pain and swelling, accompanied by metritis, for which the curette had been used, very naturally baffled diagnosis.

* * *

Rupture of the Uterus in Labor from Hydatid Disease of the Pelvis.—Tissier (*British Medical Journal*) records a case of high importance in regard to pregnancy in women who have suffered from hydatid disease of the liver. His patient had been under treatment for that malady eighteen years before the pregnancy for which he attended her. During labor the uterus burst and she died. At the necropsy, the diagnosis of the hepatic disease was confirmed; the omentum and abdominal cavity were full of hydatids. The uterus was surrounded by a mass of the same growths; it is not actually stated that any of them perforated the uterine wall. Other hydatids were encapsuled in the broad ligaments.

* * *

Cocanilid, a New Throat Lozenge.—In the *Journal of Eye, Ear and Throat Diseases*, Dr. John R. Winslow says that in considering the properties of the well-known "cocapyrine" lozenge it was suggested that acetanilid might be substituted with advantage for antipyrine, if found to be as efficacious.

At my request, Mr. J. F. Hancock of this city prepared the following tablet, with the object of putting this to the test.

R.—Cocaine mur. . . 0.002 grm.
Acetanilid . . . 0.2

We have found this equally as effective as the "cocapyrine" lozenge, and in the same class of cases. It is a more decided anesthetic and its effect is much more prolonged than the cocaine alone. It has a pungent taste, and leaves an agreeable tingling sensation in the throat. The tablet should be allowed to dissolve slowly upon the back of the tongue and repeated 4 to 6 times daily, according to the case. We have obtained good results from its use in chronic pharyngitis associated with painful deglutition, paresthesia and various neurotic sensations: In acute pharyngitis and tonsillitis of moderate degree; in acute laryngitis with loss of voice. It has been used with success in some cases of acute bronchitis, and we would suggest a more extended trial, in frequent doses. We think that it will be found an elegant and useful lozenge.

* * *

Tuberculosis of the Larynx.—Lactic acid has been widely employed in laryngeal tuberculosis, but it has the objection of causing severe irritation with laryngeal spasms.

Botey, therefore, recommends to prevent this discomfort, in the *Medical News*, a combination of lactic acid with carbolic acid and glycerine, which possesses the quieting action of the latter substance with the specific action of the former. In sensitive patients cocaine is used.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, APRIL 24, 1897.

The Medical and Chirurgical Faculty.

ONCE more the Medical and Chirurgical Faculty will convene in annual session in Baltimore and the committee of arrangements has provided the usual attractive programme. It is wonderful and at the same time most gratifying to note the great success of the State society and its marked advances made in the past few years. The enthusiasm which aroused the members to the fact that the old building did not come up to the requirements of such a representative body has not yet died out and each year the Faculty's attractions are made greater. Of course, the library must necessarily be the chief feature. Since the stirring address of Dr. Chadwick and the gifts of the Messrs. Frick, Johnson, and others, and the liberality of the Book and Journal Club, the Faculty's library has grown to be a valuable collection of good and modern books, which alone should attract all physicians of the city and State to its membership. The programme which is here presented contains the announcement of an address by Dr. Cheever of Boston and the address of the President, Dr. Osler, as well as the special subject. It is hoped that all members will attend the meeting and assist by their papers, their intelligent discussions, and by their presence show an interest in the meeting. All physicians, whether members or not, are welcome to the session during the reading of papers and discussions. The usual banquet will be held after the annual oration Thursday night. The following is the programme:

TUESDAY, *April 27—Day Session*, 12 *M.*—President's Address, Dr. Wm. Osler. The Functions of the State Faculty. State Care of the Insane. Discussion to be participated in by Drs. Edward N. Brush, Henry M. Hurd, George H. Rohé and Wm. Lee. A Case of Habit Spasm, by Dr. S. J. Fort. Alcoholic Insanity and Excess, with a Reference to the Opium Habit, by Dr. A. L. Hodgdon. A Case of Early Spinal Syphilis with Brown-Séquard Paralysis, by Dr. Henry Barton Jacobs. The Era of the Criminal, by Dr. E. Tracy Bishop.

Evening Session, 8 *P. M.*—Peritonitis. (*a*) Pathology and Etiology, by Dr. Simon Flexner. (*b*) Diagnosis, by Dr. S. C. Chew. (*c*) Medical Treatment, by Dr. Charles M. Ellis. (*d*) Surgical Treatment, by Dr. Randolph Winslow. (*e*) Five Cases of Suppurative Peritonitis. Laparotomy by a New Method; Recovery. Preliminary Report of Observations on the Effects of this Method in the Peritonitis of Dogs, by Dr. J. M. T. Finney. (*f*) General Discussion.

WEDNESDAY, *April 28—Day Session*, 12 *M.*—Rabies. (*a*) Preventive Treatment, by Dr. John Ruhräh (*b*) Efficacy of the Treatment, by Dr. Wm. H. Welch. (*c*) Its Technique, by Dr. N. G. Keirle. Eight Consecutive Cases of Laryngeal Diphtheria Successfully Treated by Intubation and with Antitoxine, by Dr. J. W. Humrichouse. Illustrations of the Value of Bacteriology in Preventing the Spread of Diphtheria, by Dr. William T. Watson. The Microscopical Examination of Milk, by Dr. William Royal Stokes. The Action of Taka-Diastase in Various Gastric Disturbances; An Experimental Study, by Dr. Julius Friedenwald. (*a*) Food Adulterations. (*b*) Diagnosis of Gastric Carcinoma, by Dr. John C. Henmeter. The Treatment of Gastric Ulcers after Hemorrhage, by Dr. Charles O'Donovan. Report of One Hundred Consecutive Cases of Cataract Extraction, by Dr. Samuel Theobald. The Early History of Ophthalmology and Otology in Baltimore, by Dr. Harry Friedenwald. Some Water Colors Showing Pathological Conditions of the Eye Ground, by Dr. Robert L. Randolph. An Exhibition of Eye Specimens, by Dr. H. O. Reik. Prevention and Treatment of Ophthalmia Neonatorum, by Dr. Edward J. Bernstein. Microscopical Investigation of a Case, perhaps Hydrophobia, by Dr. J. B. R. Purnell.

Evening Session.—Reports of Committees. Election of Officers, 1897-1898.

THURSDAY, *April 29.—Day Session*, 12 *M.*—Fracture and Dislocation of the Vertebral Column, with other Severe Injuries. Recovery. Exhibition of Patient,

by Dr. R. Percy Smith. Two Cases of Ante-Operative Asphyxia, by Dr. J. Ernest Stokes. Treatment of Joint Tuberculosis with Iodoform Emulsion. Report of Cured Cases, by Dr. Frank Martin. Report of Two Cases of Gastrotomy and one of Gastro-Enterostomy, by Dr. Robert W. Johnson. Three Cases of Suppurative Otitis Media, with Symptoms of Sepsis and Intra-Cranial Disease. Recovery after Mastoid Operation and Removal of Polypi, by Dr. Hiram Woods, Jr. The Plaster Jacket *vs.* the Steel Back Brace in the Treatment of Pott's Disease, by Dr. R. Tunstall Taylor. Demonstration of Models of the Original Chamberlin Midwifery Forceps, by Dr. J. Whitridge Williams. Value of the Microscope in the Early Diagnosis of Cancer of the Uterus, by Dr. Thomas S. Cullen. A Case of Complete Hysterectomy for Rupture of the Uterus and Vagina During Confinement, by Dr. Joseph H. Branham. The Frequency of Contracted Pelves in the Obstetrical Service of the Johns Hopkins Hospital, by Dr. George W. Dobbin. Caries of the Skull, by Dr. H. H. Biedler. Symptoms Associated with Uterine Displacements, by Dr. William S. Gardner.

Evening Session, 8 *P. M.*—Annual Oration, subject not announced, by Dr. David W. Cheever, Emeritus Professor of Surgery at Harvard University. Collation. Tickets may be procured from the members of the Programme Committee, or at the Treasurer's desk. Price $2.00. County members, who are the guests of the Faculty, may obtain tickets without charge, from the same source, on application.

FRIDAY, *April* 30, 12 *M.*—The Common Contagious Diseases of the Skin, as met with in School Children, and How to Prevent Them. Exhibition of Some Cases of Cutaneous Diseases, by Dr. T. C. Gilchrist. Some Diseases of Worcester and other Counties. Their Etiology. (Low Mortality Rate), by Dr. J. B. R. Purnell. Three Cases of Pneumonia, by Dr. C. Birnie. The Spread of Tuberculosis Among the Russian Jews of the City and its Prevention, by Dr. Joseph E. Gichner. Rupture of the Aorta, by Dr. W. Guy Townsend. A Reliable and Harmless Way to Diminish and Cure Over-Fatness, by Dr. William T. Cathell. (*a*) The Uric Acid Diathesis in Children. (*b*) The Prognosis and Treatment of Pertussis, by Dr. Frank Dyer Sanger. Death after Home Use of Wormseed, by Dr. A. K. Bond. Blood Stains, with Report of a Criminal Case, by Dr. J. B. R. Purnell.

While this programme is unusually long it is not expected that any one member will listen to every paper, nor is it likely that all the papers announced will be read. Indeed, the time limit will be observed as strictly as possible and motions allowing "the gentleman to continue" will not be encouraged. In this way more time will be given to discussion and lengthy papers will be excluded.

The Committee on Programme has used every effort to prevent a dragging-out of the meeting and long-winded speakers need not feel insulted if their flow of words is stopped.

Consolidated Medical Schools.

It is a good thing for students of medicine that medical colleges are at last finding out that in union there is strength. The note comes from Chicago recently that the College of Physicians and Surgeons of Chicago is now a part of the University of Illinois and for a long time has the College of Physicians and Surgeons of New York been a part of Columbia College. Now the Medical Department of New York University, which is a union of the University Medical College with the University of the City of New York, has united with the Bellevue Hospital Medical College and thus a more powerful organization is formed.

Naturally it takes much influence and good management to amalgamate such large institutions, as all former teachers will not likely find a place in the new school. That this is especially true of the last marriage of medical schools is seen in the desire of this new organization to infuse new and better blood into its veins by calling, and calling very loudly, two important men in the Johns Hopkins Medical School to leave their places and go to New York to strengthen the new medical school which as yet it seems has no exact name.

Dr. William Osler has been tendered the head of the medical department and Dr. William H. Welch the head of the pathological department in this new organization at salaries never before offered in any other medical institution, in this country, at least, and with privileges and facilities not often excelled. The temptation was great, but it is gratifying to know that both men have decided to remain in Baltimore and at the Hopkins, where they have already done such excellent work. Of course, one great objection is that this new school has practically but one hospital under its control, namely Bellevue Hospital, which is under political patronage and cannot compare with many other hospitals.

The city of Baltimore and the Johns Hopkins University are to be congratulated that such men as Drs. Welch and Osler refuse to leave their adopted city and the school which has such a future before it and which controls a hospital hardly equalled anywhere for its many facilities and opportunities for study and research. This tendency towards amalgamation should 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 April 17, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		19
Phthisis Pulmonalis		16
Measles	32	
Whooping Cough	3	
Pseudo-membranous Croup and Diphtheria	17	7
Mumps	1	
Scarlet fever	16	1
Varioloid		
Varicella		
Typhoid fever	1	1

No infectious disease, it is said, is known to exist in Greenland.

A Skiagraphic Medical Socitey is about to be started in London.

The Western State Hospital at Staunton, Virginia, has 830 inmates.

A temporary hospital for contagious diseases will probably be opened in Baltimore soon.

There were fifty-nine members in the senior class of the Baltimore University School of Medicine, of which fifty-five graduated.

The University of Maryland held its 98th Annual Commencement last Tuesday. Dr. George W. Miltenberger delivered the address to the 93 graduates.

Dr. Newton Lewis, a graduate of the College of Physicians and Surgeons and a former resident physician of the City Hospital, is now coroner of Roanoke, Va.

The Baltimore County Medical Association has been organized by county physicians. The following officers have been elected: President, Dr. Jackson Piper; Vice-President, Dr. William Lee; Secretary, Dr. L. G. Smart; Treasurer, Dr. W. J. Todd; Executive Committee, Drs. R. C. Massenburg, T. C. Peebles and H. Burton Stevenson; Committee of Honor, Drs. Charles G. Hill, J. F. H. Gorsuch and R. Percy Smith.

A Burlington, Vt., doctor has sued a druggist who refused to fill a prescription of his, on the ground that it was dangerous. This claim of the druggist lost the patient to the doctor. The damages asked are $3000.

The French Congress of Alienists and Neurologists will be held this year at Toulouse, on August 2, and following days. The questions proposed for discussion are: 1. The diagnosis of general paralysis; 2. Infantile hysteria; 3. The organization of the medical service in lunatic asylums.

The Medical Society of the State of West Virginia will hold its 30th annual meeting at Charlestown, W. Va., on May 19, 20 and 21, 1897. Members are requested to prepare papers and to send titles to the Secretary, Dr. G. A. Aschman, Wheeling, W. Va., not later than April 24, so that the programme can be completed. A large meeting is expected this year; the Committee of Arrangements is doing everything in its power to make it pleasant to all. The usual reduced hotel and railroad rates will be granted. Programme and further details will be sent two weeks before the meeting.

At the 22nd annual meeting of the American Academy of Medicine, to be held in Philadelphia, May 29 and 31, 1897, the following attractive programme is announced: The True Principles on which the Medical Profession Should be Associated and the Character of the Resulting Organization, Leartus Connor, M. D., of Detroit; Physicians' Mutual Aid Societies, John B. Roberts, M. D., of Philadelphia; Quid pro Quo—Present and Future, C. C. Bombaugh, M. D., of Baltimore, Md.; The Relation of the Physician to the Public Press, Solomon Solis-Cohen, M. D., of Philadelphia; Some Relations of Author, Publisher, Editor and Profession, George M. Gould, M. D., of Philadelphia; Medical Reviews, Walter L. Pyle, M. D., of Philadelphia; The Influence of a Liberal Education with Reference to Medical Ethics; Elmer Lee, M. D., of Chicago; Hospital Abuse, W. L. Estes, M. D., South Bethlehem, Pa.; Result of a Year's Endeavor to Lessen the Dispensary Abuse in the Rhode Island Hospital, Providence, R. I., F. T. Rogers, M. D., of Providence; Are Physicians Up to Date? a Sociological Inquiry, Charles McIntire, M. D., of Easton, Pa.; The President's Annual Address, J. C. Wilson, M. D., of Philadelphia.

Book Reviews.

A Practical Treatise on Diseases of the Skin. For the Use of Students and Practitioners. Fourth and Revised Edition. By James Nevins Hyde, A. M., M. D., Professor of Skin and Venereal Diseases, Rush Medical College, Chicago, etc., and Frank H. Montgomery, M. D., Lecturer on Dermatology and Genito-urinary Diseases, and Chief Assistant to the Clinic for Skin and Venereal Diseases, Rush Medical College, Chicago. Illustrated with One Hundred and Ten Engravings and Twelve Plates in Colors and Monochrome. Lea Brothers & Co., 1897. Pp. xxiii–17 to 808. Price $5.25.

The appearance of this new edition within such a comparatively short time after the previous one and the fact that it has reached its fourth edition demonstrates the wide popularity of this excellent text-book on cutaneous diseases. New chapters have been added on quite a large number of diseases, *e. g.*, hydrocystoma, erysipeloid, dermatitis repens, mycetoma, angiokeratoma, protozoan disease, etc. Critical corrections and new chapters have also been added in general therapeutics. Considering the book as a whole it is a text-book which, for its practical usefulness both to students and practitioner, can be safely and highly recommended; but the pathology throughout the whole volume is very poor and not at all up to date, neither is any personal knowledge given on this subject. The drawings also of pathological sections are very diagrammatic, and almost antediluvian in appearance; the histological drawings are much better. The authors in the classification of the diseases have followed the scheme adopted by the American Dermatological Association.

Twentieth Century Practice. An International Encyclopedia of Modern Medical Science. By Leading Authorities of Europe and America. Edited by Thomas L. Stedman, M. D., New York City. In twenty volumes. Volume VII, Diseases of the respiratory organs and blood; and functional sexual disorders. New York: William Wood & Company. 1896.

This volume contains a peculiar variety of subjects not nearly related to each other, but they are on the whole well presented and most of them are up to the high standard of the work. The opening chapter on Pleurisy is by Dr. Herbert B. Whitney of Denver. He treats pleurisy and diseases of the pleura very thoroughly. A short chapter on Asthma by Dr. Franz Riegel of Giessen then follows. Next comes very short sections on Hay Fever by Dr. E. Fletcher Ingals, and Diseases of the Mediastinum and Diaphragm by Dr. E. Main of Paris.

Probably the best chapter in the book is on Diseases of the Blood, by Dr. Alfred Stengel of Philadelphia. After Rachitis, by Dr. Jules Comby of Paris, and Diseases of Menstruation by Drs. Ernest W. Cushing and Charles G. Cumston of Boston, a short chapter on Functional Disorders of the Male Sexual Organs, by Dr. Charles W. Allen of New York, follows, the book ending with quite a good treatise on Analysis of the Urine by Dr. James M. French of Cincinnati. This whole volume is a very valuable one and is a credit to the editor and publisher.

A new semi-monthly journal entitled *Treatment, a Journal of Practical Medicine and Surgery*, comes to us from the Rebman Publishing Company, of London. The first number is dated March 11, 1897. The chief editors are Dr. George Johnston, Mr. D'Arcy Power, Mr. R. Lake and Dr. Hector W. G. Mackenzie. The new journal has a good appearance, and we find the contents interesting.

REPRINTS, ETC., RECEIVED.

Diphtheria Antitoxic Serum. H. K. Mulford Company. 1896.

Catalogue of the Louisville National Medical College. 1896-1897.

Professional Education in the United States. Washington, Government Printing Office. 1896.

Diseases of the Nose and Throat in Children. By Wm. F. Barclay, A. M., M. D. Reprint from the *Omaha Clinic*.

The Need of Greater Frankness in our Dealings with Phthisical Patients. By Chas. L. Green, M. D. Reprint from the *Northwestern Lancet*.

An Ophthalmoscopic Study of A Case of Hemorrhagic Neuro-Retinitis. By Charles A. Oliver, M. D. Philadelphia. Reprint from the *International Medical Magazine*.

The Diagnosis of Tuberculosis from the Morphology of the Blood. An Original Research, with Report of Cases. By A. W. Holme, A. M., M. D. Reprint from the *Medical Record*.

PROGRESS IN MEDICAL SCIENCE.

A LARGE number of clinical reports have recently been published on the sedative qualities of Lactophenin, particularly in typhoid fever and other conditions in which it is indicated. In this connection, Dr. Brodnax says (in *Medical Summary*, February, 1897) it is "a pleasant pain reliever. The dose is small, no cyanosis has been noted as yet, and the restful sleep that follows 5 grains (for adults), on retiring, is as near natural sleep as possible. So far as I have experimented on myself and others, I find no increase of the dose necessary to produce the desired result. Where the continued use is wanted, smaller doses will answer, say two grains every hour or two."

THE Imperial Granum Company of New Haven, Conn., uses the following blank form:

OFFICE OF THE IMPERIAL GRANUM CO.,
NEW HAVEN, CONN.

We acknowledge the receipt of and thank you for your request, and are sorry to have to say that we cannot comply with it, owing to the fact that we supply samples of the Imperial Granum to physicians, or to whom they may direct (and to professional nurses) only, realizing that the physician alone can determine the diet that each individual case may require. If desired by your family physician we shall be very glad to send you a physicians' sample box of the Imperial Granum.—Very respectfully, The Imperial Granum Company.

A SEASONABLE REMEDY.—The variable atmospheric conditions which characterize the spring season of the year are most acutely felt by persons afflicted with the rheumatic diathesis. In this class of persons the manifestations of the rheumatic virus are exhibited in various ways; in attacks of articular or muscular rheumatism or tonsillitis, pleurisy and various neuralgias. That there is a clearly defined rheumatic element in many cases of tonsillitis is demonstrated by the efficacy of antirheumatic remedies. Dr. Frank Woodbury, some time ago, pointed out the value of Salophen in this affection, and its remarkably favorable influence in many neuralgias is attributed by Claus to its powerful antirheumatic properties. In an article on Salophen in the Presse Medicale, Bousquet concludes that if we consider all the affections in which this drug has been sufficiently tested to permit of an exact opinion as to its efficacy, we can say that there are a number of conditions where its use is an important therapeutic resource comprising those where other antipyretics have failed or have been ill tolerated by the patient or have otherwise proved inefficient.

PHENOCOLL HYDROCHLORIDE.—In an epidemic of influenza in the Dosolo and Corregioverde districts of Italy, the author employed Phenocoll Hydrochloride exclusively for the cure of some 400 patients. Already acquainted with the value of quinine, phenacetin, salicylate of soda and antipyrine, Dr. Villani was led to employ Phenocoll owing to the reputation it had already obtained in Italy for the treatment of malaria, with the result that he continued to prescribe Phenecoll Hydrochloride for influenza in preference to the other antipyretics. Of the various salts of Phenocoll, the hydrochloride was found most suitable for administration. For adults powders were generally prescribed, and for children, solutions in syrup. The dose usually administered was 30 to 45 grains daily in 8 grain portions for each adult and a solution of 15 grains to be taken in small quantities during the 24 hours for each child. The effect of the medication generally made itself felt after the first or second dose; the fever abated, and there was almost an instantaneous disappearance of cephalgia and a gradual cessation of nervous symptoms. Dr. Villani came to the following conclusions: 1. Phenocoll Hydrochloride exerts a powerful antifebrile action for a period varying between 3 and 4 to 6 hours. 2. It is a useful antiseptic. 3. It is a useful antipyretic, and analgesic against neuralgic symptoms. 4. It is easy of administration not only to adults but also to children, the slight brackish taste of the solution being easily covered by a corrective. 5. The system does not become accustomed to the drug and requires larger doses. 6. Its administration does not cause nausea, vomiting, collapse or any other disturbance. 7. The reduction of temperature is regular and continuous, being accompanied by a slight perspiration, but rarely by copious sweating.—DR. G. VILLANI in *Rassegna Medica*, 1896, No. 14.

MARYLAND MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVII.—No. 3. BALTIMORE, MAY 1, 1897. WHOLE No. 840

Original Articles.

CEREBRAL SYPHILIS.

By Henry Alfred Robbins, M. D.,
Washington, D. C.

CLINICAL LECTURE DELIVERED AT THE SOUTH WASHINGTON (D. C.) FREE DISPENSARY, JANUARY 4, 1897.

SEVENTH PAPER.

WE shall first call your attention today to this colored boy, who is twenty years old. He presents a picturesque appearance, as well as a geometrical cast of countenance. The hieroglyphics of syphilis are stamped upon his brow. Before attempting to describe this form of syphiloderm, we will examine him for other evidences of syphilis. Dr. Arwine has removed his clothing and you notice on the prepuce, to the right of the median line, as good a representation of the chancre, known as Hunterian, as it is possible to behold. You notice also above Poupart's ligament, on either side, a typical bubo. The epitrochlear and posterior cervical glands are also enlarged and hard.

To return to his expressive countenance. You see fantastic shapes, circles, figures of eight, segments of circles made with almost geometrical precision. Perhaps this boy now looks like a blooded relative in darkest Africa, who marks his face with queer designs, thinking that it adds to the attractiveness of his appearance. Dr. Livingstone, in his interesting work, "Travels and Researches in South Africa," alludes to the custom.

You will find in your text-books this syphilide classified among the papular forms. Dr. Joseph Zeisler, in Morrow's work on Dermatology and Syphilology, exhibits an admirable colored lithograph, from a photograph taken by Dr. Piffard, with the following remarks: "Still another eruptive form, known as the stellate syphilide, or the *syphilide en corymbe*, is produced by the circular grouping of small papules around a large papule as a center. These smaller 'satellite' papules, as they are termed, are disposed in a system with almost geometrical regularity. As a rule, they are discrete and separated by sound skin; they may, however, become confluent, forming a circular nappe of infiltration around the central lesion. A polycyclic configuration, designated as the *syphilide en cocarde*, may result from the development of one or more concentric rings encircled by a larger ring. The intricate and eccentric forms assumed by the papular syphilide from the intersection and interfusion of circular, semilunar and elliptical patches, give to the eruption a most bizarre appearance, which is admirably shown in the above mentioned picture." The patient before us is in the secondary stage of syphilis. Generally it is described as a late secondary form. We also call your attention to a picture

which adorns our walls. It is taken from one of Baretta's wax models, in the St. Louis Hospital, Paris. It is called a ciricinate papulo-squamous syphilide. It is exquisite and looks as if the artist might have given free rein to his imagination; but it is an exact representation of the patient from whom it was taken. We are very proud of our picture gallery. These life and life-like representations make our clinics what they ought to be, attractive and instructive.

We presented to you last week a man who was recovering from syyhilitic hemiplegia, notwithstanding he had not carried out our treatment thoroughly. Cerebral syphilis is so important and so often not suspected, that we propose to continue the subject today. In many cases it is extremely difficult to obtain a history of syphilis. Very often to the sense of vision the patient is without a blemish and he denies ever having had the disease. The nocturnal headaches, however, are characteristic of syphilis and so is vertigo and other symptoms, which I hope to explain at some future time. Last week we described the pathological changes in brain syphilis and we will continue the subject today, by giving more illustrations of the morbid changes produced by this dreadful malady.

At the Edinburgh Medico-Chirurgical Society in May 2, 1894, Dr. A. Bruce read a paper on two cases of nodose periarteritis. The first case was that of a man aged 37, who had been ill for two years and in whom the tertiary symptoms appeared after eighteen months. In the end there was diplopia, paralysis, dilatation and fixation of the left pupil, convulsions and death in six hours. There was fluid in the subarachnoid space, no thickening of the pia mater; there were clumps on the basilar posterior communicating; and vertebral arteries in the form of fusiform swellings; the pons was softened here and there; there was marked periarteritis and foci of softening; there was little affection of the inner cord of the arteries and there was no meningitis.

The second case was that of a woman who, on admission, was all but paralyzed in both upper and lower limbs; the tongue could only be protruded as far as the lips; there were a few spots on the legs; the temperature rose to 104.2° and the pulse was 142 and she died of paralysis the next week. She had been infected in the discharge of her duties in Soho Hospital. She was in St. Thomas's Hospital from December to October, with skin affections and paresis of the face. There was optic neuritis. Later, paralysis of the limbs set in and this lasted six weeks. Then she improved and ultimately was discharged. She came to Edinburgh and was very well till two days before admission to the Royal Infirmary. On post-mortem examination there was leptomeningitis, the basilar and cerebral arteries were in the same state as in the first case, there were several areas of congestion and softening in the pons, there were changes in the outer, but no changes in the inner, coat of the vessels, there was great thickening of the veins (a periphlebitis), the brain substance under the membranes was softened and nearly all the vessels contained a thrombus and some of these had begun to organize. Only some six or eight cases of this condition have been described. Probably the first description of syphilitic periarteritis was given by Dr. Batty Tuke in the *American Journal of the Medical Sciences* for 1874. True gummatous formation on the outer coat was the third stage of this periarteritis. In the more acute forms there was simply the cellular infiltrations. In the less acute forms there was a tendency to the formation of gummata. The conclusion one must come to, from a study of these two cases, Dr. Bruce held, was that there was a perfectly distinct syphilitic affection which attacked the outer coat of the arteries.

Syphilitic Hematoma.—Dr. Hahn has published the particulars of a case of this rare affection of the dura mater. The patient was a man aged thirty-six, who had syphilis about ten years before the onset of his nervous symptoms. These began with attacks of giddiness and severe headache, while his charac-

ter underwent a great change. He finally had an attack of giddiness with loss of consciousness, and on the following day it was noticed that there was slight left ptosis, deviation of the tongue to the left on protrusion, deficient movements of the palate, indistinct articulation, and exaggerated reflexes. A few days later the following symptoms were also observed, viz.: Weakness of the right hand, diminution in the reflexes (especially of the knee-jerk on the right side), slight sensory disturbance, and impairment of hearing. He died about two weeks later comatose, having had previously some irregularity of breathing. At the necropsy it was found that over the whole of the left hemisphere, between the dura mater and pia mater, there was a thick layer of blood-clot; while on the right the dura mater was smooth, the pia mater was thickened, and the convolutions flattened. At the base the pia mater was thickened, as well as in the Sylvian fissure, while the basilar and the carotid arteries were atheromatous. The left third nerve was flattened and apparently destroyed. (*Deutsche Medicinische Wochenschrift.*)

At a recent meeting of the Vienna Medical Club, Dr. Kahane described a case of malignant syphilis in which nervous disorders were observed in the secondary stage. The patient, who was a drunkard and had acquired syphilis some seven months previously, was suffering from paresis of the left arm and leg and of the face; due either to gummatous meningitis or to changes in the vessels. As gummatous meningitis would give rise to general symptoms and disease of the cortex of the brain would cause Jacksonian epilepsy, he supposed the patient's condition to be dependent on syphilitic endarteritis of the artery in the Sylvian fissure. A study of 100 consecutive cases of general paralysis published by Dr. R. M. Phelps in the July issue of the *American Journal of Insanity* leads the author to lay the cause, in all probability, in every instance to syphilis. It is not possible in every case, nor, indeed, in the majority of cases, to obtain a distinct history of infection. "In a multitude of cases it can be suspected; in almost none can it, with great probability, be excluded." Every physician knows how difficult it is, even with a rational patient, to always obtain an admission of specific infection, even when it can be easily read in the symptoms and almost on the very face of the questioned one; then how much more difficult to get at the true history of an irrational being, getting a clear light upon events of this nature of many years past! Eighty per cent. of the cases of locomotor ataxia, according to the *Chicago Clinical Review*, are said to have a syphilitic causation; the same ratio, or even a greater one, undoubtedly maintains in the case of general paralysis.

Locomotor Ataxia. — Aitken, many years ago, gave a description of the pathological changes occurring in the spinal cord, in that group of symptoms known as locomotor-ataxia. Syphilis as a cause was not suggested, and the treatment recommended would be injurious, instead of beneficial. He describes this condition as, "A peculiar form of apparent paralysis, characterized by unsteady and disorderly muscular movements, but with muscular power entire, and more or less progressive loss of the faculty of coördinating power (voluntary instinctive). There is sometimes temporary diplopia, with unequal contraction of the pupils. The course of the disease is slowly progressive, and the anatomical lesion is generally a degeneration of the posterior columns and horns of the spinal cord and posterior roots of the spinal nerves; sometimes with peripheral structure change in the cranial nerves, chiefly the second, third and sixth pairs, in cases where the sight is affected, and, exceptionally, in those of the extremities."

Scalfati reviews recent knowledge with regard to spinal syphilis. It is generally admitted now, he says, that syphilis may produce myelitis directly as well as indirectly; it may come on six months or less after infection, or after ten or even twenty years. Of the three chief clinical types (meningitis, meningo-myelitis and myelitis), the

rarest is meningitis ; it is most favorable as far as prognosis and treatment are concerned, and is frequently characterized by nocturnal rachialgia comparable to the nocturnal headache of syphilis. The meningo-myelitic variety present two distinct phases.

1. Prodromal or meningitic, often complicated with cerebral symptoms (headache, visual affection, paralysis of cranial nerves).

2. Spinal paralysis. This type of meningitis, commencing in the brain and traveling downward, is typical of syphilis. In a considerable number of cases, however, the meningitic symptoms are wanting or are very slight. Acute forms with complete sphincter paralysis, profound sensory disturbance, and marked trophic affections (for example, bed-sores), may occur and cause death in a month, being little influenced by treatment. Tachymeningitis, especially affecting the cervical regions, may give rise to pseudo-tabetic phenomena. The myelitis of syphilitics presents in several cases anatomical characters such as to enable one to affirm that there exists a legitimate syphilitic myelitis, which may sometimes be acute. Fournier's "neurasthenia syphilitica" is probably in some cases only the prodromal stage of syphilitic myelitis. In general one may say that spinal syphilis is a serious disease ; even when life is not threatened, the disease is rarely cured.

In 1881 the late Dr. Fordyce Barker, then President of the New York Academy of Medicine, referred to a case of ataxia due to syphilis, in which there was complete paraplegia, with paralysis of the bladder and rectum. To that patient he gave a drachm of the iodide of potassium three times daily, beginning with twenty grain doses, and an entire cure had been effected. Professor Erb of Heidelberg makes the following statement : "He who has not had syphilis is scarcely ever apt to have tabes." On the other hand, Leyden and Westphal and others contend that the connection between syphilis and tabes are by no means constant. Fournier's statistics exceed that of Erb, "ninety-one to ninety-eight in every one hundred cases of tabes, gave a history of syphilis." "Rumpf gives eighty to eighty-five in one hundred." Althaus, "ninety in one hundred." Dr. B. Sachs (Morrow's Work on Dermatology and Syphilology) says : "In view of such statistics as these, one can not possibly escape the conclusion that fully nine-tenths of tabes are due to syphilis, and my own experience leads me to think that this percentage might well be placed higher. In private practice I do not see one case in fifteen of tabes which does not give the full history of syphilis."

Dr. Thomas Stretch Dowse of London says : "There can be no doubt, unless we have contrary proof of the most absolute and positive kind, that irregularity of movements and disturbances of volition, either in the engenderment of ideas or in the performance of coördinate muscular acts, are, in a very large majority of cases, due essentially to some syphilitic affection of the nervous centers. With this fact the clinical observer is becoming every day of his life more familiar and it is a misfortune of the most serious nature to the patient when these symptoms and signs of incoördination are treated as mere trifles and thought to be due merely to fatigue, or to stomach or liver derangement. I have no hesitation in making the statement that every case of locomotor ataxia is curable, provided it be treated sufficiently early and in the most energetic manner. Every case of locomotor ataxy (with very few exceptions) can be traced to a syphilitic origin if due care be taken to inquire carefully into the patient's history. . . . Of these various signs there is only one upon which I place the most absolute reliance from a diagnostic point of view and that is the fulgumating pains ; and patients will often describe them to me, as though a fine lancet, which had been made hot, had been driven into the skin for about an eighth of an inch. These pains are not limited to the lower limbs; they may attack the head, the nose, the ears, the shoulders, the buttocks, and the scrotum, and even the penis, but as the disease advances and the ataxia be-

comes pronounced and decided, the legs alone are the seat of pain. I had a patient under my care a few months since, who spoke of these pains as resembling the sting of a horsefly. These pains succeed each other with the greatest rapidity ; they occur for the most part singly and the patient has scarcely time to rub one part of the body before his attention is called to another part. Now these pains may be preceded and succeeded by intense itching over a limited and circumscribed area, and this state of itching will be as rapidly migratory as were the pains just described ; and if we test the sensibility of the skin of the feet and lower limbs we shall find patches which are decidedly anesthetic; but this is more particularly marked over the plantar and dorsal surfaces of the feet and inner part of the legs."

Erb gives the following statistics, showing the time that had elapsed between the syphilitic infection and the beginning of tabes.

12.3 per cent. appeared within 1 to 5 years after infection.

37 per cent. appeared within 9 to 10 years after infection.

24.7 per cent. appeared within 11 to 15 years after infection.

14.2 per cent. appeared within 16 to 20 years after infection.

4.8 per cent. appeared within 21 to 25 years after infection.

1.9 per cent. appeared within 26 to 30 years after infection.

.7 per cent. appeared within 31 to 33 years after infection.

The majority of cases occurred after the first six years. I agree with Erb that locomotor ataxia is only to be feared by those who have had syphilis.

Treatment of syphilis by hypodermic injections of mercury.—A year or two after our civil war, while on a visit to New York City, Dr. F. J. Bumstead invited me to go with him to Charity Hospital. We took the boat at the landing near Bellevue Hospital and went to the Island. On the way he told me that he was going to try a new method of treating syphilis and that was by hypodermic injections of mercury. The injections were introduced into the arms of six patients subcutaneously. I do not know what form of mercury was employed, but I remember that it caused the most atrocious pain and I prophesied that it would never become a popular method of treatment. Since then I have conversed with many enthusiasts on the subject, but as a rule, it was by those of a very limited experience in any form of disease. With an air of great wisdom, I have heard it asserted that syphilis would be throttled by this method of treatment. "You have him by the neck and can shake the little devils out of him." This is equal to our numerous patients who believe in hoodoism and just about as reasonable.

They say ten or fifteen injections will cause the disappearance of all symptoms dependent on syphilis. The mercurial vapor bath, or the inunction method, will do the same and are free from danger. What are the objections ? I have spoken of the intense pain they sometimes produce and which may last for days, incapacitating the patient from doing any kind of work. Abscesses also frequently result. The dangers which may take place were admirably given in an editorial article in the *University Medical Magazine* several years ago. By injection into a large vein emboli have lodged in the lungs and have caused symptoms of great, though temporary, danger. Again, when the constitutional symptoms of the drug are manifested, it is impossible to prevent further absorption, since a considerable proportion of mercury remains at the seat of injection for days or even weeks and is slowly but continuously absorbed. Kaposi, Hollopeau and Runeberg have all reported cases of fatal mercury poisoning attributed by them to this continued absorption. Where soluble salts of mercury are used the pain is less, the absorption is more rapid ; hence there is less danger of cumulative effects, but the doses must be more frequently repeated and recidivity is more frequent and earlier than where the insoluble preparations are used. The treatment of syphilis by hypodermic injections is destined to be the exceptional and not the routine method. Where rapid disappearance of the symptoms is absolutely essential, where medication by

the stomach or by inunctions is impossible, these mercurial hypodermics may be employed with advantage.

The injections should be made in the gluteal region, alternating on the two sides of the body, and the point of the needle should be thrust deep into the muscles. As a means of avoiding an intravenous injection, it is suggested that the perfectly clean needle, separated from the syringe, should be thrust into the tissues. If no blood escapes through the canal of the needle, it can be assumed that its point is not within the lumen of a blood-vessel. The syringe can then be attached and the medication forced into the tissues. If it is desired to secure the most permanent effects with the fewest injections, an insoluble preparation will be used. Of these, calomel and yellow oxide are most efficient. Either may be used in the strength of 1 to 30, suspended in water, mucilage, olive oil or vaseline. To diminish the pain, a solution of cocaine may be added. The injections may be repeated at intervals of about a week. Four to six are sufficient and each one should not contain upwards of a sixth of a grain of the mercuric preparation. Of the soluble preparations, Hebra chiefly commends the sublimate sodium chloride solution. This is made by adding to a 1 per cent. sublimate solution 6 per cent. of sodium chloride. Each injection should contain a sixth of a grain of mercuric salt. This preparation is cheap, readily prepared, almost painless, and clear. Twenty injections given in three weeks, alternating so that one gluteal region receives the medication every other day, are usually sufficient to accomplish the cure; occasionally more injections are required. Mercuric poisoning, where the drug is used in this way, is exceedingly rare. Absorption must be rather slow, since there is an albuminate of mercury formed before the salt can be taken into the system, and since Bockhart has found mercury in the urine thirteen weeks after the injections. Other soluble preparations are the albuminate and peptonate of mercury.

Leloir and Tavernier state that this hypodermic treatment has its minimum action upon syphilides of the mucous surfaces; that it should not be employed in cerebral or spinal syphilis, in visceral manifestations of the disease, in pregnant women, or in young children. This method of intra-muscular injections of mercury is claimed to be more efficacious than by folding up a portion of the skin, and introducing the needle to the required depth, according to the ordinary method of hypodermic injection. The consensus of opinion of the most eminent syphilographers is adverse to the routine employment of this method of treatment. Dr. J. Wm. White has contributed a most valuable review in Morrow's work on Dermatology and Syphilology, on this method of treatment. All that can be said in favor or opposition is concisely stated. I will take the liberty of quoting the opinions of a few of the most renowned writers on syphilis, which he has obtained, and presented to the profession at large. Fournier, about five years ago, was asked his opinion by Dr. Morrow of New York. He answered: "My opinion is, it is not a good treatment. The injections are painful, they interfere with the patient's avocation, they necessitate frequently repeated visits. Above all, the method is not practicable. In private practice, patients will not tolerate it. In hospital practice it is possible, but note the result; patients leave the Du Midi and Lourcine, where this treatment is employed, and flock to the St. Louis, where they know they will not receive it."

"In England, Hutchinson, who is *facile princeps* the leader of British syphilographers (and who in my opinion is with the possible exception of Fournier the leading syphilographer of the world, says hypodermic injection has come but little into employment in English practice, nor does it appear to increase in favor with those Continental surgeons who at one time thought highest of it." In this country Taylor, so far as I know, voices the prevailing sentiment among specialists in this branch when he says: "The extent of the literature of hypodermic injections in syphilis contributed within the past ten

or twelve years is simply appalling, and there is really very little which is of practical value. It will be seen that almost every preparation of mercury has been experimented with in the hypodermic injection treatment, and that the chemist's art has been sorely taxed to produce new preparations. Each new preparation has been exploited as the ideal of perfection, and in most cases a hearty welcome has been accorded it, so that a witty German reviewer has made the following paraphrase of an old maxim applicable to the subject: "*De 'novis' nil nisi bonum.*" "As to the injection of insoluble preparations he says he has no leaning toward its employment, and that he is firmly convinced that it will never be used as a systematic treatment extending over a period of years." He adds: "It is a treatment which is generally irksome and repulsive to patients, always attended with more or less discomfort and pain, and often producing destructive subcutaneous lesions over the body, which cause mental and physical suffering, and which of necessity must impair the patient's health and strength. In some cases, we have seen, it has been known to imperil and to destroy life." "In a more recent communication to the writer (Dr. J. Wm. White) Dr. Taylor reiterates his preference for the bichloride as the best preparation for hypodermic use, and states his belief, in which I cordially agree, that it is a method of "utility, exigency, and emergency." In the presence of intercurrent disease, as of influenza, he has found it most valuable and has occasionally used it for long periods. He adds: "No importance should be attached to claims of speedy cure. They show that their sponsor knows little about the natural history of syphilis. The disease is chronic and far-reaching, and requires a corresponding treatment. Many men who have ransacked drug stores and importuned chemists for some ideal preparation of mercury, having got one to their notion, have used it for a short time and seeing the prompt disappearance of existing lesions (which condition could be induced by the bichloride bicyanide, and salicylate of mercury, have rushed into print and claimed marvelous and rapid cures. A thoughtful and experienced student of syphilis will only claim cures when the patient has undergone careful, watchful treatment for two years and more, and when, from the course of the case, he is satisfied that the disease has been brought to an end."

Dr. F. R. Sturgis of New York says: "It is many years since I have used the hypodermic injection of mercury in the treatment of syphilis, and my reason for abandoning it was the great pain it caused, and the tendency which it had to produce abscessess in the cellular tissue. Indeed, the pain was so great that the charity patients at the hospital ran away rather than submit to the treatment. That it was in many cases efficacious I have no doubt, but I do not think that the advantages outweighed the pain, nor was its action any more certain and lasting than when mercury was given by other methods. I am very doubtful, indeed, if it cures syphilis in a much shorter period than when given by the mouth, or inunction, or fumigation, although in some cases it caused the symptoms to disappear a little more rapidly perhaps than they would have done under other circumstances. The preparations used were the bichloride, which was excessively irritating; then afterward calomel, which was less so; and, lastly, the albuminate; which seemed to be the best borne of any; but as I say, I have not used it for many years, and think its use, certainly in private practice, is restricted."

Dr. E. L. Keys of New York says: "I do not think the hypodermic use of mercury suitable for routine use in syphilis. I believe it impossible to 'cure' syphilis by a 'short course' in this or any other method." Dr. Walter L. Pyle of this city, in the *Medical News*, February, 1895, published an interesting monograph on the "Intravenous injection of mercuric chloride in the treatment of syphilis." It was originally suggested by Professor Guido Baccelli (*Gazette medica di Roma*, 1893.) "His investigations met with the most brilliant results and since then thorough investigation into the

merits and value of the method has been made by Baccelli, Jamma, Colombini, Nieddu, Campana and many others, throughout Italy." Sufficient time has not elapsed to give an opinion either in favor or in opposition to this new method, but testimony seems to be against it.

THE NEW CONSUMPTION TREATMENT.

DR. KOCH'S LATEST EXPERIMENTS.

By C. W. Chancellor, M. D.,
United States Consul, Havre, France.

PROFESSOR KOCH'S article, in which he gives particulars of his improved tuberculin, appeared in the *Berliner Klinische Wochenschrift*, edited by Professor Eulenberg, on Thursday, April 1, 1897, and I am in a position to send you thus early an abstract of the interesting paper.

About five years have elapsed since Dr. Koch's "consumption cure" caused so much sensation. The disappointment that followed is within the memory of everyone. Dr. Koch, however, did not himself lose faith in his discovery, and for five years he has been endeavoring to improve it. Now he brings it forward again, and although the memory of five years ago must make us sceptical, it must at any rate occur to one that a man like Dr. Koch does not expose himself without precaution to a second defeat of this kind. And, indeed, the discoverer expresses himself in his article with the greatest reserve. He avoids the word "cure," and confines himself to speaking of "considerable improvements." Moreover, he states that his remedy is not effective unless used in the early stages of consumption; and it will occur to one that many cases of consumption, if diagnosed and treated at an early stage, are already cured without tuberculin.

Professor Koch begins his article with some introductory remarks on the possibility of rendering men proof against tuberculosis, and his experiments with tuberculin. Speaking of the lymph as he first introduced it, he claims for it that it proved efficacious as a means of diagnosing the disease even at so early a stage that a clinical observation and physical examination were of no avail. Concerning the difficulties encountered by him in seeking a lymph which would render the human subject immune, Dr. Koch says that the solutions with dead bacilli caused bad abscesses. When he filtered the fluid it had no better effect than his first tuberculin. When, after several years of experiments, he came to the conviction that the bacilli in an unchanged, or speaking more exactly, in an undestroyed state, could not be absorbed, he sought for means to destroy them mechanically without destroying their characteristic properties, as was done by dissolving them by a chemical process.

In former experiments he had found that the bacillus contained two peculiar chemical substances, both of which were non-saturated sebacic acids. The one is soluble in diluted alcohol, and is easily saponified by carbonate of soda, lye; the other only in boiling alcohol or ether, and is not easily saponified. Both assume the so-called tubercle bacillus tint, and keep this tint after being treated with diluted nitric acid and with alcohol. These sebacic acids form, as the microscopical picture of the dried bacillus shows, a connected layer in its body. They protect the bacillus against attacks from the outside and render resorption difficult. The object, therefore, was to destroy this integument. All the first experiments failed.

Only when well-dried cultures were taken and worked about for a long time in an agate mortar, without any admixture, one could see that the bacilli decreased in number, and that finally only a few remained. In order to remove

these, Dr. Koch diluted the substance thus obtained with distilled water, and worked it about by means of a powerful centrifugal machine which made four thousand revolutions in a minute. The fluid was in about half an hour divided into a whitish opalescent, but quite transparent, upper layer, which contained no bacilli, and a muddy sediment sticking fast to the bottom. The latter was dried again, then worked in the mortar, and by the machine, and was divided as before. This manipulation was continued till finally nothing remained but a series of completely clear fluids.

This experiment was the basis for Dr. Koch's first work. At first he convinced himself by experiments on animals, and later on human beings, that the preparations so gained were all completely "resorbable," and never caused abscesses. It was further shown that though the first fluid differed considerably from the others, these were all alike. Dr. Koch called the upper layer "Tuberculino," abbreviated "T. O," and the bottom layer "T. R." (tuberculin remainder). Treated with glycerine, T. R. showed that it chiefly contained the ingredients insoluble in glycerine, whilst T. O. contained those soluble in it. This was confirmed by experiment on animals and men. T. O. is very much like the ordinary tuberculin in its qualities. It has almost the same effects as the tubercle antitoxine but it causes no abscess. The T. R., however, has a decidedly "immunizing" effect. It certainly also causes some reaction if too large a dose is given, but its effect is quite independent of these reactions.

Whilst in using ordinary tuberculin or tubercle antitoxine or T. O., reaction must be purposely provoked in order to obtain healing effects, Dr. Koch in using T. R. endeavors to avoid such reaction. For this purpose he tried, by gradually increasing the doses, which were made to follow each other as quickly as the patient's condition allowed, to make him insusceptible to the effects of a larger dose—that is to say, render him immune against T. R. and against the tubercle bacilli themselves. If a man can be rendered proof against T. R. he is proof against the bacillus itself. Professor Koch adds that he made such numerous experiments with T. R. that no doubt can exist about the correctness of his statements.

The treatment is apparently very simple. Injections are made, as with the tuberculin, on the back with a syringe. The fluid contains in one cubic centimeter eight milligrammes of solid, and by dilution with salt solution the proper dose is obtained. One five-hundredth of a milligramme is given first. This is such a small dose that only very rarely reaction sets in. When this is the case it must be still more diluted. The injections are made about every second day, and the dose is increased so slowly that increase of the temperature, if caused by the injection, must have completely disappeared before resuming the injections. As a rule Dr. Koch increases the dose up to 20 milligrammes, and if no reaction is perceptible he ceases to inject, or only does so after longer pauses. He has gained the impression that complete immunity is attained about two or three weeks after the application of large doses. The cure of tuberculous guinea pigs, the disease taking a very rapid course with them, succeeds only if the treatment is begun early. This is the same with human patients.

The preparation has already been applied by Dr. Koch in a great number of suitable cases, especially of lupus, and he claims to have achieved without exception an improvement far greater than that gained with tubercle-antitoxine. "I say improvement," says Dr. Koch, "though many of the cases may be regarded as cured, in the ordinary sense of the word, but I think it premature to use the word cure before a sufficient time has passed without relapse." Dr. Koch emphasizes the fact that in none of the numerous cases he treated with T. O. were evil effects observed. The patients felt well, they steadily increased in weight, and what was especially striking, their temperature did not show the well-known variations in consump-

tive patients. Dr. Koch says that he does not venture to regard his lymph as the best possible. He intimates that experiments are being made with a new serum which may prove still more efficacious, but he is convinced that the preparation of the tubercle cultures cannot be brought to greater perfection. He concludes with the words: "Whatever may be done with tubercle cultures can be done with these."

Interesting is Dr. Koch's reference to the great danger of his experiments. The cultures used for the preparation of the T. O. must be as fresh as possible and an investigator must not forget that it is the most virulent living tubercle bacilli with which he has to deal, and that they are worked upon in a dried state, so that dust cannot be avoided. "I do not," he says, "think the danger connected with these experiments to be little, and I must confess that I often had a feeling as if I were dealing with explosions."

A chemical factory at Höchst, which produces Behring's diphtheria serum, is now selling this tuberculin.

HEMATOMA OF THE EAR.

REPORT OF A CASE IN WHICH THE STAPHYLOCOCCUS PYOGENES AUREUS WAS FOUND.

By J. Justin McCarthy, M. D.,
Assistant Resident Physician, Bay View Hospital, Baltimore.

Among the many ear troubles that come under the care of the average practitioner and especially the specialist is that of othematoma of the ear, otherwise known as hematoma auris. The frequent cause of this trouble is traumatism and I know of one physician who treated several cases last year in which such a history was obtained. Some writers have dwelt upon an idiopathic form as occurring in the insane and Savage in his work on insanity lays stress upon hematoma as occurring in general paralytics and also in chronic mania due to what he calls "restless distinctness." He says that these ear tumors are due to changes in the blood and blood-vessels and that the least violence will induce a hematoma.

The American Text-Book of Surgery, in the etiology of these troubles, says: "It seems highly probable that othematoma is always traumatic, but that it requires very little violence applied to the auricle in the insane with their weakened vascular system and general turgescence of the head to produce this kind of a tumor on the auricle."

An exceptionally interesting case came under my observation at the insane department, Bay View, in which traumatism seems to have played a remote part, if it did at all. An old patient, a case of organic dementia, developed ear symptoms about two weeks ago. The auricule of the left ear was reddened and painful to the touch. A marked hematoma made its appearance and as it still continued to enlarge it was decided to operate, as the local treatment was of no benefit.

The night before the operation applications and antiseptics were used and the same technique was carried out at the little operation. Before opening the tumor, two culture tubes, one of agar and the other of gelatine, were secured and stab cultures by means of a platinum needle were made from the deep recess of the opened wound immediately after the tumor was cut.

The growths were indeed a surprise and fulfilled in every particular the bacteriological laws assigned the staphylococcus pyogenes aureus. The usual microscopical examination, staining the specimen with the basic stains, were highly satisfactory, proving beyond a doubt that we had the staphylococcus. The utmost care was employed in pre-

paring for the stabs and the whole was done as antiseptically as possible.

Sternberg, in his classical work on bacteriology, does not mention the staphylococcus as being found in hematoma and other authorities that I have consulted fail to give any results of its ever being found in those tumors. It is true that Ullman has found it upon the skin and surrounding parts, but here is a case in which every precaution had been faithfully carried out to insure pure results. No apparent history of violence of any kind could be obtained, but probably some slight violence may have occurred.

Delafield and Prudden, in describing the pathology of hematoma, say that extravasated blood in the tissues usually soon coagulates although in exceptional cases it may remain fluid for a long time. In this particular case there was no coagulation, which seems all the more interesting. The auricle has improved and the wound healed rapidly.

Society Reports.

BALTIMORE MEDICAL ASSOCIATION.

MEETING HELD NOVEMBER 23, 1896.

Dr. Randolph Winslow, President, in the chair.

Dr. Biedler proposed for membership Dr. J. C. Schofield, 432 Philadelphia Road.

Dr. H. H. Biedler exhibited a specimen of Caries of the Skull. The patient had previously been trephined and he then improved, but recently he complained of pain on the opposite side. He requested another operation, but died from exhaustion shortly after it was performed.

Dr. C. Hampson Jones asked if there were pressure on the brain to account for the paralysis.

Dr. Biedler: Yes, from thickening of bone around the area where he trephined.

Dr. R. Winslow thinks the trouble commenced in a periostitis and then extended to the bone. It looks like syphilis. He related the case of a negro man who was aphasic, but not otherwise paralyzed; had intense pain in the head and some swelling in front. He trephined him twice (in front and on the left side), making an opening two and a half inches in diameter. The patient improved, but the aphasia remains.

Dr. C. Hampson Jones reported a similar case, with epileptic convulsions, improved by the use of iodide of potassium, but he thinks that he may have to operate later.

Dr. J. C. Schofield exhibited a specimen of Cardiac Hypertrophy, weighing 40 ounces. There were no subjective symptoms previous to last July. The edema of the lower extremities was noticed. Slight dyspnea was then complained of.

The urine contained neither albumen nor sugar. Examination of the chest revealed hypertrophy of the heart. After July 1, the man was unable to lie down. Venesection was employed with temporary relief. Amyl nitrite also gave transient benefit. Slight ascites was noticed. There was no trouble with the lungs (as the necropsy revealed) except that the heart had encroached upon the left lung. The liver was enlarged and fatty. He believes that the enlarged liver pressed upon the abdominal aorta and thus interfered with the circulation. There was no degeneration of the walls of the heart, or of the arteries and valves. After death a clot was found in the left ventricle, which he thinks caused death. The greater part of this clot was formed in the mitral orifice.

Dr. Jones agrees with Dr. Schofield that this condition must have existed some time before July. He pointed out the fact that lesions of the heart will produce no subjective symptoms so long as the heart is able to do its work. He thinks that there must have been aortic regurgitation to cause this hypertrophy. He does not think that the enlargement of the liver could have brought about this condition. He mentioned a similar case with marked symptoms of angina pectoris.

Dr. C. Urban Smith mentioned a similar case with no subjective symptoms until dyspnea supervened.

Dr. E. G. Waters asked Dr. Schofield if there were any cyanosis in his case.

Dr. Schofield: Yes. That was the reason for using venesection. He thinks that the uniform enlargement of the heart would point to arterial obstruction as the etiological factor. The caliber of the aorta was less below the midriff than above it.

Dr. John I. Pennington related a case of MITRAL INSUFFICIENCY, the subjective symptoms of which were first noticed about two years ago. He advised lessons in physical culture, the exercises to be gradually and cautiously increased. The urine was copious and of low specific gravity, but the improvement was marked after commencing the exercises. Strychnia was used throughout, but the improvement was chiefly due to the physical exercises.

EUGENE LEE CRUTCHFIED, M. D.,
Recording and Reporting Secretary.

Medical Progress.

CHLOROSIS.—In a very interesting and thorough study of chlorosis with the cause and treatment in the *American Journal of the Medical Sciences*, Dr. Charles E. Simon of Baltimore is fully convinced that chlorosis is in the great majority of cases the result of malnutrition, dependent upon the consumption of an insufficient amount or of an unsuitable quality of proteid food. He says further:

"During the last three years the writer has been in the habit of treating his cases of chlorosis without drugs, and he claims to have obtained results which at least are as satisfactory as those observed in cases in which iron exhibited its "specific" effect. Starting upon the hypothesis that an insufficient consumption of proteid food must be regarded as the causative factor in the great majority of cases of chlorosis, he has ordered for such patients a diet in which proteid material largely predominated. Before proceeding to detail this diet, it may be mentioned that it has been long known that with a diet composed exclusively of non-nitrogenous food the percentage of hemoglobin undergoes a notable diminution, while it is augmented by a diet rich in proteids.

"The diet which is ordered is given below. Additional instructions, however, are also given: Meals should be taken five times daily, viz., at 8 A. M., 11 A. M., 2 P. M., 5 P. M., and 7 P. M. Rest after meals is insisted upon whenever hyperchlorhydry is found to exist, while moderate exercise is advised whenever hypochlorhydry is found to exist. Ten hours of sleep, warm salt-water baths twice weekly, dry friction in the morning, avoidance of society, etc., are other factors which enter into the plan of treatment.

"Diet: Of meats the patient is instructed to indulge liberally in beef and mutton. Raw beef, finely hashed or scraped, is taken once daily, preferably at 11 A. M., on toast or stale bread, with pepper and salt. The so-called white meats are only exceptionally allowed. At dinner-time the patient also receives from one-half to one ounce of bone marrow, obtained from the shin-bone of the ox. This should be brought upon the table while hot.

"Of vegetables, preference is given to purées of peas, beans and lentils; but green and white vegetables are not excluded. Potatoes are either not given at all, or only once daily, and in small amount.

"Of fruits practically all are permissible, with the exception of berries. These may, however, also be given in purée form, when deprived of their seeds. Apples are excellent and well borne in most cases.

"Of bread, rye-bread is preferred; it should be twenty-four hours old. Toast, zwieback, and rebaked bread are likewise allowed.

"Puddings, pies, pastry and preserves are interdicted. The same holds good for hot bread, corn-, buckwheat- and griddle-cakes and oatmeal.

"Coffee and tea are prohibited; milk, buttermilk, cocoa (particularly those forms in which the fat has not been

wholly extracted) and a good quantity of dark beer, one pint daily, constitute the beverages which are consumed in addition to one or two pints of water. The writer wishes to insist especially upon the value of dark beer in cases of chlorosis. One pint should be consumed daily; one tumblerful at 11 A. M., with the beef sandwich, and one just before retiring.

"With the treatment thus outlined the writer has obtained most satisfactory results in the absence of medication, results, moreover, which compare very favorably with the best that have ever obtained with iron, manganese, and other preparations of a medicinal character.

"This treatment is not new, and the writer does not lay claim to any originality in this respect. He simply wishes to emphasize its importance, and believes that we are more entitled to ascribe a specific action to a liberal proteid diet in cases of chlorosis than to iron or any other drug. We can, moreover, trace the beneficial results of this plan of treatment with the accuracy of a scientific experiment."

This plan cannot be carried out by the poorer classes. In some cases bone marrow is of benefit. Dr. Simon draws the following conclusions from his investigations:

1. An anatomical basis of chlorosis has not been satisfactorily determined.

2. A perversion of the appetite—excessive consumption of starches and sugars—is a common symptom of chlorosis.

3. The development of chlorosis is due to an insufficient consumption of animal proteids.

4. Chlorosis is far more common than is generally supposed, and occurs in both sexes and at almost all ages.

5. The diagnosis of chlorosis should be based altogether upon an examination of the blood.

6. The term chlorosis should be discarded, and "simple anemia" substituted.

7. Iron is not a specific in the treatment of chlorosis.

8. In the treatment of the disease attention should primarily be directed to the diet.

9. In cases in which iron fails satisfactory results may be obtained, without medication, from a suitable diet, in which animal proteids, bone marrow and dark beer are the principal factors.

10. The beneficial effects of bone marrow are not due to the amount of iron which it contains.

* * *

Vaginal Atresia and its Cause.—Meyer has published in the *Journal of the American Medical Association* a complete monograph on this subject, with no fewer than 216 cases carefully tabulated. He does not confirm Kussmaul's doctrine that ill-development of the lower part of the genital tract with atresia is due to fetal inflammation. It is in infancy and childhood that these inflammations occur, such as vulvitis and local lesions in general infectious disorders. The vagina closes, the tissues heal and look healthy after a time, and it is not till puberty that the damage becomes manifest. Then it is easy to understand how the disease might be wrongly considered congenital. Unilateral hematosalpinx, with inflammatory closure of the vagina, is very often observed, and Meyer holds that there is closure of the tube at the ostium from the same inflammation, due to some infective agent. As the agent can cause septic changes in the blood in the tube, the ultimate rupture of the hematosalpinx into the peritoneum or into some visceral cavity puts the patients to great peril. This explains the high mortality of atresia vaginae with unilateral hematosalpinx.

* * *

Bacterial Therapy of Malignant Growths.—Peterson (*Therapeutic Gazette*), after a review of the literature bearing upon the bacterial therapy of malignant growths, states that cases treated in Czerny's clinic warrant the following conclusions: The treatment is absolutely worthless as applied to carcinomas. Very exceptionally sarcomas apparently disappear. The treatment itself is dangerous.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, MAY 1, 1897.

Dermatitis Venenata.

DR. FRANZ PFAFF, who, in collaboration with Mr. Alfred W. Balch, contributed a very practical article to the *Journal of Experimental Medicine* on the secretion of bile, has again written in this same journal a very excellent paper on the active principle of some of the poisonous plants classed under rhus.

It was always supposed that the poison was an emanation from the plant, and the attempts to isolate this active principle have heretofore proved futile. The best known work on this subject is by Maisch, who thought that he had found in an acid the active principle, but Pfaff shows that that was simply acetic acid. Further work on this plant finally brought out the fact that its poisonous principle was an acid which Pfaff has called toxidendrol or toxidendric acid, but which he has not yet completely studied.

Another physician who sacrificed personal comfort to love of research allowed his arm to be rubbed with the active principle and the result was a typical dermatitis venenata.

In the treatment, zinc and starch ointment was applied according to general principles and the burning seemed to extend and there was a formation of blisters which broke and were painful. Finally the arm was scrubbed with soap and water on the principle that the alkaline soap would counteract the poisonous acid and the result was that the arm recovered in a short time. While this was heroic treatment and not carried out without some pain it yet brought rapidly such good results that it was endorsed by this investigator as the right thing to do.

The employment of the various ointments which are used by the best known dermatologists simply served to spread the pain and scatter the poison. The rational conclusion is to get rid of the poisonous oil as soon as possible, and scrubbing with soap and water seems to be so effective that it is advised. The author is not inclined to believe in reported cases in which there was no contact with the plant and in cases in which the poison is said to have been carried by the wind there has been either some previous contact which was forgotten or not noticed, or perhaps in exceptional cases the pollen carried the poisonous oil to the susceptible person.

The work of Dr. Pfaff is fraught with interest and while perhaps not quite up to his article on bile secretion, it is of great practical value and is of such a character as will make the *Journal of Experimental Medicine* popular with the practicing physician.

* * *

Influenza-Croup.

THE mucous membrane congestions of influenza are many, and very closely simulate simple inflammations of the same parts. A close scrutiny of their symptoms and progress will, however, reveal certain points of peculiarity.

In the *Gazette des Hopitaux*, March, 1897, Dr. Hepp reports at length a series of cases of acute largngeal croup observed in the winter of 1896 in his hospital wards in which the resemblance to membranous croup was very close, yet no membrane was present. The six cases did not fit into any of the ordinary classifications of laryngitis given in the books.

The disorder was characterized by a persistent dyspnea of laryngeal origin, evidently due to some local obstacle to the passage of air. The expiration was comparatively free.

The wheezing was soon accompanied by supra-sternal and then infra-sternal retraction of the chest wall, and by a severe struggle for air, with considerable asphyxia. This condition was in some cases established in two hours, in others gradually after several days of obstruction. Sometimes to the persistent dyspnea were added sudden attacks of intenser asphyxia. There was considerable fever present, with other usual symptoms of laryngitis as to voice, cough, etc.

The disorder tends to spontaneous recovery, yet the child may die of asphyxia. Intubation may be called for, as an adjuvant to the ordinary remedies. Microscopic examination and cultures of sputa for the micro-organisms of diphtheria were negative. The cases occurred during an epidemic of infantile influenza, and seem to have owed their persistence and severity to the congestive powers of that obstinate disease.

* * *

Koch's Tuberculin.

THE interesting article contributed to this number of the JOURNAL by Dr. C. W. Chancellor of Havre shows that Koch has not been idle all these years; in spite of the apparent failure of the original tuberculin, he has brought out another substance from which he expects greater results. That such an announcement was not made in haste, as his former announcement came out, is much in its favor, for Koch is not the kind of man who would as a rule bring to light and make public work which was not ripe.

What the good is in this new tuberculin cannot as yet be said but it is likely that investigators will all over the country give this new substance a fair test and if it is of any value the profession will soon know of it and the public will soon reap the benefit. It is hard to believe that any form of treatment can take the place of fresh air and abundant food but it is never well to be surprised or prejudiced.

As so many persons like to be first in anything there will necessarily be found a large number of physicians, especially in this country, who will jumble together a lot of cases and publish some half-digested notes on the use of this new form of treatment. Such work should be ignored and time should be taken until more mature results are put before the profession. Meanwhile the skeptical should keep quiet and not jeer at work which they do not comprehend. Because the first announcement of the discovery of tuberculin did not yield, not what its discoverer, but what physicians in general expected, this last announcement should not be belittled, but should be received at its own value and the true test of time should be awaited.

If the original tuberculin had made no claims to curing tuberculosis it should have been appreciated as the only means of diagnosing this disease, especially in animals, before any of its signs could be found out. The new tuberculin may do more and until it has been shown what it can do, judgment should be withheld.

* * *

The Medical and Chirurgical Faculty.

AT present writing little can be said of the work which has already been done at the annual meeting of the Faculty. The attendance has been large and the interest great enough to fill every seat in the hall. The number of applicants on the first day was about fifty and more will apply each day, so that the strength of the society will be materially greater than last year. There is up to the present writing a lack of out of town members but it is hoped that the annual address and banquet will bring in some familiar faces. These meetings do a vast amount of good, and, indeed, membership in the Faculty, as Dr. Osler showed in his admirable president's address, brings medical men in contact with each other and certainly rubs off self-conceit and narrow-mindedness. A full account of the meeting will apear in this JOURNAL later and then the character of the work done may be judged.

The selection of a special subject always attracts a large audience and rarely fails to be of interest. Peritonitis, the subject selected this year, was discussed from a medical and surgical aspect and the latest views were brought out. The finances of the Faculty have not allowed for several years past a printing of a full volume of transactions and this has been a great loss to the Faculty, for all the work of the State Society should be collected in the transactions and a volume which contains, besides the business meetings, simply the president's annual address, does not represent fully the work of the Faculty.

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 24, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		22
Phthisis Pulmonalis		16
Measles	35	
Whooping Cough		
Pseudo-membranous Croup and Diphtheria.	16	3
Mumps	10	
Scarlet fever	22	2
Varioloid		
Varicella		
Typhoid fever	3	1

Dr. W. Milton Lewis has removed to 1220 Linden Avenue.

Dr. F. D. Wilson has succeeded Dr. R. L. Moore as resident physician at the Presbyterian Eye, Ear and Throat Charity Hospital.

The Medical Society of the State of Pennsylvania will hold its Forty-seventh Annual Session at Pittsburg, May 18, 19 and 20, 1897.

The Congress of American Physicians and Surgeons which will be held in Washington, May 4, 5 and 6, will attract a large number of physicians to that city.

Dr. Alexis McGlannan, resident physician at St. Joseph's Hospital, has resigned and will hereafter give his attention to the duties of visiting surgeon to St. Elizabeth's Home for Colored Children and private practice.

The bulletin of the Medical Society of the Woman's Medical College, which is just out, announces the appointment of Dr. John R. Abercrombie as instructor in materia medica at the college and Dr. R. H. Johnston as instructor in physical diagnosis.

Dr. J. A. Randall of Old Orchard, Maine, estimates that general practitioners collect only from one-half to three-fourths of their earnings. Sixty-five per cent. is thought to be a full estimate of the average collections.

The Health Department has begun the delivery at various stations selected for the purpose glass slides for the use of physicians who have suspected cases of typhoid fever. Accompanying each slide, placed in an envelope, is a circular of information regarding the blood test for the diagnosis of typhoid fever. It is the desire of the Health Department that physicians having cases which present symptoms suggestive of typhoid fever send specimens of the blood daily, or every other day, until the nature of the disease shall be clearly defined. The specimens of blood are prepared by the physician by pricking with a needle the tip of the finger or lobe of the ear deeply enough to cause several drops of blood to exude. Two drops are then placed on the glass slide, one near either end. After drying, the slide is to be placed in the envelope and returned to the station from which it was obtained or mailed, with full data of the case, to the laboratory, where a bacteriological examination will be made by Dr. William R. Stokes, and a report of the result of the examination will be mailed on the following day. Test tubes, with diphtheria culture and a swab, have been left at the same stations for test for diagnosis of diphtheria. The stations selected, all drug stores, where the necessary articles for the tests may be obtained, are: Altamont Pharmacy, Eutaw Place; Henry C. Becker, 936 East Eager street; W. L. Campbell & Co., 900 North Charles street; Joseph S. Denton, 1747 Park avenue; Edward Esslinger, 1514 East Baltimore street; Wm. M. Fouch, 1 West North avenue; Manes E. Fuld, 1535 Park avenue; Hynson, Westcott & Co., 421 North Charles street; Albert E. Kilner, 501 North Carrollton avenue; E. J. & R. B. Laroque, 2040 East Pratt street; Edwin C. Livingston, 3102 York road; Edmund J. McGraw, 1001 Edmonson avenue; Petzold & Hayes, 2447 North Charles street; J. Henry Schroeder, 444 East North avenue; Walbrook Pharmacy, North avenue and Tenth street; George J. Way & Bro., 1645 East Baltimore street; I. Wesley White, 900 North Gilmor street; Wolf Bros., 439 South Chester street; Louis Kuethe, Riggs and Fulton avenues; H. B. McNeal, John and McMechen streets; J. H. Merritt, Valley and Chase streets; John J. Kelly, Broadway and Federal streets; J. H. Hancock, 800 West Lombard street; Charles R. Pue, 1436 West Baltimore street; Charles Morgan, 1300 North Caroline street; Stauf & Foster, 658 Barre street; I. C. Krantz, Broadway and Chase street; David R. Millard, 2200 East Baltimore street; John Davis, Carey street and Harlem avenue; J. F. Cochran, Gilmor and Lorman streets; Harry Vogel, Charles and Clement streets.

WASHINGTON NOTES.

The District charity institutions have been having a hearing before the joint congressional committee for the past week and it is evident that the present methods of conducting these institutions will be materially changed. Some of the hospitals were referred to as being close private corporations, yet supported by federal appropriations. Mr. Wilson of the associated charities argued that the government should take complete control of public hospitals and dispensaries.

At the annual meeting of the board of directors of the Eastern Dispensary, plans were discussed for inaugurating an emergency department, which will soon be effected. The following physicians were elected to the attending staff: Drs. F. T. Chamberlin, Llewellyn Eliot, John T. Winter, F. F. Repetti, Louis K. Beatty, D. Olin Leech, Clarence Dufour, C. H. Beatty and Francis B. Bishop.

The Georgetown University promises soon to give West Washington a general hospital with an emergency and dispensary service for the sick poor, and to afford medical and surgical treatment to all persons without distinction of creed, color, or nationality. Fifteen thousand has already been raised and work will be begun at once on the institution that means much good to the community and a much needed attribute to the medical department of the University, that like most medical colleges in this city, lacks proper facilities for practical clinical instruction.

The Commissioners have promulgated the expectorating law, which provides that : It shall be unlawful for any person to expectorate or spit on any part of any street railway car or other public vehicle carrying passengers, or in or upon any part of any public building under control of the commissioners. Offenders to be fined not exceeding ten dollars, or imprisonment not exceeding ten days.

The clinical laboratory established by Drs. G. W. Johnston and Andrew Stewart is a much needed appurtenant to the practice of medicine in this city, as heretofore it has been next to impossible to obtain a satisfactory microscopical or chemical examination. These gentlemen have fitted their laboratories with the most modern apparatus necessary for comprehensive and exact investigation of urine, blood, sputum, gastric juice, gastric contents, feces, milk, water, etc.

Book Reviews.

The International Medical Annual and Practitioner's Index. A book of Reference for Medical Practitioners. 1897. Fifteenth year. New York: E. B. Treat. Price $2.75. Pp. 724.

While this volume contains more pages than the one for 1896, it is very compactly bound and kept to its same size. There is nothing especial to note in this introduction of new remedies although the best of new remedies shows how hopeless it is for any physician to try keep pace with the materia medica of the manufacturing pharmacist. The editor calls especial attention to the section on Leprosy, by Dr. G. Armaner Hansen and on Oriental Diseases by Mr. Cautlie. Of the 41 contributors 10 are Americans, the best known of whom are Dr. Henry Dwight Chapin of New York and Dr. G. E. de Schweinitz of Philadelphia. It is unfortunate that Dr. Gottheil's name is spelled incorrectly.

REPRINTS, ETC., RECEIVED.

Practical Points Regarding Albuminuria. By David Inglis, M. D.

A New Dairy Industry. By James Fred. Sarg, Kempsville, Va.

Anal Fistula. By B. Merrill Ricketts, Ph. B., M. D. Reprint from the *Cincinnati Lancet-Clinic.*

Chest Surgery. By Merrill Ricketts, Ph. B., M. D. Reprint from the *Cincinnati Lancet-Clinic.*

Bronchial Cysts. By Merrill Ricketts, Ph. B., M. D. Reprint from the *Cincinnati Lancet-Clinic.*

Surgical Melange. By B. Merrill Ricketts, Ph. B., M. D. Reprint from the *Cincinnati Lancet-Clinic.*

Transactions of the Seventh Annual Meeting of the Medical Society of the State of Washington. 1896.

Ligature of the Innommate Artery. By Herbert L. Burrell, M. D. Reprint from the *Boston Medical and Surgical Journal.*

Extreme Dilatation of the Heart due to Valvular Disease, with Special Reference to Treatment by the Schott Method. By Chas. L. Greene, M. D. Reprint from *International Clinics.*

Current Editorial Comment.

THE PHYSICIAN IN FICTION.

"Book Reviews" in Public Opinion.

THE keen-eyed physician whose judgment is unerring and who has been a part of the stock in trade of every producer of fiction for these many years, makes his customary appearance. It would be as the shadow of a great rock in a weary land if some daring iconoclast would give us a doctor or two who have not the gift of omniscience.

MEDICAL TERMINOLOGY.

The Boston Medical and Surgical Journal.

THE terminology of a rapidly progressing science must of necessity be in a continual state of instability. New terms are constantly being substituted for old ones, and the old ones are as persistently used as if no new ones had been called into existence. The result is an unfortunate state of affairs which seems as yet to be quite without a remedy. This is particularly true of medicine. Probably no other science contains such an array of words which inadequately or incorrectly represent the facts they were designed to describe. The respect engendered of age has apparently rendered many of them unassailable, and we find our recent text-books, the work of the most enlightened minds of our time, still burdened with terms which have absolutely no claim to further respect.

UNNECESSARY WORDS.

Journal of Medicine and Science.

IF you will carefully examine a page of printed matter from any source—newspaper, book, or periodical—you will be surprised to find how many words are used which are entirely unnecessary. Moreover, the elimination of such useless words would often make the difference between good and bad English, and their use increases the time spent in reading, and the labor of the printer who sets the type. Nowadays, we open up everything, but why "up?" Everybody has heard of the old saw of how folks wake *up* in the morning, get *up* and shake *up* their beds, and dress *up* and wash *up*, and draw *up* to the table and eat *up* and drink *up* the breakfast. They then rise *up* and go out, and the car driver pulls *up* his horses, the passengers ascend *up* the steps, and walk *up* to the front seats and then, alas! the conductor takes *up* the tickets. Verily! the word *up* is very much overworked.

Society Meetings.

BALTIMORE.

BALTIMORE MEDICAL ASSOCIATION, 847 N. Eutaw St. JAS. E. GIBBONS, M. D., President. E. L. CRUTCHFIELD, M.D., Secretary. Meets 2d and 4th Mondays of each month.

BALTIMORE NEUROLOGICAL SOCIETY. Meets 3d Wednesday each month. SAMUEL J. FORT, M. D., Secretary.

BOOK AND JOURNAL CLUB OF THE FACULTY. Meets at call of President.

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

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

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d and 4th Thursdays of each month—October to June—8.30 P. M. J. B. SCHWATKA, M. D., President. S. T. ROEDER, M. D., Corresponding Sec'y.

MEDICAL JOURNAL CLUB. Every other Saturday, 8 P. M. 847 N. Eutaw St.

THE JOHNS HOPKINS HOSPITAL HISTORICAL CLUB. 2d Mondays of each month, 8 P.M.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY. Meets 1st and 3d Mondays, 8 P.M.

THE JOHNS HOPKINS HOSPITAL JOURNAL CLUB. Meets 4th Monday, at 8.15 P. M.

MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE. SUE RADCLIFF, M. D., President. LOUISE ERICH, M. D., Corresponding Secretary. Meets 1st Tuesday in the Month.

UNIVERSITY OF MARYLAND MEDICAL SOCIETY. Meets 3d Tuesday in each month, 8.30 P. M. HIRAM WOODS, JR., M. D., President, dent. E. E. GIBBONS, M. D., Secretary.

WASHINGTON.

CLINICO-PATHOLOGICAL SOCIETY. Meets at members' houses, 1st and 3d Tuesdays in each month. ARTHUR SNYDER M. D., President. R. M. ELLYSON, M. D., Corresponding Secretary. R. T. HOLDEN, M. D., Recording Sec'y.

MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets 1st Thursday each month at members' offices. FRANCIS B. BISHOP, M. D., President. LLEWELLYN ELIOT, M. D., Secretary and Treasurer.

MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA. Meets Georgetown University Law Building 1st Tuesday in April and October. G. WYTHE COOK, M. D., President. J. R. WELLINGTON. M. D., Secretary.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets Wednesday, 8 P. M. Georgetown University Law Building. S. C. BUSEY. M. D., President. HENRY L. HAYES, M. D., Recording Secretary.

OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY OF WASHINGTON. Meets monthly at members' offices. President, S. O. RICHEY, M. D. Secretary, W. K. BUTLER, M. D.

WOMAN'S CLINIC. Meets at 1833 14th Street, N. W., bi-monthly. 1st Saturday Evenings. MRS. EMILY L. SHERWOOD, President; DR. D. S. LAMB, 1st Vice-President. MISS NETTIE L. WHITE, 2nd Vice-President. MRS. MARY F. CASE, Secretary. MISS MINNIE E. HEIBERGER, Treasurer.

WASHINGTON MEDICAL AND SURGICAL SOCIETY. Meets 1st Monday in each month. N. P. BARNES, M. D., President. F. W. BRADEN, M. D., Secretary.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY. Meets 1st and 3d Fridays of each month at members' offices. GEORGE BYRD HARRISON, M. D., President. W. S. BOWEN, M. D., Corresponding Secretary.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXVII.—No. 4. BALTIMORE, MAY 8, 1897. Whole No. 841

Original Articles.

WHAT SHALL BE DONE WITH PROLAPSED OVARIES?

By Charles O'Donovan, M. D.,
Baltimore.

READ BEFORE THE GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

It is a well-known fact that the ovary is frequently misplaced as a result of certain physical disorders, and as the ligaments that hold it in position become more and more relaxed and stretched, and as the ovary becomes gradually heavier from active or passive congestion, it tends to fall by gravity into Douglas' cul-de-sac, where it may readily be felt as a tense, egg-shaped, tender body.

In many instances it lies loose and freely movable in the cul-de-sac; it can readily be pushed up into its normal position and will remain there as long as the patient remains prone, but no longer, falling back into the cul-de-sac as soon as she stands erect. Often cases present a much more uncomfortable condition of affairs, for the ovary, or ovaries, for one or both may have become prolapsed in any given case, not only has fallen into an abnormal position, but it has also formed adhesions, more or less firm and tenacious, to the surrounding tissues.

Any given case may be further complicated by anterior or posterior displacement of the uterus, by the occurrence of uterine fibroids, of salpingitis, of cellulitis, or aggravated by rectal over-distention as a result of chronic constipation. The prolapsed ovary itself may undergo cystic degeneration in its unnatural position. Doubtless many women with prolapsed ovaries are walking the street today in blissful ignorance of any fault within them, but not all who have this trouble are so fortunate. A prolapsed ovary means nearly always a congested ovary, even if no adhesions or extraneous causes complicate matters, and, as such, is apt to be sensitive and tender, especially so at the time of menstruation. Unless relieved, the passive congestion increases more and more after each menstrual epoch until other causes of ovarian excitement will be complained of as painful, coitus for instance; and as the trouble slowly increases defecation becomes difficult inasmuch as the sensitive ovary lies just in front of the rectum; later on any exertion will, by increasing the congestion, aggravate the pain and the patient will gradually get into a state of chronic invalidism with innumerable pains and sensitive feelings, all starting from the pelvis and more or less directly referable to the ovary.

If pelvic inflammation has occurred in the case then the climax is reached much sooner and with much more suffering; every menstrual epoch is an agony and a vaginal examination is often torture, so exquisitively sensitive

has the ovary become — embedded in the mass of exudate and bound to the uterus and rectum by adhesions. These are the very cases that are most apt to be complicated by retro-displacement of the womb. These various conditions entail a large amount of suffering upon women and often cause them to apply for relief.

What shall be done with such ovaries? If it be only prolapsed, without adhesions, and not tender, great relief may be given by the introduction of a Hodge pessary long enough to push up the ovary into a more natural position and so prevent the varicose congestion that had existed when the ligaments were stretched to their utmost, after which the circulation in and through the organs becomes more natural and the stretched tissues regain their tonic elasticity and will probably be able, after the pessary has remained in position for several months, to retain the organ in its proper place. But a small minority of cases can be so readily benefited; prolapsed ovaries, even if unadherent, are usually so tender and sensitive that no pessary can be worn. In these cases relief may sometimes be obtained by the use of cotton or wool tampons, applied after the method of Bozeman, by building up a heap of small tampons, saturated with some antiseptic, from the posterior cul-de-sac to the symphysis; wool being best, as it is more elastic and exerts greater pressure upward and so pushes the ovary into better position and supports it there until circulation shall have become better established and the redundant tissue reabsorbed. Such tampons may be worn for several months by reapplying them every few days, and to obtain any good result they must be kept constantly in use, otherwise what had been gained one day would be lost the next when the tampon is out of the vagina.

By painstaking care and persistence in this method of treatment many cases that were too sensitive to wear a pessary may be helped, until the ovarian ligaments become strong enough to support the ovaries in good position; by this time the tenderness will also have disappeared in great measure and it may be possible to wear a pessary with comfort and satisfaction. If the ovary is adherent a pessary will do no good; on the contrary, by friction and pressure applied to the sensitive organ it may set up an inflammation about it and increase rather than relieve the suffering.

Efforts should first be directed toward subduing any inflammation that may exist about or in Douglas' cul-de-sac, and promoting reabsorption of the products of any previous inflammation that may surround the prolapsed ovary. For this purpose the patient should rest in bed a great deal, taking only gentle exercise, walking being the best, and this should never be persisted in if it cause an aggravation of the dragging pains that go with this condition of affairs; the bowels must be carefully regulated, as constipation adds very much to the suffering; the best means of keeping the rectum free is by enemata of warm water whenever required; if the water is used quite warm it has a soothing effect as well on the pelvic pains and promotes reabsorption. Local applications through the vagina should be made twice a week of some counter-irritant, such as Churchill's tincture of iodine, which may be painted over the posterior cul-de-sac of the vagina and its effect increased by following the application by inserting a tampon of wool saturated with glycerine. If the iodine prove too irritating and produces an excoriation it may be necessary to stop its use for a week or more, meanwhile continuing the tampons.

The general health of the patient should be kept at as high a standard as possible during the continuance of this treatment. In many cases after several weeks of such treatment the ovarian discomfort will gradually become less and the ovary may be found less firmly adherent in its new position; if so, gentle efforts may be made to push it up into a more normal situation and it may be retained there by the insertion of sufficient wool after the method of Bozeman. As improvement continues a pessary may be worn if it does not cause pain, and recovery may be expected.

These are the cases that Brandt claims to cure completely by means of his Swedish movements and pelvic massage; by means of the fingers in the vagina and in the rectum he is able to grasp the ovary and its appendages and make gentle pressure and friction over it, thus increasing its blood supply, quickening the current through the tissues, promoting absorption of inflammatory exudation and a rapid return of the normal elasticity and contractility of the tissues. His published results are very wonderful, but the patience and labor required for using his method of treatment must be almost unlimited.

There remain still some cases that have ovaries so bound down by old adhesions that have become so tough that no treatment of those mentioned seems to give any relief. These present an ever recurring problem to the gynecologist. No relief is obtained from any of the milder methods and the question of operation finally occurs. But what operation? Shall the ovary, under anesthetics, be forcibly dislocated from its false position, pushed up into its normal site and retained there by the tampons already referred to? Or shall a laparotomy be done to break up the adhesions and so liberate the ovary, leaving the organs in the woman? Or finally, shall the ovaries and tubes be removed? and if so by which means? laparotomy or through the vagina?

Recognizing the fact that ovaries are quite important organs, I would much prefer any treatment that allowed them, if possible, to remain where they belong, rather than to remove them for pains that, in many instances, are quite bearable except for the exaggerated notions of neurasthenic women. We should thus, if operation of some sort was clearly required, try first the forcible return of the ovary to its proper situation, breaking up the firm adhesions with the finger or fingers in the vagina or rectum and watching carefully after the operation for any signs of hemorrhage, holding ourselves in readiness to do a laparotomy if this should prove necessary.

Should this method fail, laparotomy should be resorted to and the adhesions broken up, liberating the ovary from its false position and restoring it to its natural site. Bleeding vessels may readily be controlled, or tied if necessary. If it still persist in falling a few stitches through its peritoneal coat will retain it in its proper position. Great relief is frequently obtained by thus liberating the adherent and compressed ovary; its blood supply is more natural, it is no longer subjected to constant pressure, nor are its nerves pinched and badly nourished as before. If the tubes remain pervious conception may occur and children be born to such a woman. If, however, upon inspection, it appears that the lumen of the tube has been destroyed, or that a pyosalphinx has converted it into a pus bag and rendered it absolutely useless for all functional purposes, not only useless but a cause of pain itself and a possible source of general infection, then the ovaries and tubes both should come away. And for this reason a laparotomy must remain preferable to the vaginal operation, for it affords a perfect means of inspecting the organs and allows the operator to act with satisfaction to himself and with the best regard for his patient's welfare.

PREMATURE MENSTRUATION.

E. Seuvre (*British Medical Journal*) records the case of a girl, aged four years and 9 months, who had a serosanguinolent vaginal discharge, well-marked mammae (like those of a girl of 15 or 16 years), enlarged labia majora covered with scanty hairs and a broad pelvis. About a year previously the broadening of the pelvis and the mammary enlargement had been noted and the child had become graver and more affectionate. There was no history of premature sexual development.

SYPHILIS OF THE EYE, EAR AND THROAT.

By Henry Alfred Robbins, M. D.,
Washington, D. C.

CLINICAL LECTURE DELIVERED AT THE SOUTH WASHINGTON (D. C.) FREE DISPENSARY, JANUARY 21, 1897.

EIGHTH PAPER.

THIS colored man, aged 50 years, is a veritable museum of syphilitic manifestations. Dr. Arwine has presented him to us, so that we can observe every part of his body, and that is the proper way to study the polymorphous eruptions of syphilis. The room is warm and there is no danger of the patient's taking cold. You notice that there are patches here and there of a pale maculopapular syphiloderm. The patient first noticed the initial lesion—on the prepuce—a year ago. Now there is simply a cartilage-like induration. You will find enlargement and hardness of the glands in the inguinal regions, also the epitrochlear, and the post-cervical and the sub-maxillary. There are mucous patches in his mouth, and he complains of nocturnal headache and rheumatic pains. The patient is wearing dark glasses, and you will find that he has double iritis.

The initial lesion of syphilis has been reported in the literature of medicine as occurring on the eyelids, most frequently upon the free border of the underlid, and at both commissures. I mentioned quite a number in a lecture called "Unmerited Syphilis" which I delivered to a class of students on April 12, 1893. They were acquired in an innocent way—as in using the public towel in a railroad wash-room, and from contagion from a buccal mucous patch, communicated by a kiss, or by the filthy practice of removing foreign bodies from the eye by means of the tip of the tongue. The exquisite representation of chancre of the eyelid, to which I call your attention, I obtained in an old print shop in the Latin Quarter of Paris. Dr. Charles Stedman Bull reports a case of chancre that was confined to the conjunctiva.

Syphilis may attack any part of the organs of sight, either directly or by impairing nutrition, resulting in opacity of the lens itself. Syphilitic iritis is not uncommon in the secondary stage of syphilis. You may hereafter be located where there is no ophthalmologist to consult, and it is important to know what to do. Give mercury by the inunction method until the constitutional effects are observed. Then follow the treatment of Dr. David Webster of New York City, given in a clinical lecture at the College of Physicians and Surgeons, 1881.

"Atropine, as I told you, is our sheet anchor in the treatment of iritis. Unless it is used, adhesions are very apt to occur between the pupillary border of the iris and the anterior capsule of the lens; such adhesions are called posterior synechiae. When formed, they interfere with the normal function of the pupil. If a healthy eye be exposed to a bright light, the pupil contracts; if darkness prevails, it dilates. When adhesions have taken place about the circumference of the pupil, no such contraction or dilatation can occur. If adhesions exist in the eye of a patient who has recovered from iritis, he will be much more liable to have recurring attacks of the disease than if there were no adhesions. The only way in which the recurrence of such attacks can be avoided is to perform an iridectomy—remove a part of the iris. By the vigorous use of a four grain solution of atropia we have prevented the formation of any permanent adhesions. Perhaps this would not have been accomplished had we used only atropine, or, in other words, except for the combined influence of atropia and mercury."

Allow at least a week to pass after giving mercurial inunctions for iritis before prescribing iodide of potassium,

because the combination will produce coryza, conjunctivitis and salivation. Then begin with iodide of potassium, saturated solution, five drops in water, three times a day; increase drop by drop until the patient has had as much as he can tolerate. Apply leeches to the temples, where there is much pain, or where the progress is slow.

Many physicians pay little, if any, attention to the eyes in syphilitic cases they treat. Others, at most, look only for specific iritis. That there is a long list of such diseases liable to occur in connection with syphilis is often forgotten. Dr. Jonathan Hutchinson, in his little work on syphilis, gives the following list of these diseases : In acquired syphilis are the following :

1. Acute iritis ; usually symmetrical; always in the secondary stage ; of fairly common occurrence.

2. Inflammation of the vitreous body; often an accompaniment of iritis in its severe forms.

3. Diffuse keratitis. This is very rare in connection with acquired syphilis. It occurs in the secondary stage, chiefly, if not exclusively.

4. Neuro-retinitis. A primary inflammation of the ocular portion of the optic nerve and retina, attended by general haze, but without evidence of choked disk. It is usually seen in the secondary stage. It may affect only one or both eyes. Not common.

5. Scattered choroiditis ; gummata of the choroid ; choroiditis disseminata. This affection is rare and is seen only in connection with the late secondary stage. It may be attended by neuro-retinitis, or may occur alone. Usually it is almost wholly confined to one eye.

6. Optic neuritis, with swollen or choked disk ; usually seen in the tertiary stage and in association with meningeal gumma. It is rare, affecting both eyes at once.

7. Serpiginous choroiditis. In this form large patches of absorption are seen, which slowly spread at their edges.

8. Aquo-capsulitis, a form of insidious and chronic iritis, of which the most conspicuous phenomenon is the dotted condition of the posterior lamina of the cornea.

With inherited syphilis we have—

1. Acute iritis. It is rare ; occurs at about the fourth month as one of the secondary class. It is very dangerous to sight.

2. Interstitial keratitis ; tolerably common ; usually affects both eyes ; often attended with slight iritis and sometimes by choroiditis. Remarkable for its tendency to recover in most cases.

3. Choroido-retinitis; usually chronic and attended by atrophy; most frequent at periphery ; may simulate the results of retinitis pigmentosa or approach choroiditis disseminata.

4. Optic neuritis, followed by white atrophy ; very rare and almost never recognized, excepting in the atrophic stage. It will be observed that most of these forms of eye diseases are rare in syphilis, but their possible occurrence should always be kept in mind.

On October 20, 1881, Dr. C. S. Bull read a paper before the New York Academy of Medicine on "Lesions of the Orbital Walls and Contents due to Syphilis," in which he restricted his remarks to the study of the lesions of the bones and the adipose and connective tissues of the orbit. These lesions were not a common, though by no means a rare, manifestation of syphilis. The lesions considered were osteitis, periostitis, singly and combined, periostosis, hyperostosis, exostosis, of which two or more might coexist, caries and necrosis involving perhaps only a small portion and possibly the entire thickness of the bone invaded. According to most authorities these lesions belonged to the late manifestations of the disease, but Dr. Bull thought that they might occur earlier than had usually been supposed. They were more common in hereditary than in acquired syphilis and in warm than in cold latitudes. The earlier periostitis was much less indolent than that which appeared later and was never followed by exostosis or hyperostosis.

The symptomatology of these different lesions was illustrated by cases and the treatment of each variety was con-

sidered in detail. Mercury and iodide of potassium were the drugs chiefly used in the medicinal treatment and in some cases it had been found necessary to reach very large doses of iodide of potassium before the symptoms of the disease began to yied. Dr. Bull (Morrow, in Dermatology and Syphilology) gives beautifully colored plates and accurate descriptions of gummata of the conjunctiva and a well-marked example of gumma of the sclera or episcleral tissue on the temporal side of the eyeball, sometimes called scleritis gummosa. Also gumma of the iris pathognomonic of acquired syphilis.

Last evening at the Medical Society of the District of Columbia, Dr. Swan M. Burnett exhibited the pathological specimen of an eye in which there was a gummatous infiltration in the ciliary region. The patient, a young negro boy, had the history of an initial lesion dating back one year. Dr. Burnett reported several other similar cases, all occurring in young negroes, in whom the eye had to be enucleated. All began with iritis, which did not yield to treatment, such as inunctions of mercury and hypodermics of the bichloride of mercury.

Gumma is considered to be a tertiary manifestation, but syphilis is sometimes so rapid in its evolution that we are amazed to see the primary symptom and a tertiary product. Dr. Henri Roger, in 1863, presented to the Société Médicale des Hôpitaux a little girl two years old, on whom could be observed simultaneously all the symptoms of syphilis ; the primary lesion, a chancre on the upper lip communicated by her mother who had at the time a chancre on the lower lip ; secondary symptoms, specific roseola and mucous patches on the vulva and anus ; tertiary symptoms, periostoses of the cranium, the humerus and both tibiae.

It is our object in these clinical lectures to turn syphilis inside out, as it were. We will drive the evil spirit out of his hiding places in the internal and vital organs. We have shown you how it attacks the eye. Now let us take up the ear, and you will perceive that it sometimes finds an abiding place there. I have, in private practice, two patients who suffer from deafness caused by syphilis. Both have histories of having had the disease for eight or ten years. One of them is being treated by my friend Dr. John H. Metzerott, and his hearing has been remarkably improved. This is a case of disease of the middle ear. The other has impairment of the auditory nerve, and these cases are almost hopeless.

The external ear may be attacked with gummata, papules and condylomata. These sometime escape recognition by the general practitioner, who is not familiar with the masquerading proclivities of syphilis. In 1888, Dr. Lawrence Turnbull of Philadelphia wrote an article on syphilitic ear diseases, which is the best and briefest that I am familiar with. I take the liberty of quoting his conclusions:

1. That syphilitic diseases of the ear are less numerous in the United States than in great Britain or Europe, and that it is not so frequently a cause of deaf-mutism.

2. In almost all constitutional syphilitic diseases of the ear in children and young persons, it is associated with some affections of the eyes, throat and nose. The deafness which often follows the improvement in the eyes is sometimes profound.

3. Persons who have suffered from constitutional syphilis, especially young persons and children, have great impairment of conduction of sounds through the bones of the head. Even in adults with constitutional syphilis the tuning-fork in some instances cannot be heard on the bones of the head or face.

4. In a few cases the first indication of a syphilitic diseased ear is a primary ulcer in the throat, naso-pharyngeal space, or in the auditory canal, or near the membrana tympani.

5. Purulent otitis media, or otitis media serosa syphilitica, may occur in utero, or in very young infants, while in young persons and adults we may have congestion of the tympanic mucous membrane from the same cause, anchylosis

of the bones of the ear, with bands of adhesion in the middle ear, by extension from the throat to the Eustachian tubes.

6. Syphilitic disease may affect the most vital part of the internal ear, labyrinth, semi-circular canals and cochlea, with hyperemia, marked thickening and dryness of the membranes of the round and oval windows and vessels which supply the internal ear. There is also disease of syphilitic nature in the auditory nerve, also the brain itself, in the formation of disseminated small nodules within the nerve centers. This form of disease of the ear is most successfully treated by the combined use of pilocarpin and mercury. Another valuable preparation in obscure syphilitic cases is the following:

℞.—Hydg. bichlor. . . . . gr. j
Acid. arseniosi . . . . . gr. j
Ferri pyrophosphat. . . gr. vj
M. Ft. Pil No. xxiv.
Sig.—One three times a day.

Care must be exercised in the use of powerful drugs, as there have been cases of jaborandi and pilocarpin poisoning. Two cases have been reported of poisoning; one from two drachms of the fluid extract of jaborandi (which required no antidote), and the other from swallowing a considerable dose of the fluid solution of pilocarpin used for stimulating the hair, instead of a solution of quinine. In both cases the symptoms were profuse perspiration and salivation, dimness of sight, prostration, a sensation of cold tremor and extreme general debility. The treatment of the pilocarpin case was with atropine, which is the antidote.

It is my intention to make you acquainted with all the forms of cures and treatment that have been tried or suggested. I found in a very old scrap book of mine an article on the "Influence of Febrile Diseases on Syphilis," in which it was stated that it is perfectly certain that several grave febrile diseases may modify the course of constitutional syphilis so as to change, or even cause the complete disappearance of the external manifestations of the disease. Dr. Petrowski (*Vratsch*, No. 22) reports three cases of this description.

In the first, the patient had contracted the chancre six months previous to entering the hospital. He had an indurated chancre of the prepuce, balanitis, mucous patches on the glands and scrotum, ulcerations in the throat coincident with a scaly, syphilitic eruption on the face and scalp. A six weeks' mercurial course produced but slight amelioration. While at the hospital he fell sick with the smallpox; the attack was of exceptional gravity, but when the crusts of the smallpox eruption had fallen, no trace of the syphilitic eruption remained; the patient was under observation for several years, and none of the syphilitic manifestations reappeared. It has been suggested by a pupil of Dr. Hardy to inoculate the poison of smallpox in cases of syphilis which have resisted all other methods of treatment. (Garrigue, De l'influence des maladies aigues sur les diathèses, Thèse de Paris, 1870.)

The second case is less striking; the patient had a syphilitic gumma at the angle of the jaw, and after an attack of typhoid fever, this gumma suppurated, leaving a cicatrix which bore no resemblance to ordinary syphilitic cicatrices.

The third case was that of a powerfully built soldier, twenty-three years old, who was found while suffering with facial erysipelas to have a superficial sore on the penis, swelling of the inguinal and cervical glands, erythematous redness of the pharynx, and broad condylomata on the soft palate, and on the pharyngeal wall. The erysipelas lasted fourteen days, and the fever was severe. With its subsidence, and without any mercurial treatment having been employed, all the manifestations disappeared, and none others ever made their appearance. This patient Dr. Petrowski also had under observation for several years.

Dr. Rudolph of Magdeburg reports two cases that illustrate the temporary subjugation of syphilis by an erysipelatous attack. In the first case, that of a

man fifty-two years old, the syphilis was of twenty-nine years' standing. The syphilitic manifestations observable at the time of his attack of erysipelas were two sores, one on the ala nasi and the other on the supra-orbital margin of the right side. On the ninth day of the erysipelas the sores had entirely healed. The patient was not seen after that, so it cannot be said that he continued free from syphilitic manifestations.

The other case was that of a young woman who had had syphilis for four years, had undergone three courses of mercury, one by inunction, and two by hypodermic injection, and had taken great quantities of potassium iodide. For all that, she was found to have several glands enlarged to the size of a pigeon's egg under the lower jaw on each side, and posterior cervical glands varying in size from that of a pea to that of a hazel-nut. She was very weak and emaciated, and, in consequence of rheumatic pains in the knees, accompanied by well marked inflammatory thickening, could walk but little. This rheumatic trouble, she said, had been present ever since she had syphilis, also exceedingly severe headache. There was paresis of the left half of the face, and occasionally there were spasms of that side of the face. In spite of her weakness, she was given another course of mercurial inunctions—a drachm of mercurial ointment being used daily for thirty days. The effect was nil and she declined to submit to further treatment.

In about a year Dr. Rudolph was called to attend her again. She was then extremely cachectic; she had been bed-ridden most of the time on account of great debility and pains in the knees, and her headaches had never left her. Moreover, her former manifestations of syphilis were still present. She was now in the early stage of what proved to be a severe attack of erysipelas, which spread from the face over the entire head. In ten days the fever and the exanthema had entirely disappeared; not only that, but she was apparently cured of her syphilis. The clusters of submaxillary glands, that had threatened to suppurate, melted away entirely as the inflammation disappeared; there was no more headache or articular pain; the facial paresis and spasms gradually ceased, and her general health was so rapidly restored that in the course of a month she was able to return to work as a tailoress. A relapse occurred, however, at the end of a year.

Dr. John Noland Mackenzie (in Morrow's work on Dermatology and Syphilology) says: "This remarkable influence of the febrile state upon syphilitic inflammation and ulceration of the nasal passages and throat is also in a measure true of simple inflammatory conditions of these cavities. It were foreign to the purpose of the present article to elaborate this latter and cognate subject, and I shall therefore simply offer for consideration the fact that *simple* catarrhal inflammation of these regions occasionally disappear completely, and is permanently cured during the course of an acute febrile disease. Whether this occurs as a phenomenon of so-called substitution, or as the result of a profound impression made upon the nutrition of the parts by virtue of which abnormal secretion is arrested and the inflamed tract placed in a condition favorable to resolution, can only be determined by the accumulation of more exact scientific data concerning the reciprocal antagonism of pathological processes."

Not long ago, a new cure for cancer was announced. It was inducing erysipelas, by injecting its micro-organism into the substance of a malignant growth. This streptococcus of Fehleisen (named in honor of the bacteriologist who discovered it), it was supposed, made war upon and destroyed the cancer germs. I was investigating this subject, and had collected the above-mentioned cases, when day before yesterday I received a copy of the *New Albany Medical Herald* (December, 1896) in which there was a most able article from my friend Professor J. Abbott Cantrell of Philadelphia. The article was entitled, "Does the Streptococcus of Fehleisen exert a Curative Influence Upon Syphilitic Ulcerations?" He reported a case of apparent cure of syph-

ilis in a patient who was attacked with erysipelas. "The case, in fact, presented a picture which is rare to behold in this disease, which often shows such multiple disfigurements, and so varied were the appearances in this young man's case that it had been arranged to photograph it at my next visit, but, upon arriving at the hospital, I was informed that in some manner or other the young man had contracted erysipelas and consequently we were obliged to postpone our operations until a future visit.

During the course of the next few days the erysipelas was noted to have reached its height and what was more peculiar was that as the time progressed the ulcerating lesions were noticed to be becoming smaller each day until finally when the erysipelas was entirely relieved, these syphilitic points were found to be entirely healed and presenting the cicatricial condition only that is usually found after the removal of the effect of syphilis."

He says, "The impression of the writer is that the effect was not accidental. That the same effect may be produced in any case in which erysipelas is accidentally contracted. Another point to answer is: Is the effect entirely curative, *i. e.*, has the disease been forever cured, or is it likely to return? In answer to this I may say that it is probable that it will, and therefore the effect is probably not lasting."

Dr. Cantrell gave the report of the committee appointed by the New York Surgical Society to investigate the value of the streptococci of Fehleisen, that vegetable germ to which erysipelas is due, in cases of malignant diseases (Annals of Surgery, July, 1896).

"We believe that in the instances of apparent cure or marked improvement the correctness of the diagnosis is open to doubt."

"We therefore submit:

"1. That the danger to the patient from the treatment is great.

"2. Moreover, that the alleged successes are so few and doubtful in character that the most that can be fairly alleged for the treatment by toxines is that it may offer a very slight chance of amelioration.

"3. That valuable time has often been lost in operable cases by postponing operation for the sake of giving the method of treatment a trial.

"4. Finally, and most important, that, if the method is to be resorted to at all, it should be confined to the absolutely inoperable cases."

After reporting the curative action of erysipelas upon syphilis, it is well to "give the devil his due," and report cases where syphilis has been reported in taking a hand in curing the most dreadful scourge of this country—pulmonary tuberculosis. Dr. R. Abrahams (*Medical Record*, December 28, 1895) reported the case of a man aged 35, who was far advanced in phthisis pulmonalis. He acquired syphilis. Under prompt and energetic anti-syphilitic treatment every symptom of syphilis and tuberculosis vanished. Five years later he was perfectly well. Dr. Ross (*Medical Record*, February 15, 1896) reported a similar case. Seven years later the patient was enjoying perfect health. Fournier reports the case of a man who was given up to die, who had every symptom of pulmonary tuberculosis. Syphilis was diagnosed. Iodide of potassium was given, resulting in a rapid and permanent cure. Brambilla reports the following: "In a hospital a phthisical patient occupied the adjoining bed to a syphilitic. The first was extremely ill and there was little hope of his recovery. Through a mistake of the apothecary, the mercury which was ordered for the syphilitic was given to the one with phthisis. He soon recovered his former health and vigor and left the hospital."

More than twenty years ago I reported the case of a man who was far advanced in pulmonary tuberculosis. He became interested in daguerreotyping and passed hours every day in the dark room, inhaling the fumes of the iodides. In a few months he had entirely regained his health.

In my next lecture I shall take up some of the syphiloderms and then show you cases as they come in.

A CASE OF LACERATION THROUGH THE SPHINCTER ANI, WITH REMARKS ON SUITS FOR MALPRACTICE.

By Mordecai Price, M. D.,
Philadelphia.

The accident of the turn in the case about to be reported presents some of those medico-legal phases in which, as general practitioners or surgeons, we are all interested. Reasoning from common-sense principles, that common sense upon which it is claimed all law is based, as medical men we are only responsible for those accidents preventable by reasonable or ordinary skill, care and diligence. We are certainly, by no principle of common justice, legally responsible, either criminally or civilly, for those accidents over which we have no control, or those the sequence of troubles, constitutional it may be, independent of those we surgically or medically correct or attempt to correct. Every self-respecting, conscientious physician expects to be held responsible for his results when they come within the limits of his control. This fact in itself puts him upon his best conduct, prompts the use of the best at the command of science, skill and the lessons of experience. The motives prompting these prosecutions, all the attendant incidents, have been and are more now than ever before, very closely analyzed by courts and juries, the animus, the mercenary motives at the bottom of them are judicially considered. It is very rare, indeed, that a physician, reputable with the members of his profession and in the community, is guilty in any case of wilful maltreatment. He knows that such guilt, apart from criminal or civil liability, would close the doors of every honorable professional man against him and close to him all avenues of legitimate and honorable practice. If fear of the law constituted no element of restraint in the matter, self-respect and self-interest would.

From the fact of the keen scrutiny of judges and juries into these cases not one in ten of the prosecutions for malpractice against regular and reputable physicians succeed. Yet there seems to be no avenue of escape from these vexatious, annoying, malignant and mercenary suits.

The suit instituted in the case of which I shall speak was evidently not thought of until after a bill for professional services had been rendered and payment demanded. The patient from the date of leaving the hospital seemed perfectly satisfied with what had been done for her, at no time complaining with any special reference to the accident or to her general treatment. I would here suggest as the best possible safeguard against these suits that the surgeon receive his fee at the time of rendering his services. I have tried this rule and find it to work admirably. Having paid for services seems to have a very soothing effect upon the patient, whose general rest seems thus to be improved and who carries around with her less temptations for the lawyers.

The trouble growing out of the burn in the case about to be reported resulted from several causes, presenting unique phases from a medico-legal standpoint. The woman had been in a helpless condition for twenty-eight years from loss of control of the bowel, broken-down health from confinement in the house owing to this cause. Her troubles were further aggravated by varicose ulceration and congestion of the limb, having had a number of open sores which it was very difficult to heal. The operation was a long one and the surgical work was tedious. There were really two procedures; one for the removal of an epithelioma at the mouth of the bladder and the control of the ensuing hemorrhage required considerable time. The closure of the tear in the sphincter required twenty-three stitches. The two procedures occupied more than an hour

for their completion, so that the anesthesia was a long one. The patient was severely shocked when placed in bed. Her age, about sixty years, was also a factor to be considered. Hot applications protected by flannel at such a temperature as could be borne with comfort by the cheek of the nurse were made. Notwithstanding all precautions the patient was blistered on the inner side of the foot and the burn was some three months in healing. Some one has recently written an article calling attention to the fact that a patient reacting from ether-anesthesia will suffer a burn or a blister from a much lower temperature than one who has not taken an anesthetic. I am not able to confirm this statement from my own experience, but I am constrained to believe that this is correct.

The second of my experience was a suit by a man who had been suffering from influenza and who was unquestionably insane. To care for him I demanded that the family employ a competent nurse or have him placed in a hospital to prevent his doing harm to himself, his family or his neighbors. They demanded a consultation and Dr. F. X. Dercum saw the patient on the night of the same day I had informed the family of his condition. I was unable to meet him, but he wrote me immediately, saying that if I did not have the patient removed at once he might kill somebody. I had given him a prescription for seven and one-half grains of chloral and an equal quantity of potassium bromide in a teaspoonful of the syrup of red orange. In this suit for malpractice, the family fixed their claim for damages at five thousand dollars. This case remained on the docket for ten years. It could not be forced to trial and was at last dismissed, the plaintiff paying all costs and my bill in full for personal services, with interest from the date of its rendering.

The damage to the physician in these cases is not in a moral and professional way. In that direction rarely are they to any extent damaging; but they vex, take his time, the time to which his patients are entitled, break in on his business and necessitate the expenditure of some money in the preparation of his defence. These facts are well known to the class of patients who bring these suits and the class of lawyers who encourage them. The lawyer takes them on contingent fee — "Nothing if I can get nothing out of the doctor, and if I get anything about all I do get." He anticipates the terror of the doctor at being sued and that he will pay liberally to escape being taken into court. Every case compromised encourages such annoying and time-wasting legislation and is an injustice to the profession. Such a case should under no circumstances be compromised — not a penny for tribute, but all we have for self-defence.

Complete laceration of the perineum.— Dr. Hinkle asked me to see Mrs. Y. with him in consultation on October 1, 1894, with a view to an operation for the removal of a bleeding growth at the mouth of the urethra. It was as large as a hulled walnut and gave her great pain and annoyance, with a constant discharge of blood and pus. This condition had been produced by the constant use of bandages and cloths applied to the parts to prevent the intestinal discharges from soiling her clothing while sitting or walking. Examination disclosed the fact that the perineum had been torn through into the bowel for a distance of two inches. This occurred some thirty years before, when she was delivered of her only child. The growth presented all the appearance of malignancy and to remove it and leave the cause would have been to insure its return. The woman was told that to prevent its return there would have to be an effort made to close the rent in the bowel so as to protect the mouth of the bladder. Dr. Thos. S. K. Morton had previously closed a vesico-vaginal fistula.

Up to this time the patient had refused any other operative interference and would not now have consented had it not been for the condition of the growth. She stated that if both operations could be done at the same time, she would consent, as she was unwilling

to take the ether twice. I agreed to take her into the hospital and on December 10, 1894, she entered and was prepared for the operation, which was done two days later.

The patient was a large woman, and the parts were greatly swollen and irritated by the discharges from both the bowel and the malignant growth at the mouth of the bladder. The changes in the parts made the operation a difficult one. The tumor had to be removed first and closure effected of the septum that separated the vagina from the bowel. This was done by cutting away all thickened mucous membrane over the parts that were united before the accident at child-birth, then closing from one inch above the top of the rent in the vagina and bowel, and continuing the stitches down to the outlet of the bowel, and finally exposing the ends of the sphincter muscle and re-uniting them after thirty years' separation and non-use. The closure required the use of twenty-three stitches. From non-use and atrophy of the muscle the mucous membrane protruded over the sphincter for about one inch and a half. To insure union this prolapsed portion should have been removed, but to do so would have been to prolong the operation to a dangerous degree, in the greatly debilitated patient and one already greatly shocked from the ether and amount of work done. It is to be remembered that the woman had been a confirmed invalid during the entire period from the birth of her child to the time of the operation. When I first examined her she told me that she could not go out without the liability of discharges from the bowel soiling her clothing before she would get off her front steps.

The operation was a greater success than we could reasonably have expected in a patient in such poor condition for so many years, and with the added complication of prolapse of the bowel. At the time she left the hospital she had a small fistulous opening near the bowel, from the giving way of one of the stitches. Her nervous system was so broken down that it was with the greatest difficulty that I could get her to let me remove the stitches and then only one or two at a time. She would shake the bed from fear even before anything was done and it was with difficulty that I completed the operation.

After the operation, when the patient was placed in bed, she was greatly shocked. Warm blankets and hot bottles were applied, as in all other cases of danger from shock. From one of the bottles she received a blister on the right foot, under and a little to the front of the joint. This burn was so slight, that had the patient been in good condition, it would have healed in a very few days, but she had been suffering for years with varicose veins of both legs, with ulceration at times, that would not heal until the patient's condition was improved by treatment.

After the patient returned home I examined her, at the request of Dr. Hinkle, as he thought the malignant growth threatened to return. I found the fistula almost closed and leaking but little, and the sore foot healing nicely. The latter was completely well on March 1, 1895, as the patient informed Dr. Hinkle at that time. The fistula closed *before the burn healed.*

MENORRHAGIA IN GIRLS AND HYPERTROPHY OF THE CERVIX UTERI.

FROELICH (*British Medical Journal*) puts on record three cases of vaginal hemorrhage at puberty in which a hypertrophic condition of the cervix uteri was found with a certain degree of fungous endocervicitis. The treatment recommended and carried out in two of the cases was curettage and removal of the superfluous portion of the cervix. In another group of cases uterine hemorrhage at the period of puberty is due to chlorosis and anemia; in them the hemorrhage is not great, but is dangerous from its intractable nature and also on account of the chlorosis, of which it is an epi-phenomenon. In these instances it is the chlorosis that calls for treatment.

Society Reports.

BALTIMORE MEDICAL ASSOCIATION.

MEETING HELD DECEMBER 14, 1896.

THE President, Dr. Randolph Winslow, in the chair.

Dr. Herbert Harlan exhibited a patient, the chief interest of the case being the ophthalmoscopic examination.

Dr. Wm. S. Halsted gave a discourse on COMPENSATORY HYPERTROPHY OF THE THYROID GLAND, WITH DEMONSTRATIONS. In 1888 this gland was considered a superfluous organ. The experiments of Munck in 1887 seemed to prove this view. Experiments by Dr. Halsted did not coincide with those of Munck. Hypertrophy of one lobe after the extirpation of the other does not occur until forty or fifty days have elapsed. It is inconceivable that hypertrophy should take place without changes in the morphology. The puppies of dogs whose thyroids have been removed have hypertrophy of that gland. There is in every individual the need of the secretion of the thyroid and to this the gland responds. There is no experimental proof that the thyroid is an essential organ, for the embryonic lobules or parathyroid glandules are more necessary than the thyroid itself. One of these is sufficient to maintain life. If the thyroid is not essential, then why is the use of thyroid extract so beneficial in myxedema, etc.? It may be because in administering thyroid extract we really give an extract of the parathyroid bodies. Experiments made by Dr. Halsted in which the gland was removed piecemeal nearly prove that the thyroid is essential, for the dogs die promptly after the removal of the last piece. The embryonic lobules are epithelial and vascular bodies. There is no difference in microscopical appearance of the parathyroid glandules in the normal thyroid and in hypertrophy of that gland. (Dr. Halsted's discourse was illustrated with diagrams.)

Dr. John T. King asked Dr. Halsted what relation he has found between the removal of the thyroid and tetanus, giving the following quotation as the basis of this question: "Of 52 total thyroidectomies performed in Billroth's clinic up to July, 1892, twelve were followed by tetanus, eight of these cases died and in two others the tetanus became chronic. Experiments on animals give similar results, but in those cases in which portions of the gland were removed the cases of tetanus were less frequent and less intense." He also asked if there were any relation between hypertrophy of the thyroid and any form of insanity.

Dr. Biedler: Does the dog thrive after the gland has been reduced to $\frac{1}{32}$ of its original size?

Dr. Halsted: Tetany is the disease that should have been named, not tetanus. It is probably due to too little thyroid, and it is most apt to manifest itself during pregnancy. He does not know what form of insanity is associated with deficiency of the thyroid. In the dog whose gland was reduced to $\frac{1}{18}$ there was a peculiar form of gingivitis, but it is not certain that this was due to too little thyroid. The accessory thyroid glands become hypertrophied in these experiments.

Dr. H. Harlan reported a case of AMBLYOPIA FROM A LARGE DOSE OF SULPHATE OF QUININE. This condition is not generally recognized by the profession. As small a dose as 12 grains has produced it, but generally 80 grains are required. It comes on within two or three hours, is very sudden, and lasts for two or three weeks. Vision is usually restored entirely but sometimes some dimness remains permanently. The pupils are dilated. The case reported was the man whom he exhibited in the early part of the evening. Strychnia (gr. $\frac{1}{20}$ *ter in die*) was employed, but later discontinued and then resumed. This condition is due to an occlusion of the vessels of the optic nerve. The prognosis is generally pretty good.

Further remarks were made by Drs. Theobald, J. T. Smith, E. G. Waters, Harlan and R. Winslow.

EUGENE LEE CRUTCHFIELD, M. D.,
Recording and Reporting Secretary.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, MAY 8, 1897.

American Medical Association.

THE various committees in charge of the jubilee meeting of the American Medical Association to be held in Philadelphia next month have been busy making arrangements and issuing announcements. Dr. H. A. Hare, the chairman of the committee of arrangements, who has been most untiring in his efforts to make this meeting a success, sends out the following:

The semi-centennial meeting of the American Medical Association, which will be held in Philadelphia on June 1, 2, 3 and 4, 1897, bids fair to surpass, in the character of the entertainment, the scientific papers and the number in attendance, any meeting which has heretofore been held. The committee in charge have been able to obtain large and roomy places of meeting for the general meetings and the Section meetings, all within a single block and within very short walking distance or immediately adjacent to the largest and most comfortable of the Philadelphia hotels.

For the week preceding and following the meeting the Committee of Arrangements have also arranged for clinical courses which will be open without charge to all physicians who may visit the city at that time. These courses cover every branch in medicine and its specialties and will afford visitors the opportunity of seeing the active clinical work of all the great teachers of Philadelphia, which is now, as it has been for so many years in the past, in every respect the medical center in the United States.

He has also invited the editors to be present at the dinner of the American Medical Editors' Association, an invitation which all editors would do well to accept, as it will bring together men many of whom are known to each other only through their respective publications. Dr. John B. Roberts, Chairman of the Committee on Anniversary Exercises, makes the following announcement:

The Committee of Arrangements has set aside an hour on the second day of the meeting for exercises to commemorate the founding of the Association in Philadelphia in 1847. The founders of the Association believed that it would raise the standard of medical education and combine the medical professon of the United States in one body. Dr. Davis, who is recognized by all as the moving spirit in the enterprise, will read a short paper, giving an account of the origin of the Association, and how the objects, for which it was founded, have been attained. The Committee has taken steps to secure the attendance, at the meeting, of the Presidents of the State Medical Societies and the Presidents of the State Boards of Medical Examiners as an illustration of the success attained through the instrumentality of the Association.

In addition to the address of Dr. Davis, there will be two or three short addresses, to add to the interest of the occasion. It is desired that the Presidents of all State Boards of Examiners and of all State Medical Societies meet Dr. Davis a few minutes before his address, in order that they may escort him to the stage.

In the event of the President of any one of these organizations not being able to attend the meeting, he is requested to send, as an alternate, one of the ex-Presidents, in order that every State Society and every Examining Board may be represented upon this notable occasion.

Of the original members of the Association, there are still living: Dr. N. S. Davis of Chicago, Dr. Alfred Stillé of Philadelphia, Dr. John B. Johnson of St. Louis and Dr. David F. Atwater of Springfield, Mass. The Committee hopes that these gentlemen will all be present, to take part in the meeting.

Finally, Dr. William B. Atkinson, the permanent secretary, makes the usual announcement as follows:

The Forty-eighth Annual Session (fiftieth anniversary, as there were no meetings held by the Association during the years 1861 and 1862) will be held in Philadelphia, Pa., on Tuesday, Wednesday, Thursday and Friday, June 1, 2, 3 and 4, commencing on Tuesday at 10 A. M.

Addresses.—"The Presidential Address," Nicholas Senn, M. D., Chicago. "Address in Surgery," Wm. W. Keen, M. D., Philadelphia. "Address in Medicine," Austin Flint, M. D., New York. "Address in State Medicine," John B. Hamilton, M. D., Chicago.

Committee of Arrangements.—H. A. Hare, M. D., 222 South Fifteenth Street, Philadelphia.

Officers of Sections.—Practice of Medicine.—J. H. Musser, M. D., Philadelphia, Chairman; J. T. Priestly, M. D., Des Moines, Iowa, Secretary.

Obstetrics and Diseases of Women.—Milo B. Ward, M. D., Topeka, Kan., Chairman; Geo. H. Noble, M. D., Atlanta, Ga., Secretary.

Surgery and Anatomy.—Reginald H. Sayre, M. D., New York, Chairman; Bayard Holmes, M. D., Chicago, Secretary.

State Medicine.—Elmer Lee, M. D., Chicago, Chairman; Louis Faugeres Bishop, M. D., New York, Secretary.

Ophthalmology.—G. E. de Schweinitz, Philadelphia, Chairman; H. M. Starkey, M. D., Chicago, Secretary.

Diseases of Children.—James A. Larrabee, M. D., Louisville, Ky., Chairman; H. E. Tulley, M. D., Louisville, Ky., Secretary.

Dental and Oral Surgery.—R. R. Andrews, M. D., Cambridge, Mass., Chairman; Eugene S. Talbot, M. D., Chicago, Secretary.

Neurology and Medical Jurisprudence.—W. J. Herdman, M. D., Ann Arbor, Mich., Chairman; Chas. H. Hughes, M. D., St. Louis, Mo., Secretary.

Dermatology and Syphilography.—A. Ravogli, M. D., Cincinnati, Ohio, Chairman; T. C. Gilchrist, M. D., Baltimore, Md., Secretary.

Laryngology and Otology.—Wm. E. Casselberry, M. D., Chicago, Chairman; D. Braden Kyle, M. D., Philadelphia, Secretary.

Materia Medica, Pharmacy and Therapeutics.—W. B. Hill, M. D., Milwaukee, Wis., Chairman; F. Woodbury, M. D., Philadelphia, Secretary.

Physiology and Dietetics.—A. P. Clarke, M. D., Cambridge, Mass., Chairman; Ephriam Cutter, M. D., New York, Secretary.

In addition to this, a subcommittee of the general committee of arrangements has arranged clinical courses in all branches of medicine at the various teaching institutions and large hospitals during the week prior to and following the week of the association meeting. It has been thought that a considerable number of physicians would be glad to embrace the opportunity of refreshing themselves in the various branches by attendance on these courses, for which no charge will be made by the gentlemen giving them; and, as their stay in Philadelphia will therefore be for more than a few days, it has occurred to the committee that some of the visiting physicians may wish to take rooms at some good boarding house. The chairman of the committee on reception and accommodation, Dr. G. E. de Schweinitz, 1401 Locust Street, will be glad to send the addresses of such boarding houses to gentlemen who desire to stay for a week or more.

The large number of gentlemen who have already signified their intention of attending the meeting and the very large number of able and interesting papers already placed upon the programme indicate that this will be the most important meeting which the association has ever had, and it is hoped that every physician who is a member of a regularly organized county medical society will make an effort to attend.

The meeting halls for the various sections are situated so close to one another that different papers in different sections can readily be listened to during a single morning's session by those who do not wish to devote their time to one particular specialty. At this time it would be very fitting to add to the membership of the Association. Physicians in good standing in their respective State Societies may join on the payment of five dollars.

* * *

Humbugging in Medicine.

It is a very sad commentary on the practice of medicine that humbugging is almost a necessity and the honest physician, that is, the physician who takes the patient into his confidence, soon finds himself without that patient. As a man once said to his doctor: "Doctor, my wife thinks she has some trouble with her lung and if you do not humor her some one else will."

The trouble is that if a physician says honestly to a patient that she is well and needs no medical attention, she straightway writes him down for a fool and sends for some one else. This one may be just as honest as the poor fellow who was dismissed but he holds his tongue where the other one talked and "looks wise, feels foolish and says nothing."

Patients always like to think their physician is above them in knowledge and when that familiarity which is said to breed contempt is once established between doctor and patient, obedience and respect are lost.

The patient need not understand all that is done nor need the nature or proposed effect of the medicine given be revealed. Indeed the truly honest man can do his patient justice and himself credit by explaining nothing and using his best efforts to effect a cure or an improvement.

The public knows too much of medicine as it is and this smattering should not be encouraged by any confidence of the physician. One can be honest and also discreet.

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 1, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		17
Phthisis Pulmonalis		17
Measles	25	4
Whooping Cough	2	
Pseudo-membranous Croup and Diphtheria.	15	5
Mumps	5	
Scarlet fever	18	2
Varioloid		
Varicella		
Typhoid fever		4

The Turco-Greek war has caused a demand for army surgeons.

Dr. John Ruhräh has opened an office at 953 Madison Avenue.

The State Board of Health will hold its June meeting at Easton.

Merck & Co. have opened a legitimate pharmacy in New York.

Dr. Carlos Booth of Youngstown, Ohio, uses a motor carriage in his practice.

The Woman's Medical School will hold its Commencement in June. So will the Johns Hopkins Medical School.

Between the City and State tax the doctor of average prominence in Richmond pays a special tax of $40 to $60 a year.

It is probable that after 1899 the Maryland State Examining Board will require evidence of a four years' course from each applicant.

Dr. C. W. Chancellor, who has been United States Consul at Havre during the past administration, will soon return to Baltimore.

A physician in Germany was fined recently for asking a patient to patronize a certain pharmacist. The law in Germany also makes it a finable offence for a physician to give a druggist a Christmas present.

Russian medical men wear a small badge to indicate their profession. There is nothing that pleases a European or the average American negro so much as a uniform or some mark of due distinction.

Fire has played havoc of late with medical schools and especially have New York schools suffered. The latest is the Woman's Medical College of New York, which was seriously crippled by fire recently.

If the Texas Legislature approves the bill that State will have a law demanding a physical examination of both parties before marriage and a sworn affidavit as to the family history. Such could probably not be enforced at the present day.

Madame Charcot, widow of the great neurologist, has relinquished the pension of £80 ($400) to which she is entitled in favor of the widows and children of professors and *agréges* of the Paris Faculty deceased without leaving an adequate provision for their families.

Dr. Traill Green, until recently dean of the Pardee Scientific School of Lafayette College, died at Easton, Pennsylvania, last week, aged 84. Dr. Green was graduated from the University of Pennsylvania in 1835 and has been connected with Lafayette College many years. He was the first president of the American Academy of Medicine.

The personal estate of Sir Thomas Spencer Wells, Surgeon to Her Majesty's Household, who died on January 31, has been valued at £52,779,19s ($268,899.75). He bequeathed to the Royal College of Surgeons his portrait by Lehman in his robes as President of the College. The rest of his property is left to members of his family.

Experiments in hypnotism recently made by the most famous French hypnotists show the singular fact that in spite of the supposed inferiority of woman to man, in point of nervous and physical organization, it is a third easier to place a man under the influence of hypnotism than it is to induce a woman to accept hypnotic suggestion.

The *Practitioner* records the following amounts devised by doctors in England who have died during the year 1896: Dr. Patrick Fraser, $2,100,000; Sir John Erichsen, $450,000; Sir George Humphrey, $400,000; Dr. Samuel Holdsworth, $265,000; Dr. William Statten, $200,000; Dr. George Harley and Sir William Moore, each $125,000; Sir George Johnson and Sir Russell Reynolds, each about $60,000. The comment is made by the same authority that these fortunes were not made so much by the accumulation of fees as by judicious investments.

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 with Critical Editorial Comments by a large number of physicians under the general editorial charge of George M. Gould, M. D. Profusely illustrated. Royal 8vo., pp. 1257. Philadelphia: W. B. Saunders. 1897.

This is the second issue of that wonderful compend and is much like the first in outward appearance. The abstracts are well made and the references are unusually correct. Such year-books are a valuable addition to any library. It is unfortunate that on account of some personal differences between Dr. Gould and Messrs. William Wood & Co., the journals published letters from both; letters which could have no possible interest to the profession at large and might have led the unbiased critic to hint at a new way of advertising a book. The index is very full.

THE PRACTICE OF MEDICINE. A Text-Book for practitioners and students, with special reference to diagnosis and treatment. By James Tyson, M. D., Professor of Clinical Medicine in the University of Pennsylvania and Physician to the Hospital of the University; Physician to the Philadelphia Hospital; Fellow of the College of Physicians of Philadelphia, etc. Octavo, pp. xvi–1183. Illustrated. Philadelphia: P. Blakiston, Son & Co. 1896. Price $5.50.

Probably Tyson's work comes nearer to a place by Osler's than any book on the practice of medicine that has been lately issued. It is divided into sections and each one shows the author's great care and is a mirror of his skill. The section on urinary analysis naturally attracts most attention, although he treats such interesting subjects as typhoid fever and tuberculosis in a masterly manner. It is the result of years of thought and work and while much of it is the result of personal experience, he freely borrowed when necessary. It is illustrated. In attempting to give the metric system the author sometimes shows his better acquaintance with the old apothecary's medicine, especially when he (on page 153) calls a liter a pint. His treatment is very satisfactory and his work will find a place in many libraries. The book will leave nothing to be desired.

REPRINTS, ETC., RECEIVED.

Annual Report of the Health Department of Baltimore. 1897.

Fifth Annnal Report of the Sheppard Asylum. Baltimore, 1897.

Fourteenth Report of the State Board of Health of the State Board of New Hampshire. 1897.

The Treatment of Diphtheria with Antitoxine. By Joseph P. Lopez, M. D. Reprint from the *Medical News*.

Twelfth Annual Report of the Adirondack Cottage Sanitorium, Saranac Lake, New York. November, 1896.

Trifacial Neuralgia. By Merrill Ricketts, Ph. B., M. D. Reprint from the Transactions of the Medical Society of Virginia.

Diseases of the Rectum as a Cause of Auto-Infection, with Report of Cases By J. R. Pennington, M. D. Reprint from the *Journal*.

Malarial Infection as a Source of Error in Surgical Diagnosis. By W. W. Russell, M. D. Reprint from the *Johns Hopkins Hospital Bulletin*.

The Surgical Care of Patients in the Gynecological Department of the Johns Hopkins Hospital. By J. G. Clark, M. D. Reprint from the *Therapeutic Gazette*.

The Mineral Waters of Mt. Clemens, Michigan. By Dr. Richard Leuschner, Resident Physician of Mt. St. Clemens. Copies sent to physicians on application to author.

A Contribution to the Pathological Anatomy of Ethmoid Disease. By John N. Mackenzie, M. D. Reprint from the *Journal of Laryngology, Rhinology and Otology*.

The Clinical Courses of 47 Cases of Carcinoma of the Uterus Subsequent to Hysterectomy. By W. W. Russell, M. D. Reprint from the *Johns Hopkins Hospital Bulletin*.

The Operative Significance of Metastases and Post-Operative Recurrences in Carcinoma of the Uterus. By W. W. Russell, M. D. Reprint from the *American Journal of Obstetrics*.

A Clinical Study of a Case of Double Chorio-Retinitis in the Macular Regions, following a Flash of Lightning and a Flash from Burning Lycopodium. By Charles A. Oliver, A. M., M. D. Reprint from the *International Medical Magazine*.

Current Editorial Comment.

THE MEDICINE HABIT.

Modern Medicine.

ONE of the most pernicious practices prevailing in this country, and, to a large extent, in all civilized countries, is the habit of medicine-taking. Many people are addicted to the habit of swallowing a drug of some sort for the relief of every physical discomfort which they may happen to experience, without any attempt to remove the cause of the disorder by correcting faulty habits of life.

MEDICAL SOCIETIES.

Western Medical Review.

No man who ever attended a State medical society meeting could go home and truthfully say that it had not well repaid him for the sacrifice of the little time and money required. It is only those who never attend these meetings who have the audacity, and show ignorance enough, to say that it is time and money thrown away. It does pay. It broadens one's views to meet others and hear discussed subjects that are of importance to every medical man. It creates in one an ambition to learn, to study, to progress, for these meetings show to even the most advanced that there are others who know more about some things than he does himself. It pulls one out of the rut that he has allowed himself to get in.

OFFICIAL DIAGNOSIS.

British Medical Journal.

WITH the official diagnosis of typhoid fever and of tuberculosis, as well as that of diphtheria, pressing forward for acceptance as part of our municipal routine, it seems well that we should pause before we endorse a system which must, if adopted in its present crude form, seriously interfere both with the freedom of action of the physician and also with his responsibility. If State and municipal laboratories are put at the disposal of the medical profession so that we may obtain authoritative information as to the presence or absence of certain micro-organisms or reactions in certain specimens, well and good. We can then use that information in the formation of our diagnosis. But to raise these laboratory processes to such a position as to be looked upon as in themselves diagnostic, and as in themselves alone sufficient to give cause of action to the sanitary authorities, must lead to constant conflict of opinion.

Society Meetings.

BALTIMORE.

BALTIMORE MEDICAL ASSOCIATION, 847 N. Eutaw St. JAS. E. GIBBONS, M. D., President. E. L. CRUTCHFIELD, M.D., Secretary. Meets 2d and 4th Mondays of each month.

BALTIMORE NEUROLOGICAL SOCIETY. Meets 3d Wednesday each month. SAMUEL J. FORT, M. D., Secretary.

BOOK AND JOURNAL CLUB OF THE FACULTY. Meets at call of President.

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

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

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d and 4th Thursdays of each month—October to June—8.30 P. M. J. B. SCHWATKA, M. D., President. S. T. ROEDER, M. D., Corresponding Sec'y.

MEDICAL JOURNAL CLUB. Every other Saturday, 8 P. M. 847 N. Eutaw St.

THE JOHNS HOPKINS HOSPITAL HISTORICAL CLUB. 2d Mondays of each month, 8 P. M.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY. Meets 1st and 3d Mondays, 8 P. M.

THE JOHNS HOPKINS HOSPITAL JOURNAL CLUB. Meets 4th Monday, at 8.15 P. M.

MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE. SUE RADCLIFF, M. D., President. LOUISE ERICH, M. D., Corresponding Secretary. Meets 1st Tuesday in the Month.

UNIVERSITY OF MARYLAND MEDICAL SOCIETY. Meets 3d Tuesday in each month, 8.30 P. M. HIRAM WOODS, JR., M. D., President, dent. E. E. GIBBONS, M. D., Secretary.

WASHINGTON.

CLINICO-PATHOLOGICAL SOCIETY. Meets at members' houses, 1st and 3d Tuesdays in each month. ARTHUR SNYDER M. D., President. R. M. ELLYSON, M. D., Corresponding Secretary. R. T. HOLDEN, M. D., Recording Sec'y.

MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets 1st Thursday each month at members' offices. FRANCIS B. BISHOP, M. D., President. LLEWELLYN ELIOT, M. D., Secretary and Treasurer.

MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA. Meets Georgetown University Law Building 1st Tuesday in April and October. G. WYTHE COOK, M. D., President. J. R. WELLINGTON. M. D., Secretary.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets Wednesday, 8 P. M. Georgetown University Law Building. S. C. BUSEY, M. D., President. HENRY L. HAYES, M. D., Recording Secretary.

OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY OF WASHINGTON. Meets monthly at members' offices. President, S. O. RICHEY, M. D. Secretary, W. K. BUTLER, M. D.

WOMAN'S CLINIC. Meets at 1833 14th Street, N. W., bi-monthly. 1st Saturday Evenings. MRS. EMILY L. SHERWOOD, President; DR. D. S. LAMB, 1st Vice-President. MISS NETTIE L. WHITE, 2nd Vice-President. MRS. MARY F. CASE, Secretary. MISS MINNIE E. HEIBERGER, Treasurer.

WASHINGTON MEDICAL AND SURGICAL SOCIETY. Meets 1st Monday in each month. N. P. BARNES, M. D., President. F. W. BRADEN, M. D., Secretary.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY. Meets 1st and 3d Fridays of each month at members' offices. GEORGE BYRD HARRISON, M. D., President. W. S. BOWEN, M. D., Corresponding Secretary.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVII.—No. 5. BALTIMORE, MAY 15, 1897. WHOLE No. 842

Original Articles.

THE FUNCTIONS OF A STATE FACULTY.

By William Osler, M. D.,

PRESIDENT'S ADDRESS AT THE NINETY-NINTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 27 TO 30, 1897.

IT would be interesting to know the reasons which induced the incorporators in 1798 to call this organization a Faculty, an unusual yet at the same time a most appropriate designation. So far as I know, there is, in English-speaking lands, only one other society which bears this name, the Faculty of Physicians and Surgeons of Glasgow. Time out of mind the term has been applied to the body of practitioners at large. At present its use is confined almost exclusively to indicate a body of men concerned in teaching. The Glasgow Society to which I refer is a licensing body, while its use in our own body illustrates the older and more general meaning of the term.

Originally, the Medical and Chirurgical Faculty had a dual function, in the language of the act of incorporation, "for the promoting and disseminating medical and surgical knowledge throughout the State," and "to prevent citizens from risking their lives in the hands of ignorant practitioners or pretenders to the healing art." In transferring the licensing function to a separate board, this Faculty has followed the good example of other States; but while we now exercise no direct authority in this matter, it is essential that our relations with the Board should be of a most intimate character. The change has been in every way a gain, since in an independent body of medical examiners, chosen from the profession at large, our interests and the welfare of the public are infinitely safer than in the hands of tender medical school professors, or of mere registering boards of the respective shores of this State, the duty of which consisted in a hasty inspection of hastily conferred diplomas. The report which will be made from the State Board will speak of certain matters requiring early settlement, more particularly our protection and the protection of the public against unlicensed practitioners. It is most important that we render the Board willing and loyal support in its efforts and in every way assist it in promoting any legislation which may make it more representative and which will promote increased stringency in the examination.

The promotion and dissemination of medical knowledge throughout the State remains our important function. Physicians, as a rule, have less appreciation of the value of organization than the members of other professions. In large cities weakness results from the breaking into cliques and coteries, the interests of which take precedence over others of wider and more public character. Jealousies and misunderstandings

are not unknown, and there is a baneful individualism—every man for himself—a centrifugalizing influence against which this Faculty is and has been in this city an enduring protest.

No class of men need friction so much as physicians ; no class gets less. The daily round of a busy practitioner tends to develop an egoism of a most intense kind, to which there is no antidote. The few set-backs are forgotten, the mistakes are often buried, and ten years of successful work tends to make a man touchy, dogmatic, intolerant of correction and abominably self-centered. To this mental attitude the medical society is the best corrective, and a man misses a good part of his education who does not get knocked about a bit by his colleagues in discussions and criticisms.

The programme in your hands is evidence that the Faculty is fulfilling its function in promoting and disseminating medical and chirurgical knowledge throughout the State.

I would call your attention to the thoroughly representative character of the subjects for discussion in their different bearings; peritonitis, upon which we all need information ; rabies, which has been brought in such a painful manner to the attention of the public ; and the care of the dependent insane in this State, on which last subject the Faculty should speak in no uncertain tones. It is pleasant to be able to announce the great success of our last semi-annual meeting. Not only was the attendance large, but the papers were most practical and the educational aspects of certain subjects were carefully presented. In enthusiasm and hospitality the members of the Washington County Medical Society have set the pace for other sections of the State.

These are days of unification and consolidation and the question has been raised by several members whether the usefulness of the Faculty would not be enormously increased by uniting as sections of the Faculty the various medical societies at present in existence in the city, organizing them as medical, surgical, obstetrical and gynecological, neurological and, possibly, ophthalmological and otological sections. It would add strength to the Faculty and dignity to the various sections. It would make the State organization comparable with the Academy of Medicine in New York and the College of Physicians in Philadelphia. The county members could often participate in the monthly or fortnightly meetings of the different sections and in that way maintain a more close relationship with the Faculty than is at present possible. The financial aspect could be, I think, readily arranged, but into detail it is not necessary here to enter, and I mention the subject only that it may ferment in your minds.

Not only does this Faculty weld into one homogeneous mass the diverse, even discordant, elements which necessarily make up the profession, but through it we possess an organic connection with the great and good who are gone. Through it, and through it alone, are knit together the generations of physicians who have here labored and striven, and then passed to their rest. Of the altruistic instincts veneration is not the most highly developed at the present day, but I hold strongly with the statement that it is the sign of a dry age when the great men of the past are held in light esteem. I would like to read you a short paragraph describing the men who made this Faculty in its early days. It is from the memorial address of Dr. Wilmott Hall at the meeting in 1811.

"To classical erudition the most liberal and profound, they united the stores of medical learning with which the ancients or moderns had enriched the science of physick, or of which the schools of America or Europe could boast. In the academies consecrated to literature or medicine, either at home or abroad, they had given convincing evidences of their research, industry and talent ; while they bore honorable testimony that the intellectual claims of their native State were inferior to no portion of the old or the new world. As physicians they enjoyed that respect and confidence which is the pleasing and voluntary tribute of intelligence to

virtue and worth which the successful application of the principles of our science so generally receives from the discerning and grateful. As men, they were governed in their intercourse with society by all those refined and enlightened sentiments, which generally arise from the study of the sciences and liberal arts; from expanded and comprehensive views of the sublime laws and order of nature, and from a just sense of those moral obligations which bind man to his fellow man."

As these walls show, our predecessors have done something to keep active a function of this Faculty which is of the greatest moment; viz.: the preservation in its archives, on its shelves and on its walls the memorials of the days that are no more, and of the men who served faithfully the profession of their choice. We owe them much, and a heavy debt remains unpaid. Portraits of Upton Scott, the first President, and of his successors should grace these walls; the list of incorporators, it is a long one, from Gustavus Brown of St. Mary's County, to George Lynn of Allegany County, should live in brass in our hall. Then the men who made strong impress in their day should receive recognition at our hands, and it should be an act of filial piety year by year to add a portrait, a bust, or a tablet. Wiesenthal and Buchanan, Potter and Davidge, Godman and Jamieson, Chew and Power, are names which in honoring we should ourselves be honored. And there are notable men, transient teachers here, who have passed on to other fields; the learned Dunglison, the scholarly Gibson, the erratic Pattison and the philosophical Bartlett have strong claims upon us; and many others, of whom time fails me to tell. Are their memorials not written in Quinan's Annals and in Cordell's History? Would that the Faculty had been as faithful in its trust of this heritage as have these two devoted students of the medical history of this city!

Unlike other State organizations, this Faculty has in its Library an important educational function. It was a singularly judicious action on the part of the men who controlled this Institution to begin a collection of books. They knew the true guage of a profession's standing — not the number of its schools, not the length of the roll of students, not the material wealth of the physicians; these are as dross and slag, chaff and dust in estimating the true worth of a profession. Books are tools, doctors are craftsmen, and so truly as one can measure the development of any particular handicraft by the variety and complexity of its tools, so we have no better means of judging the intelligence of a profession than by its general collection of books. A physician who does not use books and journals, who does not need a library, who does not read one or two of the best weeklies and monthlies, soon sinks to the level of the cross-counter prescriber; and not alone in practice, but in those mercenary feelings and habits which characterize a trade.

But to maintain a modern medical library is a very serious undertaking. So extensive has the literature become that even well endowed institutions find it impossible to meet the incessant demands in all departments. The Faculty has the nucleus of an excellent collection, and through the kindness of our friends we have been enabled this year to add a long list of most valuable journals and many complete sets. Within a few years this most valuable section of the library should be greatly enlarged. The true worker does not want text-books; he looks to journal literature and monograph; and the extraordinary development of all special departments makes the work of a library committee very difficult unless it has a rich appropriation. In a year or two we should be able to give the committee at least double the present allowance.

There are several ways in which we can all help. Bring in new members; every additional annual subscription adds so much to the Library. You can join the Book and Journal Club, which is, as you know, a voluntary organization among members of the Faculty. This year, as Dr. Harry Friedenwald's report will show, we have more than

one hundred members, and the Club has subscribed to more journals for the Library than the Library Committee. This is an excellent way of helping ourselves. The club should next year have at least two hundred members, and present one thousand dollars worth of new books and journals. And lastly, many of you can help by filling out our imperfect sets of native and foreign journals. Will not one or two of our gynecological brethren take the trouble to look into the defects in the journals in their department? A little money spent quietly in this way will lighten their pockets and their hearts. There are gaping gaps which our surgeons might bridge over. A little personal interest on the part of the members will be much appreciated.

I envy Charles Frick the good fortune to go down to the future generations in this Faculty with his name linked to an important section of our Library. Posthumously and by proxy, as it were, thus to carry on, though dead, the work he was interested in while living is the nearest approach a man can make to cheating the great enemy; and in Charles Frick's case it is in a measure a compensation for the untimelinesss of his taking off. It is proposed to make the Frick Library the strictly medical section, in contradistinction to general surgery, and obstetrics and gynecology. How suitable it would be to connect also other departments with names of men who deserve such recognition. Than this there is no more appropriate way to perpetuate an honored name in our ranks. The College of Physicians of Philadelphia has set a good example in the Samuel Lewis and the S. D. Gross Libraries, which are so successfully kept up—the one in general medicine, the other in surgery.

To encourage others, I would like to refer to the splendid bequests which Nicholas Senn has made to the profession of Chicago. Many years ago he purchased the Library of Prof. Baum of Göttingen, containing some sixteen thousand volumes and pamphlets, which he presented to the Newberry Library for the use of the physicians of Chicago, and now this year he has added the splendid scientific library of the late Prof. Du Bois Reymond.

Increased privileges and facilities bring necessarily increased responsibilities, of which the future holds for us a goodly store. Two years will bring around the centennial of the founding of the Faculty, an occasion which should be made memorable in a very special way. There is, as you know, a small indebtedness on account of this building, a mere bagatelle to the profession of a city of half a million. This must be met, and certainly the centennial celebration of this organization is an epoch important enough to demand a larger effort, for which the payment of the small debt will prove useful training. The Executive Committee has a plan, which it will bring before the members at an early date, asking them to subscribe varying sums for the years 1897, 1898 and 1899, to pay off our mortgage. A few may be relied upon to give two hundred dollars a year for the three years, from a larger number we hope for one hundred dollars, others will give fifty dollars, some twenty-five dollars, and a large number ten dollars. We hope not only to pay off the debt, but to leave a balance.

May I say a word on the art of giving? The essence is contained in the well-known sentence, "let every man do according as he is disposed in his heart, not grudgingly or of necessity." Subscriptions to a cause which is for the benefit of the entire profession should truly be given as a man is disposed in his heart, not in his pocket, and assuredly not of necessity, but as a duty, even as a privilege, and as a pleasure. Some of us, the younger men, cannot give. The days of travail and distress are not yet over, and to give would be wrong. It is sufficient for such to have the wish to give; the elder brothers will bear your share; only be sure to foster those generous impulses, which are apt to be intense in direct proportion to the emptiness of the purse.

Upon a second group we must chiefly depend—the men of moderate incomes, who have a balance, however small, at

the end of the year. To devote a fraction of this to the needs of the profession by which they live is, on the lowest motives, good policy, on the highest, a delightful privilege.

Beyond a modest competency the sensible doctor does not aspire, but in the profession of every State there is a third group, composed of a few men who, dry-nursed by us, sometimes by the public, have become prosperous, perhaps wealthy. Freely they have received, freely they should give. It must be acknowledged, however, that the admonition of Sir Thomas Browne "should your riches increase, let your mind keep pace with them" is not always regarded by the men of this group. We have seen a good deal of late years in the papers about the large fortunes left by doctors; but it has not been a pleasant feature to note, with scarcely an exception, either an entire neglect or a very beggarly remembrance of the profession in which these men had at any rate laid the foundation of their large fortunes.

The sum required is not large, and we may confidently hope that the Committee who will have it in charge will within a few weeks obtain promises more than sufficient to meet it. If we make this little effort ourselves, we can try in the centennial year to obtain a proper endowment for the Faculty from our friends among the citizens. We shall need a larger hall, more in keeping with the rank and work of the profession of this city—quarters as complete as our brethren enjoy in Philadelphia and New York; and an endowment yielding a few thousand dollars annually is absolutely essential for the proper development of the Library. I would offer as a suggestion that a committee on finance be appointed to take charge of the matter. It would be well subsequently to have a permanent finance committee.

And lastly, I would call the attention of the members to the fact that we are working under a somewhat antiquated and very much patched up set of by-laws. If you turn to the last year's transactions you will find between five and six pages of resolutions, amendments, etc., affecting the Constitution, from 1885 to 1896 (inclusive). There are also anomalies in the constitution which might be amended; thus the examining boards for the Eastern and Western Shores, respectively, have no longer any vital status in our organization since the license is no longer granted by the Faculty. They might be replaced by a committee for the examination of the credentials of candidates for membership. I would suggest that a committee take charge of this whole matter, to report next year on the necessary changes, and give notice of motion for any alterations in the constitution which are deemed advisable; then in 1899, our centennial year, the constitution, by-laws, etc., could be all clearly and definitely presented for discussion and adoption and distributed to the members.

In conclusion, may I paraphrase those noble words of Aristotle, in which he laid down the duty of the citizen to the State, as also peculiarly appropriate in defining the obligations of the doctor to his calling. No physician has a right to consider himself as belonging to himself; but all ought to regard themselves as belonging to the profession, inasmuch as each is a part of the profession; and care for the part naturally looks to care for the whole.

BROMIDE OF ETHYL IN HYSTERICAL APHONIA.

Arslan (*British Medical Journal*) reports five cases of hysterical aphonia in women treated with success by bromide of ethyl. The patients were rapidly anesthetized with full doses (10 g.) of the drug, and as soon as they were partly insensible, it was suggested that they should shout loudly their name, count numbers, etc. The results obtained by this method were satisfactory. In four of the cases there was evidence of disease in the naso-pharynx. In three cases influenza was an exciting factor.

DOES MEDICINE ADVANCE?

By David W. Cheever, M. D.,
Emeritus Professor of Surgery, Harvard University.

ANNUAL ORATION DELIVERED AT THE NINETY-NINTH ANNUAL SESSION OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 27 TO 30, 1897.

WHAT is the true object of the practice of medicine?

To prolong life.

To relieve suffering.

To prevent disease.

To cure disease.

If we contrast the life of our day with the life of any previous period we can safely say that people live longer, or have a chance to live longer; that pain is more remediable; that many diseases can be prevented, or avoided, but can we say that more sick people are cured?

Does medicine advance?

The answer varies according to the four objects to be attained. What has this century given us that is wholly new?

In 1840, the law of zymosis, or fermentation, by Dr. Farr.

In 1846, anesthesia, by Dr. Morton.

In 1850, the demonstration of a bacillus (of anthrax) by Davaine.

In 1858, the law that fermentation and putrefaction are due to micro-organisms by Pasteur.

In 1865, antisepsis, by Lister.

Later the differentiation of germs by Koch; the cultivation of germs; the study of their noxious products, or ptomaines; the antitoxines; the migration of the white cell in inflammation; the leucocytosis of suppuration; the functions of the elements of the blood; subcutaneous therapeusis; sanitary science; the conquest of epidemics. Why lengthen the list?

And all this in fifty-seven years.

Hippocrates advocated pure air, pure water and a pure soil, as the requisites of health. Now we have learned why air may become impure, how water becomes infected with water-borne diseases; by what means to cleanse the soil.

Does medicine advance? Our medical ancestors based their practice on, first, observation; second, experience. The modern physician relies on, first, experiment; second, observation.

As the science of medicine advances thus and thus only, may the art progress. What is the science of medicine? What does it grow from? Chemistry, anatomy, physiology, pathology, bacteriology.

What constitutes the art of medicine? Therapeusis, chirurgery, obstetrics. Who can question the advance of chemistry; of microscopic anatomy; of physiology by vivisection; of pathology and bacteriology and the flood of light they shed upon the nature and the study of disease?

The Roman physician described the dates and the varieties, the habitat and the peculiarities of malarial diseases as accurately as we can now. The use of arsenic, or the Jesuits' bark, was well known to control them. But why some were quotidian, some tertian and some quartan, we were as ignorant of as the Roman, until the microscope discovered the germ of malaria in the blood and showed that its periods of growth by fissure marked out the access of chills into one, three, or four days interval.

What are the eras of medicine?

Observation by Hippocrates.

Polypharmacy by Galen.

Experiment by Bacon and Hunter.

A reliance on nature by Sydenham.

The school of precision by Louis.

Prevention by Jenner.

Aggressive therapeusis by modern scientists.

When men depend on observation, unaided by scientific instruments, they remain acute observers. The eye of the savage has a range of vision beyond that of the civilized man. The microscope prolongs our sight, but dulls the natural power. Hippocrates observed the phenomenon of disease and gained

probably as good an idea of practical facts as we do now. From Hippocrates to the Humoralists of the Middle Ages the blood has been accused of being the focus of disease. Bleeding, *coup sur coup*, was supposed to eliminate the *materies morbi*, although the often irremediable loss of fibrin and red corpuscles was soon replaced by serum from the tissues. Now, transfusions of blood or of salt solutions indicate the turning of the scale upwards rather than downwards, and a new supply takes the place of depletion.

The modern study of the elements of the blood and the counting of corpuscles mark the change which the microscope has introduced into this part of our art. These are the greatest improvements since the demonstration of the circulation by Harvey.

Polypharmacy has had a long reign and is still vigorous in its old age. Synthetical remedies supplied by modern chemistry tend to keep up the delusion that many drugs will do more than few, or none ; and the search for specifics still continues.

Experiment, the *vexatio naturae* of Bacon, has induced a great advance in medical practice. To Bacon is due the inductive method of reasoning. While the study of medicine is wholly by observation, the practice of medicine is the result of experiments. Medical science is then strictly inductive. But theories of medicine may lead to deductions and often to false ones. Observation is what we learn by using our senses.

Experiment is the trial of anything. Induction is to generalize from observation and experiment. For example : Watt observed that boiling water turned into steam ; that steam lifted the cover of a kettle ; he experimented to see if it would move other objects ; by induction he generalized the law of the expansion of steam. John Hunter was an earnest advocate of experiment. All theorists say to the practitioners at the bedside : "Do not try, but think, reason, deduce." Empirical Hunter said : "Do not think, but try." Pasteur and Koch, aided by vivisection, have carried experiment farther than its authors could have deemed possible.

Experimental physiology, by proving the effects of drugs on the lower animals aided by experiments on the normal respiration, temperature and digestive powers of such animals, has enlarged the list of remedies, defined and limited their use. Chemistry, too, has rendered valuable aid in therapeusis by separating the cleanly and active alkaloid from the useless bulk of nauseous drugs.

A reliance on nature's restorative powers, advised by Sydenham, gave rise to the expectant treatment. To wait and watch ; to do no harm, if no good ; therapeutic nihilism were still more enforced by the teaching of the elder Bigelow on self-limited diseases. That disease was not an entity distinct from ordinary life, but a process capable of a spontaneous return to health, in time, and in a more or less certain time. Such doctrines, carried farther, considered disease a part of the plan of creation, as Cotting suggested. "*Naturâ duce*" was the motto of the expectant school.

The natural history of disease and diagnosis assumed the chief importance. These were the prevailing methods when the writer entered the profession. Drugs were of doubtful utility ; experiment was not stimulated by such doctrines. The medical atmosphere of those times was cloudy and not encouraging. Now arose the school of precision headed by Louis and his statistical methods.

Statistics have, however, been shown to be not free from fallacy. The personal equation of the observer is often fatal to the accuracy of statistics. The eye sees only that which it has the power of seeing. Previous knowledge and particular training, as well as common sense, are necessary to the correct observation of any class of phenomena. We are the standard by which we must judge of external nature, and observation must always vary with the character of the observer.

Two instruments of precision had now appeared and were destined henceforward to exercise the most important influence on medicine. One was the com-

pound microscope ; the other the clinical thermometer. The microscope revealed disease in the tissues ; the thermometer measured accurately fever and chill. All doctors could learn the tongue ; all could estimate the pulse ; but bodily temperature has proved to be a more definite guide. The stethoscope, the laryngoscope, and, above all, the ophthalmoscope, displayed fields before unseen and revealed changes which before must be guessed at.

Prevention of disease was a brilliant thought and a long stride forwards. To Jenner must be freely accorded the first successful attempt at prevention by his discovery of vaccination. Many others have followed with antitoxines, or serum therapy, as Pasteur, Koch, Behring.

Prevention by sanitation, or hygiene, comes forward next into view. The pure air, water and soil of Hippocrates are again studied and the most assured improvements in longevity have been brought about by purifying the air, filtering the water and draining the soil. Freeing the food from adulteration and from the germs of disease are best exemplified in the care of the milk supply and of pork.

All this is new. It was unheard of in the middle ages and even later, when one disease, due to heat and overcrowding, arose, the " sweating sickness," or miliary fever. This malady has disappeared under modern sanitation. It is, I believe, the only disease which has vanished out of human existence. All the other germs and poisons remain, even the bubonic plague of Thucidydes, Bocaccio and DeFoe.

The miliary fever raged epidemically. In this disease there was a natural sweat ; and this was seized upon as the grand indication of treatment. Whoever, when seized, wished to escape death, must perspire for twenty-four hours without intermission. Hecker, in his " Epidemics of the Middle Ages," thus states the treatment :

" So they put the patient instantly to bed, covered them with feather beds and furs and whilst the stove was heated to the utmost, closed the doors and windows with the greatest care, to prevent all access of cool air. In order, moreover, to prevent the sufferer, should he be impatient, from throwing off his load, some person in health likewise lay upon him, and oppressed him to such a degree, that he could neither stir hand nor foot; and, finally, in this rehearsal of hell, being bathed in an agonizing sweat, he gave up the ghost." This pestilence, miliary fever, visited almost every puerperal chamber, for there a like hot regimen was carried out.

Immunity now appears as a new treatment of disease. Syphilization, inoculation of rabies ; of tetanus ; of diphtheria. The last named so general and so fatal a disease, that prevention, or abortive inoculation, has already secured a more brilliant success than any measure since the days of Jenner. Antisepsis and germicides also come in to play an extremely important rôle in sanitation.

Finally, aggressive therapeusis, as we will term it, has taken the place of expectancy. True, we still wait on nature, but we also attack disease. We explore the cell for the germ ; we isolate, locate, abort, eliminate the germ, which is present in each malady and which affects, if it does not wholly cause it. It is evident that chemistry and bacteriology must here do far more than drugs. We can destroy the vitality of the comma bacillus, the milk or water-borne typhoid germ, and the trichina of pork by simple heat. Other varieties we attack by chemical solvents, and by inoculations of their products in so-called antitoxines.

It is questionable, however, whether all our modern methods are sanative. Antifebrin, antipyrin, and the long list of febrifuges, aim to reduce fever rapidly. On the other hand, nature's method is to cause, first, perspiration, which may eliminate morbid elements ; and, second, evaporation, which cools gradually. Some contend that fever is a germicide and hence salutary; while the rapid reduction of temperature by the drugs alluded to is accompanied by depression of the heart and the vitality.

Can we cure more diseases ? Let us

take the five chief causes of death in Boston in 1896. They were: pneumonia, 1387 deaths; phthisis, 1328 deaths; heart disease, 861 deaths; diarrheal diseases, 713 deaths; diphtheria, 516 deaths; making a total of 4805 deaths out of 11634. The mortality of the city for that year, five-twelfths of all deaths, or nearly one-half.

Of these we shall find the curability of pneumonia not improved, of phthisis improved, of diarrheal diseases much improved, of diphtheria, a mortality reduced from 40 per cent. to 12 per cent. Pneumonia has usually come second to phthisis in the number of deaths; but last year it exceeded it. There is, then, an advance in the frequency of pneumonia, but no advance in treatment. But when we find that heart disease comes next in the list of mortality, can we not safely infer that a weak heart, overloaded on its right side by lung obstruction, is the ultimate cause of many deaths from pneumonia?

The dead-line of pulmonary consumption is declining, slowly; prevention is beginning to influence it. Tuberculin is a test, but not a remedy. Successful treatment depends on early diagnosis, climate, sanitation, isolation, destruction. Diarrheal diseases, oftenest infantile, have been much aborted by sterilizing milk, and by a reconstruction of its ingredients, chemically. Diphtheria will be jugulated by antitoxine inoculation. It is safe to say that all this advance in reducing the mortality of phthisis, diarrheal disease, and diphtheria, has been made through bacteriology. On organic diseases we have made no impression by medicine. They constitute about one-eighth of the general mortality. Very early diagnosis must here precede any effectual treatment. This treatment must be dietetic and hygienic, rather than pharmacal, unless inoculation by some toxine shall be discovered.

In consequence of the reduction of zymotic diseases, many lives are saved in childhood. Thus it results, according to the British Health Reports, that up to twenty-six years the chance of life has increased. But after thirty years, by the same tables, the chance of life is less than it formerly was, owing to the increase of diseases of degeneration due to civilization. There is a notable increase of cancer, and some other organic diseases. So many feeble lives, preserved through childhood, become feeble adults, prone to gradual decline. The percentage of chronic diseases is thus steadily increased.

It is thus seen to be impossible to overturn nature's balance of life and death. It is given to all men once to die. Mortality must come, or births would cease for want of food. Increased longevity and a diminished birth-rate meet in highly civilized communities. War, epidemics and famine play their part in restoring the disturbed balance of life and death; and they always will do so. It is for us to seek by prevention and sanitation to preserve the lives of those around us, well knowing that heredity and other causes will be always contending against us. In the midst of marvellous improvements and discoveries we must realize that the diseases which afflict mankind have never died out; they are only held in abeyance.

Smallpox, cholera, plague, diphtheria, tuberculosis, cancer, are active and watchful enemies. That we have accomplished so much against them is surely cause for congratulation. Medicine, as an art, really advances. Meanwhile the horizon of knowledge is ever receding, and the field of new discoveries and exploration is inexhaustible.

Shall we lie down in our defences in sullen and stubborn opposition? Or shall we join the thin skirmish line of assailants which openly attacks the causes of disease by bold and repeated assaults?

The one is expectancy; the other is aggressive therapeusis.

School-Made Insanity.—Mr. Harris-Liston describes, in the *American Medico-Surgical Bulletin*, a form of insanity caused by blows upon the head with the open hand. This may be by the teacher as a punishment or by a pupil in play.

Society Reports.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

Dr. W. W. Johnston, the essayist of the evening, read a paper entitled THE EFFECTS OF SCHOOL LIFE UPON THE HEALTH OF CHILDREN. The paper was accompanied by many charts and figures showing that the morbidity in children starting into school is considerable and rapidly increases as the child advances in class and age, particularly from the twelfth to the nineteenth year. That greater morbidity is shown in the classical (Latin and Greek) course than in the scientific. The highest morbidity is reached in the seventh class and about the nineteenth year. Myopia increases from 6 per cent. to 39 per cent. in boys and from 1 per cent. to 99 per cent. in girls.

The first school year 5½ per cent. of children have defective sight. The eighth year, 70 per cent. have defective sight. The nervous phenomena increase more rapidly after puberty. 70 per cent. of girls and 45 per cent. of boys have headache, particularly the afternoon headache that disappears when school term ends and begins again when school work is renewed. Sleep-walking occurs in 38 per cent., and is more frequent in boys. The morbidity increases with the number of hours the pupil is at work. Remarkably greater morbidity is shown in Sweden, where there is ten to eleven hours work, than in Denmark, where there is from four to nine hours work, and the country students show a much less morbidity than the city students. The same variety of morbidity exists in the different countries in about the same proportion, consisting of defective eyes, nervousness, dulness, spinal trouble, headache, anemia, chorea, etc.; that the strain of school life causes a withdrawal of from 20 per cent. to 30 per cent. of the members of each class and that the college students are those who have survived the sick and weakly of the preparatory and high schools. Speaking of the causes of morbidity in children, he mentioned heredity, early training, feeding, home life, etc., but expressed belief that the present system of schooling places a strain upon the child that greatly increases the morbidity. That the incentive of prizes for constant attendance, sick or well, is not good. That the present system should be thoroughly investigated and appropriate changes made. He closed by an appeal to the society to take the lead in this movement that promises so much good.

Dr. Snyder reported a case of ESOPHAGOTOMY FOR THE REMOVAL OF A FOREIGN BODY. The case was that of a woman who had partly swallowed a tooth plate, which remained in the upper part of the esophagus for several days. Unsuccessful attempts were made to locate the plate by the *x* ray and after repeated effort with various probes it was finally touched with a curved probe that entered five and a half inches from the incisor teeth. Forceps were used without effect and the throat became very irritable. An incision was made immediately above the sterno-clavicular articulation, curved upward in the direction of the sterno-cleido-mastoid separating the sternal from the clavicular fibers. Vessels were pushed aside and the esophagus was everted and incised for an inch and a half. Some trouble in extracting the plate compelled an enlargement upward of the incision. Esophagus was not sutured and boracic acid solution was given to drink, much of which ran through the wound. The discharge was considerable and had a peculiar sweetish odor. Temperature never rose above 101⅖° and there was much hunger and thirst. Ice cream and ice water were given and the wound gradually granulated and recovery complete. Dr. Snyder thought that sutures of fine catgut might have given more immediate reunion. He then reported a case of castration for enlarged prostate, which was eminently successful and followed by no bad results. Patient, a man of 63, was able to pass urine two days after operation ; he mentioned a former case that he had had that was successful, but followed by melancholic pain from

which patient never recovered. He then reported a case of appendicitis that had ruptured and involved the entire lower pelvis in an immense pus bag, the same pointing through the vagina. An abdominal operation and drainage and final rupture and discharge through the vagina. Recovery.

Dr. Bovée thought that puncture through the vaginal wall might have saved an abdominal operation.

Dr. Lamb reported a case of spina bifida and cerebral hemorrhage, with specimen.

Dr. Bovée showed specimens of complicating tubal and ovarian suppuration.

ASSOCIATION OF AMERICAN PHYSICIANS.

TWELFH ANNUAL MEETING, HELD AT WASHINGTON, D. C., MAY 4, 5 AND 6, 1897.

THE President, Dr. J. M. Da Costa, in the chair.

Dr. J. M. Da Costa of Phliadelphia then delivered the PRESIDENT'S ADDRESS. He spoke of the advances which had been made in medicine and surgery in the past few years and the amount of study which had been put on the ptomaines and the leucomaines. He said that the practice of the present day was characterized by lack of guesswork and that the work of the physician and surgeon were coming closer together. Medicines are used much more singly than in combination and the extracts and active principles take away the terrors with which medicine was regarded, especially by children; that it is no longer a hardship to be ill, for with the elegant capsules and beautiful tablet triturates and pills of esthetic color, these dear little pink pills, all render the taking of drugs by children especially more easy. The endeavor now is to overcome disease and medicine is much more aggressive. The plan now is to be more aggressive. Digitalis and mercury are given more freely. We may return to bleeding with immediate attempts at reconstruction of the blood. The nitrites, especially nitrite of amyl, are much more used than formerly. Many of these new remedies come from the physiological laboratory. The antitoxic treatment has not led to any great results except in diphtheria. The use of attenuated virus is atended with more success. Attempts with these remedies are rather more hopeful. The *x* rays promise much. The expectant plan of treatment, which is simply another name for ignorance and weakness, is not so much followed now. One great evil of the present day is a tendency to immediate generalization. All discoveries of new germs or a new form of treatment suggested are promptly made public and the would-be investigator publishes his results and draws conclusions, thinking that he will thus revolutionize science, while the active bacteriologist discovers a new germ every day and has at the end of the year an array of 365 new germs to present to the profession. The immediate generalizer is not reliable. Fixity of opinion is a virtue which many physicians do not possess. It is certain that clinical medicine must continue to be the final court of appeals. The more we investigate and the more we know the more the questions assume new aspects. There is no finality in medicine and empiricism must remain. Clinical medicine would be advanced if statements were not so vague; records are not so well kept. Thus it is usually the custom to report the treatment by stating that the usual treatment was employed, which means nothing; or to say in mentioning a drug that the usual dose was given. All this may mean different things. These records are so confusedly kept that they are worthless. There is, moreover, a great lack of literary skill and want of artistic color. In writing medical articles we should improve our records. It is not meant that we should sacrifice profound inquiry to the literary style, but it is a pity that we should have to choose. One more tendency of the present day is the excessive publication of lax knowledge based on half facts. This is a dangerous thing in science. Medicine is an inductive science.

Dr. George B. Shattuck of Boston

then delivered an address on the SERUM TEST FOR TYPHOID FEVER. Seventy-three patients were studied and the tests were made under the supervision of Dr. Leary of the pathological department of the Boston City Hospital. The clinical statements are unnecessarily subject to the unavoidable peculiarities of the hospital practice. The effort should be to have them as accurate as possible. The date of the beginning of typhoid fever is counted from the first symptoms, but the reporters are not always correct, even when they wish to be. A few cases have been thrown out; thus in some of these cases a large number of tests might have been made had more time been at our disposal. Liquid blood was used and only incidentally could we make out as to the proportion of serum in the typhoid cultures. The diazo reaction has been used in a large number of these cases and in the laboratory a longer maximum of time, an hour, was allowed for the reaction than some would consider justifiable. Many of the reactions had occurred in less time and the room culture reacts more promptly than the thermostat culture. Of the 145 cases, 125 were typhoid fever, 17 were not typhoid fever and 1 was doubtful, which is not much to go on. The method of bacteriological testing was simple. But suffice it to say that the spleen of the patient was taken and from this daughter cultures were made. All the tests were made with cultures at the room temperature, they seeming to be more satisfactory, for in the room culture the organisms were fewer in number and larger and more motile; the reaction, while perhaps slower, was absolute. In the thermostat culture, sediment of dead organisms interferes with the diagnosis. The technique was that commonly practiced, bnt one hour was made the limit of time for the test and a shorter limit would have made many tests doubtful. With 116 cases, with a clinical diagnosis of typhoid fever, the reaction occurred in 16 before the tenth day and in one as late as the hundred and twenty-second day. Eleven cases gave a doubtful clinical diagnosis and of these four gave no reaction at any time. One was without doubt meningitis; another was an old malignant endocarditis; the third and fourth were positively typhoid, although it is very uncertain. In five of these eleven doubtful cases a positive result was obtained. In the first of these there were almost no symptoms, but the reaction took place on the twenty-second, the twenty-third and twenty-fourth days. The second case was a professional man of 52; he was a steady drinker. He suddenly became mentally confused while in another city and later had another attack resembling vertigo, with aphasia; the urine contained blood, albumen and casts; the serum test gave prompt reaction. The third case was probably meningitis, but the reaction showed that typhoid was with it. The fourth case was evidently an ambulatory typhoid. The fifth case was considered uremia, but as the history and symptoms were so vague, no positive diagnosis could be made; the patient died and the autopsy showed a typhoid. In the two doubtful cases, positive and negative results were obtained on different days. In the eighteen cases with a clinical diagnosis other than typhoid, there was no reaction in fifteen and there was a reaction in three. One of these three being pneumonia, one thought to be acute miliary tuberculosis and one exophthalmic goiter. The pneumonia case died and no autopsy was obtained. The case of exophthalmic goiter also died and typhoid ulcers were seen at the autopsy.

The case of acute miliary tuberculosis gave a positive result. Questions have been asked whether the blood serum from the negro was more prone to this reaction than the blood of the white. Tests were made with thirteen colored patients, in eight of whom there was no reaction. In three there was reaction more or less satisfactory and in two the reactions were positive. Typhoid fever cannot be excluded in the history of these two cases in the past six months. The diazo reaction was recorded in eighty-nine cases, was found in forty-two and not found in forty-seven and

its presence did not always coincide with the serum test.

The following conclusions were drawn:

1. The serum reaction may be obtained towards the end of the first week of typhoid fever but is both more pronounced and more usual later in the course of the disease.

2. It may be present without relapse at the end of the fourth month.

3. It may be absent one day and present the next.

4. Of 125 cases of typhoid fever the reaction was absent in only one case. In three cases it failed, but there was in each only one test, in one case on the twelfth and in the other on the eighty-second day.

5. In 19 cases of other diseases clearly uncomplicated by typhoid there was no reaction.

6. In one case, where the diagnosis must remain doubtful, although typhoid cannot be positively excluded, there was a reaction.

7. In a number of difficult and perplexing cases the serum test was of distinct service in establishing or correcting the diagnosis.

8. This test will probably prove itself a useful aid to clinical diagnosis, and especially in hospital practice.

Dr. A. C. Abbott of Philadelphia said that the conditions which surrounded this work in the city were not the same as those in a hospital, nevertheless the results in Philadelphia had been fairly good. They had received 164 cases of dried blood and 115 of these had histories, 68 were clinically diagnosed typhoid fever and 66 gave the Widal reaction; that is to say, 2.9 per cent. failures. This reaction takes place as late as the thirty-second day and in many cases in less than a week. In two cases in which the primary reaction was negative the secondary was positive and in seven cases with doubtful primary reaction had showed a positive one later; two cases came in with very meager histories. He had been much pleased with the results of the work in the municipal laboratory in Philadelphia.

Dr. J. H. Musser of Philadelphia said that there was one period when this reaction was confusing and that is in the latest stages of the illness when typhoid was a terminal infection. He mentioned several cases in which the reaction failed to show until very late in the course of the disease, which made him think the disease was not originally typhoid.

Dr. Wm. Osler of Baltimore said that in 44 cases which had been examined for him by Dr. Bloch at the Johns Hopkins Hospital, reaction had proved satisfactory in all and quite a number of these cases were admitted later on in the course of the disease. In one there was a slight recrudescence of the disease; again in another there was meningitis. Certain cases were thought to be remittent fever. It was rare to get this reaction before the sixth day.

Dr. Herman M. Biggs of New York said that it was easy to obtain the reaction from the blood, but in quite a number of cases he had applied a cantharidal plaster and had obtained the reaction with the serous fluid which was raised by the blister.

Dr. James Tyson of Philadelphia said that many cases of typhoid fever aborted spontaneously. He mentioned the cases of two young girls who went skating on the Schuylkill and becoming thirsty they drank some of the water through a hole in the ice; they both had the fever and very early in the course of the disease they gave characteristic reaction; one got well in a week and the other one in three weeks. He mentioned another case which was supposed to be typhoid fever but the blood was examined and the reaction was not obtained. He thought that it must be miliary tuberculosis but could get no signs of the disease, but the clinical picture was so much like typhoid that he held to his opinion. At the autopsy there were signs of typhoid fever except an enlarged spleen and the case was one of tuberculosis.

Dr. Frank Billings of Denver said that mistakes were often due to faulty technique. Dr. Wyatt Johnston stated that an old culture should be used, which was an error, and what he meant

to say and what he did say afterwards was that an old culture should be used as a basic culture and daughter cultures from this should be used. It was very important that the technique of this method should be understood before attempts of diagnosis are made; for there is the age of the culture and the proportion of serum to the test and the influence of the serum of the typhoid organisms all have to be considered. In one case in which the typhoid fever occurred three years ago the blood reacted to the test. Widal says seven years is the longest time he knows. It is important therefore to understand the method of reaction and to be acquainted with the exceptions to this diagnostic means.

Dr. James T. Whittaker of Cincinnati then related a case of a patient who he had at first thought had Bright's disease and then he thought it was miliary tuberculosis. He examined the blood and got the typical reaction during convalescence and he concluded that the case was one which had recovered from typhoid fever.

Dr. Fred. C. Shattuck of Boston then related a case in which the diagnosis at first was rather obscure; the patient felt badly, had chills, later fever and then albuminuria which was supposed to be due to Bright's disease. The fever went up as high as 106°, the blood gave the characteristic test and he concluded that it was what the Germans called "nephrotyphus."

Dr. E. G. Janeway of New York said he had seen the danger of trusting to the negative side of this test too early in the course of the disease. He had been called in quite a number of times when the test was negative and when the case was supposed to be typhoid fever but no certain diagnosis had been made. In one case it was not until the 28th day that the typhoid reaction was obtained and there had already been collapse and perforation of the intestines. The negative test does not deprive typhoid fever of its dangers but rather tends to throw one off guard. The great danger is in regarding this test as pathognomonic; thus we are misled by the negative results and treat the case as if it were something other than typhoid when in reality it is typhoid. He mentioned a case in which the reaction was not taken until the convalescence; he thought we ought to be very careful in negative tests.

Dr. A. Lawrence Mason of Boston then read a paper entitled GALL-BLADDER INFECTION IN TYPHOID FEVER. This was a case of inflammation of the gall-bladder with perforation and intestinal rupture following a complication of typhoid. It is not a common disease and he had found about forty cases in literature and most of them were post-mortem discoveries. His case was a woman 30 years old who in the second week of typhoid fever began to suffer from anorexia, vomiting and constipation. The blood was tested and the reaction was positive. She had pain in the right hypochondriac region, with swelling, great tenderness at times; the liver dulness was normal; a cyst was discovered and it was aspirated, a thick yellow fluid being withdrawn; there were no gall-stones found. The relief from pain was immediate and the pulse fell to normal; the gall-bladder was resected; defervescence promptly ensued; the specimen of fluid which was passed around showed that it was very much unlike bile. Typhoid organisms were found in this fluid, tests were made with it and animals were inoculated. Not many cases of this kind are recorded. Rokitansky and Frerichs have made the best studies on this trouble. It is only in the past ten years that bacteriologists had made it possible to investigate these cases thoroughly. The biliary ducts contain the typhoid organisms and some gall-stones were found, but not many. Infection might have taken place from the gall-bladder. The prognosis was unfavorable. If the gall-bladder is much distended the treatment should be towards relieving pain and for preventing absorption or else surgery should be called in. He related a case in which laparotomy had been performed in this trouble. His conclusions were:

1. That the gall-bladder is often affected in typhoid fever.

2. Cholecystitis may result.

3. Gall-stones predispose to this complication.

4. The gall-bladder may be the means of infecting the body.

Dr. Wm. Osler of Baltimore then read a paper on HEPATIC COMPLICATIONS OF TYPHOID FEVER. He considered the subject under the following headings:

1. Focal necroses.

2. Jaundice in the course of the disease.

3. Abscess which might be in the form of a suppurative pylephlebitis or a solitary abscess.

4. Affections of the bile passages which were due to typhoid bacilli in the gall-bladder and typhoid fever or as cholecystitis and cholangitis as a complication or sequela of the disease or else of the form of typhoid fever of gall-stones.

He spoke of the rarity of jaundice in these cases. He had not been able to find it in the first 500 cases in the Johns Hopkins Hospital except in two instances. Blachstein showed that the bacillus lived fifteen and a half weeks in the biliary passages and the colon bacillus was always there. In fourteen cases in which the gall-bladder had been examined of those who died, typhoid bacilli were found in seven cases and other organisms in the disease and in these seven fatal there had been no hepatic symptoms. There is a great possibility of infection through the gall-bladder. The production of an acute cholecystitis without typhoid in any individual is possible, as the records of the present day will show. He had seen a case; the subject of the case was a man who had suffered from gravel; after a hearty meal of beefsteak and potatoes he was seized the next day with violent vomiting and vomited his two previous meals; he had a tumefaction over the gall-bladder region. Dr. Halsted operated and found no bile but stones and a yellow liquid. He also found the colon bacillus. The studies of Chiari on this subject show very great care. It is so exceeding rare that in an analysis of 2000 cases in Munich only five were found. The number of recent cases, however, is greater than is usually reported. He spoke of one case in which there was laparotomy and recovery and then related the following cases:

CASE I.—Typhoid fever. Fever lasted 27 days; colon bacillus was found during convalescence; the patient subsequently recovered; then three months later he grew worse and was operated on for cholecystitis; a laparotomy was first performed for appendicitis and nothing being found wrong with the appendix, the gall-bladder was found adherent with a perforation in it from which oozed a yellow fluid; this fluid was removed and the gall-stone was also removed and the gall-bladder was packed with iodoform gauze and the case recovered.

CASE II.—In the third week of typhoid fever; got better later; had a relapse and became violently jaundiced. On admission an enlarged gall-bladder was found and the fluid was extracted; the colon bacillus was found; the patient died.

CASE III.—The patient has been sick 82 days; had a slight remission; typhoid fever was diagnosed but Widal's reaction was dubious; on the thirty-fifth day of the fever had extreme pain in the hypochondriac region; a laparotomy was performed and the patient recovered.

CASE IV.—Typhoid fever, pain in the side; got better, but later was re-admitted; he then complained of headache, weakness and then had a chill which lasted half an hour; the blood gave a marked Widal reaction; he was jaundiced. The cultures from the fluid were sterile; later he had parotitis.

DISEASES OF THE ETHMOID.—Dr. John Noland Mackenzie of Baltimore presents, in the *New York Medical Journal*, a contribution to the pathological anatomy of ethmoid disease, which is illustrated with a series of microscopic drawings illustrating some of the special points to which he calls attention. This article appears, likewise, in abstract in the *Journal of Laryngology* for February, 1897.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, MAY 15, 1897.

The State Faculty.

THE address of Dr. Osler, the retiring president of the Medical and Chirurgical Faculty, is especially interesting as containing not only many references to local affairs of importance, but as making many suggestions of great value and worthy of more than a passing consideration.

There are two sets of physicians, those who attend regularly medical societies and those who never go near them. To the latter class Dr. Osler addresses himself when he says that physicians, as a rule, lead lives too lonely and need friction with their colleagues and for this reason should attend and take part in medical deliberations.

Also the suggestion to unite all medical societies of the State as branches of the Faculty like the College of Physicians of Philadelphia, or the New York Academy of Medicine, is one which should be acted on. This is the day of consolidation. Railroads, medical schools, theatrical organizations and countless forms of business tend to unite and thus economize time, a useless multiplication of offices and the expense occasioned thereby. The various city societies could very well be merged into the Faculty.

The Clinical Society, like the old defunct Academy of Medicine, has been collecting dues, until recently, in excess of its needs and the consequence was that not long ago they turned over a thousand dollars for the use of the Faculty building. It is likely that most members of the local societies belong to the Faculty, but it would be a saving to individuals who would have to pay dues to but one association instead of to three or four as now. This suggestion to consolidate the medical societies should be taken up seriously.

After speaking of the great value of the library as small as it now is, Dr. Osler calls on patriotic members of the profession to help the Faculty by joining it, by giving books to the library and by presenting or leaving bequests of money for a permanent endowment fund.

The centennial year is fast approaching and if the members have energy enough to pay off all present debts and leave a margin to start a nucleus for the permanent fund, public-spirited citizens, like the Fricks, Mr. Reverdy Johnson and others, will, in appreciation for services rendered, which can never be repaid, give sums of money which will make the old Faculty a power in the State.

* * *

The Alienists.

THE fifty-third annual meeting of the American Medico-Psychological Association, which was formerly the Association of Medical Superintendents of American Institutions for the Insane, has just completed a most successful meeting and this at a time when it is hard to make a pin prick on the map where a medical society is not just meeting or has just met.

This association has each year rendered valuable work in the cause of the insane and at their sessions it is seen what can be done for the insane, especially in the way of curing curable cases. Indeed so important was the question of the care of the insane that a large part of one session of the State Faculty last month was taken up with the consideration of the question of the care of the dependent insane in Maryland.

The programme of this congress of alienists continued four days and the programme was varied, and the work done was valuable, as the records will show. The social features

of this meeting were not neglected and each day some form of entertainment, which in every case attracted a full attendance, was given. After the work at the Faculty and the sessions of this congress it is hoped that the future of the dependent insane of Maryland will be brighter than it has been in the past.

* * *

Modern Neurological Nomenclature.

In the world of fashion, of literature, of art, in fact, wherever one turns, it is a common spectacle to see some well-worn object tricked out in a new dress, and it is astonishing how often this passes current for new. It is a reversal of the Scripture injunction, for the old wine is racked off and put into new bottles, or, at all events, the label stares forth in fresh and gaudy print, instead of the somber, cobwebby mien so beloved by the connoisseur.

For many decades we have been accustomed to speak of the nerve cell with its axis cylinder process and its protoplasmic processes. Today, if we use this obsolete nomenclature, we are in danger of having it said that we are non-progressive. Without attempting to belittle in any way the important work of Golgi, Raymon Y. Cahal, Flechsig, Van Gehuchten, Lenhossek and many others, it must be said that the new nomenclature implies more new discoveries concerning the structure of the central nervous system than the facts warrant. Much stress of late has been laid on the idea that the nerve cell with its various processes is a unit. As a matter of fact this is not strictly a new conception.

For many decades we have admitted that the axis cylinder process was continuous from the cell to the termination of the nerve, and that its function was to transmit stimuli, centrifugal and centripetal. In like manner the protoplasmic processes were regarded as branches of the cell and were supposed to connect, in some unknown way, groups of nerve cells. The new nomenclature speaks of the cell and its ramifications as the neurone, the axis cylinder process as the axone, and the protoplasmic processes as the dendrites. That this is somewhat confusing is evident from the fact that at least two prominent writers on the histology of the nervous system (H. H. Donaldson, in The America Text-Book of Physiology, and Schäfer, in Quain's Anatomy) employ the term neurone as synonomous with axis cylinder process.

The newer staining methods, particularly Golgi's silver method and the various modifications of it, have shown a wealth of detail never before demonstrated. By these methods our ideas as to the course and termination of the axone or axis cylinder processes have been greatly cleared up. In addition, certain details of structure, both as regards the axones and the dendrites, have been made out, the exact functional importance of which is not as yet apparent. Much important light has been thrown on the course of fiber tracts in the central nervous system, and also upon the relations between different groups of nerve cells. The new nomenclature, however, is a distinct improvement upon the old and is coming into general use among neurologists. In fairness to the uninitiated, it must be said that the "new idea" of the structure of the central nervous system, as Cahal calls one of his recent communications on this subject, is merely an amplification and extension of the older views, made possible by the discovery of improved staining methods.

* * *

Throat Examinations in Public Schools.

It is very gratifying to see the work of the health department of Baltimore gradually developing and becoming more scientific in character. The last step forward is the rule to make systematic bacteriological examinations of the throats of pupils in those schools where a case of diphtheria has been reported. The first examination was made last week by the city bacteriologist Dr. William R. Stokes in a school at Locust Point after a case of diphtheria had been reported, and as a result fifteen pupils were ordered not to attend school until further notice.

In this connection reference might be made to a paper read by Dr. William T. Watson before the State Faculty last month and which will appear later, in which he spoke of the great difficulty of making parents, guardians and others understand how a child apparently well in every outward respect could be a source of danger to others. In several cases he had found the diphtheria organism for several weeks after the apparent disappearance of the disease and the parents grew restive and blamed the physician for allowing the germ to stay there so long, saying it was his business to remove 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 May 8, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		14
Phthisis Pulmonalis		26
Measles	44	
Whooping Cough	1	3
Pseudo-membranous Croup and Diphtheria	23	3
Mumps	6	
Scarlet fever	32	
Varioloid		
Varicella	3	
Typhoid fever	1	2

The optometry bill has been defeated in New York.

The Home of the Friendless is contemplating building a new hospital.

Dr. M. G. Porter, of the class of 1886, University of Maryland, has been reëlected mayor of Lonaconing, Md.

There have been several new assistants appointed at the Presbyterian Eye, Ear and Throat Charity Hospital.

Dr. J. McP. Scott, as health officer, is doing very active work in improving the sanitary condition of Hagerstown.

The directors of the Maryland Homeopathic Hospital will soon erect a new building on the site of their old one.

The Fortieth Annual Meeting of the Missouri State Medical Association will be held at St. Louis, May 18, 19 and 20, 1897.

The American Public Health Association announces its Twenty-fifth Annual Meeting to be held in Philadelphia, October 26, 27, 28 and 29, 1897.

As soon as plans are completed, the Baltimore Eye, Ear and Throat Charity Hospital will erect a new building on the lot next to its present site.

Dr. Elizabeth Gable died near York, Pennsylvania, last week. Dr. Gable was graduated from the Woman's Medical College of Philadelphia in 1890.

Professor Kölliker will celebrate, on the 6th of July next, his eightieth birthday and fiftieth anniversary as a teacher of medicine.

The Medical Society of the State of Pennsylvania will hold its Forty-seventh Annual Session at Pittsburg, May 18, 19 and 20, 1897.

Drs. George W. Todd, G. F. Adams and S. P. Dennis are perfecting plans for a hospital at Salisbury, Md. There is said to be no hospital on the Maryland Peninsula.

Dr. William P. Miller, formerly resident physician at the Maryland General Hospital, has been elected Demonstrator of Pathology at the Johns Hopkins Medical School.

Dr. Duncan MacCalman has resigned the position of resident physician at the Maryland General Hospital and has opened an office at the corner of Lanvale and Stricker Streets.

According to a rule adopted two years ago by the Kansas Medical Society, all papers presented before that body must be typewritten and they become the property of the Society as soon as read.

The Boylston Medical Prize of $150, for 1897, has been awarded to J. Francis Walsh, M. D., for an essay entitled, "The Anatomy and Functions of the Muscles of the Hand and of the Extensor Tendons of the Thumb."

The hundredth anniversary of the establishment of a hospital for the insane of Maryland was celebrated with appropriate ceremonies last Wednesday at the Maryland Hospital for the Insane. A full account of the history of this institution was recently given in this JOURNAL.

An amendment to the Nebraska Medical Practice Act, adopted by the Nebraska State Senate, requires a four-years' attendance at a medical college before a license can be granted. The present law requires three-years' attendance.

At its session held at Chicago last week, the National Association of Railway Surgeons, out of compliment to the membership in Canada and Mexico, changed its name to the International Association of Railway Surgeons. The next meeting will be held in May, 1898, in Toronto. Dr. George Ross of Virginia was elected President; Dr. Hutchinson of Montreal, First Vice-President, and Dr. Riordan of Toronto, Chairman of the Committee of Arrangements.

WASHINGTON NOTES.

At the meeting of the board of directors of the Emergency Hospital, Dr. W. P. Carr was elected to the chair of surgery formerly held by Dr. James Kerr. Dr. Turner will succeed Dr. Lawrence as resident physician, and Drs. Baker and Juemman were promoted from the subordinate staff.

The second mark of honor erected in memory of medical men of the United States is the monumental memorial to Dr. Samuel Gross which was unveiled with appropriate ceremonies May 7. A large delegation of Philadelphia physicians were in attendance, particularly of the Jefferson Medical College.

Book Reviews.

The Diseases of Infancy and Childhood; for Use of Students and Practitioners of Medicine. By L. Emmett Holt, A. M., M. D., Professor of Diseases of Children in the New York Polyclinic; Attending Physician to the Nursery and Child's and the Babies' Hospitals, New York; Consulting Physician to the New York Infant Asylum and to the Hospital for the Ruptured and Crippled. With Two Hundred Illustrations, including Seven Colored Plates. New York: D. Appleton & Co. 1897. Price, $6.00.

The drift towards extreme specialism in medicine is shown in many ways just now, and, although there are some signs of a healthy reaction, the efforts in certain quarters to specialize pediatrics may be taken as an indication of the former tendency. While in past years there were few standard works upon diseases of children, one has now an increasingly large number from which to choose. The present work even limits itself to diseases of infants and very young children in a treatise of over 1000 pages.

The first part of the book, including the hygiene and general care of infants and young children, growth and development of the body and peculiarities of disease in children, forms the best part of the work. The section on therapeutics places in a clear light the effect and method of administration of various agencies such as poultices, counter-irritants, cold applications to the nose and throat, inhalations, stomach-washing, irrigation of the bowel, etc., also a consideration of the dosage and action of various drugs, antipyretics, anodynes, tonics and stimulants. The author believes in the free administration of alcohol to infants when stimulation is indicated, apparently not sharing the misgivings of some modern observers in reference to this subject.

The diseases of the newly-born are treated briefly, but all the facts are stated. Exception might be taken to the effort to make an entity under the somewhat shadowy term, "inanition fever." It appears to us to be a good example of unnecessary differentiation. The chapters devoted to nutrition are well written and this important subject is discussed in all its aspects. A certain unevenness is to be noted in the space devoted to various classes of disease throughout the book. Thus, under diseases of the digestive system, gangrenous stomatitis, to which, pathologically, so much interest attaches, is passed over in a little more than two pages. Diseases of the respiratory organs are thoroughly considered. Pseudo-membranous laryingitis is discussed clinically in this section, although the etiology, lesions, pathological relations and bacterial diagnosis are considered in the chapter devoted to diphtheria.

The author states at the outset that pseudo-membranous inflammation of the larynx is almost invariably due to the Löffler bacillus and hence the confusion that might otherwise ensue in the mind of the reader from this arrangement is to a certain extent avoided. Strong ground is taken in favor of intubation when operative interference is necessary. The author is heartily in favor of antitoxine administration in diphtheria, in connection with generous feeding and free stimulation. So great is his faith in the serum treatment that the various drugs commonly recommended in diphtheria are given only a few lines. As in all modern works, the distinction between diphtheria and pseudo-diphtheria is sharply drawn. The section devoted to diseases of the blood, lymph nodes and bones is not as extensive as one would expect from the amount of work recently done in connection with these subjects. Taking it in all, this work expresses very fairly the advances that have been made in pediatrics during the past decade. Although it does not contain a great deal that is new, whatever the enquirer wishes to know in reference to the subjects discussed will be found stated with plainness and positiveness in the pages of the volume.

Current Editorial Comment.

MEDICAL PATERNITY.

Medical Summary.

WHO fathers all these absurd and ridiculous statements that appear in the medical press? It is fortunate for the journals that they are not responsible, else they would suffer; it is doubly fortunate for the profession that the great body of medical men are so well grounded in medicine that the inane suggestions of would-be instructors are passed by with a smile, yet undoubtedly some are influenced to try the measures advocated.

STATE EXAMINATIONS.

Philadelphia Polyclinic.

THE regulations, in many States, by which those connected with medical teaching are ineligible to appointment on the examining boards, interfere with the selection of persons who would be especially qualified, in some respects, at least, to conduct proper examinations. We do not quarrel with the principle, however; there are good reasons why those connected with colleges should be excluded, but the examiners should make careful study of the methods in vogue in college examinations and endeavor to follow the general trend of these. Especially is it important that all questions should be explicit in language, so that they may be understood in the same way by all.

MEDICINE AND LAW.

Baltimore American.

No profession is making more rapid progress than that of medicine. Young men study now under the best instructors, and with all the latest advantages science has been able to command, so that a young doctor starts out now much better equipped to make a success of his business than did his father or grandfather. In many respects the practice of medicine has been almost completely revolutionized within twenty-five years. Operations, for instance, are now performed with ease, and with a high percentage of success, that less than thirty years ago would have been regarded as desperate to undertake. The ambitious, industrious young doctor is generally abreast of the age. He has been able, owing to the progress of science, to discard much that was useless. His brother, the lawyer, is still largely handicapped by clinging too closely to old forms and practices, which are to a great extent out of harmony with the age.

Society Meetings.

BALTIMORE.

BALTIMORE MEDICAL ASSOCIATION, 847 N. Eutaw St. JAS. E. GIBBONS, M. D., President. E. L. CRUTCHFIELD, M. D., Secretary. Meets 2d and 4th Mondays of each month.

BALTIMORE NEUROLOGICAL SOCIETY. Meets 3d Wednesday each month. SAMUEL J. FORT, M. D., Secretary.

BOOK AND JOURNAL CLUB OF THE FACULTY. Meets at call of President.

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

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

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d and 4th Thursdays of each month—October to June—8.30 P. M. J. B. SCHWATKA, M. D., President. S. T. ROEDER, M. D., Corresponding Sec'y.

MEDICAL JOURNAL CLUB. Every other Saturday, 8 P. M. 847 N. Eutaw St.

THE JOHNS HOPKINS HOSPITAL HISTORICAL CLUB. 2d Mondays of each month, 8 P.M.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY. Meets 1st and 3d Mondays, 8 P.M.

THE JOHNS HOPKINS HOSPITAL JOURNAL CLUB. Meets 4th Monday, at 8.15 P. M.

MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE. SUE RADCLIFF, M. D., President. LOUISE ERICH, M. D., Corresponding Secretary. Meets 1st Tuesday in the Month.

UNIVERSITY OF MARYLAND MEDICAL SOCIETY. Meets 3d Tuesday in each month, 8.30 P. M. HIRAM WOODS, JR., M. D., President, dent. E. E. GIBBONS, M. D., Secretary.

WASHINGTON.

CLINICO-PATHOLOGICAL SOCIETY. Meets at members' houses, 1st and 3d Tuesdays in each month. ARTHUR SNYDER M. D., President. R. M. ELLYSON, M. D., Corresponding Secretary. R. T. HOLDEN, M. D., Recording Sec'y.

MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets 1st Thursday each month at members' offices. FRANCIS B. BISHOP, M. D., President. LLEWELLYN ELIOT, M. D., Secretary and Treasurer.

MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA. Meets Georgetown University Law Building 1st Tuesday in April and October. G. WYTHE COOK, M. D., President. J. R. WELLINGTON, M. D., Secretary.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets Wednesday, 8 P. M. Georgetown University Law Building. S. C. BUSEY, M. D., President. HENRY L. HAYES, M. D., Recording Secretary.

OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY OF WASHINGTON. Meets monthly at members' offices. President, S. O. RICHEY, M. D. Secretary, W. K. BUTLER, M. D.

WOMAN'S CLINIC. Meets at 1833 14th Street, N. W., bi-monthly. 1st Saturday Evenings. MRS. EMILY L. SHERWOOD, President; DR. D. S. LAMB, 1st Vice-President. MISS NETTIE L. WHITE, 2nd Vice-President. MRS. MARY F. CASE, Secretary. MISS MINNIE E. HEIBERGER, Treasurer.

WASHINGTON MEDICAL AND SURGICAL SOCIETY. Meets 1st Monday in each month. N. P. BARNES, M. D., President. F. W. BRADEN, M. D., Secretary.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY. Meets 1st and 3d Fridays of each month at members' offices. GEORGE BYRD HARRISON, M. D., President. W. S. BOWEN, M. D., Corresponding Secretary.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXVII.—No. 6. BALTIMORE, MAY 22, 1897. Whole No. 843

Original Articles.

ALCOHOLIC INSANITY AND EXCESS, WITH A REFERENCE TO THE OPIUM HABIT.

By A. L. Hodgdon, M. D.,
Dispensary Physician to the Department of Nervous Diseases, College of Physicians and Surgeons, Baltimore.

READ AT THE NINETY-NINTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 27 TO 30, 1897.

Among the many conditions which are grouped under the general terms of mental unsoundness, or of insanity, alcoholic madness is one of the most frequent and rich in its delusory manifestations and is usually described under the head of delirium tremens. Sully's work on Illusions goes to say that "The common experience of seeing rats and mice running about during a fit of delirium tremens very well illustrates the coöperation of peripheral impressions not usually attended to and possibly magnified by the morbid state of sensibility of the time (in this case flying spots, muscae volitantes) with emotional conditions."

This is decidedly an illusory insanity and numbers among its many phantasmal creations legions of weird and elfin-like spectra, the hallucinations of an over-stimulated brain. It is interesting in this connection to consider the myriads of phantoms which pass in long procession before the bewildered eyes of the victim of *mania a potu* and also the general character which they assume. Out of twenty-one cases selected at random from the many alcoholic cases which visit the nervous department of the College of Physicians and Surgeons dispensary, about eleven cases suffered from illusions. One sees frogs jumping over the floor, another sees horses kicking and running away, still another views snakes and rats, and a fourth has a similar illusion as the second, that of seeing a horse kicking and jumping; a fifth has seen something like a dog mashed up, and then it would appear to approach him; a sixth saw a horse the other night with red stockings on, and saw all kinds of things gaping at him, and voices singing out, also voices saying: "There he is now; go for him." A seventh imagines he sees a man outside of the window and has a feeling that he himself is going to have convulsions; an eighth imagines he sees cats and rats and spirits running around the yard; a ninth sees men who appear to laugh at him when he closes his eyes; a tenth, a colored man, imagines he sees snakes, scorpions and black men, with knives, running around the room; and another, though not suffering from illusions, feels all the time like falling when working on a scaffold. Eighteen suffered from insomnia, partial or complete. There was morning vomiting in thirteen cases, and anorexia more or less complete in twenty cases. Eleven cases

had no suspicion whatever of heredity; there were six who had excessive drinkers for fathers; one who claimed a relative on his mother's side was a drunkard; two had only one uncle who drank to excess, while one had several uncles who drank excessively.

It is hardly worth while to dwell upon the destructive tendencies brought about through chronic alcoholism on the delicate structures of the brain and nervous system; the degenerations and their sequelae are all too common and well-known to us all, and furthermore these and many other matters connected with excessive drinking would fill a large volume and could hardly be brought within the scope of a paper so thoroughly abridged. What I would like to enunciate very forcibly is that although heredity may play its part in the production of many cases of this class, yet heredity should no longer be considered the scape-goat for the chronic inebriate. That a certain underlying constitution is inherited whereby the victim through mistaken ideas as to the social function of treating and being treated over the bar *ad infinitum à la perpendiculaire*, and of following this up day after day with many an orgie, remaining almost continually in a state of inebriation, just for the need of that volitional impulse to say "No" when *quantum sufficit* has been imbibed, and he really desires not a drop more, this lack of will-power I will concede is in many cases inherited, but would not the same class abuse opium, cannabis, chloral or any other narcotic or stimulant or any social function, in the event of it becoming popularized just on account of this very innervation of the inhibitory centers in the brain?

Is there any prophylaxis? Yes! There are two laws which could be framed, either of which if enforced would reduce drunkenness to a minimum, would not limit to any extent freedom of conduct, and would work no hardship to any class of the community. One of the laws might prohibit treating in any public place, and the other law would be to impose a fine on the saloon keeper where the person found intoxicated took his last drink; neither of these statutes would entail a loss to the vender, as it would only render him more careful whilst dispensing his beverages in trying to prevent individuals from overstepping the bounds of sobriety. In passing I will barely touch upon the opium habit.

De Quincy depicts its terrors in flaming colors but whether his work has served as a warning to others in the way of keeping away from dangerous territory, or inspired many with a morbid curiosity to try it for themselves and realize all that he has described, is an enigma which I believe no statistician could solve. However the subtle influence of this enamoring drug should be guarded against, even when administered medically, as even in doses exhibited for medicinal purposes, at the time the drug is finally withdrawn, the sensations of sinking due to the withdrawal of its stimulant action are truly of a most distressing character; so great indeed is the ordeal, although a patient may be willing and very anxious to give up the drug, that even after firmly resolving to abandon the habit, the ordeal through which he is required to pass is such a trying one, that even the firmest resolutions are often shaken. I have known a patient after engaging me to treat her and try to bring about a cure in her case, when placed upon trial her fears were so great as to her powers of endurance, that before undertaking the treatment, after having given me her hypodermic syringe, she secreted some morphia in an inaccessible place and indulged in its use for the first few days of her treatment.

A word of warning at this point as to the general doling out of morphine to patients, particularly its administration by the hypodermic method. Let us give morphia for pain, but it is well not to allow susceptible patients to know what they are taking. Those persons' nervous systems lack that resistance to the engrafting upon the system of the habitual use of this drug. Particularly should we be careful about the administration of morphine hypodermically, as by this method a maximum of voluptu-

ous sensations are produced and a minimum of the disagreeable sequelae, such as nausea and vomiting. Indeed there is but little doubt that the advent of the hypodermic syringe, although a great blessing, has been responsible for many cases of morphomania and the opium habit. The opium habitué who has taken his first dose of this entrancing potion and experiences the initial enrapturing dreams little knows the deep and awful abyss into which he may have to plunge, flung as by a catapult through space, down, and still further down, to well-nigh unfathomable depths, the ragged precipices, along whose narrow brink he may wearily in abject terror have to crawl, the fearful denizens of an antediluvian world which may confront him with their awful visages, aglow with fiery hatred, and nether jaw dropped, not hastening to consume him, only to make the ordeal still more terrible and replete with fearful fancies.

As to the treatment of these affections, what is to be done? If possible, secure a good trained nurse, if necessary, one for night and the other for day. I do not consider it in any way essential to remove them to an institution, if nurses can be supplied, even in the form of friends, whose sympathies are not too easily enlisted in behalf of the patient when tempted to supply the stimulant desired. In regard to the treatment to be pursued in this class of cases, one point of primary importance is the question of nourishment, and the abrupt withdrawal of all alcohol and opium at the inception of treatment, or the gradual lessening of the doses as the course of surveillance draws to a close.

As a rule, I believe the conservative plan to be the better; as the most imperceptible lessening of the dose, although lengthening the period of suffering, yet does not cause such a profound shock to the whole nervous system as the abrupt withdrawal of the stimulant. In case alcohol is used in any form, I think that its combination with various foods is to be highly recommended. At the City Hospital Dispensary I generally advise the alcoholic patients to discontinue their potations immediately, as these cases come in and go out, their actions being in no way under your control in the interim and when once they decide to discontinue the alcohol they usually remain firm in the resolution, whereas if a regular allowance of spirits were permitted they might lapse into their former condition. I also give a solution of beef and bread in the finest Spanish wine, which I find very effective.

The majority of cases of alcoholism receive the following: Sodium bromide, a half drachm every four hours; tincture of nux vomica, fifteen minims three times a day, with directions that hot beef tea well seasoned with cayenne pepper be kept simmering on the stove to be imbibed freely day and night. In case of great sleeplessness, I gave them a prescription of chloral hydrate, five grains every two hours until sleep is produced, or four doses have been taken. It must assuredly be an obstinate case in which this treatment will not prove efficacious. In some of the cases the administration of the bromide of sodium (which I exhibit because less of an irritant to the stomach) in dose of a half drachm, three times a day instead of every four hours, seems to answer the purpose. Hydrobromate of hyoscin may be used, or other hypnotics.

In the treatment of the opium habit the bromide may be used, but I have found the following formulae very good during the process of abandoning both the opium habit and alcohol excess:

℞ Ex. Cannabis Indic.(Hering)grs. iv
Caffein (Alkaloidal) . grs. xxxii
Quiniae Sulphat. . . . . ʒj

M. et divid. in pil. xxxii. One pill about every four hours if required, carefully watching its effect.

Apropos to all this is an article on "Wine" in Stillé and Maisch's Dispensatory, which says: "In France drunkenness as it is known in this country and in the North of Europe was comparatively rare as long as wine and cider were the only alcoholic beverages in general use; but the vice has greatly extended of late years and its increase has been mainly in the cider drinking department where alcohol distilled

from grain is largely used. In the wine growing districts where brandy of a less injurious quality is made, the use of the latter beverage is comparatively small and in the department where wine is not produced the cases of drunkenness requiring legal action are five times greater than in those which consume wine principally." America at this time is producing a great quantity of native wine and the inspection of this as well as all other foods and drink should be of the most stringent character in order to avoid as much as possible any risk whatever from adulteration.

A CASE OF HABIT SPASM.

By S. J. Fort, M. D.,
Superintendent of Font Hill Private Institution for Feeble-Minded Children, Ellicott City, Md.

READ AT THE NINETY-NINTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 27 TO 30, 1897.

A BOY aged thirteen was brought to me January, 1897, with the following history: Born of healthy parents, living in the country with an uneventful life history up to about a year previous, attending school with his brother with nothing in his mental development to draw attention, except, perhaps, that he was rather above the average country boy in his ability to memorize and grasp an idea. About a year before he was sent to me, a brutal teacher, as punishment for some boyish misdeed, took him by the heels and in this inverted position shook him sufficiently hard to cause a "crick" in his neck, at the same time giving him a severe fright. From this time dated a condition that needed medical attention, removal from school and subsequent entrance into a hospital, where he remained a few weeks and was then discharged, cured. Returning home apparently well, he and his older brother, while driving near dusk of evening, were very much alarmed by a practical joker with whitened face who jumped out of some bushes and yelled at them, scaring the horse so that it ran away and reducing the boys to a pitiable state of terror. From that time my little patient developed the train of symptoms that finally brought him under my care.

Physical examination showed a fairly well nourished and developed boy, heart, lungs and reflexes normal, and in all ways that could then be determined sufficiently near the normal to be permitted considerable freedom. I was at a loss to decide why his medical attendant, an extremely intelligent man, should have written me so complete a symptomatology as he did, or why the father who brought him should describe such symptoms as he did; apparently the boy, while excitable, was not more so than many other boys of his age, so I turned him loose with my own children and observed him as closely as possible for several days. As soon as he found that he was not cramped or confined, his true condition soon showed out plainly. Out of doors while playing, which he did with his whole heart and soul, it was plainly to be seen that he was a fair example of exaggerated tic, manifested during its occurrence by a general jerking of almost every muscular group in his body, particularly those of the legs, neck and shoulders. Standing still for any length of time both legs would bend at the knee, then straighten out violently; this would be repeated once, twice, or three or four times rapidly, then again and again, with a longer interval between; or only one leg would jerk in this manner, or perhaps the two would alternate. If called suddenly to "come here," frequently before starting, he would bend over, put both hands between his knees, clench the knees and thighs, there would be a general muscular contraction, then he would start off like anyone else. His powers of coördination were perfect, he could run like a deer, use either hand

indifferently, throw a ball swiftly and accurately, walked without shuffle; eyesight and hearing are acute.

Further study showed that he laughed at anything, often at nothing, and with this laugh would occur very frequently an exclamatory and musical sound like "hey" or "hey, hey," always one syllable, never more than the two, and sometimes the one would be high pitched and prolonged.

Indoors he talked incessantly, though intelligently, and the jerky movements were more varied and numerous, as was the convulsive ejaculation. If reading, he would hold the book with one hand, open the other and press it against the open book, bend at the waist and violently beat his forehead against the book several times consecutively, each time using this expression; or if the book was a large one, as a scrap-book, he would put both arms under the book and bring the book to meet his face. He touched nothing he did not smell, if the object could be brought to his nose; if it was too bulky, it would be touched and his fingers smelt. It did not seem to be imperative to thus smell things, that is, while he would smell one fork full of potato or one piece of meat, that seemed to suffice for the balance, but I frequently noticed him apparently unable to put food in his mouth, especially if on a fork, until he had jerked towards itself several times.

His sleep was unbroken while with us, although he had a previous history of somnambulism. It was while dressing, especially when alone, that he seemed absolutely unable to control his muscles, or rather at this time there was a closer approach to arithmomania; it seemed almost impossible for him to put on his trousers; one leg would be clothed, sitting on a chair or the edge of the bed, and the other would perform a perfect tattoo before it would be lifted and the garment drawn on, then as he lifted his suspenders, both legs would jerk to an accompaniment of exclamations.

An interesting feature of this boy's peculiarities was his evident appreciation of them; this was not singular, his father persisting in calling attention to them and describing his case voluminously not only to his physician but to any and everybody with whom he was thrown into contact; this had brought about an evident desire on the part of the boy to dissemble, so much so that when under observation by one of my professional friends this gentleman had seen nothing of the jerking and had simply recognized a general unsymmetrical mental development that needed special care and training. The boy would also shade off his explosive utterance in such a way as to give an idea that he was applauding; I purposely had him with me while shooting a pistol. Every report would cause him to jerk one or both legs and exclaim, but immediately this would be shaded off into an explanatory sentence such as "hey, that was a good shot," or "hey, hey, that's the time you did it." This happened very frequently when in the presence of his teacher or myself; when he thought he was unobserved or very much interested in his play he was not so careful.

Believing that too much attention or coercion would be injudicious he was allowed perfect liberty for several weeks, until his teacher began to complain that his uncontrolled noise was rapidly breaking up her discipline. He was then quietly told that he must try to control himself, otherwise his privileges would be curtailed and one by one these were shortened; until one evening he was told not to come into the sitting-room until he could be more quiet and following that the next day he was sent to bed for several hours. Gradually he seemed to understand that what was said was meant and from that time dates his slow march towards recovery. Every day saw an improvement and an effort on his part to overcome his weakness. Incidentally it may be said that as he improved he was restored to his standing in the family and in time a word or even a look helped him to be quiet.

At the end of two months, the paroxysms of jerking had almost ceased, he still laughed, but not so frequently, and

had ceased to make any allusion to "hey" except when very much excited. At this time he was taken home, where he remained for six weeks; returning for a day, it was found that he had held his own so far as the "tic" was concerned, but the evident lack of desire to do things at specified times, regular systematized work either in school or out of doors, was very plain. At no time in his treatment was medicine indicated or given except an occasional purge of magnesium sulphate. His diet was plentiful and regular, nothing being given him except at meal times; even candy, of which he was very fond, was given him only at dinner.

This imperfect sketch of an extremely interesting case is offered to show that perhaps the bad prognosis of similar cases may be mistaken, provided the case is not of too long standing, or the mental condition too low in grade to respond to the influence of training.

In this particular case it may be said that though there seemed to be an unimpeachable family history, I have learned that the mother is of an extremely nervous disposition and has recently shown symptoms of what are called "nervous fits," in one of which she fell on the stove. Even if these attacks are purely vertiginous, it would seem as though the boy's lack of nerve strength might be inherited. Dr. Osler groups these cases into simple tic, convulsive tics of the French, coördinated tics and some forms of spasms of the respiratory muscles allied to the tics. This case also seems to me of general interest from the fact that it apparently combined in one case the symptoms of the first three groups mentioned above.

THE TREATMENT OF WOUNDS WITH IODOFORM CALOMEL.

SPRENGEL (*British Medical Journal*) recommends the use of a mixture of equal parts of calomel and iodoform in the treatment of those wounds which, from their nature, are especially liable to undergo decomposition—for example, a tracheotomy wound; and also in those cases where it is not possible entirely to remove all the morbid growth, such as operations upon tuberculous joints. Under the influence of light the iodoform combines in some way with the calomel and forms a reddish powder, having antiseptic and escharotic properties. But it is the cauterizing action which the author especially values. It is used as follows: After all bleeding has been arrested, the wound is lightly sprinkled and rubbed with the powder and then gently packed with sterile gauze. At the end of three or four days, if the gauze is removed, a slight superficial slough will come away with the dressing and the wound will present a healthy granulating surface. A special advantage of the powder is that the tampon does not adhere to the wound; it comes away readily without pain, bringing the slough with it.

DYSPEPSIA ACCOMPANIED BY ACNE.

DR. MINTOUR (*Medical Record*) recommends for dyspepsia accompanied by acne, light meals frequently repeated. The food should be well masticated and of a kind easily digested. Bread, spiced meats, preserved fish, pastry, butter and fatty foods should be avoided. Alcohol and milk are also injurious. Water is the best drink and should be taken sparingly with meals. Medical treatment has three objects. (1) To stimulate the secretion of hydrochloric acid, there should be given before meals bicarbonate of sodium with sulphate of sodium and of potassium in small doses, or ipecac, or condurango. (2) To stimulate muscular action of the stomach, the tincture of nux vomica may be given after meals. (3) To prevent fermentation, naphthol, benzol, beta-naphthol, or salicylate of bismuth are indicated. Sulphate of sodium and calomel are recommended for constipation with intestinal inflammation. Hydropathy with abdominal massage, gastric lavage and electricity have given excellent results in certain cases. Such cases often occur in young women of dyspeptic tendencies with peculiar sensitive skin.

Society Reports.

ASSOCIATION OF AMERICAN PHYSICIANS.

TWELFTH ANNUAL MEETING, HELD AT WASHINGTON, D. C., MAY 4, 5 AND 6, 1897.

TUESDAY, MAY 4, FIRST DAY (CONTINUED).

Dr. W. T. Councilman of Boston spoke of the frequency of finding the typhoid bacillus in the gall-bladder. Indeed he said it was almost always present. The bacillus entered the gall-bladder from the blood. They are always in the liver, that is practically always, and there are very few organisms in the blood which can escape the liver; they can easily pass into the bile vessels. He then showed some beautiful specimens of typhoid ulcers.

Dr. James Tyson of Philadelphia then read a paper on UREA ESTIMATIONS IN CASES OF TYPHOID FEVER TREATED BY THE BRAND BATH METHOD. He spoke of a case of typhoid fever which came into the hospital and on the third day after admission he found albumen and hyaline casts; he gave milk and liquid diet and then the fourth day he began the use of the Brand treatment; at the same time he collected the urine, which he found contained 2.9 per cent. of urea; during the bath treatment the secretion was markedly increased. For instance, the patient was tubbed five times and he found the urine and urea were increased. On the 28th day there were 21,000 c.c. of urine and 29.8 per cent. of urea; on the 29th day there was 2100 c.c. of urine and 24.7 per cent. urea; on the 30th there were 2280 c.c. and 32 per cent. of urea; the albumen fell to one-twelfth of the bulk and then disappeared and also the casts. At first, expectoration was copious but later the cough grew less and there were no tubercle bacilli, but otitis media developed in both ears but there was no defect in the hearing. The nephritis became much milder and was what Stockton calls an upper renal complication; such a condition would not prevent him from using the Brand method. There is no stagnation of the blood in the body during the bath treatment but the blood flows rapidly through the kidney and thus can do no harm in the congestion of the kidney. Many other persons also use the Brand treatment in nephritis. Of 138 soldiers in a hospital suffering from typhoid fever 69 were treated with the Brand method; 5 had nephritis and none died; and of 69 without the Brand treatment, 9 had nephritis and 5 died. The urea can come from two sources; from the amount of nitrogen ingested through the food taken, or it can come from changes in the tissues.

Dr. George Dock of Ann Arbor, Michigan, then read a paper on CANCER OF THE STOMACH IN EARLY LIFE; AND THE VALUE OF CELLS IN EFFUSIONS IN THE DIAGNOSIS OF CANCER OF THE SEROUS MEMBRANES. This was the report of a case of cancer of the stomach (scirrhus) in a man of nineteen years. There was extensive infiltration of the stomach with early obstruction of the cardiac orifice. Metastasis occurred in the peritoneum and pleura, with fatty ascites; and, later, effusion in the pleural cavities, first left, then right. In the various effusions were cells which, besides containing fatty granules and vacuoles, showed, in a large proportion, karyokinetic figures, both typical and atypical. After a reference to the literature a comparison was made with the findings in other effusions in serous cavities, tending to give to such cells a certain diagnostic value.

The case which he presented was one of typhoid in which there was a swelling in the abdominal region and a hard mass was felt. After drawing off about five liters of liquid, the mass seemed to have disappeared and at the post-mortem a very small stomach was found and a tumor in the serous membrane. The patient was young and the fluid was of a thin watery consistency; this disease runs a slower course and remains longer in the stomach in younger persons than it does in older ones, so that an operation gives more chances for success. The diagnosis by the cells alone is not an easy one and it is much better if considerable portions of tissue can be obtained. The intracellular

bodies and the nuclei were very beautifully shown in the drawings that he passed around.

Dr. Simom Flexner of Baltimore spoke of a case which he had examined in the autopsy room in the Johns Hopkins Hospital in which there was a large tumor extending into the intestines. There was some fluid which contained cells. The case was supposed to be cancer, but a very careful examination microscopically showed that it was tuberculosis of the peritoneum.

Dr. Francis Delafield of New York then read a paper on INFLAMMATION OF THE COLON, and in this paper he spoke of the various forms of colitis which ordinarily occur in New York and gave the results in his experience as to the prognosis and treatment. He exhibited a large number of beautiful photographs. He divided dysentery into acute, the climatic, ordinary and amebic. In the acute ordinary form there was no change in the intestinal wall, but there were two varieties of this; one was the mucous and the other was a serous condition.

1. The mucous variety is so rarely fatal that specimens are not easily obtained. There is sometimes bleeding and the cells are covered with mucus, the lymphatic glands being swollen and inflamed; the cause is not known. A variety of organisms had not been found but one, and this is characteristic. Impure drinking water, impure milk, high temperature of the air and overcrowding are the principle causes. The symptoms are local, there is little fecal matter passed, but great rise of temperature. Some patients do not go to bed at all and others even continue their work. When the colon is affected then the condition is worse still. Adults usually recover, but children often die. The main treatment is rest in bed, careful diet, emptying the colon; relieving the pain with opium, weak injections of flaxseed in the rectum are the best means known. The disease may be chronic. There is usually no change in the mucous membrane but there is some thickening of the glandular coat.

2. The serous variety is characterized by large exudations of serum; these are not to be confused with functional disturbances of the colon. The disease is not fatal and he has never seen a specimen post-mortem. This disease is very common in New York, especially before the heated weather, but it occasionally occurs in winter. Some are predisposed to it and have it summer after summer. There is a feeling of necessity to empty the bowels and the quantity discharged is considerable, sometimes as much as two quarts. A large number get well by a variety of treatments while others recover with no treatment at all, and some continue in spite of everything. He placed great reliance on castor oil, salol and opium. In this variety there is more or less infiltration of the connective tissue of the coat of the intestines. This tissue is much thickened, there is an inflammation in the upper rather than the lower part of the intestinal canal, the passages varying, and the disease may last anywhere from a few days to a year. The treatment is not satisfactory.

3. In this there is an increased production of mucus and of serum and also a number of blood cells. There is a growth of the connective tissue with certain changes in the glandular coat. The inflammation is somewhat extended and there are many small superficial ulcers of microscopical size with overhanging edges. The cause is very obscure, the invasion may be sudden or gradual. Many of the symptoms appear on the first days and some may last for a few days, while others may continue their course for weeks and months. He has seen a case die in seven days; the prognosis is serious ; the treatment should be begun at once; milk diet is necessary, good food, dry climate, rest in bed, irrigation of the rectum in the early stages and opium, salol and castor oil.

4. In the croupous or diphtheritic dysentery the treatment is much different; he had caused an artificial membranous dysentery in dogs by administering to them large doses of corrosive sublimate.

5. Amebic colitis; of this there are two varieties. One is a simple inflammation

and one in which deep ulcers are formed, but the treatment is weak irrigations of the colon with quinine solutions.

Dr. D. W. Prentiss of Washington then exhibited Two Cases of Erythromelalgia. First case. — Female neurasthenic, aged fifty-eight years. Left hand only affected. Has continued in intermittent attacks since August, 1895, presenting, in a characteristic form, the train of symptoms described by Dr. Weir Mitchell as peculiar to this disease. Second case. — Widow, aged thirty-seven years. Neurasthenic and hysterical. Pain in the heels extending to the soles of the feet and when more than usually severe up to the calf of the legs. No history of previous disease, except the neurotic tendency, in either case, to throw light on the cause. Diagnosis, pathology and treatment were discussed with special reference to relation to other diseases, classed as vasomotor. The treatment especially is worthy of note, since heretofore it has proved almost unavailing.

WEDNESDAY, MAY 5, 1897. SECOND DAY.

Dr. A. McPhedran of Toronto reported a Case of Pancreatitis, Followed by the Formation of a Cyst. He spoke of a case which came to the hospital ; he suffered from colic, jaundice and had repeated attacks. During the next five years the attacks grew more frequent ; he left the city for the summer and on coming back in the autumn, gall-stones were discovered and an operation was advised. On September 6 he suffered from pain, prostration and vomiting ; the pain lasted three days ; fever was 101°. He began to improve later, but was still uncomfortable. He was given Carlsbad salts and his diet was regulated. October 5 he had a pain over the pancreas ; October 8 a large cyst was found over the epigastrium extending over the right of the pancreas ; his temperature was 99½° ; an operation was done and a clear serous fluid was evacuated. At the bottom of the wound the pancreas was found enlarged, the liver was healthy and the gall-bladder was not reached; the opening was closed without drainage, with a pulse of 130 and temperature 101½°. Later he suffered from cyanosis and dyspnea. Ten days later a collection of purulent fluid was found in the lower part of the incision, probably due to fat necrosis. The pancreas seemed to have increased in size. In June he seemed to be much improved and went to his office, but his digestion was still disturbed and he had flatulence. The tumor had grown and was found pressing upwards and forwards; the urine was free from sugar. In March another operation was done and a cyst with walls two m. m. thick was evacuated and a flocculent fluid containing albumen and leucocytes and being alkaline was found. There was no digestive ferment present. He made a good recovery but the fistula persisted; the discharge was free and the skin was excoriated; the fluid was pancreatic in character and had some digestive powers. The general health of the patient continued good; the sinus continued and the discharge persists. The first attack and the subsequent ones were undoubtedly due to the beginning troubles of the pancreas. He then spoke of three kinds of pancreatitis; simple, hemorrhagic and suppurative. He spoke fully of the contents of the cyst.

Dr. J. H. Musser of Philadelphia then read a paper entitled Angina Pectoris; Its Relation to Dilatation of the Heart. The paper was entirely clinical. The contention of the paper was to the effect that patients who have had an attack or attacks of angina pectoris are relieved of the paroxysms if dilatation of the heart supervenes. Often, if dilatation persists, the patient may live for years and no other paroxysm occur. It seems the pain, as long ago pointed out, is due in large part to the stretching of a tense ventricle from intra-cardiac pressure. Such stretching is not so likely to occur in dilatation because of "safety-valve action" in the heart. The idea appears to explain the infrequency of angina in the young; in mitral valvulitis with regurgitation; in women, possibly; and in the occupants of infirmaries and hospitals. In the

latter class the vigor of the heart muscle is lessened from lack of food, etc., which obtains in the better class. Certainly it is not because of the absence of atheroma of the coronary arteries, for endarteritis is very prevalent among senile, usually alcoholic, perhaps syphilitic, inmates of the hospitals and alms-houses. If the contention is true, the diagnosis, prognosis, and the treatment, tentatively admitted, is influenced thereby. The diagnosis is that angina-like paroxysms, in dilatation of the heart, are probably not due to true angina pectoris. The prognosis is that, if, as rarely happens, an undoubted attack of angina occurs in a case of valvulitis with dilatation, and even failing compensation, the patient on the one hand is not likely to perish from the angina, because of the safety valve, while, on the other hand, it indicates that there is sufficient strong muscle fiber to insure cardiac recuperation. Further, if a patient subject to attacks of angina presents signs and symptoms of dilatation, the angina will disappear, or at least never be so severe as to terminate fatally. That the pain is due to intra-cardiac pressure is more possible because of the presence of dilatation of the heart in angina sine dolore. Attention is called to a similar association of pain with increased tension of the globe, in acute glaucoma.

In connection with the above the writer showed the influence of "safety-valve action" in the relief of some peripheral symptoms of high arterial tension.

Dr. Wharton Sinklar of Philadelphia said that the question as to the cause of the pain in this trouble was of great interest; and Dr. Musser's explanation did not seem to be entirely satisfactory. We have also a pseudo-angina with pain and a great discomfort and he related a case of the kind in which one grain of morphia was given and failed to relieve and there was no evidence of the disease of the heart at any time.

Dr. H. C. Wood of Philadelphia asked what was the cause of the increased intra-ventricular pressure. The pressure in these cases cannot come from any condition of the heart itself. If the pain of the angina pectoris is due to increased intra-ventricular pressure then we would expect the arterial system to play the chief role and not the heart. Nitrite of amyl is interesting in this connection; it relieves the aortic pressure and takes away the resistance of the heart. In digitalis it is noticed that the action is not good in this disease. If Dr. Musser's theory is correct then angina could be stopped by hypodermic injections of tincture of aconite or if we gave enough aconite we could do away with the ventricular pressure altogether; but this is only theory.

Dr. E. G. Janeway of New York mentioned several cases. One was a man who was much frightened in an accident on the railroad; he went home and complained of a pain on the right side and not on the left; he was ashy pale and had pericarditis. The diagnosis was made of thrombosis of the coronary artery with partial rupture of the heart. One day as he was feeling better he suddenly sat up in bed and died. At the autopsy the coronary arteries were found diseased and the septum of the left ventricle was ruptured and there was a thrombosis in the right coronary artery. Dr. Musser's theory does not explain this. In the second case a man walking across a field was suddenly taken with a sharp pain in the side; he died in three weeks' time and at night under rather suspicious circumstances, and poisoning was suspected. At the autopsy both of the coronary arteries were found thrombosed and the left lesion was found to be older than the right, showing that one attack had antedated the other. He also referred to other cases and to the effect of nitro-glycerine on persons with low arterial tension.

Dr. Charles Carey of Buffalo spoke of this increased tension of the heart as parallel with the increased tension of glaucoma. He thought that Dr. Musser's theory was open to question and did not fit every case.

Dr. F. P. Kinnicutt of New York said that his theory might explain some cases but he said there was often great pain in which the heart walls were stretched.

Dr. Musser said in conclusion that he

did not mean to refer all cases of angina pectoris to this cause but he wished to lay stress on the fact that with the safety-valve action of the mitral valve the pain was certainly decreased.

Dr. F. C. Shattuck of Boston then read a paper entitled PERICARDITIS; SOME POINTS IN THE DIAGNOSIS AND TREATMENT. He said that pericarditis was frequently overlooked and was often not sought for. The disease was one that was well-known and rheumatism was often the cause and endocarditis and pericarditis may co-exist. So often in the beginning of the disease the doctor does not see the patient. It often follows pneumonia. In fact, the two are often associated. In 57 cases of pneumonia in which 20 came to autopsy, 13 had pericarditis; 5 were detected during life and 8 were not found in life. Dr. Osler reported only 5 in 106 autopsies. All reports are not to be relied on. Indeed the primary disease is so severe that the complications are masked. The less severe the original disease the more necessary is it to look for complications. The diagnosis must rest on the physical signs, but the friction sound is very much circumscribed and may come and go between each examination; it may be present one day and absent the next and *vice versa*. He had seen several cases in which pericardial effusion had been suspected after pneumonia and had been carefully looked for but was not found until at the autopsy. Dry pericarditis without friction sound is also hard to make out. The shape of the dulness in his experience was not pyriform or triangular, but similar to that of the shape of the heart. He had been able to map out the shape of the heart itself in many cases in the cadaver by carefully percussing the chest wall and then sticking pins at the edge of dulness and thus he mapped out the exact shape of the heart. The changes in the percussion sound laterally were of greater importance; the pericardial sound is not often prominent, but is easily made out when the lungs are retracted away from the heart. Treatment other than rest is of little use. The effusion will increase without regard to remedies. He used opium for rest, alcohol for stimulant, but did not advise blisters. The ice pack was very well for the comfort of the patient. He tapped 7 cases and 6 successfully and in 2 was sure he saved life. Removing a small amount of the fluid will often cause absorption of the rest. There is no strict rule when to tap. Each case must be studied itself, but the point of election for tapping is in the fifth interspace, one to two inches to the left of the left nipple. In one case he withdrew sixteen ounces and in another thirty-six.

Dr. James T. Whittaker of Cincinnati spoke of the latency of the disease and said it is often not recognized until the post-mortem. He thinks that the clear fluid often indicates a tuberculosis. He lets the stethoscope hang in his ear, allowing the tip just to touch the chest of the recumbent patient. He punctured in every case he suspected; he preferred the second or sixth left interspace, as he had gotten fluid there when he could not get it anywhere else. He always feels the heart with a trocar.

Dr. G. L. Peabody of New York spoke of the importance of selecting the right place for tapping and mentioned one case of his in which he passed the trocar into the sternal cartilage.

Dr. H. A. Hare of Philadelphia said that the danger of hurting the heart muscle was not very great and spoke of his experiments on dogs in which he stabbed a number of dogs in the heart and on examination after death found the wounds healed and a little blood in the pericardium was found. The result would not be fatal unless the heart centers were struck and this was not likely. He mentioned a case in which, in tapping a man, the trocar had pierced the heart and later, when the man died, the wound was found almost healed. He asked the members if they thought that digitalis was the best heart stimulant to give in this trouble.

Dr. Rotch of Boston said that Dr. Hare's work agreed with his own. He said that it was hard to make a diagnosis in these troubles, but as the effu-

sion floated the heart upward tapping would naturally have to be done below. It is always better to avoid the heart if possible. He said that the space just below the scapula was a good place to tap.

Dr. Norman Bridge of Los Angeles, Cal., referred to several cases of his and spoke of the difficulty in the diagnosis of some.

Dr. James Tyson of Philadelphia thought it was very easy to outline the pericardial effusion and he felt sure that we got the triangular pericardial space in most cases. He thought that Dr. Shattuck was too literal. He wanted to refer to the utility of the phonendoscope in making the diagnosis. He thought as a means of mapping out internal organs it would prove very useful. We ought not to let the blister go; it will often save tapping. He had never tapped a pericardium but when Dr. Shattuck had finished his paper he felt as bold as a lion and ready to tap the first case, but since the others had spoken he had lost his courage.

Dr. A. McPhedran of Toronto said that the myocardial infection should be considered ; it was often the chief disease.

Dr. F. H. Williams of Boston said that the x rays had been very useful to him in making a diagnosis.

Dr. E. G. Janeway thought we could always make out the pyramidal shape and referred to a case of puncture of the heart in which the patient died.

Dr. Shattuck said in conclusion that there was only one case in which the fluid was obtained. There were some dry taps but they all afterwards proved productive except one.

Dr. M. H. Fussell of Philadelphia then read a paper on PNEUMONIA IN PRIVATE PRACTICE. This paper embraced a series of cases treated privately in which accurate notes had been kept. They were analyzed and deductions as to mortality, symptoms, physical signs and treatment were made.

Dr. J. E. Graham of Toronto then related TWO CASES OF BRONCHO-BILIARY FISTULA. The further history of a case of broncho-biliary fistula, which was reported at the first meeting of the association, was continued. A second attack occurred after an interval of ten years. The patient coughed up large quantities of bile, almost daily for a period of eight months. There was great loss of flesh and strength. A cholecystenterostomy was done. Gall-stones were found. Death from cholemia and hemorrhage occurred. He gave short notes of similar cases and made some remarks on the pathological anatomy of such cases. He also offered notes of a second case of broncho-biliary fistula in which the lesion followed a traumatism.

Dr. Beverly Robinson of New York read a paper on the DIAGNOSTIC AND THERAPEUTIC CONSIDERATIONS WITH RESPECT TO CERTAIN DISEASES OF THE UPPER AIR TRACT. He spoke of the utility of the laryngoscope and rhinoscope in throat trouble and said that throat surgeons had been largely led away by fads. One fashion was that a deviated septum must always be either cut or perforated. Another one was that the turbinated bodies must be cauterized, cut, etc. In spite of all these fashions those troubles still continued. But the specialist should remember that the nose and throat alone should not be treated but the general health should need attention. Many general practitioners can just as well treat the simple throat and nose disorders as the specialist, but it is only in special operations and the more delicate manipulations that the specialist should be called in. It should be remembered, for instance, in an affection of the pharyngeal tonsil, that rheumatism plays a part, so that the salicylates and colchicum are indicated. Thus the specialist and the general practitioner must work together in the treatment of these cases.

Dr. J. C. Wilson of Philadelphia then read a paper entitled NERVOUS DEAFNESS IN DIPHTHERIA ; A CASE. The following is an abstract : Follicular tonsillitis in an adult. Moderate fever, occipital headache, tinnitus aurium et cerebri; fourth day, dense pellicular exudate upon right tonsil, conjunctivitis, increasing tinnitus and deafness, injection of diphtheritic antitoxine serum; a few hours later, total deafness with

slight vertigo, great chemosis ; gradual defervescence completed by the thirteenth day, at which date there was partial paralysis of accommodation together with paresis of extensor muscles of the head, persistent tinnitus, slight vertigo and absolute persistent loss of hearing. The following topics were considered : The rarity of the case, its importance, the antitoxine injection, the general subject of sudden nervous deafness in the infections, theoretical considerations, diagnosis, prognosis, treatment.

Dr. Beverly Robinson of New York said it was an interesting and unique case and very fully reported. It is also interesting from the standpoint of certain cases which he had seen ; cases in which the Board of Health diagnosis had rather led him astray. While it is very gratifying to know from the Board of Health that a certain case is not diphtheria, still in a number of cases he had told the parents of the patient that it was diphtheria and treated it as such. We must pay more attention to the clinical diagnosis and not to the pathological report of one who has never seen the case. Too much importance is paid to the personal investigation of certain individuals who are skilled in technique but who never see the patient.

Dr. I. E. Atkinson of Baltimore said that in reporting cases it was well to look at them carefully and see that no link in the chain of the history was wanting. In this case the bacillus was not found. Could we account for these symptoms in another way? It might have been some form of septic meningitis and it looked like deafness of cerebro-spinal meningitis. He had been called in to see a child fourteen months old who had a slight rash over the body, and later had a patch on the tonsil. The staphylococcus was found; the temperature was up to 105° and 106°. This was reduced by baths. The child finally recovered but was deaf in both ears.

Dr. M. H. Fussell of Philadelphia then reported a case of deafness with obscure symptoms.

Dr. W. W. Johnston of Washington said this was an era of anomalous cases and he thought that many of them were due to epidemic influenza which took on so many different shapes. He thought that Dr. Atkinson's case was certainly influenza and probably Dr. Wilson's, but this was merely a suggestion. We know how profoundly the nervous system is affected by this disease.

Dr. J. C. Wilson said in conclusion that there was certainly a link missing in the demonstration of this case, but it does not seem worth while to go out of the way to make a diagnosis although the diphtheritic organisms had not been found. Germicides had been used and the patient had been carefully isolated. He had also seen a great many anomalous cases of influenza but he had not seen a case like this.

Dr. J. P. Crozer Griffith of Philadelphia then read a paper on TYPES OF EDEMA IN INFANCY AND EARLY CHILDHOOD. He discussed the obscurity which attends many cases of edema occurring at this time of life. He referred first to the possibility of nephritis being present in earliest infancy and then took up the question of the production of nephritis by congenital syphilis. He reported two cases seeming to be proof of the occurrence of this form of renal disease, and referred to some instances from medical literature. The existence of nephritis in an infant as one manifestation of general septic infection was instanced by the report of a case. Edema consecutive to heart disease and to marantic conditions was then touched upon, and then that going by the name of edema neonatorum. The relation of this condition to sclerema neonatorum was next considered and an instance of the latter reported. He then reviewed the cases of sclerema occurring in America. Next angioneurotic edema as seen in infants and children was reviewed and the various reported cases abstracted. He reported two instances occurring in his own experience. Finally instances of edema of entirely doubtful origin were taken up and two unusual cases detailed. He also showed some normal and pathological specimens prepared in such a way that the natural color was preserved.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, MAY 22, 1897.

A Parrot Disease.

THE infection of human beings from bird pets is a matter which is at present but just beginning to receive attention from physicians. A study of the bacteriology of the diseases of pet birds would certainly in time reveal the identity of such diseases with strange sporadic or epidemic diseases of unknown origin in families.

The *Gazette Hebdomadaire*, April 18, editorially comments at some length on a disease first sporadic, then epidemic, and finally endemic, believed to be derived from sick parrots just imported in March, 1892, into Paris by sea. The epidemic had as its centers of infection the two localities to which the parrots were distributed. From the first of these twenty-two persons were infected with six deaths; from the second, twenty persons, with eight deaths. These cases were variously reported by physicians as "infections influenza pneumonia carried on the plumage of the parrots;" "a disease unconnected with the parrots;" and "epidemic typhus orginating among ship sick parrots and modified by transmission through the system of the birds."

In January, 1893, and in 1894 other outbreaks occurred like the former. The inspector of epidemics reported it as "an infectious disease derived from sick parrots." The physician, Dujardin-Beaumetz, who had denied its connection with the parrots, now admitted this possible origin. Extensive bacteriological investigations were undertaken which cannot be reviewed here.

The disease is very like typhoid in some of its forms, but does not give the serum reaction of typhoid. It lacks the oculo-nasal catarrh of influenza. The prominent symptoms of the parrot disease named "psittacosis" are an incubation of about one week, lassitude, high fever, delirum, or somnolence, broncho-pneumonia and sometimes an eruption on the abdomen and sides of chest. Duration of disease is several weeks. If the mouth has been infected from the beak of the bird there may be facial edema. An abundant diphtheroid membrane, not yielding to antitoxine, is sometimes present on the throat, persisting for as long as a month.

The infection may be from the mouth of the bird or its plumage or cage-refuse to man, or from man to man. The disease has been observed in Italy. The writer of the *Gazette* warns especially against parrots sold cheap by street venders.

* * *

The Bacteriology of Enuresis.

FEW conditions of childhood appeal more strongly to the pity of the physician than those of obstinate diurnal incontinence of urine. The ailment is not only disgusting and humiliating in itself, but, if uncorrected, may blight the whole life of the patient and drive him (or her) into morbid seclusion from all social privileges. That the evils of nerve-habit may not be added to the original disease, it is very desirable that such cases should be comprehended and cured at their outset. Their occasional persistence into later life in spite of the efforts of the patient and the remedies of a series of physicians and surgeons proves the necessity for advance in knowledge of the nature and therapeutics of the disorder.

In the *Deutsche Medicinische Wochenschrift*, March 25, Dr. Nicolaysen of Christiania presents an interesting study of a series of cases of diurnal enuresis. In many of them he found no abnormality of importance

present. In a few, however, he was able, after aseptic withdrawal of the urine, to secure pure cultures of the colon bacillus in great abundance.

The next thing of course was an effort to find the remedy for the enuresis in these bacillus cases. Various internal remedies were tried—chlorate of potash, boracic acid with sodium salicylate, salol. Again, the bladders were irrigated with silver nitrate in one or two per cent. solution.

In spite of the continued use of these remedies the patients were not wholly relieved and the bacteria coli persisted upon examination of the urine, the patients eventually passing from under control.

The question as to the source whence these bacteria reach the bladder, whether from colonies in the kidney, pelvis, or from other foci, is discussed at some length. The fact that in certain enuresis cases there are bacteria coli present as a possible source of irritation in the bladder remains of great interest.

* * *

EARACHE is such a common symptom, especially in children, that domestic remedies are often used until the disease demands the advice of a specialist. By that time often great harm has been done and perhaps serious consequences have resulted.

Earache.

Dr. F. W. Hinkel calls attention in the *Buffalo Medical Journal* to the grave significance of earache and the importance of early treatment. Earache in children may be the first indication of an approaching meningitis from an otitis media. Adenoids of the nasopharynx cause severe pain in the ear.

An earache should not be passed over with a superficial examination, but the child should be given hot foot baths and put to bed. The bowels should be freely acted on. Hot, dry applications are better than moist ones. It is better not to instil solutions of laudanum, morphia or cocaine into the ear. Opiates too often mask the pain and conceal the real trouble. Delays are dangerous and in case of approaching rupture the tympanum should be freely incised. No physician should ever hesitate to call in an aurist when in doubt.

Dr. Hinkel draws these conclusions:

1. Earache, however slight, may signify disease that neglected may terminate in loss of hearing, even of life itself.

2. Recurring earache in children almost always is associated with lymphoid hypertrophy of the pharynx, depends on it, and permanent impairment of the function of the ear is prevented only by early surgical treatment of the "adenoids."

3. Acute inflammation of the middle ear may be frequently aborted if proper treatment—mostly of a general sedative character—be administered early in the attack and with precision.

4. If relief be not obtained by the second day an expert examination of the ear should be made and proper surgical treatment applied to relieve intratympanic pressure and possible involvement of the mastoid cells or intracranial structures. Failure at this stage to obtain as exact knowledge as possible of the condition of the middle ear is criminal negligence.

* * *

ALTHOUGH the expression "clinical diagnosis" as usually employed means the diagnosis by all modern means at the command of the physician, including the laboratory aids, strictly speaking, this term should refer only to what is learned at the bedside.

Clinical Diagnosis.

From some remarks made at the last meeting of the Association of American Physicians in Washington it was seen that while the laboratory means of diagnosis, especially in such diseases as typhoid fever and diphtheria, were indispensable, yet too much reliance should not be placed on these means to the exclusion of all other signs and symptoms.

Indeed, a case is reported in which the Board of Health stated there was no diphtheria and yet the physician felt so sure from every other sign that it was that he treated the case as such and when he sent word, at the conclusion of the disease, to the Board of Health to disinfect the room, the reply came that no disinfection was needed, as no diphtheria had been found. The poor physician was refused payment and sued by the patient's parents on the plea of useless attendance and a mistaken diagnosis.

The bacteriological diagnosis can usually be relied on but it is not infallible and the careful clinician will not neglect other signs and trust his diagnosis too much to a man far away who has never seen the case and who only examines the blood or throat secretion.

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 15, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		13
Phthisis Pulmonalis		18
Measles	20	
Whooping Cough	2	
Pseudo-membranous Croup and Diphtheria.	17	5
Mumps	7	
Scarlet fever	24	1
Varioloid		
Varicella	1	
Typhoid fever	2	

The State Examining Board has concluded its sessions.

Maisonneuve, the celebrated French surgeon, is dead.

Rumors are afloat of important changes in the University of Maryland faculty.

A person once convicted of felony can never practice medicine in New York State.

Dr. Wm. A. Gibbons of Croom has been appointed health officer for Prince George's County.

The Chairs of Women and Children and Diseases of the Eye are vacant in the Medical College of Virginia.

Dr. Wm. H. Welch of Baltimore has declined to fill the vacancy in the Yale University Corporation.

Dr. William H. Thomson has resigned from the Chair of Practice of Medicine at the New York University—Bellevue Hospital Medical College.

The Woman's Medical College will hold its commencement June 1, 1897. The Johns Hopkins Medical School will also hold its commencement later.

Among recent political appointments are Dr. Purnell F. Sappington, Secretary to the County Board of Health, Dr. H. H. Goodman, police Surgeon of Baltimore, and Dr. John Morris on the State Board of Health.

A daily paper is authority for the statement that several prominent physicians of Atlanta, Georgia, are to be tried before the local society for undue newspaper notoriety.

The College of Physicians and Surgeons has ceased to allow graduates in pharmacy, dentistry, or veterinary medicine, to be graduated in a shorter time than the usual course.

In cold climates washing is out of the question. Dr. Nansen's party used to scrape the dirt off. The Esquimaux preserve the urine secreted by the members of the establishment and use that for all purposes of domestic and personal cleanliness.

Denver physicians are making a bid for the American Medical Association for 1898. They have a sufficient fund pledged to guarantee handsome entertainments and hope for low railroad rates. Free excursions and opportunities to visit well-known parts of this famous State are the further inducement.

A monument to the memory of the great biologist, Johannes Müller, is to be erected in his native town, Coblentz. If possible, it will be unveiled on the 100th anniversary of his birth, July 14, 1901. For twenty-five years Johannes Müller held the chair of physiology and anatomy in the Berlin University. Helmholtz, Virchow, Du Bois-Reymond and Brücke were his disciples.

At the forty-eighth annual meeting of the Medical Association of Georgia, held at Macon, April 21, 22 and 23, the following officers were elected: President, Dr. J. B. Morgan of Augusta; First Vice-President, Dr. L. G. Hardman of Harmony Grove; Second Vice-President, Dr. J. L. Hiers of Savannah. Next place of meeting, Cumberland Island; time, third Wednesday in April, 1898.

The next course of lectures, ten in number, instituted by the late Professor Mütter, the subject being "Some Point or Points in Surgical Pathology," are to be delivered during the winter of 1899–1900 before the College of Physicians of Philadelphia. The remuneration is $600. The lectureship is open to the profession at large, and applications for the post stating in full the details of the proposed lectures must be sent in before October 1, 1897, to the Committee of the Mütter Museum. The chairman is Dr. J. H. Brinton, corner of 13th and Locust Streets, Philadelphia, Pa.

WASHINGTON NOTES.

MEDICAL colleges have closed for the summer with their usual commencement exercises. Twenty-four students were graduated from the medical department of the Columbian University; fifteen received diplomas from the school of medicine of Georgetown University; twelve were given the degree of Doctor of medicine at the National University and twenty-two men and women came out physicians from the Howard University.

At the adjourned meeting of the Medical Association of the District of Columbia, Tuesday evening, Dr. Busey was elected delegate to the British Medical Association that meets at Montreal in August.

Considerable discussion followed a motion of Dr. Manning to instruct delegates to the American Medical Association to favor the establishing of a Physician's Mutual Aid Society in connection with the Association, making it a part of the same. The weight of argument was against this scheme, that would most likely be an impediment to the continued prosperity of the Association, and the same was tabled.

At the meeting of the trustees of the American University, additional subscriptions amounting to $25,000 were announced, the money to be applied to the constructing of the Hall of History. $55,000 in cash has been added to the endowment for a professorship in the College of History and $25,000 worth of real estate in New York City and New Jersey has been consigned to the trustees. The new building will be ready for dedication by January 1, 1898. The board made arrangements for the opening of the "De Peyster Hospital for Consumption" near Millbrook, New York, which has been deeded to the University. The property is valued at $35,000.

Book Reviews.

WARNER'S POCKET MEDICAL DICTIONARY OF TODAY; Comprising Pronunciation and Definition of 10,000 Essential Words and Terms used in Medicine and Associated Sciences. By William R. Warner. 1897.

It is hard to see why a drug firm should issue a dictionary until it is found that the preparations of that firm are catalogued in their proper places, with definitions. The book may be of use, but it can hardly lay claim to originality. It is of a convenient size. It is copyrighted.

THE RETROSPECT OF PRACTICAL MEDICINE AND SURGERY; being a half-yearly Journal containing a Retrospective View of Every Discovery and Practical Improvement in the Medical Sciences. Edited by James Braithwaite, M. D., Lond., assisted by E. F. Trevelyan, M. D., Lond., B. Sc., M. R. C. P. Volume CXIV, January, 1897. New York: G. P. Putnam's Sons. 1897.

This well-known work, which has reached its 114th volume, hardly needs an introduction. The volume is small and the authorities quoted apparently few, but the selections are, as usual, judiciously made and about cover the ground. A few journals are quoted from, but, as a rule, individuals are cited and a few Americans find a place on the list. This has always been a very convenient work of reference.

A MANUAL OF THE PRACTICE OF MEDICINE, prepared especially for Students. By A. A. Stevens, A. M., M. D., Lecturer on Terminology and Instructor in Physical Diagnosis in the University of Pennsylvania, etc. Fourth Edition, revised and enlarged. Illustrated. Philadelphia: W. B. Saunders, 1896. Pp. xviii-17 to 511. Price, $2.50.

This little book shows its popularity by reaching a fourth edition in a very short time. The writer is fortunate in being connected with a large institution with many students who doubtless will buy the book. The subjects which have changed in the past few years have been thoroughly revised and an appendix dealing with the examination of the blood and gastric contents has been added. It must be very gratifying to the author to learn that an Italian translation is appearing.

MESSRS. E. B. TREAT & CO., who will soon issue several new works, announce their removal to 241-243 West 23d Street, New York.

THE *Medical Register* is a monthly magazine issued under the auspices of the Medical College of Virginia, with Dr. E. C. Levy as ditor.

THE *Revista de Chirurgie* is a new monthly review of surgery which has just appeared in Bucharest. The first number contains three articles, two of which are by the editor, Dr. Thoma Ionnescu, and the third by Dr. E. Juvara, the assistant editor.

PROGRESS IN MEDICAL SCIENCE.

CONTAMINATED AIR.—Apart from the question of health, the thought of inhaling contaminated air is repugnant to people of refinement. Regular disinfection of closets, cellars, cuspidors, sinks and waste-pipes with Platt's Chlorides will insure pure air in the home.

IN the construction and equipment of the Hotel Dennis, Atlantic City, the proprietor had in view the importance of embodying the best hygiene and sanitary features as well as affording the most attractive and comfortable facilities to the guests. One of the main features of the hotel, and that which appeals forcibly to the intelligent physician in advising his patients, is the sun gallery, connecting the two wings of the hotel. The gallery is handsomely furnished and faces the beach. Here the temperature is kept uniformly pleasant and salubrious, whether the sun is shining or not, while an unobstructed view of the ocean is had from the windows. The water supply of the hotel is from an artesian well 856 feet in depth.

SPURIOUS COCA WINES.—The *British Medical Journal*, in its issue for January 23 and again in that for February 6, speaks of the dangers that attend the popular use of so-called coca wine—that is, some kind of wine in which a salt of cocaine is dissolved. For the most part, the wine is of poor quality, but sweetened and highly fortified with rectified spirit. The amount of cocaine contained in many of these products is variable, too, and in prescribing them one really does not know what doses of that drug he is ordering. Moreover, the contention seems reasonable that the tonic and stimulant virtues of a real wine of coca—such, for example, as the well-known Vin Mariani—do not depend altogether upon the cocaine contained in it.—*New York Meaical Journal*, March 20, 1897.

A COMMON concomitant with leucorrhea is pruritus. Those who have treated these cases know that I do not exaggerate when I state that there are few diseases or conditions that cause the practitioner more annoyance. In a severe case of the combination of these two affections, after I had exhausted almost the entire materia medica, without more than temporary relief, I found an excellent remedy in Tyree's Antiseptic Powder, which gave immediate relief, and resulted in permanent cure. This remedy is all I now carry for either leucorrhea or pruritus, and I have the satisfaction of knowing that with it I have never failed to cure a case, along with such other constitutional treatment as the different cases required. In several cases of gonorrhea of the female which recently came under my care, the powder above mentioned was my only remedy. I used it in these cases in the same manner as in the foregoing, with the exception that I advised its use three to five times daily. In the cases of leucorrhea and pruritus I used one teaspoonful of the powder to a pint of warm water, used with a fountain or bulb syringe, preferably the former, twice, or in very troublesome cases, three times a day.—DR. J. D. ALBRIGHT, in *New England Medical Monthly*.

PHENALGIN.—Among the newer coal-tar products Phenalgin is distinguished by its great purity and the variety of uses to which it can be adapted. It is largely prescribed for those neuroses peculiar to females, and more especially in painful menstruation. The non-toxic character of this remedy renders it valuable for general use in cases where the patient is liable to continue the medicine at intervals after the physician has ceased his visits. Phenalgin is invaluable for indigestion and headaches caused by influenza, dissipation, or hyperacidity of the stomach. Given in minimum doses it appears to act as a very efficient hypnotic, leaving no disagreeable after-effects. Most persistent and obstinate vomiting is usually stopped by one grain doses given every fifteen minutes. Chemically, Phenalgin is known as Phospho-Ammonio-Phenylacetamide. Therapeutically, it is stimulant, analgesic, antipyretic, hypnotic, expectorant and malarial germicide. It is pure white and made from C. P. materials under the immediate supervision of the original inventor of ammoniated coal-tar products. Phenalgin should not be confounded with the yellow ammoniated mixture largely advertised under a proprietary name and stated by G. M. Bringer in the *American Journal of Pharmacy*, March, 1897, to be composed of carbonate of ammonia, bicarbonate of soda, of each one part, and acetanilid two parts, the mixture to be colored with a little aniline yellow and then sold to gullible physicians at one dollar per ounce.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXVII.—No. 7. BALTIMORE, MAY 29, 1897. Whole No. 844

Original Articles.

THE PROPHYLAXIS AND GENERAL HYGIENE OF DISEASES OF THE NERVOUS SYSTEM.*

By Frank R. Smith, M. D.,
Physician to the Out-Patient of the Department Johns Hopkins Hospital.

READ BEFORE THE BALTIMORE NEUROLOGICAL SOCIETY, APRIL 21, 1897.

After an introduction in which he considers the difficulties of prophylaxis and the connection of the other organs with the nervous system, Stintzing treats of prophylaxis in cases of the neuropathic diathesis, of the combating of what may be called accidental factors and of the general hygienic treatment of existing neuropathic conditions.

Difficulties in the way of prophylaxis.—Careful study of the etiology of nervous diseases has shown that many of the injurious factors can undoubtedly be avoided or their effects to a greater or less extent diminished. Nervous diseases come on slowly, so that the physician has more time to make his work felt. For this reason prophylaxis ought to form the main treatment for diseases of the nervous system. Why is not this the case? The fault lies partly with the patient and partly with the physician. The patient does not appreciate the importance of prevention of disease and is often unwilling to give up a single momentary pleasure for a possible far-off danger. On the other hand, physicians are often too sceptical of the results which may be obtained. For these reasons the institution of hygienic measures in the management of the mind and body has in no way kept pace with our knowledge of the undoubted relation which exists between certain injurious factors and nervous diseases. To reach the ideal is impossible; but for those who will give heed, the intelligent and indefatigable physician can do much. Marked progress has been made in the prevention of infectious diseases. Something has already been done for nervous diseases by a properly regulated instruction of the young and by the inauguration of an intelligent movement against the excessive use of stimulants.

A proper prophylaxis can only be hoped for when the presence of the physician in the family is not only desired in times of danger, but is endured or even welcomed in the days of health. In other words, the need of the family physician is not appreciated. For this no doubt the public is to blame; but does the family physician do his duty? The general status of the medical profession must be raised. Physicians must be competent and the public must recognize that such men are to be listened to.

Prophylaxis is only possible by indi-

*Abstracted from an article by Stintzing in the Text-Book of Special Therapeutics, edited by him in conjunction with Penzoldt.

vidualizing families and individuals. Thus at present our scope is limited (1) to a few people; (2) to those of them who are in good circumstances.

Considerations relating to the organs outside the nervous system.—All the organs are presided over to a certain extent by the central nervous system. But the nervous system has also one function—intellectuality — which is accomplished without the direct aid of an end apparatus, but which is, nevertheless, influenced by the condition of the organs. The central nervous system is the regulator of all vegetative and animal functions; consequently, disease in it must produce disturbances in the latter. Nature has provided that this influence should be somewhat limited. The organs possess in themselves ganglion cells which can regulate their functions and which are outside the brain and spinal cord, although it is an undoubted fact that diseases of the brain and spinal cord often influence very much the vegetative workings of the other organs.

The condition of every organ reacts upon the nervous system; after hard labor we feel tired. When something interferes with the respiration we are conscious that we are out of breath. When the organs are in such condition that the right amounts and the right kinds of stimuli are sent up to the central nervous system, we feel well; failing this, we feel badly.

The central nervous system regulates, registers and reflects what is going on, whether known or unknown to us, in the organs.

Nervous diseases, however, do not all begin in the other organs, but can originate in the nervous apparatus itself. But it must not be forgotten that in treating a disease of the nervous system the condition of the other organs must never be neglected. The family history must be known, the manner of life, social and hygienic, and the disposition must all be enquired into. To deal with nervous diseases the physician must not only be a specialist in this one branch; his special knowledge and skill must be built up on a foundation of a thorough acquaintance with general pathology. The neuropathic diathesis may cause certain nervous diseases, or, if any are present, it will always intensify them.

Nature of the neuropathic diathesis.—We say vaguely that the neuropathic diathesis consists in an undue irritability or excitability, in diminished power of function of the nervous system, in disturbance of association, in exaggeration or loss of inhibition, or in a lessened resistance of the nerve cells. When we have said this, we know, practically, about as much of the subject as we do of molecular disturbance. Until we have facts to go upon as to the nature of nervousness we must be content with conjecture, but happily even with the few data at our command our hypotheses may become of some value in formulating a prophylaxis.

Does the neuropathic diathesis possess any unity, or, in other words, do we always find the same substratum underlying the complex phenomena manifested in this condition? It seems impossible that such a common foundation should exist. Why, in some families, does the neuropathic diathesis tend to the occurrence of organic diseases, such as tabes and Friedreich's ataxia, and, in other cases, seem to lead to functional nervous diseases and to diseases of the mind?

Many authors have endeavored to answer the first part of this question by presupposing the existence of anomalies in the germ plasm. Experience is not in favor of this theory, though, for certain diseases, tabes, for example, it cannot be disproved. In the familiar types of diseases of the central nervous system the same effect is noticed in many of the members of the same family.

It seems, therefore, that the neuropathic diathesis cannot be considered as a unity. Nevertheless the assumption of the existence of anomalies in the germ plasm is of some use for prophylaxis in leading us to seek for causes which might produce such anomalies in the germ and for measures by which they might be influenced.

In view of the fact that we cannot show that parents of neuropathic offspring have any one common germ-predestinating pathological characteristic, we come to the question : Is the diathesis always primary in the nervous system or in other organs ?

Quantitative changes in the specific activity of cells or groups of cells can occur without material alteration in the cells. Qualitative changes must always depend upon anatomical modifications. Quantitative changes (and these are what we have to deal with in the neuropathic diathesis), if they depended upon alteration in structure, would show some constancy. But we have only to consider neurasthenia and hysteria to see that exactly the reverse obtains. The symptoms change very rapidly while the main functions of the body, motion, secretion, excretion, etc., may remain practically normal. We know that faulty metabolism is the cause of many pathological conditions. Now in many cases we can refer nervous disturbances to the improper constitution of the nutrient fluids of the body or the production of certain unknown substances, acting as poisons upon the nervous system, which circulate in the body and produce either exaggeration or diminution in the proper functions of the nerves and bring about a "nervous condition." It is to be remembered that the nervous system being very susceptible, may react first, and before we get loss of weight, anemia or other symptoms, we may not be able to refer the injurious effects to any particular organ of the body, but are only conscious that we are "nervous."

In many cases, therefore, nervousness can be traced to defective nutrition and it may be said that a neuropathic diathesis implies a tendency to disease in general.

It is possible that quantitative changes may be due to temporary changes in structure. In healthy people degenerated nerve fibers have been found. Could not quantitative changes be due to a want of balance between degeneration and regeneration of nerve cells ? This, again, might be traced to some defect in the nutrient juices of the body. Thus some nervous people are anemic. Again, the effects upon the nervous system of the character of the fluids of the body are proven by the different phases of nervousness seen in patients who have lately had typhoid fever or some other of the infective diseases, as well as in those who are suffering from diabetes, gout and various other conditions. In many cases the origin of the neuropathic diathesis is to be referred to the improper constitution of the blood or lymph or to circulatory disturbances.

Certain poisons leave in the body substances which produce effects on the nervous system long after the poisons themselves have been eliminated from the body. We have post-syphilitic and post-diphtheritic nervous disturbances and diseases of the central nervous system from ergotism, plumbism and lathyrism. Of course it is possible that in these cases there may be finer alterations in structure.

To sum up, the neuropathic diathesis may be regarded: (1) In a certain number of cases as nothing else than a tendency towards disease in general, from faulty metabolism, an improper blood supply and intoxications, which expend themselves principally upon the nervous system (acquired diathesis). (2). In other cases as consisting in a preponderating vulnerability of the nervous system to certain anomalies in the germ plasm (inherited diathesis). This condition is not understood but is supposed to rest upon a too speedy metabolism in the cells or an inequality between degeneration and regeneration of nerve tissue. Any injurious influence from outside (acquired) intensifies the hereditary diathesis.

Properly speaking, the neuropathic diathesis has to do only with functional disturbances, but where these are persistent and permanent we must suppose an anatomical change, though it may be too fine to be perceptible with our present methods. A want of balance between regeneration and degeneration produces functional nervous diseases, but suppose that regeneration ceases, we get organic disease.

The symptoms of the neuropathic diathesis consist in quantitative changes in function, while the specific energy is preserved. Persistent change—whether characterized by diminution or exaggeration—is a sign of organic disease.

Thus far, then, we have the fundamental rule for prophylaxis which is to provide for proper nutrition and against disturbances in the composition of the blood and in the circulation.

The causes of the neuropathic diathesis are: (1) Those that an individual born sound encounters. (2) Those which he inherits. Enquiry must be made into the characteristics of the family not only about cases of insanity but about the general disposition of the various members for several generations.

Hereditary Diathesis.—Heredity in disease is either direct or indirect. One or more members of the family may have the same nervous disease or in later generations the same cause may lead to different affections. We may have a practical increase in the severity of the disease with every generation (degeneration). A man may be neurasthenic, the son epileptic and the grandson an idiot. Then we have atavismus where one generation is left out. Of course it is clear that not all the members of a family need be affected.

For prophylaxis the most radical way would be to prevent all persons suffering from nervous disease from marrying. But even were this possible it would not always be necessary. The inheritance of the malady is by no means necessary. The steadying influence of married life does much for some nervous people. Von Hoesslins says that half of his neurasthenics were unmarried. Sometimes a physician may have to recommend marriage if the conditions are favorable. But sometimes his duty points the other way. When earnest consideration has assured us that the progeny will be affected and that degenerates will be born, it is our duty to advise most strongly against marriage. Under the most favorable circumstances, if the other individual is sound, so that it is possible that all or most of the progeny may escape, it may not be wise to forbid marriage. In such cases special directions should be given to the persons concerned as to the care to be taken with a view to diminishing the danger.

In this connection it must be mentioned that statistics are unsatisfactory. They are incomplete, of course, and it must be remembered that we obtain reports of the cases in which the disease has been inherited more often than when the progeny has escaped. These last do not come before our notice.

The question is a broad one and each case must be decided upon its own merits. In many instances marriage may be permitted. But in the case of confirmed epileptics or of individuals having certain well established or recurring psychoses it must be absolutely forbidden. Too close intermarriage of blood relations should be prevented.

The relative frequency of nervous diseases in the offspring of first cousins and in the Jewish race is undoubtedly due to inbreeding. But it must be borne in mind that some individuals, while very closely connected by blood, have not inherited the same characteristics.

Prophylaxis in the Young.—It must be remembered that the earlier we begin in these cases, the greater the prospect for success. The physician has a great responsibility in the case of children of neuropathic tendencies. And first with respect to nutrition. Milk is the best food for children. When it does not agree with them, in most cases there is a fault somewhere which can be more or less easily rectified. Children should not be allowed coffee, tea or stimulants till they are twelve or fifteen years old, except when they are given as medicine. Even after the first dentition too albuminous a diet is hurtful. Children should have meat only once a day, the other meals consisting mostly of bread, butter, milk, sago, rice and the like. Relishes and sweets should be used with a most sparing hand. The quality and quantity of the food and regularity of the meal times are of the greatest importance.

Children should have light and air. But in this respect regulation is neces-

sary. They act as stimuli, and excess is harmful. The new-born child comes into the world without being accustomed to stimuli. To allow him to be irritated by a sudden excess must be harmful. This applies equally to intellectual stimuli. After the child is a year old gentle hardening may be practiced. The water in which it is washed may be made cooler. Warmly clad it may be sent out in all but the rawest or very damp weather. Excesses in hardening must be avoided. The stimuli thus provoked are too severe. The clothing should be warm and fairly loose to admit of development. The peripheral nerves and the cutaneous vascular system must not be rendered oversusceptible by too heavy clothing. Nothing tight about the neck should be worn, otherwise passive hyperemia of the brain may result in headache and other manifold symptoms. Tight trousers and anything which might irritate the genitalia should be avoided. Sleep should be provided for, but a distinction should be made between night and day. The room should not be darkened by day or brilliantly lighted by night.

Bodily and Mental Training.—Careful regulated exercise in the open air is the best thing for creating a proper balance between the mental and bodily part of our nature. Bicycling is not to be recommended. Trauma is a factor in the production of nervous diseases. We cannot prevent children from falling, but we can see that in our nurseries there are no sharp angles which they would be likely to strike against. In case of any severe injury the most absolute rest and freedom from any nervous stimuli may do much to guard against further injury to the nervous system.

As far as regards mental education a volume might be written, but these brief directions may be useful: (1) For the first year simply allow the child to grow. Do not try to make him speak or run too early. The child should not be sent to school before its sixth year. The moral training may be undertaken earlier; the child should be taught obedience and self-control. If a child once learns to obey somebody, later he will be more likely to obey his better Ego, to deny himself and to force himself to do things which he does not wish to do. Irresolution of character and inability to deny oneself favor the development of nervous diseases. Individuals who have always been in the habit of giving free rein to brain and nerve activity are more likely to succumb to the effects of a hereditary neuropathic diathesis. On the other hand, too strict a regime is hurtful. Obedience must be obtained through conviction and not through fear. Occasionally punishment is, however, necessary and beneficial. Tears bring relief and often stop the storm of energy which is going on in the brain. Overwork at school and its injurious influences have been much exaggerated. Still there are a great many abuses which must be remedied. For the first three years of school, the child being from six to nine years old, not more than three hours of class work should be allowed. This should be supplemented by proper rest and bodily and mental exercise at home. We do not want to make of our children hot-house prodigies.

The pleasures of the young in gatherings belong to the open air. Parties in hot rooms, dancing, etc., just at a time when children are arriving at the age of puberty, are very bad and lead to many evil results, such as chlorosis and hysteria in boys and girls. For many reasons large boarding schools are objectionable. In youth any excess, the pleasures of society, which besides include being shut up in hot rooms, loss of sleep, too high living, alcoholic or sexual excesses, are calculated to intensify a nervous disposition or to arouse it while yet sleeping in the protoplasm.

Choice of Profession.—For the laboring classes an out-door pursuit is the best one as opposed to working in factories, in which occupations there is at the same time usually great monotony. Employes on railroads are subjected to continuous shaking, which is not good for nervous people. Parents must not be too ambitious for their sons. Com-

pulsory military service is a blessing in that it counterbalances a good deal of overstudy. Too responsible and hard positions must be avoided by those of a neuropathic tendency.

The higher education of women will right itself by degrees but the too exacting examinations required of female teachers is the cause of a great deal of hysteria and other complaints. Nurses should only be chosen from among strong women.

Traumatic neuroses are more likely to occur in adults than in children. In the former the bones covering the nerves are more unyielding and brittle and the nerve cells show less capacity for regeneration. It is not in the province of the physician to prevent accidents but we can advise against callings that entail continual concussion. Earlier sickness, especially the infectious diseases, often leave behind them disorders of the nervous system. In these diseases we not unfrequently have severe delirium, as an effect of the toxines upon the nervous system. Why should not this poisonous effect be more lasting and result in chronic nervous diseases? Consequently, not only the immediate treatment of the diseases themselves but very careful after-treatment is to be insisted upon and plenty of time and care devoted to the convalescence. Syphilis is to be treated thoroughly and patients suffering from syphilophobia are to be encouraged. Over-exertion, mental and bodily, must be avoided. The old dictum of Kant, eight hours work, eight hours play and eight hours sleep, should receive more consideration. The idea, however, that this is an especially nervous age seems to have been exaggerated. Freund holds that modern improvements have, in making life easier, diminished for the majority of people the nervous strain. Nevertheless it is to be feared that further advance in the intellectual strain upon the nervous system may bring about a degeneration among civilized men. We must, therefore, insist for those who have work which puts a great strain upon them that their hours shall be limited, that they shall take some recreation each day, that they shall have eight hours for sleep, and reserve for themselves a complete holiday of three to four weeks each year.

Recreation has a different sense for different people. Our orders must be specific. For the laity a little music is refreshing, but one would not recommend this as a recreation for a professional musician. What we need is to break the monotony of the intellectual work.

Sexual Indulgence and Abstinence.—Among the number of neurasthenics masturbators form a large class. This brings us to the question of this practice in schools. Instruction must be given in a scientific manner. There must be no secrecy such as would arouse curiosity. Above all, the teacher must have tact. The physician can also do much by private advice to his young patients. He can point out to the parents the danger of certain books and pictures and of sitting too long in the school room. Excessive coitus is also a cause of neurasthenia. Total abstinence may do for some men, but not for the majority. The physician is in a quandary. He must explain the matter to his patients and leave them to do what is right.

Nerve poisons.—Leaving out here the various drugs and metals, the most ordinary nerve poisons, alcohol and tobacco, may be discusssed. As instances of severe functional disturbances of the nervous system we have alcoholic neuritis and tobacco amblyopia, which are generally curable by abstinence. It is of no use to try to abolish tobacco and alcohol from the world. There are worse things left. We must wage war against their misuse. Even moderate drinking has a cumulative effect. The most sensible way of deciding the minimal dose is to regard any quantity that produces congestion, quickened pulse and later a tired feeling, as too much. In certain plethoric people its use should be absolutely forbidden. With respect to tobacco smoking we may say that it is often necessary to forbid it entirely, since many people cannot be moderate. Never wait till the inclina-

tion has gone, because in such cases the harm is often irreparable.

General Dietetics.—Do we know any substances which are especially beneficial or especially hurtful to the nervous system? Only the last part of this question can be answered in the affirmative. A universal scheme for the nutrition of a weakened nervous system is impossible. Individualization is necessary. There are a certain number of hurtful substances which must be forbidden to all and the broad rules of hygiene are applicable for the majority of cases. The quantity of food ingested does not always stand in direct relation with that absorbed and utilized for nutrition. We, therefore, must try to adjust this balance. Good nourishment for the neurasthenic does not necessarily mean an excess of albuminoids. The occasional but undoubted triumphs of vegetarianism are due to the common abuse of meat. Undoubtedly a mixed diet is the best, the proportion being approximately albuminoids 1, fats 1, carbohydrates 3.5. The quantity must be in accordance with the situation of the patient. Not only overwork of the digestive organs is harmful, but too little exercise of them also reacts prejudically upon the nervous system.

Regularity in taking food must be observed. Most neurasthenics do better with five meals a day. Such a patient is apt to want to eat only in the evening. This should be corrected. The changes in his habits of eating should not as a rule be made all at once. Many patients have been made worse by becoming suddenly vegetarians or taking certain cures.

Overfeeding is undoubtedly good in many cases. For obese neurasthenics who are lazy and hypochondriacal it is necessary to lay down specific tasks and to reduce their fat at the same time. The regulation of the bowels and of the sexual functions in neurasthenics is very important. Fresh air and a good temperature are of the greatest importance. It is well-known that neurasthenics are changeable; at the same temperature they will at one time feel hot and the next moment may shiver. This is the result of undue excitability of the nerves. As a rule, neurasthenics bear better cool rather than warm rooms. When they get in the open air they feel better. A hot room dilates the capillaries and the patients are consequently at first too hot and then too cold. A moderate degree of coolness braces the cutaneous nerves and the system gradually accustoms itself to the temperature. A neurasthenic, unless very weak, should sleep in a cool room. But although cold is tonic in certain doses, it is weakening when too severe or too prolonged. The right temperature of the sleeping room would be about 6 to 7° C. (43° to 45° F.).

One of the most important things is a proper proportion of rest and exertion. In acute nervous disorders rest is necessary. Those who are suffering from mental strain need mental rest. On the other hand, in some cases the patient only becomes better when he has been persuaded to exercise the mind and body. This is the case with hypochondriacs. To secure this happy mean is difficult. A proper psychical treatment is of the greatest importance. To achieve this the physician must be sympathetic but firm; he must listen to the complaints of his patient and encourage him. He must make his patient feel that he understands his condition and not try to merely laugh him out of it. The question of treatment by suggestion must here be omitted.

Are we to keep these patients at home or are we to send them to an institution? Some can be treated at home. It is easier, however, to keep off external detrimental influences, family cares, etc., by sending them to an institution, provided only that we select one that is conducted on strict scientific principles. It must be mentioned here that some institutions retain their patients too long. If they cannot accomplish a good deal in from six to eight weeks, they probably will not do much better if a longer time be allowed to them. Weak and lazy patients become still more irresolute and from having been under treatment so long, they are left the victims of more pro-

nounced auto-suggestion. The physician with tact ought to know when to send his patients away and should know when they are cured or benefited so that thay can return to their former life. A patient should not go back directly from an institution to his old life. He should be sent to the sea or mountains for a few weeks. The home treatment is often unsatisfactory but much can be accomplished by a practical and persevering physician if he can find the members of the family intelligent enough to help him to carry out his behests, thus contributing to the patient's improvement and his own credit.

GASTROSTOMY AND RETROGRADE DILATATION FOR CICATRICIAL STENOSIS OF THE ESOPHAGUS.

By Randolph Winslow, M. D.,
Professor of Anatomy and Clinical Surgery, University of Maryland.

REPORT OF REMARKS MADE BEFORE THE CLINICAL SOCIETY OF MARYLAND, JANUARY 15, 1897.

SOMETIME ago I exhibited before the Clinical Society of Maryland two colored boys, one three years of age and the other about two years old, who had swallowed concentrated lye and as a consequeuce had stricture of the esophagus, which I was unable to overcome with instruments passed from above. I, therefore, performed gastrostomy and saved them from impending starvation by feeding them through the fistulae. One of these boys died a year subsequently as the result of repeated efforts to restore the caliber of the esophagus. The other I succeeded in sending home in good health, with the contraction overcome and the fistula closed, since which time I have not heard from him.

It has been my fortune to have a similar case during the past summer, the history of which is as follows. The patient was a white female, aged 22 years, who became despondent on account of an illicit pregnancy and the refusal of her lover to marry her. On July 9, 1896, whilst in this condition she drank concentrated lye with suicidal intent. How much was swallowed is not known. Immediate vomiting of bloody matter followed and continued for nearly twenty-four hours. The pain was intense and was controlled with morphia and in a few days she was able to swallow a little milk. The pain continued to diminish, but the difficulty in swallowing constantly increased until she became unable to take sufficient nourishment to satisfy the pangs of hunger. She not only was unable to swallow solid food, but only minute quantities of milk and broth could trickle through the stricture. On August 23, 1896, she entered the University Hospital for treatment, having been brought by her physician, Dr. W. A. Monroe of Sanford, N. C. On entrance she was in an exhausted condition, temperature $105\frac{4}{5}°$, pulse 124, respiration 24, but these symptoms were probably due to the fatigue of travel, as her temperature was subnormal the next day and remained so for some days. She was a well-developed young woman, thin, but not greatly emaciated. She said she had lost much flesh since swallowing the lye. She was at once put on nutrient enemata. An examination made under chloroform revealed a stricture of the esophagus situated at a distance of twelve inches from the front teeth, through which it was impossible for me to pass the bougie. The record of August 25 states, "patient has been unable to swallow, neither last night nor this morning."

On August 25 gastrostomy was performed in two stages. The method adopted was practically that of von Hacker. A vertical incision was made in the epigastrium, through the left rectus muscle, the fibers of which were separated but not cut, the peritoneum opened and the anterior wall of the stomach caught with the forceps and

brought into the wound and stitched to the cut edges of the parietal peritoneum and the external wound sutured up to the point of attachment of the stomach. On the next day a small opening was made into the stomach, a tube introduced and the patient at once fed through the tube. After the operation she suffered from nausea, but was unable to vomit. There was some pain at the seat of the operation, but absolutely no febrile reaction. In this case gastrostomy was performed as a temporary expedient in order that the patient's strength might be recuperated, after which it was proposed to dilate the fistula and attempt retrograde dilatation of the structure through the cardiac orifice of the stomach. On September 2 the patient gave birth to a dead six months' fetus, the labor being normal. The puerperium was also uneventful, her nourishment being administered every three hours through the tube and consisting of milk, whiskey and eggs. On September 14 the gastrostomy opening was enlarged, a bougie introduced into the esophagus from below, the stricture was passed and immediately a larger instrument passed from the mouth into the stomach. The introduction of sounds was continued at intervals of four or five days, there being but little reaction. Upon one or two occasions it seemed to me that the bellows dilators had perforated the mucous membrane of the esophagus and could be felt in the stomach, covered by mucous membrane; if such was the case no ill effects resulted. After being satisfied that it was safe to permit the patient to take the nourishment by the mouth, the wound was denuded and sutured and in a few days healed. About October 10 she was allowed to be up and her improvement was rapid and she was discharged on October 24 in good health and able to eat ordinary food. Since her return home Dr. Monroe has continued the passage of bougies and informs me that she eats whatever she fancies and is in excellent condition.

I wish to say a few words in regard to the method of performing gastrostomy. In the older methods an opening was made into the stomach and the contents constantly escaped and caused much discomfort owing to the erythema and inflammation of the integument induced thereby. In order to avoid this, Dr. von Hacker of Vienna made a blunt separation of the fibers of the left rectus transversalis muscles and attached the stomach to the wound, hoping that the muscles would again resume their normal relations and act as a sphincter to the orifice. To a certain extent this is accomplished by his operation and it has the advantage that it affords ready access to the esophagus whenever it is thought proper to attempt dilation of the structure. When, however, it is intended that the gastrostomy shall be permanent, as in the case of cancer of the esophagus, either Witzell's method or that of Frank should be performed. In the Witzell method a large rubber tube is imbedded by means of sutures in the anterior wall of the stomach, by means of which a long, narrow, oblique canal is formed which allows readily the introduction of food, but prevents leakage, or the method of Frank, which consists in attaching a cone-shaped portion of the stomach to the peritoneal margins of a Fenger incision in the left side of the epigastrium, then make a small incision about an inch from the first, immediately above the left costal arch, and dissect up the bridge of skin between the two incisions and bring the apex of the cone of the stomach under this bridge and attach it to the margins of the small incision. The stomach may be incised at once, but it is preferable to wait twenty-four hours before doing so. This operation gives most excellent results and was employed by me in my first two cases. It has the disadvantage of not allowing ready access to the interior of the stomach for the passage of the bougie. For carcinomatous stenosis of the esophagus either Witzell's or Frank's operation ought to be used. For cicatricial stenosis, von Hacker's is better if the gastrostomy is only to be temporary. The result of this operation is very satisfactory in the case mentioned and she will likely feel no ill effects from her attempt at suicide.

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD JANUARY 15, 1897.

THE meeting was called to order by the President, Dr. S. K. Merrick. The following named gentlemen were elected to membership: Drs. A. D. Atkinson, Walter Smith, J. S. Bishop, H. L. Naylor, H. Lee Smith and W. Preston Miller.

Dr. W. R. Stokes read a paper on "An Epidemic of Purulent Inflammation of the Milk Ducts Affecting Seventy Cows."

Dr. T. C. Gilchrist read a paper entitled "Are Scars Preventable in Acne?"

Dr. B. B. Browne read a paper entitled "A Case of Encysted Dropsy of the Peritoneum Secondary to Utero-tubal Tuberculosis and Associated with Tubercular Pleurisy, Generalized Tuberculosis and Pyococcal Infection." (See volume xxxvi, page 350.)

Dr. Claribel Cone made a "Pathological Report of Dr. Browne's Case."

Dr. Randolph Winslow spoke of "Gastrostomy and Retrograde Dilatation for Cicatricial Stenosis of the Esophagus." (See page 118.)

Dr. Finney: I was very much interested to hear the report of this case and the references of the other two. The last was the most satisfactory one. The question of the operation to be performed is of course one for the surgeon to decide according to his own personal preference in the matter. One usually performs the operation he is most accustomed to, even when there are others that might perhaps be better suited. I agree with Dr. Winslow that Frank's operation is the most satisfactory; at least it has been so in my hands.

What became of the fistulous opening in this case? I do not think you mentioned that, or if you did I did not understand it. Some time ago I saw a child about two years old, that came from North Carolina, too, by the way, and had swallowed concentrated lye. The stricture would not admit of more than a number 4 French bougie. I made a number of attempts to dilate and succeeded up to number 9, but beyond that I could not go nor could I even hold that number. It would contract in spite of all that I could do and I had to fall back to number 6. The child was then able to swallow liquids at times. Sometimes it would regurgitate everything and the next day possibly would swallow without difficulty. It was losing strength rapidly. I did a gastrostomy upon the stomach and found that I could get in a larger bougie from below than from above. I tied to that a piece of silk, brought it out through the mouth and then used the method described first by Abbe, a string saw motion for the division of esophageal stricture, which was about two inches above the cardiac orifice of the stomach. It was my first attempt in this method and I was surprised at the result. I made the opening large enough to get my finger into the stomach and with another finger in the esophagus I had, with the child's head thrown back, a straight line to saw through the stricture. I passed gradually increasing bougies and dilated up to what I thought was the normal size.

The dilatation was so satisfactory that I changed my original plans, for which I have been sorry ever since, and sutured the wound in the stomach, first making sure that it was perfectly clean. On the fourth day the child was able to swallow and I passed a bougie the same size as that used at the time of the operation. About five o'clock the next morning the nurse noticed the child was feverish and had a high pulse. I was out of town that day and Dr. Dunot opened the wound, thinking he had extravasation, and found that two stitches had given away and the child had peritonitis. It died the next day. What caused the breaking of the stitches at that time I cannot say. The operation was most satisfactory except for the fact that the patient did not recover.

Dr. Winslow: In regard to the question that Dr. Finney asked I would say that I closed the fistula. In all the cases that I have closed I left the stomach attached to the anterior wall of the

abdomen and consequently it was extra-peritoneal. I also made use of the string saw in two cases and my results were very satisfactory. These are life-saving operations and the patients should not be permitted to starve to death with tumors, malignant disease, or burns. If not able to swallow and he has a good stomach, he should have a hole made in that stomach so that food could be given.

ASSOCIATION OF AMERICAN PHYSICIANS.

TWELFTH ANNUAL MEETING, HELD AT WASHINGTON, D. C., MAY 4, 5 AND 6, 1897.

WEDNESDAY, MAY 5. SECOND DAY.

(CONTINUED.)

Dr. D. D. Stewart of Philadelphia made "A Further Communication on the Occurrence of a Hitherto Undescribed Form of Chronic Nephritis Unassociated with Albuminuria." This paper was a continuation of those on this subject which appeared in the *American Journal of the American Sciences*, December, 1893, and the *Medical News*, April 14, 1894. He dealt with an unrecognized form of chronic nephritis with distinctive symptoms, in which albumen even in traces, by the commonly employed tests, was persistently absent from the urine and yet uremic symptoms are common. Although unable to present the result of a necropsy on a personally observed case of this sort, a portion of the kidney removed from one of them in life threw some light on the pathological condition present.

Dr. H. A. Hare of Philadelphia then reported "A Study Concerning the Cumulative Action of Digitalis." He said the experiments were intended to test the effects of digitalis on the thickening of the heart muscles. He took twelve young pigs of about the same weight and put six in one pen and six in another. They were fed in exactly the same way. To the first six he gave digitalis in increasing doses until they were taking fifteen minims three times a day, the other pigs taking no medicine. The digitalis pigs grew much larger, were very lively, tried to jump out of their pen and gained about twenty-nine pounds apiece, so that the country farmers noticed their increase in size, while the other pigs continued as before. The post-mortem examination showed that the heart muscles were considerably thickened and strengthened. He thought the cumulative action of digitalis seemed to be a more or less sudden development of the regular action of the heart, with gastric distress. He quoted many authorities to sustain his point. He does not believe that it is a cumulative effect of an uncanny kind. There are no premonitory symptoms, but it occurs suddenly. He had addressed a large number of questions to a number of physicians asking them if they had heard of this cumulative action and if they had noticed it and what form of digitalis they used and what were the doses. He thought that the action was due to the fact that the drug was more slowly eliminated than it was administered and believed it was stored up and his belief was that it should not be given more frequently than twice a day.

Dr. Wm. Osler of Baltimore thought that this action was extremely rare and felt very badly to hear one of his few friends in the materia medica brought to trial. He gives it largely and with a free hand and has never seen the cumulative action, but we all know the dangerous pulse with 40 at the wrist and 80 at the heart. In certain chronic valvular diseases of the heart he had given it for a long time and thought that the cumulative action was so rare that it might be disregarded.

Dr. E. G. Janeway of New York asked if we attributed the sudden deaths in hospitals to the right cause. He had looked up the records of these deaths and found in many cases that the patients had been taking digitalis and they had slow heart beats and slow pulse beats. The sudden deaths he thought are due to the drug and not to the disease. He thinks that many sudden deaths in pneumonia are caused by digitalis and he is sure he knows of deaths which

have been attributed to Bright's disease.

Dr. Wilkins of Montreal said he had used it and had observed the cumulative action and mentioned several cases.

Dr. J. C. Wilson of Philadelphia said that sudden death can come from other causes as well as digitalis; he had never seen the cumulative effect and had never given it in pneumonia as a routine measure. He does not give it in fever; it does no good and often does harm. It interferes with digestion. He gave fifteen minims three times a day for three or four weeks and observed no effects. He always followed two rules in giving digitalis; one was he stopped it after a few weeks and then began again after a few weeks' rest; he also gave it in moderate doses.

Dr. J. T. Whittaker of Cincinnati has seen cases of the cumulative effect and he has seen vomiting and nausea occasionally. In his city it was quite common to give it at the crisis of pneumonia.

Dr. Charles Carey of Buffalo has never seen any poisonous effects from it and he mentioned several cases which had been taking doses continuing for longer periods with no bad effects.

Dr. A. McPhedran of Toronto asked if these effects were due to the retention of digitalis in the system or to overstimulation of the heart. He felt very sure that in cases which were affected by the drug that there was also a decreased secretion of urine which would account for the bad effects.

Dr. H. A. Hare said in conclusion that Dr. Osler had proved just what he did not intend to prove; he wished to state clearly that it was the effect that was cumulative and not the drug. He thought that the various opinions expressed at this meeting were due to the difficulty in obtaining a uniform preparation of digitalis; for he had examined a number of preparations and had found that the proportion of active principles such as digitonin and digitoxin varied greatly.

THURSDAY, MAY 6, 1897. THIRD DAY.

Dr. R. T. Edes of Jamaica Plains then read a paper entitled "The Relation of Neurasthenic Conditions to the General Nutrition," of which the following is an abstract: Gain in body weight and improvement in neurasthenic symptoms usually go together, but there are enough exceptions to the rule to show that the nervous nutrition is something more than a mere sample of the general. The more symptoms approach in character the "fixed idea" of the insane the less amenable are they to the beneficial effect of mere somatic therapeutics. The blood color (Fleischl) of a considerable number of neurasthenic patients corresponded quite closely with that of the employes in the same institution. It was not possible to establish any correspondence between the degrees of anemia and the intensity of nervous symptoms. Measurements of the excretion of uric acid afford no sufficient ground for supposing that neurasthenic symptoms depend in any way upon this substance. There may be such a thing as a chronic uric acid headache, but the ordinary continued neurasthenic headache is not of this character. Indican determinations have not been numerous enough to be decisive, but do not seem to indicate that the poison consists in this substance or in those which may be transformed into it. If neurasthenia is a toxic condition the poison has not yet been satisfactorily identified.

Dr. James J. Putnam of Boston corroborated his statements and said in neurasthenia patients often looked pale and bloodless when they would have a normal amount of blood and hemoglobin. He thought that Haig's writings were attractive, but they were devoid of that critical spirit which one would look for in dealing with such an important subject; there were loopholes for error in every step of his theory. Changes in metabolism are affected by the nervous system and normal and pathological activities are immediately connected with changes in metabolism. When two subjects are so closely connected it is difficult to say whether it is the cause or the effect, or if it is merely a coincidence.

Dr. Norman Bridge of Los Angeles,

Cal., then read a paper on "Reflex Neuroses of the Abdomen." His object was to set forth from a clinical standpoint a large number of those reflex neuroses or symptoms some of which are frequently overlooked and some confusing in diagnosis. These reflexes are hard to understand. They give the patient great annoyance and cause suffering and some simulate grave disease and continue for months and years. A common one is increased peristalsis of the intestines with diarrhea. This form is very frequent; it is the diarrhea of the colon and it is hard to understand why the attacks follow so closely each meal when it is probably from the previous meal. He said that emotion and excitement, and even diffidence and fear, would bring on this attack and these exciting causes were extra-abdominal. He referred to several cases in which surgeons were taken with these nervous attacks before performing an operation or clergymen were overcome with diffidence and might not be able to fulfil their pastoral duties. This trouble was characterized by a form of gas in the intestines after a meal and there is also some indigestion and flatulence and escape of gas with boborygmi. There was often pain in the head, especially in women, which was relieved by a cathartic. Mental excitement will also cause these attacks. Another reflex is a slight sciatic pain on both sides which was relieved after a passage. Another reflex which is commonly called "growing pains" is often caused by an overloaded condition of the stomach and bowels; a free evacuation will stop it. Prurigo of the legs is another reflex from the same cause and is cured in the same way. He then referred to certain rashes of the skin or urticaria from eating crabs, fish, strawberries, etc. Some attacks, such as asthma, are also reflex in character and are caused by muscular spasm of the lung. He said that some cases of insomnia were successfully treated by an enema at bedtime.

Dr. Wm. H. Welch of Baltimore referred to the urticaria as a reflex phenomenon and spoke of Dr. Gilchist's work in his laboratory. Dr. Gilchrist has studied the class of cases in which there was a redness of the skin after a slight scratch ; he cut out some pieces of the skin and found on a microscopical examination that five minutes after the irritation there was a certain amount of serum and emigrated leucocytes present and in fifteen minutes there was a large collection of leucocytes. There must be something outside that attracts the leucocytes and it is not clear what it is. The expression "reflex phenomenon" does not explain it altogether, but there must be something in this chemotactic action.

Dr. Charles G. Stockton of Buffalo was interested in two points mentioned. One was the post-prandial diarrhea which occurred with sufficient frequency and had a sufficiently regular pathological course to deserve a name. There were not only hurried evacuations of the intestinal canal after a meal, but later there is gastric anacidity; that is, the stomach seems to lose all of its acidity. He has recorded a number of cases in which there was also with this reflex a striking error of refraction of the eye. He does not say that this reflex depends on the ocular error, but he thinks the two must be connected. Another point is painful neurosis in the abdomen and parts below which are caused by a descent of the abdominal organs, such as a misplaced kidney. He had seen cures result from fixation of the kidney.

THERAPY OF THE NITRITES.—The nitrites are always an interesting study for the therapeutist. Dr. John B. McGee gives some notes on this subject in the *Cleveland Medical Journal.* Lauder Brunton first used the nitrites thirty years ago in angina pectoris. The official salts are amyl and sodium. Their effect is prompt. Nitro-glycerine has taken the place of most forms of the nitrites and its action is so quick that it can usually be given by the stomach. Small doses stimulate the respiratory center and its use relieves spasmodic asthma, probably by relaxing the bronchial muscular tissue.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, MAY 29, 1897.

Simplicity and Palatability in Prescribing.

HOWEVER much we may personally believe in therapeutic nihilism we are still required to give drugs and this giving should be carried out with some idea of the effects to be desired. Dr. A. L. Benedict contributes to the *Therapeutic Gazette* an article hardly original, but one that should be read by every physician. He urges, first of all, what too many are ready to forget, and that is simplicity in prescribing, especially when no reason can be brought forward for giving more than one drug. Again, several drugs may be called for but they cannot always be well given in one prescription. One may be volatile, one may be very acid or bitter, oftimes solutions are best indicated, again tablets and very often capsules are the acceptable form in which to offer drugs.

There must alway be a little empiricism at the bottom of drug prescribing, but no drug should be used unless the results of a large amount of experience by many different investigators shows its special value for a certain condition. Dr. Benedict sums up his good advice by advocating:

1. The use of drugs according to known physiological actions, except when scientific ignorance and clinical experience render empiricism necessary and proper.

2. The use of one medicine at a time, unless coexisting pathological processes demand more.

3. The prescribing of medicines separately, unless it is reasonably certain that their conjoined administration will be safe and agreeable and that their relative doses will remain stationary.

4. The administration of disagreeable medicines in solid form, so that they may be swallowed untasted, unless physiological activity will be sacrificed.

5. The application of common-sense rules according to habits of eating and drinking, in administering medicines whose taste cannot be avoided by insolubility in the mouth.

This last means that we shall not mix bitter and sweet things unless the bitter can be almost completely covered; that we shall transform acids into lemonades or orangeades or into "shrub" drinks; that we shall salt oily substances and not sweeten salty ones; that we shall respect idiosyncrasies; that when a taste cannot be covered, we shall not try to mix it, but shall rely on rinsing the mouth or establishing a pleasant aftertaste.

* * *

Diabetes in Children.

THE danger of false diagnosis in diseases of children seems greater than in adult life. This is partly because diseases of childhood have only recently begun to attract the attention which they require, and partly because many skillful physicians interested in adult diseases care nothing for sick children, loathe attendance upon them, yet take these cases for pecuniary reasons.

Moreover, one becomes so accustomed to detecting ordinary ailments, such as bronchitis and digestive irritations, in children, so many of his cases are of this simple sort, that more unfamiliar diseases are apt to slip in under a diagnosis of the complaints usually found. This is a fault that grows with increasing practice and diagnostic confidence. Only by continually disciplining himself and holding oneself to minute and thorough examination of everyone of the great organs and functions may it be avoided.

In the *Centralblatt für Kinderheilkunde*, April, Dr. Sterling presents a case of diabetes mellitus in which he for a considerable time missed the diagnosis. The patient, a boy of eight years, came under his care with general debility, diffuse bronchitis and constipation. The appetite was good but he continually lost flesh, and phthisis pulmonalis was feared. He got expectorants and cod liver oil, improved in his cough, was discharged in two weeks, and went to school.

Some weeks later, Dr. Sterling was again summoned. Though the child ran around and played, edema of the face had excited alarm. Lungs and heart were not markedly diseased. Mouth, tongue and throat very dry; and there was fetor of the breath, possibly associated with the bad teeth.

The mother remarked that the urine was less abundant than before. Examination was made and the whole situation stood revealed — six per cent. sugar! The mother then remembered that ever since his last serious illness, "diphtheria and croup," the boy had drunk an excess of water, had complained much of thirst at night, and had passed a great deal of urine.

Death took place in a few weeks with convulsions, after great dyspnea. Treatment — milk diet, warm baths and aperients — had, as usual in such children, no lasting influence for good.

* * *

THE time is near at hand when everyone should lay down the daily work and take a much needed rest. It is against all human nature to work year in and year out without cessation and the continuous toiler soon finds out that the machinery wears out for want of rest and repair and the results of steady toil are not commensurate with the labor involved. Work itself rarely harms a healthy body, but monotony is hard to bear by anyone and when the one day follows the other with a ceaseless sameness and with no chance for a rest, the brain grows heavy and the intellect is dulled. Such work is done without enthusiasm and lacks that freshness which should leaven all healthy occupations.

The Summer Rest.

The physician, as much as and probably more than any other man, needs a complete change, for not only must he endure hard and lasting tire, but his work is of such a character that he enters into the lives of many others, sharing their anxieties, and if he be sympathetic, this constant strain will show itself. Therefore, the physician should every now and then throw off all work and go away for pleasure, be it fishing, shooting, bicycling, just so that mind is entirely freed from troublesome cases and the brain is allowed to rest. It is here that the light novel comes in as the brain worker's friend. The light, trashy novel is a sure brain rester.

No man should attempt to mix work and play and the physician off on a holiday should never take papers and books with him under the deluded impression that he will work, for he usually does very little and does that little badly and has all the time a feeling as if he ought to be reading a stated amount each day. Let the inclinations have their sway. Building air castles is better occupation than reading some heavy treatise or working over some new form of treatment. A short vacation spent in this way will store up a large bank account of energy which can be drawn on during the coming working season with heavy interest. Some of the best minds in the profession have always insisted on taking a long recreation and their work shows the good effects of the rest.

Therefore, let the physician get some sort of change where he is entirely free from all restraint and then he will return to his work strengthened and refreshed and his work will be better and his pleasure keener.

* * *

ARRANGEMENTS are now fully completed for the meetings of the American Medical Association and the various adjunct societies which will convene in Philadelphia next week. The American Academy of Medicine will begin its deliberations on Saturday and end Monday night and the Association's work will commence Tuesday morning, June 1.

The American Medical Association.

Not only have plans been made to entertain the delegates and their families while in Philadelphia, but the various hospitals, medical schools and similar institutions of learning have published programmes of clinical lectures and demonstrations which will be given free to all those who care to embrace the opportunity at this time. The event will be a memorable one and all who can should visit Philadelphia at this time.

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 22, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		15
Phthisis Pulmonalis		15
Measles	17	
Whooping Cough	2	2
Pseudo-membranous Croup and Diphtheria.	12	2
Mumps	1	
Scarlet fever	28	2
Varioloid		
Varicella	2	
Typhoid fever	2	4

The Minnesota Medical Association is agitating the question of legalized expert witnesses.

Another midwife who has been accused of carelessly allowing a new-born child to become blind has been committed for court.

Governor Lowndes has appointed Dr. Ridgely B. Warfield, Surgeon-General of the National Guards of the State of Maryland.

The Baltimore County Medical Society held a meeting last week at Towson; addresses were made Dr. E. N. Brush and Charles G. Hill.

Dr. William J. Boarman of Bryantown, Maryland, died suddenly last week at his home, aged 66. Dr. Boarman was graduated from the University of Maryland in 1855.

Dr. William W. Virdin, a prominent physician of Lapidum, Maryland, died at his home last week, aged 68. Dr. Virdin was graduated from the University of Maryland in 1858.

A new gynecological operating room is in course of construction at the Johns Hopkins Hospital. It will be 68 by 30 feet and will probably be completed by the middle of August.

Dr. John B. Hamilton, editor of the *Journal of the American Medical Association*, late surgeon of the Marine Hospital Service, has been elected superintendent of the Illinois Northern Hospital for the Insane at Elgin.

Professor Nocard of Paris has received the Tocaze prize of $2,000 from the Faculty of Medicine of Paris for his work on tuberculosis.

The daily press announces that a Dr. Antonio Crocicchia of Baltimore has been elected professor of biology at the Catholic University.

The Mayor of Savannah has appointed Dr. J. H. Graham Health and Quarantine Officer for the unexpired term of Dr. W. F. Brunner, lately resigned. Dr. Brunner has accepted the post of Sanitary Inspector at Havana, under the Marine Hospital service.

An exchange suggests that it is appropriate to hang the writer who speaks of the main cause as the "predominant etiological factor." He is evidently not the gentleman who suggests, in operating for rupture, to "cut through the Latin names and get down to the gut as quick as you can."

Surgeon-General Ridgely B. Warfield and Major George H. Rohé, Surgeon of the Fifth Regiment Veteran Corps, who were detailed by Governor Lowndes to represent the medical department of the National Guards at the meeting of the Association of the Military Surgeons of the United States at Columbus, have returned home.

The following physicians will spend the summer as resident physicians at the five largest resorts in Maryland: Dr. Henry Lee Smith at the Blue Mountain House; Dr. Wm. P. Chunn at Buena Vista; Dr. Edwin Geer at Ocean City; Dr. W. A. B. Sellman at Chattollanee Springs Hotel, and Dr. William B. Canfield at Deer Park.

Dr. Weir Mitchell has been engaged for several years on a novel which will give peculiar satisfaction to those who rejoice in the able and worthy treatment of American life and character in American fiction. The story is called "Hugh Wynne, Free Quaker," and began as a serial in the November Century. Those who have read the manuscript say that it is not only Dr. Mitchell's masterpiece, but will rank as one of the greatest of American novels. The scene is laid in Philadelphia before and during the Revolutionary War, and among the characters are Washington, Franklin, Lafayette, Benedict Arnold and Major Andre. The hero of the story serves on General Washington's staff.

Book Reviews.

DIPHTHERIA AND ANTITOXIN. By Nestor Tirard, M. D., Lond., Fellow of the Royal College of Physicians, etc. New York and London: Longmans, Green & Co. 1897. Pp. 141.

The increased interest in diphtheria since the discovery of the Klebs-Löffler bacillus and the bacillary diagnosis with the antitoxine treatment has caused a large amount of literature on the subject to appear. Dr. Tirard has issued a very readable little book, giving the history of diphtheria and rehearsing the drugs used, often in vain, to check the disease. He concludes with a history of the treatment of diphtheria from the earliest times down to the use of antitoxic serum. While the little book is not especially original, it gives a very fair résumé of our knowledge of the causation and treatment of that disease and is well worth a careful reading.

INTERNATIONAL CLINICS. A Quarterly Journal of Clinical Lectures, etc. Edited by Judson Daland, M. D., J. Mitchell Bruce, M. D., and David W. Finlay, M.D. Volume I. Seventh Series. 1897. Philadelphia: J. B. Lippincott Company. 1897.

This volume contains the usual good stock of clinical lectures and so varied in character as to suit all specialists and the general practitioner. The work seems to be a financial success and it is certainly a very valuable book.

THE MACMILLAN COMPANY announces the second volume of Allbutt's System of Medicine, containing the Infective Diseases of Chronic Course, and other subjects. Among the contributors are Drs. Wm. Osler, Ernest Hart, H. A. Lafleur, G. Sims Woodhead and others.

THE same company will soon publish "Constipation of Adults and Children," by Dr. H. Illoway of Cincinnati.

BONSCHUR & HOLMES, Manufacturing Opticians, 1527 Chestnut Street, Philadelphia, announce "Description of the Ophthalmic Methods Employed for the Recognition of Nervous Diseases." By Charles A. Oliver, A. M., M. D. Price Fifty Cents.

REPRINTS, ETC., RECEIVED.

The *Nursing World* Bedside Record. John Carle & Sons, New York.

An Alabama Student. By William Osler, M. D.

Thomas Dover (of Dover's Powder), Physician and Buccaneer. By William Osler, M. D.

John Keats, the Apothecary Poet. By William Osler, M. D.

Solutions Dobell. By Edwin Pynchon, M. D. Reprint from the *Annals of Ophthalmology and Otology*.

Tubo-Ovarian Cysts. By Albert Goldspohn, B. S., M. D. Reprint from the *American Journal of Obstetrics*.

Anterior Soft Hypertrophies of the Nasal Septum. By Edwin Pynchon, M. D. Reprint from the *Laryngoscope*.

An Initial Report from the Neurological Laboratory of the Philadelphia Polyclinic. By Aloysius O. J. Kelly, A. M., M. D.

The Treatment of Diphtheria by Antitoxine. By William H. Welch, M. D. Reprint from the *Johns Hopkins Hospital Bulletin*.

Antiseptic Medication to the Respiratory Tract. By R. C. Cottingham, M. D. Reprint from the *American Journal of Surgery and Gynecology*.

Errors and Modern Methods in Minor Gynecology. By Albert Goldspohn, B. S., M. D. Reprint from the *North American Practitioner*.

The Doctorate Address delivered at the Commencement of the Illinois Medical College. By Seth Scott Bishop, M. D., LL.D. Reprint from the *Journal*.

Report of the Bacteriological Investigations and Diagnosis of Diphtheria. By Hermann M. Biggs, M. D., W. H. Parks, M. D., and Alfred L. Beeby, M. D.

A Study of Cicatrices with Reference to Right- and Left-handedness and Ambidexterity. By J. M. Hall, M. D. Reprint from the *Boston Medical and Surgical Journal*.

The Professional and Technical Schools, especially those of Medicine, in their Relation to the College Course. By J. T. Eskridge, M. D. Reprint from the *Colorado Medical Journal*.

The Microscopical Proof of a Curative Process in Tuberculosis; or the Reaction to Tuberculin evidenced by Blood Changes hitherto unrecognized. My latest improved binaural stethoscope. By Charles Denison, A. M., M. D. Reprint from the Proceedings of the Twenty-sixth Annual Meeting of the Colorado State Medical Society.

Current Editorial Comment.

DIAGNOSTIC SKILL.

North Carolina Medical Journal.

IT is the cultivated observation and training and experience in the use of the means of observation that make the good diagnostician, and it is the wide awake use of these powers and means of observation that makes a good diagnosis, and it is just simply the neglect of these that makes the poor diagnostician and the faulty diagnosis.

HOSPITAL ABUSE.

The Journal.

THE doctor through organizations has been able to accomplish much for his own good and that of medicine in general. By legislation, he has raised the standard of requirements for entering on the study of medicine, thus limiting the number who engage in the profession. He has succeeded in controlling the work of medical schools. He has been able to educate the community to respect regular physicians somewhat as the trades unions have been striving to do with their labels. And the medical society's boycott is a very strong one. But something more than legislation is required to meet the newer combinations. Laws will not prove effective in fighting hospitals and dispensaries, either in suppressing those already in existence or preventing their spread.

UNION IN MEDICINE.

Lancet.

IF the profession is to be kept a profession and if its members are to be protected and delivered from the manifold evils which threaten their peace and prosperity it seems more and more essential that everything should be done by each member in his personal or official capacity to promote union within our ranks. If this can be procured and preserved we should be the strongest profession of the three, instead of which we often appear the weakest and the least coherent. The other professions are essentially more public in their relations and have opportunities of asserting themselves which ours has not. But it is a fact that if we could but be true to one another and to the duties which we have to perform we could make ourselves more indispensable than men of other callings and put ourselves in a position to command the full respect of the public and reasonable terms for our services.

Society Meetings.

BALTIMORE.

BALTIMORE MEDICAL ASSOCIATION, 847 N. Eutaw St. JAS. E. GIBBONS, M. D., President. E. L. CRUTCHFIELD, M.D., Secretary. Meets 2d and 4th Mondays of each month.

BALTIMORE NEUROLOGICAL SOCIETY. Meets 3d Wednesday each month. SAMUEL J. FORT, M. D., Secretary.

BOOK AND JOURNAL CLUB OF THE FACULTY. Meets at call of President.

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

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

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d and 4th Thursdays of each month—October to June—8.30 P. M. J. B. SCHWATKA, M. D., President. S. T. ROEDER, M. D., Corresponding Sec'y.

MEDICAL JOURNAL CLUB. Every other Saturday, 8 P. M. 847 N. Eutaw St.

THE JOHNS HOPKINS HOSPITAL HISTORICAL CLUB. 2d Mondays of each month, 8 P.M.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY. Meets 1st and 3d Mondays, 8 P.M.

THE JOHNS HOPKINS HOSPITAL JOURNAL CLUB. Meets 4th Monday, at 8.15 P. M.

MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE. SUE RADCLIFF, M. D., President. LOUISE ERICH, M. D., Corresponding Secretary. Meets 1st Tuesday in the Month.

UNIVERSITY OF MARYLAND MEDICAL SOCIETY. Meets 3d Tuesday in each month, 8.30 P. M. HIRAM WOODS, JR., M. D., President, dent. E. E. GIBBONS, M. D., Secretary.

WASHINGTON.

CLINICO-PATHOLOGICAL SOCIETY. Meets at members' houses, 1st and 3d Tuesdays in each month. ARTHUR SNYDER M. D., President. R. M. ELLYSON, M. D., Corresponding Secretary. R. T. HOLDEN, M. D., Recording Sec'y.

MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets 1st Thursday each month at members' offices. FRANCIS B. BISHOP, M. D., President. LLEWELLYN ELIOT, M. D., Secretary and Treasurer.

MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA. Meets Georgetown University Law Building 1st Tuesday in April and October. G. WYTHE COOK, M. D., President. J. R. WELLINGTON, M. D., Secretary.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets Wednesday, 8 P. M. Georgetown University Law Building. S. C. BUSEY, M. D., President. HENRY L. HAYES, M. D., Recording Secretary.

OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY OF WASHINGTON. Meets monthly at members' offices. President, S. O. RICHEY, M. D. Secretary, W. K. BUTLER, M. D.

WOMAN'S CLINIC. Meets at 1833 14th Street, N. W., bi-monthly. 1st Saturday Evenings. MRS. EMILY L. SHERWOOD, President; DR. D. S. LAMB, 1st Vice-President. MISS NETTIE L. WHITE, 2nd Vice-President. MRS. MARY F. CASE, Secretary. MISS MINNIE E. HEIBERGER Treasurer.

WASHINGTON MEDICAL AND SURGICAL SOCIETY. Meets 1st Monday in each month. N. P. BARNES, M. D., President. F. W. BRADEN, M. D., Secretary.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY. Meets 1st and 3d Fridays of each month at members' offices. GEORGE BYRD HARRISON, M. D., President. W. S. BOWEN, M. D., Corresponding Secretary.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVII.—No. 8. BALTIMORE, JUNE 5, 1897. WHOLE No. 845

Original Articles.

THE ECONOMICS OF STATE CARE OF THE DEPENDENT INSANE.

By George H. Rohé, M. D.,
Superintendent of the Second Hospital for the Insane, "Springfield," Sykesville, Md.

READ AT THE NINETY-NINTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 27 TO 30, 1897.

THE preservation of the health and working efficiency of its citizens is one of the most important duties of the State. It is in recognition of this duty that the State makes provision through its sanitary laws and police regulations for the protection of the citizen against the incursion and spread of epidemic diseases and against attempts upon his life or property.

The care of the insane has too generally been regarded as coming specifically under the supervision of the courts and police, although a change in public sentiment upon this question is gradually becoming manifest. The laws upon the statute books in this and other States still fail, however, to acknowledge the lunatic as differing in kind from a criminal. He cannot be placed under the care of his friends, or of others, for his safety and well-being except by consent of the courts, or through judicial proceedings often involving the loss of much time and the cost of great expenditure, either to the lunatic's estate or to the commonwealth. It is true that in Maryland, since the creation of the Lunacy Commission, the law partially recognizes insanity as a medical question and authorizes qualified physicians to pronounce upon the sanity or insanity of the person examined. Within a year or two, however, significant murmurs and even positive statements have come from members of the legal profession, that the law at present in force is unconstitutional and there is reason to believe that some of our judges are ready to so pronounce it whenever the question is presented before them for adjudication. There is at present a committee of this Faculty acting in cooperation with a committee from another society, charged with the duty of considering this and other questions and submitting its recommendations to the legislature at its next session. It is important, I think, that this Faculty shall firmly assert the position that the lunatic is not presumptively a criminal and as such subject to the control of the police, but that he is sick and helpless and should be cared for by such medical authorities as are charged by the State with his supervision, maintenance and treatment.

As has been shown by Dr. Brush and other speakers who have preceded me, State Care of the Insane means something that we do not at present have in Maryland. It is true that in 1798 the State made some provision, in its original grant to the Maryland Hospital, for the care of the insane, but this provision was a comparatively trifling one, and

even in 1834, when further aid was extended by the State, and the legislature required that more attention should be devoted to the "lunatic paupers" of the State in that institution, it was only by levying a charge of $100 additional upon each patient that the counties could avail themselves of the advantages of the hospital for the care of their insane.

It is notorious that the institutions under the control of the State have never been adequate for the care of all the insane in the State. Consequently, individual counties and municipalities have been obliged by stress of circumstances to provide such facilities as they were able, to care for their indigent insane, who could not be accommodated in the State institutions. What the character of such care has been, and is today, the successive reports of the Lunacy Commission and the carefully prepared statement of Dr. Brush, read at this meeting, abundantly show. No one, having a proper conception of the requirements of the case, will admit that the care given, or that can, under the best conditions, be given in an almshouse, or county jail, is the sort of care demanded by an insane person. Even if this were not so and almshouses and jails could give adequate care and treatment to the insane, the people of the counties and municipalities have a right to demand that this care shall be extended by the State at large, and local authorities be relieved of the responsibility and expense for providing such care.

While the figures of the statistics gathered by the Lunacy Commission and Dr. Brush may vary, it is probable that at the present time the number of the insane in the State supported at the public charge in hospitals, almshouses and jails is about two thousand. About five hundred and twenty-five of these are in the two State hospitals at "Spring Grove" and "Springfield." By the end of the present year accommodations for one hundred and seventy-five more will be available at "Springfield," thus furnishing accommodations for seven hundred, or a little more than one-third of the entire number of indigent insane in the State. The managers of the Second Hospital at "Springfield," profoundly impressed by their responsibilities, intend to urge upon the next General Assembly the necessity of sufficient appropriations to enable them to proceed with the erection of buildings for the accommodation of all the insane in the State at present unprovided for.

When we compare this condition of things with that existing in other States, we have no reason to feel proud. The great State of New York has provided for all her indigent insane in magnificently appointed State hospitals. No insane persons are allowed to be kept in almshouses or jails. In other States throughout the country the conditions approach those in New York.

The only argument that can be used in favor of the county or almshouse care of the insane is that it is cheaper. It is true that under present conditions in this State, the *per capita* cost of maintenance of patients in State hospitals is about two hundred dollars per year, while in almshouses it probably does not exceed one-half of that amount. No comparison of cost of maintenance in the two classes of institutions is just, however, which does not take into consideration the difference in the quality of the maintenance. An almshouse can never be a hospital, and hospital care can not be obtained in an almshouse.

But there are good reasons for the opinion that the real differences in cost of county and State care are not so great as would appear from the bald statement given above. Political economists have appraised the value of a healthy adult to the community in which he lives. Perhaps a fair estimate is four hundred dollars per year. During sickness this value, which represents the individual's earning capacity, falls; instead of a producer he becomes a debtor, and his debt is increased by the cost of his care and treatment while sick.

To illustrate: Twenty men, with an earning capacity each of four hundred dollars per year, become insane and are cared for in a county almshouse at a

cost of one hundred dollars *per capita* per annum. (Carefully prepared statistics show that in New York County Asylums the average *per capita* cost of maintenance was one hundred and four dollars per year.) The total cost for a year would be (including loss of productive capacity) ten thousand dollars. But we may assume that one of these patients (equal to a rate of 5 per cent.) recovers in six months after admission. This reduces the expense to the county by two hundred and fifty dollars, leaving a loss of nine thousand seven hundred and fifty dollars. But two of them have died (10 per cent.) and their total loss (valued by economists at one thousand dollars each) must be added to the cost (minus of course their loss of productive capacity and cost of maintenance for the year), which is five hundred dollars each. This requires that one thousand dollars be added to the nine thousand seven hundred and fifty, raising the total cost for the year to the county to ten thousand seven hundred and fifty dollars under the almshouse system of care. Now supposing that, instead of sending these patients to the almshouse they were at once sent to a properly managed hospital. The loss of productive capacity is initially the same as in the first instance, and the cost of maintenance is doubled. The presumptive cost would, therefore, be twelve thousand dollars for the year. But of the twenty patients admitted, seven (or 33⅓ per cent.) will recover in an average of six months after admission; reducing the loss for the year to nine thousand nine hundred dollars, and one death (5 per cent.) may be counted, raising that (minus cost of maintenance) to ten thousand three hundred dollars. The actual cost of State care for the first year would, therefore, be on an average twenty-two and a half dollars *per capita* less than county care. But there is another element to be considered. Of the twenty original admissions, seventeen remain in the almshouse, at an annual cost and loss of productive capacity of eight thousand five hundred dollars, while of those admitted to the hospital only twelve remain at a cost to the State, including loss of productive capacity, of seven thousand two hundred dollars. By the end of the second year, crediting neither State nor county institution with any more recoveries or deaths, State care would actually have cost seventeen hundred and fifty dollars less than county or almshouse care; a *per capita* saving *per annum* of nearly forty-four dollars. It is true that these figures are based upon hypothetical instances, but the conclusions are the outcome of extended statistical inquiries and observations. It is estimated that in New York State the annual saving to the taxpayers under State care is over $1,500,000.

I have estimated the *per capita* cost under State care at two hundred dollars per year, and under the conditions obtaining in this State at present, that is probably as low as it is possible to fix it, but I am confident that with a better concentration of machinery of administration this could be materially reduced. In New York, during the past year, the *per capita* cost of maintenance in State hospitals was one hundred and eighty-four dollars and sixty cents, a figure to or below which the cost could be reduced in this State within a few years.

During the current year the State appropriation for maintenance of the insane at "Spring Grove" and "Springfield" is forty-five thousand dollars, equivalent to a tax-rate of about seven-eighths of a cent upon the present taxable basis. There are no data available upon which the county rates for maintenance of patients in the State hospitals and almshouses can be ascertained.

A State tax-rate of seven cents upon the present taxable basis would produce sufficient revenue to care for all the indigent insane and idiotic persons in the State, including maintenance, clothing, medical attention and ordinary repairs to buildings. While this looks at first sight like a large addition to the tax-rate, it must be remembered that all local taxes for this purpose would cease, and in the course of a few years after all the insane were brought under

State care, a saving of money would be evident.

Time will not permit any detailed reference to the policy that should be followed by the State in providing the increased accommodations necessary for the insane, if the principle of State care is to be carried into effect. In my opinion, the hospital at "Spring Grove," being so near Baltimore, and therefore most accessible from the different portions of the State, should be kept especially as a reception hospital. The buildings at "Springfield" should be rapidly extended to receive the large number (about fifteen hundred) of indigent insane now maintained at the public expense in Mt. Hope, Bay View, the various county almshouses and jails, and almshouse annexes.

The colored insane, now at "Spring Grove," should be removed entirely from that hospital. Provision could readily be made for this class at "Springfield" by the erection of separate groups of cottages, in accordance with the general plan of that institution. The small proportion of insane criminals in the State should, I think, be cared for in an appropriately constructed building, disconnected from the other hospitals.

In order to make this plan effective, and render its working harmonious and economical, some changes will be necessary in the machinery of administration. The authority must be placed in a central board or commission to establish a standard of care for the dependent insane, to register all the insane and the results of treatment, and to inspect the papers committing each case, and to visit and inspect all asylums and hospitals for the insane.

The powers and responsibilities of the local boards must be regulated. This system has worked well in New York, although at first there was apparently a good deal of friction between the local hospital boards and the central authority, the Commission in Lunacy.

But however the details of the principle of State care shall be worked out in Maryland, the medical profession as represented by this Faculty should demand of the Legislature its adoption on the threefold score of economy of administration, scientific advancement in the treatment of insanity and humanity to this most helpless and dependent class.

THE AMELIORATION OF THE CONDITION OF THE INSANE.

A HISTORY OF THE STEPS TAKEN BY THE LUNACY COMMISSION SINCE ITS INAUGURATION.

By William Lee, M. D.,
Secretary to the Commission.

READ AT THE NINETY-NINTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 27 TO 30, 1897.

KNOWING the great interest the Medical and Chirurgical Faculty has hitherto evinced in the care and treatment of the insane, as was shown in an especial manner at Annapolis, November, 1893, where, after two papers had been read on the subject, the rest of the day was given to its discussion, as also bearing in mind that the enactment of the laws governing the Lunacy Commission was one of the results of mature deliberation of this Faculty, it becomes my pleasure, as well as duty, to give in a condensed form a history of what steps have been taken for the amelioration of the condition of the insane by the Lunacy Commission since its inauguration. The Commission met and was organized in June, 1886, and immediately afterwards the following notices

were sent to the various institutions for the insane, including almshouses :

DEAR SIRS:—Your attention is called to the enclosed copy of the Act, approved April 8, 1886, by which is provided an additional section to Article 58th of the Public Code of Public General Laws, entitled "Lunatics and Insane." Please see that the requirements therein specified are carried out. In obedience to the provision of the Act, a visit will be made to your institution at an early date.
Yours respectfully.

In October of the same year, the first quarterly meeting was held in Westminster, when there was submitted a full report of the different institutions where the insane are kept, including almshouses. Various recommendations were also made and resolutions as below passed and copies of them sent out :

Resolved, That the Secretary be and he is hereby directed to notify the county commissioners of the several counties of this State that unless they are possessed of the requisite facilities to properly care for and treat insane patients, they are not authorized to receive any such patients and are prohibited from receiving such patients.

Resolved, That hereafter no insane person shall be confined in any of the almshouses of this State, unless the county commissioners of the several counties shall provide the facilities requisite for the proper care and treatment of such insane persons.

That, in the opinion of this Commission, no almshouse is a proper receptacle for insane persons unless it is provided with rooms so constructed as to safely detain such insane without the use of chains or rope, for the reason that such treatment is well calculated to magnify the mental excitement of the unfortunates and almost precludes the possibility of recovery.

The following preamble and resolutions were adopted :

WHEREAS, It appears from the report of the secretary of this Commission, that the Maryland Hospital for the Insane is overcrowded with inmates and in no condition to receive others, and actuated with desire, and believing it to be the duty of the Commission to use every proper means to promote the best interests of persons thus unfortunately afflicted, it is hereby

Resolved, That the secretary be and he is hereby directed to notify the county commissioners of the respective counties of this State of the condition of the Maryland Hospital for the Insane and that the only remedy is to ask the several courts of their respective counties to commit to said Hospital only such persons as may be suffering from such form of mania as requires control and retaining for treatment in the almshouses of the State those who are idiotic or imbecile.

Blank forms to be used in making out reports of the mental condition of the insane or idiotic were also sent to the various institutions, corporate or private, including almshouses.

In all the institutions for the insane, including almshouses, structural improvements have been made and in three or four counties asylums have been erected for the exclusive use of the insane.

The judiciousness of building these county asylums we did not at that time question, as the State had not then made any provision for its indigent insane and these asylums and almshouses met temporarily the objects in view. In the second year a resolution was passed that hereafter all plans for new asylums should be submitted to "The Lunacy Commission" before completing the contract. This was done more especially in order that no building occupied by the insane should be without fire escapes and ward verandas. Forms were adopted this same year to be used by the superintendents or managers of the different institutions for making reports to the Lunacy Commission.

It being apparent in this early stage of the Commission that the institutions were not only overcrowded, but that insanity in the State was on the increase, the Lunacy Commission requested the governor to recommend to the legislature that a sufficient amount be appropriated for the building of a hospital or training school for the feeble-minded and idiotic, many of whom were then helping to overcrowd the different asy-

lums, and on account of the nature of their mental trouble impaired the usefulness of said institution. Then, too, the further need of this institution was shown by letters received from physicians throughout the State, applying to know if such a school existed, and from valuable information obtained through Dr. J. Pembroke Thom, Mr. Thomas Hill and the late Dr. I. D. Thomson, all of Maryland. It was also suggested that a separate institution be provided for the colored insane, a large class of whom were without hospital accommodations and those institutions receiving them having no separate wards for their use.

In the third year an addition was made to the Maryland Hospital for the Insane. It was then urged to better provide for the criminal insane, also, that a law be enacted giving power to county commissioners and to the authorities of Baltimore City to transfer non-resident pauper insane coming to our State to the State from which they came. I may here add that from the neglect to provide such a law is due, in a measure, the increase in number of the insane of our State.

It was further recommended that all superintendents of institutions where insane are treated have posted, in the various wards of said buildings, notices calling the attention of the insane to their postal rights and that pen, ink and paper be furnished them. They were so notified in writing.

The necessity of night watches was also urged, as we learn that most accidents, including suicides, occur in the early morning or during the night.

In 1888 the Commission had the pleasure of seeing opened the Asylum and Training School for Feeble-Minded, located near Owings Mills, Western Maryland Railroad, to which has since been added two cottages, one being built through the benevolence of a private individual.

In the fifth year we were able to report that no one was unduly restrained or secluded at the institutions for the insane, including almshouses.

Copies were again sent out of the Lunacy Act to the county commissioners and superintendents of the various almshouses, this being necessary on account of frequent changes in those boards, as also of the attending physician. It was recommended that the laws governing the Maryland Hospital for the Insane be changed so as to make said institution entirely a State hospital without the privilege of receiving private patients. This was done to make more room for the dependent class.

Criminal insane.—It was also recommended that a separate building be erected for the criminal insane at the Maryland Hospital for the Insane, or on the property adjoining the Maryland House of Correction. Criminals becoming insane change but little their nature and demoralize greatly the better class of cases, as well as disorganizing the general management of the hospital.

It was further recommended that a hospital be built for the epileptic insane, as we found that this class was as disturbing as the criminal insane and often become as dangerous and unmanageable. Then too, from the character of their attacks, they require the utmost care and the closest surveillance. There were then (1890) in the State forty criminal insane and one hundred and fifty epileptics.

The Governor's attention was called to the over-crowding at the various hospitals and asylums and asked to lay the matter before the members of the legislature with recommendations to provide for another State institution, as all the indigent insane should be under State care, this being the rule in a number of other States, and not left to the county care. The importance of this step being so apparent, the Commission earnestly deprecated the action then being taken by some of the counties of the State to erect, on the ground of economy, annexes to the almshouses for the care of the insane, and were joined in their protest by many of the citizens of the State, and with one exception succeeded in having the courts issue an injunction to prevent their erection.

The Governor's attention was also called to the vicious practice of the magistrates committing insane persons to jails and the House of Correction.

The need of a detention hospital was highly recommended for patients believed to be insane, but in whose cases the exact condition could not be accurately determined.

Protection against fire. The terrible calamities which have occurred in other States by fire in institutions for the insane made it necessary for the Commission to call attention to the importance of sufficient protection against fire. This was promptly responded to at "Spring Grove" and other institutions and fire companies organized with material assistance from some of the insane inmates.

Licenses have been issued to eight institutions receiving private patients.

The Commission called attention to the need and wisdom of the State providing a reformatory for the the chronic inebriate, the moral weakling, etc., and believed if the State would purchase a farm somewhere on the bay, the cost to the State would be little, and the result compensating. Such a plan has recently been adopted in Austria; something in the same line exists near Detroit, Michigan, and the Commission has recently learned that the present legislature of New York has passed a law providing for the above object.

Present condition of the insane. There has been a gradual but progressive improvement in the condition of the insane of Maryland during the past eleven years. The overcrowding referred to has been in some degree alleviated, and very many reforms effected from a sanitary point of view, and the Commission feels that so far as these changes for the better effect Bay View and the City Jail, they have been materially assisted by the ladies appointed on the boards having supervision over those institutions.

The following number of insane have been removed through the influence of the Lunacy Commission from prisons and almshouses to institutions for the care and treatment of the insane :

First year, 55; second, 45; third, 50; fourth, 55; fifth, 60; sixth, 48; seventh, 114; eighth, 58; ninth, 46; tenth, 77; eleventh, 61. Total, 669.

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

NINETY-NINTH ANNUAL SESSION, HELD AT THE HALL OF THE FACULTY, APRIL 27 TO 30, 1897.

TUESDAY, APRIL 27, FIRST DAY.

THE ninety-ninth annual session of the Medical and Chirurgical Faculty of the State of Maryland was called to order at the Hall of the Faculty, 847 North Eutaw Street, April 27, at 12 o'clock noon, Dr. William Osler, President, in the chair. Drs. John S. Fulton, Robert T. Wilson and W. Guy Townsend, Secretaries.

After the reading of the minutes of the preceding meeting and the report of examiner and the announcement of candidates, Dr. William Osler delivered the President's Address on the subject of "Functions of the Faculty." (See page 73.)

Dr. Edward N. Brush, Superintendent of the Sheppard Asylum, Towson, then made some remarks on "The Condition of the Dependent Insane in Maryland and Suggestions for their Better Care." He said that the dependent insane were all wards of the State and both upon the grounds of public policy and humanity, their care should be assumed by the State and that wherever confined they should be under the supervision of a well-organized and active Commission of Lunacy. He gave some statistics relative to the number of insane in the State showing the number in organized hospitals and the number in county almshouses and showed that there were in county almshouses over 900 insane and idiotic, that according to reports received from these institutions there were employed for their care but about 50 attendents or nurses, that there were, on the first of April, 80 in some form of mechanical restraint,

namely, straight jackets, camisoles, and at least four in chains.

Dr. Henry M. Hurd, Superintendent of the Johns Hopkins Hospital, in discussing the State supervision of the care of the insane and the inspection and regulation of institutions, spoke of the necessity of a Commission to represent the State in lunacy matters; the Commission should supervise and inspect regularly and efficiently the State institutions for the insane; also the corporate and private asylums and the almshouses, jails and county receptacles; in short, every place where the dependent insane are sheltered. The Commission should scrutinize and if necessary revise all commitment papers and keep an accurate reliable registry of all the insane in the State so that the exact number may be known. It should have authority to determine the legal residence of insane persons and should be charged with the duty of sending wandering insane persons to their proper residences whether within or without the State. It should further have the duty of reporting upon the manner in which the large sums of money appropriated for the care of the insane both by the State and the city of Baltimore are expended so that waste and unjustifiable extravagance may be avoided and a proper expenditure of the funds for the benefit of the insane be entered.

There are serious defects in the present lunacy laws. The work of the Commission is not coördinated with any other branch of the State government and the Commission has no machinery at its back to enforce its views. The law for the commitment of the insane is very imperfect and its provisions are not strictly and efficiently enforced. The rights of Baltimore City as against the counties of Maryland are not protected and the city is made the dumping ground of the insane of the State at large without any means of redress. The statistics given in the report of the Lunacy Commission cannot be verified and on their face are incorrect. The inspections made by its secretary, if we may judge from the published reports, are of a very perfunctory character and this officer seems satisfied if the establishments are found "clean" and their inmates "uncomplaining." We hear little or nothing as to proper nursing of the sick, night service for the feeble or untidy, or employment for the chronic insane. Under the circumstances the conclusion is inevitable that the present law furnishes inadequate protection for the State, the institutions, the public at large or the unfortunate insane patient. The remedies are simple. A better law is needed for the Commission, giving it greater powers and holding it to a stricter responsibility for its executive work. The commission should have power enough to establish a proper standard of care for the insane throughout the State and to enforce it. This standard of care should require trained nursing for the sick, night attendance upon the feeble and helpless, the abolition of all forms of restraint, adequate provision for the employment of the chronic insane and an absolute prohibition of confinement of the insane in jails. It should also pass upon all appropriations made by the State for the insane and should enforce a strict accountability for the expenditure of all public money. The Commission should have a secretary with an adequate salary who should be required to spend his whole time in the discharge of the duties of the office. At some central office all statistics relating to the insane should be on file and the name and residence of every patient under custody should be regularly reported.

Dr. William Lee then gave the history of the steps taken for the amelioration of the condition of the insane by the Lunacy Commission since its organization. (See page 132.)

Dr. George H. Rohé, Superintendent of the State Hospital for the Insane, "Springfield," then read a paper on "Economics of State Care." (See page 129.)

Dr. George J. Preston said that this subject was of far too much importance to let pass by without discussion. When in London ten or twelve years ago, Dr. Savage had remarked to him that the classification of the insane in

Maryland into black and white was a remarkable one to make. He had read an old report from Bay View Asylum. While we have certainly made some advances in the care of the insane, still there is much to do, as the remarks and papers of today showed. The State of Maryland is very far behind other States in the care of its dependent insane. The number of insane in the State is a matter of doubt. We should be able to say exactly how many there are, but, as a fact, we cannot, and we should know the number and especially separate the chronic from the acute, if we expect to cure the curable cases. This means a great deal of work for some one. These papers will certainly be productive of much good. If the profession takes no interest in the care of the insane no one else will, and if they do, good results will follow and the insane will have a better chance.

Dr. Charles G. Hill, Superintendent of Mount Hope Retreat, said it was a well-advised movement on the part of the programme committee to give so much time to the consideration of the needs of the insane in this State. That there is yet much to be done for this most helpless and dependent class of society is evident to any one who gives the matter a moment's thought. Each member of this Faculty should do his part towards advancing this much desired work and to this end become in his community a focus for the enlightenment of the people and by thus arousing the public interest much can be accomplished. But I do not think the gentlemen who have presented such interesting papers today are justified in their bitter attack on our good old State, her laws and her officers. It may be true that Maryland does not provide as liberally for her insane as some of her sister States of greater wealth and population, but that there exists such a deplorable condition as has been charged here today, and that she is behind others of equal advantages, is a slander on her good name and reputation that I feel it a duty to resent. That our laws are perfect I do not claim, but rather agree with Pope, who says :

For forms of government let fools contest,
Whate'er is best administered, is best.

And how well this law has been administered is shown by the excellent report of the Lunacy Commission just read, and further attested by the fact that during its entire existence it has not been shown that anyone has ever been unlawfully placed or detained in an asylum for the insane. Nor has the community been pained and shocked by any of the cruelties that have come to the surface in some of our sister States that are held up to us as models that we must rush to emulate, clothed in sackcloth and ashes for our past sins. The only fault I have to find with the law is that in some instances the insane, cunning enough to conceal their delusions in the presence of the medical examiner, are left at large because no physician can be found to give a certificate. I have known of several tragedies on account of this unavoidable delay and there are more paranoiacs, to my personal knowledge, who are walking the streets of Baltimore with all their insane delusions and as dangerous as a Guiteau or a Pendergast, than I could count on my fingers.

Representing the largest asylum in the State, I have received a greater number of patients under the much abused law than anyone else and I must say that I have never discovered the grave defects that seem to impress my colleagues in the limited number of admissions with which they are concerned. Our Board of Lunacy has always been composed of gentlemen of the highest intelligence and it seems to me that it would have been more graceful to have left it to them to suggest changes in the law with which they are so greatly concerned. But this honorable Board seems to have come in for a large share of the censure. They have been charged with all the shortcomings of the State treasury, the people and the law. This overt injustice is no doubt due to the fact that the critics have not been among us long enough to know what the Board has done. Long before these gentlemen had honored the State with their presence, before they were known to half a

score of our citizens, this Board was hard at work, ameliorating the condition of the insane, improving the almshouses, transferring as many as could be accommodated from there and the jail and penitentiary, to the State asylum, and sowing the seeds from which have come all the advances that have been made, including the new hospital at "Springfield," the existence of which, I do not hesitate to say, was only made possible by the interest this Board has aroused throughout the State. If these gentlemen were better informed on matters about which they so freely give advice, they would know that a few years ago when several counties, on the plea of economy, set about to build almshouses large enough to accommodate all their insane, it was this Board that put a stop to it by threats and injunctions. In Baltimore County the plans were drawn up and I think in the hands of contractors. No, we cannot justly censure the Lunacy Board for any defect in the care of the insane in this State. As well may we blame our good friend, Dr. Hurd, for the evils existing at Bay View, of which we have heard so much today, because he has been so long and prominently connected with that institution. I am quite sure that Maryland is neither benighted nor parsimonious, and that when any grave defects are found to exist in her laws, her officers, or her institutions, it is only necessary to bring the facts fairly before the public and all needed reform will come in good time.

[The paper by Dr. Edward N. Brush, on "The Condition of the Dependent Insane in Maryland and Suggestions Concerning their Better Care," has, for unavoidable reasons, been kept for next week.—Ed.]

Poisonous Milk. — As dangerous changes take place in milk so quickly, Lübbert suggests in the *American Journal of the Medical Sciences* to peptonize the milk before each meal rather than prepare enough for a day's consumption and attempting to arrest the further peptonization by boiling or keeping it on ice.

MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

MEETING HELD MAY 20, 1897.

At the meeting of the Medical and Surgical Society of the District of Columbia, held May 20, Dr. McKimmie read a paper on "Hypertrophy of the Lingual Tonsil and its Treatment." He referred to the location and anatomy of the gland. He said hypertrophy of the lingual tonsil as a cause of throat symptoms was first brought forward by Lennox Browne in 1880. He has been followed by Stoerck, Curtis, Rice and Swain. He gave the classification of diseases of the lingual tonsil as simple hypertrophy ; hypertrophy with varix at base of tongue ; and hypertrophy with enlargement of thyroid body. Of these the first is the most common.

It is generally seen in adults, more frequently in males than in females. The disease is associated with hypertrophy of the faucial and pharyngeal tonsils.

The predisposing cause is debility of the vaso-motor system. The exciting cause is overuse of the voice. The symptoms vary, but are principally paresthetic.

He believes this disease is of neurotic origin. The diagnosis is made by the means of the laryngeal mirror. For treatment he depends mainly on solutions of nitrate of silver of a strength of from grains 60 to grains 120 to the ounce, applied with the aid of the mirror.

When the enlargements are the size of a pea, or larger, they must be removed by the snare or guillotine. He prefers the cold snare. With it the hypertrophied masses may be thoroughly removed, while with the guillotine only a section even with the tongue can be removed. There is more pain following the use of the snare and it continues three or four days. He does not favor the use of the galvano-cautery snare, except in cases with marked enlargement, or where the varicose variety exists. When thyroid enlargement is present, general tonic treatment is necessary,

together with counter-irritation over the gland. This paper was discussed by Drs. Morgan, Richardson and Sohon.

ASSOCIATION OF AMERICAN PHYSICIANS.

TWELFTH ANNUAL MEETING, HELD AT WASHINGTON, D. C., MAY 4, 5 AND 6, 1897.

THURSDAY, MAY 6. THIRD DAY.

(CONTINUED.)

Dr. Francis H. Williams of Boston read a paper on the "Röntgen Rays in Thoracic Diseases." He first spoke of the general principles involved in this *x* ray apparatus and described its physical, chemical and physiological properties. He had found the apparatus especially useful in detecting disease of the lung and he had examined about 400 cases of lung trouble and had never had any harmful results from the *x* rays. He had the patient brought on a stretcher from the ward and laid upon a table and with the Crooke's tube below and the fluoroscope above he carefully studied the condition of the lungs and heart. He referred to the different powers of resistance of air and water and other media and said that air was more permeable than water. In order to obtain any results from these examinations one must be familiar with the use of the fluoroscope and be acquainted with the appearance of the internal organs in a healthy condition. He showed some beautiful radiographs, clearly indicating some lesions in the lungs and changes of the heart. He had examined principally cases of pneumonia and tuberculosis. He has watched over 40 cases of pneumonia and in some the lungs had been normal in appearance for months after an apparent recovery from pneumonia. He had watched also carefully the pulsations of the heart and observed that the movement of the heart in beating was more marked at the left side at the base than at the apex.

Dr. R. H. Fitz of Boston then showed some beautiful radiographs of disease of the heart and of aneurisms.

Dr. Wm. H. Welch of Baltimore then introduced Dr. Osborne of the New Haven Medical School, who reported a "Case of Acromegaly." A man had come to the New Haven hospital with edema of the lower extremities; he grew better and went home. Later he returned and grow rapidly worse and died. He was a man 47 years old and had had the disease 23 years. He first noticed a ringing in the ears and then there was a gradual hypertrophy of the fingers, toes and of various bones throughout the body. Dr. Osborne exhibited photographs of various parts of the body and of the man as a whole and of the skeleton. He also exhibited some of the bones which showed the changes of the disease. He found that the heart weighed two pounds and nine ounces, which is probably the heaviest heart on record. The thyroid gland was much enlarged and in nineteen cases which he had collected of this disease he found enlarged thyroid glands and he thinks that myxedema is closely connected with acromegaly. At the conclusion of his paper the thanks of the Association were extended to him for the exhibition of this case.

Dr. Johns J. Abel of Baltimore then read a paper on "The Chemical Properties of the Blood-Pressure Raising Constituent of the Supra-Renal Capsule. He said that the supra-renal capsule was an organ of vital importance which furnished to the blood and vascular system a muscular stimulant. He quoted many authors showing how this gland had been studied and stated that while he had obtained a powder which he exhibited he had not been able to isolate the active principles of the gland and we do not know exactly what it is.

Dr. Wm. Osler of Baltimore asked if he had examined the commercial products on the market to see if this blood-pressure raising property was present. He had had several cases of Addison's disease and had had no good effects from remedies so far offered.

Dr. Abel replied that he had not looked into the subject from this point of view but he had no doubt that these commercial products did contain some such substance, as they were very simply

made by drying the gland and pulverizing it.

Dr. Simon Flexner then read a paper on "The Occurrence of the Fat-Splitting Ferment in Peritoneal Fat Necrosis." Upon the etiology of peritoneal fat necrosis much light has recently been shed, partly through the findings in cases occurring in human beings and partly through animal experimentation. A study of the cases in the literature would make it appear that the occurrence of fat necrosis was not always due to the same cause. Although infection seems in certain cases to play a part, it is probable that it is not by any means the most important factor. The view has gained ground that the disseminated forms of necrosis met within the peritoneal cavity, as well as the more circumscribed lesions in the pancreas itself, may result from a perversion of the pancreatic secretion.

Again, since it has been shown that trypsin when injected into the peritoneal cavity does not set up this condition, the suggestion that the fat-splitting constituent of the secretion, steapsin, might prove to be the chief cause, has been ventured. In the literature no record occurs of any attempt to demonstrate the presence of this body in the areas of necrosis, and it is possible that investigators were deterred by the belief in its extreme sensitiveness. A suitable human case having presented itself, he undertook to prove the presence of this body in the fat necrosis and its absence from the normal fat. A satisfactory demonstration of this point having been arrived at, he next instituted a series of experiments in order to study more particularly the conditions under which the necroses make their appearance and the length of time the ferment is demonstrable in them. In the present paper the work upon the histogenesis of fat necrosis was presented in abstract only. He drew the following conclusions :

1. In peritoneal fat necrosis the fat is demonstrable.

2. It is present in the early stages and may disappear later.

3. The ferment is the direct cause but this cannot be proved.

4. The escape of pancreatic secretion is the origin of the necrosis.

Dr. B. Meade Bolton of Columbia, Mo., then read a paper entitled : "The Effect of Various Metals and Metallic Salts on the Growth of Certain Bacteria."

The zones that are formed by the bacteria around bits of metal laid on plate cultures are due to the fact that the solution of the metal tends to concentrate in one or more zones. Where the concentrated zone of the metal is formed the bacteria fail to grow. Metallic salts act in the same manner as the metals. The more soluble the salt the more pronounced the action. In the zones where the growth is more pronounced than on other parts of the plate the colonies are usually fewer but larger in size.

Dr. Walter Reed of Washington, D. C., read a paper "On the Appearance of Certain Amoeba-like Bodies in the Blood of Vaccinated Monkeys (Rhesus) and Children, and in the Blood of Variola ; An Experimental Study." Following the introduction of Koch's improved methods, the search for the specific causative agent of vaccinia has been made especially along the line of bacteriological research. Notwithstanding many claims of positive results, these have in the end proven groundless. During the past ten years, and more especially during the last half decade, the attention of investigators has been turned toward the possibility of the animal nature of the parasite. Van Der Loeff, L. Pfeiffer, Rieck, and more recently Ogata, have described minute bodies always present in vaccine and variolous lymph, which they assign to the sporozoa. The first attempt to cultivate the supposed parasite of vaccine lymph was made in 1892 by Guarnieri, who used the cornea of guinea pigs and rabbits for this purpose. After forty-eight hours, epithelial scrapings from the inoculated cornea, suspended in a hanging drop of aqueous humor, showed little shining slowly amoeboid bodies, often with irregular margins, within the epithelial cells. Guarnieri considers

these bodies to belong to protozoa, and calls the parasite citoryctes vacciniae. These observations have been confirmed by L. Pfeiffer, Von Scherer, Clark and Pfeiffer. Ferroni and Massari have failed to confirm Guarnieri's observations. In 1894, L Pfeiffer reported the finding in the blood of vaccinated children (7th day), and calves (4th day), and in the blood of variola amoeboid cells (provided with pseudopodia) ½ the size (in the calf) of a red cell, and (in the child) ¼ the size of a red cell. These bodies are not intracellular, but swim free in the blood. They have a nucleus and sometimes flagella — which can be stained — appear during the stage of fever and disappear with this. His own experiments confirm in some respects Pfeiffer's observations. Bodies of a corresponding size and amoeboid in character appear in the blood of vaccinated monkeys about the 7th and disappear about the 12th day. The same bodies are found in the blood of vaccinated negro children, but were much more difficult to find in the blood of white childen, and in several cases of the latter could not be discovered. Bodies of a like nature, though differing somewhat, were found in the blood of three smallpox patients during the height of fever, disappearing later.

Dr. Wm. H. Welch of Baltimore said that several years ago he had brought before the Association a case in which the organisms were present and it was the first demonstration of the colon bacillus in the pancreas. At that time he said the organisms had nothing to do with necrosis and since that this has proved to be true. It is very satisfactory to have these observations so fully confirmed by Dr. Flexner's work.

Dr. A. C. Abbott of Philadelphia then read a paper on "Further Studies upon the Pathogenic Spirilla of the Schuylkill River at Philadelphia," which was the conjoint work of himself and Dr. D. H. Bergey. This was a continuation of the work begun about a year ago, in which he attempted to study some of the organisms of the Schuylkill River. He found that some spirilla were present in the Schuylkill all the year around, also in the Delaware. He had not examined the water of other rivers, but felt sure that this organism was due to some sewage contamination. He had found one hundred and ten varieties of organisms in this water and he had attempted to classify them, but without any satisfactory results. Some pathogenic organisms were so weak as to be almost non-pathogenic and some non-pathogenic organisms answered in every other way to the test of pathogenic ones.

Surgeon-General Geo. M. Sternberg, U. S. A., said that these observations at this time when there was no cholera in the country were especially valuable. If they had been found at the time of cholera they would have been thought to be cholera spirilla.

Dr. F. H. Williams of Boston read a paper on "An Epidemic of Cerebro-Spinal Meningitis Caused by Diplococcus Intracellularis Meningitidis (Jaeger). This was a study of a slight epidemic of this disease in the Boston City Hospital. He had attempted treatment by tapping the spinal sac at the second lumbar vertebra and this fluid which he had obtained had been examined by Dr. Councilman, who would report.

Dr. W. T. Councilman of Boston said that he had studied the fluid from these cases and had found the organisms which Weichselbaum had first described in Vienna. Some of these cases came from the extension of the disease from an acute otitis media. He had found staphylococci, diplococci and streptococci. He had examined seventy-seven cases in which the organisms had been found and he had found it in nine out of twenty cases in the City Hospital and sixteen out of thirty in the Children's Hospital. He had also examined the other organisms; he had found the spleen enlarged in some cases; he had also found the organisms in the nasal sinuses and in one case in an abscess of the tonsil. The organisms grow best on blood serum.

Dr. Guitéras had seen two cases which he will record later. One case was a nurse at the hospital and one was a newborn child. The organism was found in the blood, with no other lesions.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, JUNE 5, 1897.

Hospitalism in Infants.

IN the *Archives of Pediatrics* for June, Dr. Henry Dwight Chapin of New York writes a very interesting article showing the advances made by the Post-Graduate Hospital of New York in the care of infants and young children and the modern equipment of the babies' wards there. In these comments he emphasizes very strongly the dangers of allowing infants to remain in hospital too long.

In his experience of twelve years as a specialist in children's diseases he has observed some very constant phenomena which led him to believe that infants fared badly who remained in hospital over a certain length of time. He says in the first place that infants should be placed in hospital only under exceptional circumstances and the principal reason should be an entire inability to secure proper care and attendance at home. He further adds that entrance to a hospital should be limited to acute cases of illness and discharge should take place immediately upon recovery, even if the latter is only partial.

The earlier the age, the greater the susceptibility to hospitalism and the quicker it ensues. Progressive loss of weight is one of the first indications of hospitalism and this loss is not as a rule dependent upon the original disease, for it often occurs after recovery, when the infant is not sent out soon enough. The younger the infant the greater the wasting, especially under six months, but older infants, although less susceptible, will show loss of weight if kept in long enough. This atrophy often takes place even when the infant seems well and is digesting its food. This should demand an immediate dismissal from hospital.

Other signs of the disease or condition are hydremia, dryness of the skin and a tendency to loss of hair over the occipital region. A fortnight's stay is long enough for most infants, except in unusual circumstances. A prolonged lying in bed may bring on hypostatic pneumonia, which is often very insidious in its approach and is ushered in with little or no temperature and which may even remain undetected until at the autopsy. Vaginitis may be another indication of this hospitalism. Children who are slowly recovering from a prolonged contagious disease gradually develop this condition.

This subject has been noticed before and as early as 1872, Dr. A. Jacobi called attention to it, but little notice was taken of it and now Dr. Chapin again sounds the alarm. Children thrive best in the open air and the atmosphere and surroundings of a hospital are not conducive to a healthy life or to quick recovery.

Dr. Chapin's valuable work should be more largely noticed and a careful study of the various ailments in children's hospitals will clear up many obscure cases of slow convalescence and wasting.

* * *

Fat Assimilation from Clysters.

NOURISHMENT by the rectum when patients can not absorb sufficient nutriment by the stomach is greatly neglected by the practitioner among adults, and receives even less attention in the treatment of sick children. This is partly from ignorance of the subject, and partly from lack of nursing facilities. Nourishment by the rectum is an art which for its proper practice demands great skill and caution on the part of the nurse and careful supervision by the

doctor. The simple pumping of a lot of liquid food into the lower rectum several times a day is not worthy of the name of rectal alimentation.

Extensive researches into the best methods of carrying out this important therapeutic measure are presented in recent medical books and journals. Their frequent mutual contradictions prove only that farther study is imperatively demanded.

The assimilation of albuminous substances from clysters has received attention from a number of workers, as Leube, Ewald, Huber, but the assimilation of fat has hitherto been little studied. It is known that emulsification is necessary to its assimilation, and that fats of low melting point are desirable.

Under the guidance of Professor Sahli, in Bern, Dr. Deucher (*Deutsches Archive für Klinische Medicin*, Band 58, 2 *Heft*, 1897) has recently carried out an elaborate series of investigations concerning the absorption of fat from clysters by patients with normal digestive tracts. He found that, while fat administered by the mouth to these patients was assimilated to the extent of 91.7 per cent. of that ingested, from fat clysters the same patients (while they were taking fatalso by the mouth) assimilated only 6.8 per cent. He infers that under these circumstances not more than 20 grammes of fat should be given in any clyster, and that it should remain many hours, up to 20 hours, in the bowel, for the best effect. Whether these observations of Dr. Deucher hold true of starving patients is, of course, doubtful.

Emulsification is of value as diluting the fat and aiding its absorption. The more dilute the better. Olive oil was used in the experiments, emulsified by an equal bulk of 2 per cent. soda solution. A larger quantity of soda had no beneficial effect. The addition of one-half per cent. of sodium chloride favored absorption.

* * *

The Pulse in Diagnosis.

With the advances made in methods of diagnosis, old ways give way to new ones; too often the old is neglected and discarded even when it has decided advantages. Just as in treatment, the fashion changes and the old order gives place to the new. Blood-letting, which was at one time carried to such an extreme, is now seldom practiced and has fallen into such disrepute that at the present day few physicians would dare to bleed a patient and yet there are often cases in which venesection is indicated and imperative.

In the matter of diagnosis the pulse at the present day is perhaps neglected. The physicians of former days had fewer facilities for reaching a diagnosis but they, as a rule, cultivated and practiced more thoroughly their powers of observation and perhaps made better use of what was at hand.

The pulse is a very useful aid in diagnosis but very few of the younger physicians know what the pulse means. The artery at the wrist is felt in a perfunctory way and probably the beats are counted, but little else is noted. The *tactus eruditus* is not there or is dormant. The sphygmograph, that wonderful instrument of precision, is very useful in the hands of one skilled in its application but there are very few who can use it in such a way as to bring out results.

Inventions and discoveries may accomplish more than former clumsy methods but the inventive genius kills the powers of observation and adaptation in countless who profit by the advance. The man without means at hand for aid, as is often the case with the rural physician, is thrown on his own resources and has to think for himself.

The pulse should be more carefully studied; the medical instructors should teach the character of the pulse, its tension, its compressibility, the feel of the arterial walls and the force of the heart beat. These points brought out at the bed-side would be of inestimable use to the medical student and make of him a physician able to think for himself.

* * *

The American Medical Association.

At this writing the American Medical Association has just begun its deliberations, but the jubilee meeting has already attracted between three and four thousand physicians, who with their families are taking great interest in the meeting.

All the sections have congested programmes and yet in many ways the list of papers is more attractive than it has been for many years past.

The profession of Philadelphia deserves great credit for the cordial reception given the visitors.

Medical Items.

We are indebted to the Health Departmen of Baltimore for the following statement of cases and deaths reported for the week ending May 29, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		15
Phthisis Pulmonalis		28
Measles	29	1
Whooping Cough	2	1
Pseudo-membranous Croup and Diphtheria.	14	6
Mumps	2	
Scarlet fever	17	3
Varioloid		
Varicella		
Typhoid fever	2	

Dr. Henry M. Hurd is editor of the *American Journal of Insanity.*

Dr. S. Griffith Davis has removed to 201 West Madison Street, corner of Park Avenue.

Dr. G. Lane Taneyhill has been reappointed Pension Examining Surgeon.

The Woman's Medical College held its 15th annual commencement last Tuesday night. Seven candidates were graduated.

Dr. Thomas H. Buckler, Jr., of Baltimore has gone to Narragansett, Rhode Island, to take charge of his summer practice there.

At the recent meeting of the American Medical Publishers' Association, Dr. H. M. Simmons, Manager of the MARYLAND MEDICAL JOURNAL, was elected a member of the Executive Committee.

Dr. Henry Barton Jacobs, formerly physician to the late Mr. Robert Garrett, has permanently settled in Baltimore and has been appointed Instructor in Medicine at the Johns Hopkins Medical School.

At the recent meeting of the American Academy of Medicine in Philadelphia, the paper entitled "Quid Pro Quo," by Dr. Charles Carroll Bombaugh of Baltimore, which was an able and exhaustive treatise on hospital and dispensary abuse, received almost the whole attention of the first day's session.

As a part of the celebration of the Queen's Jubilee, beds will be endowed in perpetuity in several hospitals of London by resident Americans there.

The first commencement of the Johns Hopkins Medical School will be held Tuesday, June 15. There are seventeen members in the graduating class, sixteen of whom are men and one a woman. The fate of these seventeen will be announced later. Most of those graduating will find places ready for them in the hospital and dispensary of the Johns Hopkins.

At the Meeting of the American Academy of Medicine, held in Philadelphia, the following officers were elected: President, Dr. L. Duncan Bulkley, New York; Vice-Presidents, Drs. John B. Roberts, Philadelphia, V. Y. Bowditch, Boston, Charles Denison, Denver, F. I. Rogers, Providence; Secretary and Treasurer, Dr. Charles McIntire, Easton; Assistant Secretary, Dr. Walter L. Pyle, Philadelphia.

The Secretary General of the Twelfth International Medical Congress, to be held at Moscow this summer, and also the President of the Section of Laryngeal and Nasal Diseases, Dr. Stepanow, wishes to call the attention of members of this specialty in Baltimore and Maryland to the fact that information and copies of the programme may be obtained from Dr. John N. Mackenzie, 605 North Charles Street, Washington Place, any morning between nine and twelve o'clock noon.

At the recent meeting of the American Medical Publishers' Association, held in Philadelphia, the following officers were elected: President, Dr. William Warren Potter, *Buffalo Medical Journal;* First Vice-President, Mr. H. L. Strong, *National Druggist;* Second Vice-President, William T. Bartlett, *Hahnemannian Monthly;* Treasurer, J. S. MacDonald, Jr., *International Journal of Surgery;* Secretary, Charles Wood Fassett, *Medical Fortnightly, Medical Herald, Medical Journalist;* Executive Committee, Dr. W. C. Wile, *New England Medical Monthly,* I. J. Benjamin, New York, Dr. I. N. Love, *Medical Mirror,* Dr. John C. La Grande, Alabama, Dr. H. M. Simmons, MARYLAND MEDICAL JOURNAL; Publication Committee, Dr. P. H. Fairchild, J. S. MacDonald, Jr., and Charles Wood Fassett.

Book Reviews.

CLINICAL LESSONS ON NERVOUS DISEASES. By S. Weir Mitchell, M.D., LL.D., etc. Lea Brothers & Co.

The title of this little volume is somewhat misleading, since it might be supposed that it was what all workers in neurology have been wishing for, namely, a treatise on nervous diseases by Dr. Mitchell. The subjects treated of, however, are those with which the author's name has been so long associated, hysteria and certain allied states. Hysteria is not discussed systematically, but many of the more unusual manifestations of the neurosis are considered. Chapter IV is of particular interest, dealing as it does with the intricate problems of sleep disturbances. Other chapters of special interest are The Treatment of Sciatica, Erythromelalgia, Reflex Ocular Neuroses, and Wrong Reference of Sensations of Pain. It will be noticed that several of these subjects were originally observed by Dr. Mitchell and he sketched the development of the clinical picture in a most interesting manner. The literary style of the book is delightful. When reading Dr. Mitchell's fiction one cannot help feeling that there is a certain scientific precision that but adds to the charm, and when the gifted author discusses purely medical subjects his graceful lines round off the angularities that too often offend taste in scientific writing.

SYRINGOMYELIA. By Guy Hinsdale, A. M., M. D., Fellow of the College of Physicians of Philadelphia; Assistant Physician to the Orthopedic Hospital and Infirmary for Nervous Diseases. P. Blakiston Son & Co.

This essay was awarded the Alvarenga prize of the College of Physicians of Philadelphia for the year 1895, and it should serve as a model to writers of monographs. The history of syringomyelia, together with its pathology, symptomatology and treatment, is given in a very clear style and the little volume contains a number of most artistic drawings, photographs and diagrams. A very valuable feature is a complete bibliography of syringomyelia. Monographs of this sort are of the greatest value, since the special subject treated of is or should be discussed in a far more minute way than is permissible in a text-book. This work of Dr. Hinsdale's will unquestionably serve for many years to come as an epitome of our knowledge on this interesting subject.

Current Editorial Comment.

INSURANCE EXAMINATION.

Medical Examiner.

WE do not think writers of the press consider these things seriously enough. There is a tendency to write about matters of insurance without sufficient thought. There are many things which must be considered by insurance officers which can not possibly be comprehended by those who have not had personal contact with the business, but which are very vital to a satisfactory working out of the problem. The fact is, insurance doctors are bound to use their best skill in this work, as in any other branch of the medical profession.

TUBERCULOSIS.

Medical Age.

REALLY, has all the nonsense that has accrued to tuberculosis during the last decade in the least lessened the number of cases or mitigated the course of the disease? Not at all. Consumption still continues, and will ever obtain so long as "advanced views" prevail, both regarding the management of the malady and of the demands of civilization. On the contrary, consumption is constantly increasing the number of its victims, not because it is contagious — for it is not; not because it is infectious — for even this is doubtful except in rare and isolated instances; but because the habits of life inculcated by so-called advancing civilization tend to prepare more fertile soils for the germ.

THE COUNTRY DOCTOR.

Medical and Surgical Reporter.

THE country doctor is the natural brake upon the profession. To his caution is due the fact that so many meretricious discoveries and inventions, at first exploited as the greatest of advances in medical science, find their true level and often sink into oblivion. He is not controlled by any institution which he must uphold, right or wrong, and has no necessity to advertise himself by the cheap claptrap used by so many who rise amid the competition of the cities. Where these talk theory he can give them experience, not, it is true, heralded through the lay press as examples of his wonderful skill, but experience that makes him quick to deal with emergencies, skilful in making the most out of the least facilities, and practical in placing first the good of the individual.

Society Meetings.

BALTIMORE.

BALTIMORE MEDICAL ASSOCIATION, 847 N. Eutaw St. JAS. E. GIBBONS, M. D., President. E. L. CRUTCHFIELD, M.D., Secretary. Meets 2d and 4th Mondays of each month.

BALTIMORE NEUROLOGICAL SOCIETY. Meets 3d Wednesday each month. SAMUEL J. FORT, M. D., Secretary.

BOOK AND JOURNAL CLUB OF THE FACULTY. Meets at call of President.

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

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

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d and 4th Thursdays of each month—October to June—8.30 P. M. J. B. SCHWATKA, M. D., President. S. T. ROEDER, M. D., Corresponding Sec'y.

MEDICAL JOURNAL CLUB. Every other Saturday, 8 P. M. 847 N. Eutaw St.

THE JOHNS HOPKINS HOSPITAL HISTORICAL CLUB. 2d Mondays of each month, 8 P.M.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY. Meets 1st and 3d Mondays, 8 P.M.

THE JOHNS HOPKINS HOSPITAL JOURNAL CLUB. Meets 4th Monday, at 8.15 P. M.

MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE. SUE RADCLIFF, M. D., President. LOUISE ERICH, M. D., Corresponding Secretary. Meets 1st Tuesday in the Month.

UNIVERSITY OF MARYLAND MEDICAL SOCIETY. Meets 3d Tuesday in each month, 8.30 P. M. HIRAM WOODS, JR., M. D., President, dent. E. E. GIBBONS, M. D., Secretary.

WASHINGTON.

CLINICO-PATHOLOGICAL SOCIETY. Meets at members' houses, 1st and 3d Tuesdays in each month. ARTHUR SNYDER M. D., President. R. M. ELLYSON, M. D., Corresponding Secretary. R. T. HOLDEN, M. D., Recording Sec'y.

MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets 1st Thursday each month at members' offices. FRANCIS B. BISHOP, M.D., President. LLEWELLYN ELIOT, M. D., Secretary and Treasurer.

MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA. Meets Georgetown University Law Building 1st Tuesday in April and October. G. WYTHE COOK, M. D., President. J. R. WELLINGTON, M. D., Secretary.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets Wednesday, 8 P. M. Georgetown University Law Building. S. C. BUSEY, M. D., President. HENRY L. HAYES, M. D., Recording Secretary.

OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY OF WASHINGTON. Meets monthly at members' offices. President, S. O. RICHEY, M. D. Secretary, W. K. BUTLER, M. D.

WOMAN'S CLINIC. Meets at 1833 14th Street, N. W., bi-monthly. 1st Saturday Evenings. MRS. EMILY L. SHERWOOD, President; DR. D. S. LAMB, 1st Vice-President. MISS NETTIE L. WHITE, 2nd Vice-President. MRS. MARY F. CASE. Secretary. MISS MINNIE E. HEIBERGER, Treasurer.

WASHINGTON MEDICAL AND SURGICAL SOCIETY. Meets 1st Monday in each month. N. P. BARNES, M. D., President. F. W. BRADEN, M. D., Secretary.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY. Meets 1st and 3d Fridays of each month at members' offices. GEORGE BYRD HARRISON, M. D., President. W. S. BOWEN, M. D., Corresponding Secretary.

PROGRESS IN MEDICAL SCIENCE.

PAPAIN, Vegetable Pepsin.—We have received from Messrs. Lehn & Fink a little pamphlet, treating of the merits of Papain L. & F., the vegetable pepsin. Judging from frequent paragraphs in medical journals regarding the satisfactory results obtained with Papain in treating indigestion where meat is the principal food, this preparation may now safely be classed among the well-tried and reliable therapeutic agents. We may say that the introduction of Papain is in a large measure due to the efforts of Messrs. Lehn & Fink, who were early in recognizing the valuable qualities of Papain and to bring the product to the notice of the medical profession in this country. The first reports of the efficacy of Papain which appeared in the medical press of the United States were based on experiments made with Papain L. & F. Since Papain is not a patented preparation, nor any other protection is afforded, it is only fair that Messrs. Lehn & Fink should request physicians to specify their brand, Papain L. & F., when prescribing this vegetable ferment.

A GOOD THING.—Investigations made during the past year by our bacteriologist prove that our ideas regarding many things are erroneous, thus the antiseptic agents used in ointment vehicles of a pure fatty nature are of very little use, and in a nnmber of cases, if not dispensed in the most careful manner, are injurious. As an example: Oxide of zinc ointment is without antiseptic properties. While a fresh ointment is a useful remedial agent, especially in local treatment, a rancid one can do much damage. There is a growing demand for a thoroughly antiseptic ointment and the medical profession now recognize asepticism in an ointment to be as important as in the case of a solution. Recognizing this, the Norwich Pharmacal Co., in presenting their Unguentine to the profession, use a pure petrolatum base to which is added Lord Lister's sheet anchor carbolic acid. This, with ichthyol, is their modification of the Sir Astley Cooper formula, and when Unguentine is applied to a wound or other lesion it forms at once a thin film which totally excludes the atmosphere and prevents bacterial invasion, making it the best surgical dressing in the world.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVII.—No. 9. BALTIMORE, JUNE 12, 1897. WHOLE No. 846

Original Articles.

THE CONDITION OF THE DEPENDENT INSANE IN MARYLAND AND SUGGESTIONS CONCERNING THEIR BETTER CARE.

By Edward N. Brush, M. D.,
Physician in Chief and Superintendent Sheppard Asylum.

READ AT THE NINETY-NINTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 27 TO 30, 1897.

WE have recently witnessed in this hall a gathering of members of the profession and others from all parts of the State interested in questions of public health. Then was demonstrated to the people of this city and of this State, as had probably never been before demonstrated, the fact that the medical profession as a great united whole is as much interested in the prevention of disease, in the conservation of public health, as in the care and treatment of the various maladies to which the people are subject.

At that time the President of the Faculty, enumerating the things concerning which we shall attempt to guide the public, gave as the second point lunacy reform. I can, I think, do no better than to quote his words: "When I say that there are over five hundred insane people in the almshouses and jails of this State, I add that it is a reflection upon the intelligence of the people of Maryland. I say that, because it is recognized the world over that insane people must be taken charge of by specialists and must not be herded together in jails and almshouses. They are the children of the State and should not be cared for by the ordinary physician, who may be able to treat typhoid or scarlet fever well enough, but has no idea how to treat special diseases of the brain. I make no reflections upon the almshouses of this State, but I say that no physician who has not had special training is capable of treating lunacy properly. I might say also that it would save thousands of dollars to the State if all the insane were properly treated by specialists." (MARYLAND MEDICAL JOURNAL, March 6, 1897. Page 374.)

When a discussion concerning the care of the insane was suggested it occurred to me that I could take the foregoing remarks of your President as a text, show what really existed, and then in conjunction with the gentlemen who are to follow me, briefly indicate to you why these things are wrong and point out the remedy.

We are met at the outset in discussing this question with a difficulty which should not exist. The number of the insane under public care in this State is nowhere shown in any published report, nor is there any statement of any standard of care which is established for them.

According to the United States Cen-

sus of 1890, the population of this State was 1,040,390. The number of insane in the State at that time was 1646 and of imbeciles and idiotic 1549, making a total of 3195.

From experience which I have had in gathering statistics on this subject, I am convinced that these figures are not only approximate, but that the distinction between the insane and the imbecile classes is not at all correctly drawn and that among those enumerated as imbecile are many cases of chronic dementia, the termination of acute insanity.

Of the 3195 insane and imbeciles in this State in 1890, 1781, according to the sixth report of the Lunacy Commission, were confined in the various asylums and almshouses of the State on December 1, of that year. Of these, 948 were at Spring Grove and Mt. Hope, 36 in private institutions and 48 at Font Hill and Owings Mills, institutions for feeble-minded and idiotic, leaving 749 in county or municipal almshouses. Being unable to obtain an accurate statement of the number of insane and idiotic under care in the various hospitals, asylums and almshouses in the State, I sent a circular letter to all of the institutions in the State which were reported by the State Lunacy Commission as detaining these classes and I have received replies from all but two almshouses—namely, Kent and Wicomico.

Estimating the number in these two from figures in the last three reports of the Lunacy Commission, the number of insane and idiotic under confinement in the State on April 1, 1897, was 2284. Of these, 471 were supported at private expense and 1813 were a charge to some of the cities or counties of the State. Of these, 911, including those at Bay View, were confined in almshouses.

What has the State done to carry out its manifest duty to provide means of care and treatment for these 1813 unfortunate citizens, as well as for about 1000 in the State at large? Thus far it has created two institutions, one of which was really established through the activity and earnestness of private citizens, the leading spirit of whom was a member of the medical profession, the late Dr. Steuart. In these institutions there are accommodations for but about 550. The new institution at Springfield will by the end of the present year have accommodations for 175. It can thus be seen that out of the entire number of insane but about 700 will be provided for in institutions under the control of the State and in these institutions the support of the patients therein is chargeable to the various counties from which they come and the commitment of patients to them is regulated by the policy of the county commissioners. This should not be. The care and treatment of the insane, the custody of their persons and their property, properly belongs to, and should be regulated by, the State. The expense of their care and treatment, when such support, care and treatment must be furnished at public expense, should be paid out of the general funds of the State. In the words of Daniel Defoe, the care of the insane constitutes "a rent charge upon the whole community." If the care and treatment of the insane and the expenditure of funds necessary to procure proper care and treatment is dependent upon county authorities universal experience has shown that such expenditure is fixed at the lowest possible point. Through mistaken ideas of economy the insane are detained by county authorities in almshouses, where the standard of care which is supposed to be adequate for the able-bodied pauper is supposed to be sufficient, or if no county system of care exists the commitment to the State Hospital is deferred as long as possible to save expense.

Insanity is essentially a symptom of physical disease. In all acute cases there is malnutrition, insomnia, anemia, disturbed digestion and assimilation, and very often conditions of auto-intoxication. These all require not only careful and discriminating medical care, but a generous and varied dietary and constant intelligent atten ance and nursing.

Added to these should be recreation and employment and pleasant surround-

ings, what might be called the esthetics of the patient's environment. It is needless to ask if these can be obtained in almshouses. The State should, therefore, assume the charge of the care of all of the dependent insane, erect suitable buildings, establish a proper standard of care commensurate with the best interests of the insane and the highest demands of scientific care and treatment, establish a progressive and energetic board of inspectors who should be entrusted, not with the regulation of these institutions, which should be left entirely with their local boards of managers and the medical staffs thereof, but with the supervision of all cases of insanity placed under care in either public or private institutions and of all institutions and places where such insane persons are confined. This board should review all papers or orders of commitment, and be charged with maintaining a carefully regulated system of statistical information so that at any time the entire number of insane under care, both public and private could be ascertained, and the results of treatment for any definite period. Such a board and its functions formed the subject of Dr. Hurd's remarks and I need not therefore dwell further upon this point.

Criticism is an ungracious task and too often creates irritation and opposition when it would invite coöperation and sympathy. In the present instance I do not wish to be understood as criticizing any individual. The whole people are at fault for permitting a system of care which is inhuman and unjust and which in the light of true economy is wasteful extravagance. The medical profession is at fault for not crying out against such a condition, but not entirely, as from time to time voices have been raised in protest. On this occasion I believe that the united voice of the profession of the State will bring about a step in advance and the first step taken, let us see to it that there is no hesitating or halting.

What is the actual state of affairs in the almshouses of this State today? From defective and incomplete returns to my inquiries, but which are probably fairly accurate as to numbers, I find that there are 797 insane and 114 idiotic in the almshouses of the State and in Bay View, a total of 911. The attendance and nursing of these is performed by 50 day attendants and 6 night attendants. Twelve of the eighteen almshouses from which I have received returns report that there are no paid attendants employed, the care of the insane being relegated to sane paupers detailed for that purpose.

In the matter of mechanical restraint, wristlets, the muff, camisoles and straitjacket are all in use in some of the county asylums and in two institutions, at least, iron handcuffs. Seventy-four patients are reported to me out of the 911 in the almshouses as requiring a part of the time, a few all the time, some of these mechanical appliances and forty-one as being either constantly or occasionally in solitary confinement.

Four instances of restraint with chains or iron handcuffs have been reported to me from almshouses, in reply to my inquiries. One county institution with over seventy insane or imbecile inmates employs four attendants, reports the use of chains and shackles and further reports that nearly all the inmates require some form of restraint. Is it not time that some better way was taught the county authorities?

I recognize as clearly as any one here the difficulties incident to the care of the insane under the circumstances and with the surroundings and attendance incident to almshouse care and I think I am therefore able to say without appearing or intending to criticise anyone that one-tenth the amount of mechanical restraint or seclusion in a well-organized State hospital, with an equal number of patients, would justly be considered a reflection upon the medical staff of the hospital. Is not the presence, therefore, of so much that is not only unnecessary, but positively harmful, an additional argument for State care in well-equipped State hospitals?

Since 1888 all of the insane of the State of New York have been under the supervision of a State Lunacy Commission and since 1890 the principle of

State care of the insane has been recognized and at the present time all of the dependent insane are in State institutions and are supported by a general tax upon the entire community. From 1888, to the close of the fiscal year, September 30, 1895, 18,929 insane persons were admitted to the asylums of the State of New York. Of these, 8,380 had been insane under twelve months when admitted. Of the entire number admitted, 4035 have recovered, or $21\frac{3}{10}$ per cent.; of the 8380 who had been insane twelve months and under, 3142 recovered, or 37½ per cent.; of the 4035 recovered, 3148, or 78 per cent., were under care twelve months and under, and 2001, or about 50 per cent., were under care six months and under. The average time under care of the entire 4035 was eight months. These are the figures taken from the entire State asylum system of New York. Statistics taken from one institution, where from personal knowledge I am well assured that the tables have been carefully prepared and all doubtful cases of recovery rigidly excluded, confirm the conclusion which may be drawn from the foregoing figures. In the institution under consideration, in seventeen years 7037 were received, of whom 2098, or $29\frac{8}{10}$ per cent., recovered; of the entire number admitted, 2923, or 41 per cent., had been insane over twelve months when admitted; of these, 342, or $11\frac{6}{10}$ per cent., recovered; 4102 had been insane under twelve months when admitted, of whom 1756, or $42\frac{8}{10}$ per cent., recovered. If these figures mean anything, they mean that insanity is recoverable in its earliest stages in a very fair proportion of cases, that if the disease is neglected until more than twelve months have passed, the prospects of recovery fall at a startling rate.

I have on previous occasions, in other States, when urging State care for the dependent insane, quoted from a well-known work of Connolly certain fundamental propositions as follows:

"1. That no person who is not insane should be treated as an insane person.

"2. That all who are insane should be properly taken care of.

"3. That the friends of individuals who are insane should be able to procure such immediate aid as the case requires.

"4. That all who are in a sound mind should feel that in case of becoming afflicted with insanity they would be protected.

"5. That every means, medical, moral and mental, will be patiently and perseveringly and scientifically employed for their restoration to sound mind."

The first proposition implies that there should be established a system of laws regulating the commitment and detention of the insane which should guarantee that no person who is not insane should be treated as an insane person.

In this State, at the present time, the lunacy laws are extremely defective, they are vague and uncertain in their phraseology and they are therefore difficult to interpret, and while I am not in sympathy with the delusion which has obtained such a foothold in popular opinion that any person is in danger of being improperly committed to an institution, I still believe that for the protection of the sane and the insane alike and for the better regulation of the commitment of the insane our lunacy laws could be vastly improved. The commitment of the insane through trial by jury except when, in the opinion of some judge, such trial is necessary, or except when demanded by the patient, should be abrogated.

The certificates of the physicians certifying to the insanity of any individual should be made after a carefully prescribed form, should be sworn to and should not be valid for commitment after a certain period has elapsed after examination and should, either before the commitment of the patient, or within a certain specific period thereafter, receive the approval in writing, both as to the form of the certificate and the sufficiency of the reasons given for certifying to the insanity of the patient, of some judge of the court of record within the State. These certificates should be made only by physicians resident in the

State. A copy of each certificate should be upon file in the office of the Commission of Lunacy of the State. Such a law as should be upon the statute books would also bring about the second proposition that all the insane should be properly cared for. The law should establish by an enactment of the legislature State care and would look toward the erection, as rapidly as possible, of structures in which, under State supervision, all of the insane who must be supported at public expense should be cared for and treated in properly regulated hospitals. The establishment of such hospitals would also bring about the realization "that the friends of individuals who are insane should be able to procure such immediate aid as the case requires." In such hospitals, established under State management, supervised by a board of State commissioners, and upheld by a well educated public sentiment, everything which tends to the advancement of the treatment of the insane in this State and its elevation to the higher standard of scientific care would soon be in operation. "Then all who are in a sound state of mind would feel that in case of becoming afflicted with insanity they would be protected. That every means, medical, moral and mental, will be patiently and perseveringly and scientifically employed for their restoration to sound mind."

Two citizens of this State have each contributed to the care of the insane more than has ever been given by any other two individuals in the United States, at least, for this purpose. While this will do much toward lifting the burden from the taxpayers of the State, it can not do all and it is your duty and the duty of every citizen to see that private charity does not paralyze public duty.

In a year this Faculty celebrates its one-hundredth anniversary. Let us see to it that through the influence of its members working upon an enlightened public sentiment it shall at that time be the established policy of this State that all of the insane supported at public expense are its wards and that laws shall then be upon the statute book making it a misdemeanor to confine any insane person except one under arrest upon criminal charge in any jail, that all of the insane under confinement within our borders shall be subject to regular inspection, shall be carefully registered and that active steps shall be in progress to place all of those supported at public expense in State institutions.

The Vitality of the Turks.—A *Lancet* correspondent, in commenting on the abstemiousness of the Turks and the few drunken of that nation, says that among the many services done to the Turks by Greece in the last few weeks not the least is to have given them an opportunity of showing how and what they can endure. The *Times* correspondent is much struck with their eagerness to fight and with the difficulty of killing them. He mentions one man whose abdomen was penetrated by a bullet, and who not only kept his place in the ranks till the battle ended but marched ten miles afterwards. Another man with three wounds — two in the legs and one in the shoulder — continued on duty twenty-four hours until an officer noticed his condition and sent him to hospital. Sometimes our alcoholism has been associated with our daring and our endurance as cause and effect, but here are qualities of the same sort in a non-alcoholic nation. Our contemporary's correspondent remarks further on the rapidity with which wounds heal, and says that medical men attribute it to the abstemiousness of the Turks. Here we should scarcely be able to match the race whose soldiers are ill clad, ill fed, and who take no alcoholic stimulants.

* * *

Dr. R. M. Tafel reports, in the *Medical Council*, a case of death in a child who had been treated with two hypodermic injections of pilocarpine in close succession. Each dose was $\frac{1}{40}$ of a grain. The depressing action was too great.

IODOFORM DERMATITIS CAUSED BY IODOFORM GAUZE.

By Moses Savage, M. D.,
Physician at the City Hospital Dispensary, Baltimore.

Our text-books on materia medica often dwell at some length upon the serious constitutional symptoms caused by iodoform poisoning. Thus Dr. Schede of Hamburg describes six classes of cases of iodoform poisoning, but does not mention the cases where a dermatitis may be the only sequela of the use of this drug. Duret, however, assigns to the latter complication an important place by classifying iodoform poisoning into three forms; first, the eruptive, then the cerebral and, third, the syncopal.

Whilst iodoform poisoning with grave constitutional disturbance happens, it is rather rare compared with the frequency with which various skin lesions occur, the constitutional symptoms being but insignificant, or entirely absent. Here, too, as in other instances, idiosyncrasy plays an important role.

I wish to report a case of severe dermatitis caused by the use of several small pieces of iodoform gauze. A. Z., aged forty years, with a strong constitution and a clear history; occupation, blacksmith. While holding a bar of iron upon which another man was hammering, through carelessness, the latter struck him with the hammer on his left index finger. As a result of this accident the skin of the lower half of this finger, including the nail, was torn off and the last phalanx crushed.

The phalanx was amputated and as the flaps were too short, healing by granulation was expected. Within ten days the wound was almost healed up, when a small piece of iodoform gauze was used, as I was short of plain aseptic gauze. On the following day the patient complained of itching and burning, the skin of the whole hand was red and slightly edematous, with a few large inflamed papules on the finger, the wound at the same time looking healthy. Not knowing the cause of the trouble the wound was carefully cleansed and again dressed with iodoform gauze; the same thing was also repeated on the subsequent day, when there was considerable swelling of the hand. The dressings were saturated with a clear liquid which was oozing through the pores of the tissues and flowing out in large quantities upon slight pressure. The skin in the neighborhood of the wound, which looked healthy, peeled off. The patient also complained of itching of the right hand and of the left side of the face; these parts were likewise erythematous. There were no constitutional symptoms with the exception of a temperature of 99° F. I then became suspicious that iodoform might have been the cause of the trouble. Dr. J. W. Chambers saw the case and verified my suspicion. To relieve tension an incision was made on the dorsal side of the hand and the parts dressed with boracic acid. The fluid gradually diminished in quantity, the skin about the web of the fingers peeled off and the erythema of the other hand and face disappeared. In a few days later the "weeping" ceased entirely, the skin became dry, the epidermis scaled off and the patient recovered.

ACUTE DILATATION OF THE HEART FOLLOWING EXERTION.

Schott (*British Medical Journal*) showed in the *Verein für Innere Medicin* some skiagraphs of acute dilatation occurring in children of twelve to fourteen years old. The position of the nipples was marked by little plates of lead attached with wax to the children's nipples before the skiagraphs were taken. The dilatation was most marked in the left ventricle. The children had been allowed to wrestle with each other until dyspnea commenced, in some cases also wearing a belt, which compressed the abdominal blood vessels.

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

NINETY-NINTH ANNUAL SESSION, HELD AT THE HALL OF THE FACULTY, APRIL 27 TO 30, 1897.

FIRST DAY, APRIL 27, 1897.

(CONTINUED.)

Dr. J. C. Clarke said that he thought the insane were very well cared for in Maryland and that the laws were well kept.

Dr. I. E. Atkinson thought the discussion was not taking the course it was intended ; it is not a charge against any one ; he knew that the care of the insane was not perfect, but he was surprised to hear Dr. Hurd say that things were as bad as he stated and can hardly believe that the condition of affairs was so bad. Justice was not done the trustees at Bay View Asylum. He had constantly seen improvements take place there that resulted in the better treatment of the insane, as well as other inmates. The deficiency existing in the care of the insane is only an argument in favor of removing all insane persons to one asylum in the State.

Dr. Mary Sherwood said that the fact that insane persons are treated better at Bay View than ever before was no argument that they cannot be treated better than they are. Insane are only in almshouses for detention. No means of cure is provided. At Bay View they are only able to give one or two attendants to a ward containing from forty to sixty patients. They may care for a tramp, but not for the insane. There were 400 in the insane department and also 100 more harmless imbeciles who were scattered throughout the building.

Dr. Smart considered the commitments faulty and thought the laws ought to be changed.

Dr. Lee : Some said it was very difficult to get the statistics, as if the Board was at fault. It is very hard to get statistics anywhere. The blanks are distributed and sent to the superintendents of each asylum, or to the physician of each almshouse, and if he would attend to his business and promptly return these blanks filled, the statistics would be very complete. It is only the Board's duty to inspect the statistics which they receive from the heads of the different institutions. Most physicians to the almshouses take no interest because they are politically appointed and from these he is to get statistics.

Dr. Brush said in conclusion of the discussion that he was very sorry that the executive officer of the Lunacy Commission seemed to regard what had been said upon these papers as a personal reflection, that the fault of the lack of care for the insane was not by any means wholly the fault of the Lunacy Commission, but as he had said in his paper, was due to want of education of the people on this subject, who did not understand how the insane ought to be cared for and that it was also largely the fault of the profession, which had been inexcusably negligent in not demanding the proper standard of care. He felt sure that to the agitation which the present discussion had provoked there will be a step forward in this matter and that it was the duty of the State Faculty to see to it that no backward step was permitted. He was surprised to hear any person on the floor argue in favor of county almshouse care. It was the duty of the Lunacy Commission if, as the secretary of the Commission had said in his discussion, it found persons improperly cared for in any institution, to demand the proper care. If such things were done as Dr. Lee referred to in what he termed the best organized hospitals, they were wrong and they certainly were equally wrong in almshouses ; the unfortunate insane were without any regular medical supervision and only a standard of nursing which their fellow paupers could give them and with such restraint and seclusion as the caprice of the almshouse superintendent found necessary or proper. He was glad that Dr. Sherwood had supported him in regard to Bay View, although that institution has vastly improved over its condition a few years ago. Some four or five years ago, at the request of the Mayor, he

had visited Bay View and had reported to the Mayor the condition of affairs as he had found it and a portion of his report was published in the papers, a part of it was probably too strong an indictment to publish and yet immediately following this publication in the papers a member of the profession, who from actual observation ought to have known the condition of affairs at Bay View, sent a communication to one of the daily papers from which one might infer that the state of affairs at that institution, especially in the care of the insane, was one of "sweetness and light." Fortunately, the present Board of Trustees do not accept this view and he was gratified to know that it was heartily in favor of State care for all of the insane of the dependent class.

Dr. Osler, at the close, remarked that unless the committees of the Faculty and society go in with the politicians, humanity will suffer in the future the same as in the past. There is lots of politics in the little town of Annapolis.

Dr. Samuel J. Fort then related a "Case of Habit Spasm." (See page 96.)

Dr. A. L. Hodgdon read a paper on "Alcoholic Insanity and Excess, with a Reference to the Opium Habit." (See page 93.)

TUESDAY, APRIL 27. FIRST DAY.

EVENING SESSION. 8 P. M.

Dr. Simon Flexner opened the special subject of discussion by speaking of the "Pathology and Etiology of Peritonitis." He said that the subject was an extensive one and the manner of approaching it was difficult. He spoke of the pathology and etiology. The peritoneum is able to resist a great deal; it can dispose of foreign substances up to a certain limit. Not all parts of it carry on absorption but only a limited part, that near the central tendon of the diaphragm. Stomata between the endothelial cells do not exist, but fluids may pass through and even solids sometimes escape; they are carried through by cells. Some substances interfere with this power of absorption but quite an amount can be absorbed and even bacteriological organisms can be destroyed as long as the peritoneum is intact. At the Johns Hopkins Hospital he had a careful record of 110 cases of acute peritonitis in man with the bacteriological examination and these cases were divided into certain groups. We must admit first of all an idiopathic or primary peritonitis; twelve idiopathic cases were in this number. In all these cases there were preëxisting conditions predisposing to this peritonitis, such as chronic heart disease, chronic kidney disease, etc. Persons subject to chronic diseases are more liable to bacteriological infection. In several cases the peritoneum was one of several serous surfaces involved in the body. There were thirty-three cases of exogenous peritonitis in which the invasion was from without and in those cases laparotomy had been performed and certain operations had been done. Finally, there is an endogenous form in which the infection is from within; it is an intestinal form. Fifty out of 110 cases which he found recorded were in the intestinal tract, from a perforated appendix or some such cause. In studying the bacteriology of these cases it was interesting to note that in the first group the staphylococcus aureus and the streptococcus were present as mono-infections. In the second group there are some mono-infections and many poly-infections, such as the staphylococcus and the streptococcus and the colon bacillus, etc. In the third group it usually comes from some injury to the intestines; there is a poly-infection such as the streptococcus and the colon bacillus together. Septic and suppurative peritonitis are terms used as if they were distinct conditions. Peritonitis in the absence of the micro-organism is very rare, but it may occur. The fibrinopurulent form is the one more usually met with. The mycotic form is one in which the symptoms run such a rapid course that there is little time for the formation of bacteria and there is very little reaction on the part of the peritoneum. This division, however, is not necessary.

Dr. S. C. Chew spoke of the "Diagnosis of Peritonitis."

Dr. Charles M. Ellis of Elkton read a paper on the "Medical Treatment of Peritonitis."

Dr. Randolph Winslow made some remarks on the "Surgical Treatment of Peritonitis."

Dr. J. M. T. Finney reported several cases from the Johns Hopkins Hospital and also related the results from his experiments on dogs, showing how peritonitis artificially produced could be cured if operation were undertaken before a certain time in the dog. This was six and one-half days.

Dr. T. A. Latimer agreed in part with Dr. Ellis and said he did not believe that an operation should be done at the very beginning.

Dr. A. K. Bond said that we should not neglect purgation. This paper was further discussed by Drs. Tiffany, Uhler, J. T. Smith and Winslow.

ASSOCIATION OF AMERICAN PHYSICIANS.

TWELFTH ANNUAL MEETING, HELD AT WASHINGTON, D. C., MAY 4, 5 AND 6, 1897.

THURSDAY, MAY 6. THIRD DAY.

(CONTINUED.)

THE discussion of the paper of Dr. F. H. Williams, on "An Epidemic of Cerebro-Spinal Meningitis Caused by the Diplococcus Intracellularis Meningitidis (Jaeger)," was continued as follows:

Dr. Williams said in regard to the lumbar puncture that it was very valuable in the diagnosis, but the relief was only temporary and about 70 per cent. of the cases died. The fluid was withdrawn gradually.

Dr. W. T. Councilman said that the exudation in quite a number of cases had a tendency to extend along the course of the cranial nerves and in one case it was visible to the naked eye along the optic nerve, extending almost to the eye. In some cases that recovered there was loss of both sight and hearing and the eye complication was found to be due to an infection from the meninges.

Dr. F. C. Shattuck of Boston said he had seen about fifteen cases and his experience had been that not a child died and not an adult recovered.

Dr. A. A. Smith of New York then reported "A Case of Levant Fever." He said this disease had a great many names, but this was the one most generally used at the east end of the Mediterranean Sea, where the disease was prevalent. His patient was a woman who lived at Beyrout and her husband was a physician and had seen many cases. She was taken sick on July 4, 1896, and he saw her first in January, 1897. He said the fever would continue for three or four weeks and then there was freedom from fever and then there was a relapse which was more severe than the previous attack, and so on, with intervals of freedom; the temperature sometimes being subnormal. The fever still continued in this case. It was resistant to quinine. He exhibited some beautiful drawings of the blood and of the organisms which he said caused this disease and it was characterized by an absence of pigment. He said the parasite was much like Laveran's organism but was not the same thing. In reply to Dr. Shattuck, who asked if he had used arsenic, he said he had used everything except phenic acid, and in reply to Dr. Dock, who asked if there were many organisms in proportion to the blood, he said that there were a few now, but there had been more formerly.

Dr. Dock said one would think this was a form of malarial parasite as described by some of the early Italian writers. The absence of pigmentation and segmentation would do away with the resemblance to the malarial parasite. We do find in some fever bodies which look like the malarial parasite and when Laveran published his observations some German writers said that they could find these bodies in other diseases. They looked too much like the protozoa and the appearance of the colored drawings made him very skeptical. We should be slow in believing that the parasite of Levant fever had been discovered.

Dr. A. Jacobi New York then read a paper on "A Case of Adenoma of the Liver with Complications."

Dr. B. K. Ratchford of Cincinnati then read a paper on the "Treatment of Lithemia," in which he proposed the following prescription which was prepared in siphons :

Siphon No. 4 contains :
℞.—Sodium Sulphate, 120 grs.—Wet Salts.
Sodium Phosphate, 30 grs.—Wet Salts.
Sodium Salicylate from Oil W'rgr'n, 10 grs.
Tr. Nux Vomica, gtt. 3.
Aqua q. s. ℥ iv. CO_2 q .s.
Take before breakfast.

Siphon No. 5 contains :
℞.—Sodium Sulphate 30 grs. Dry Salt.
Sodium Salicylate from Oil Wintergreen, 10 grs.
Magnesia Sulphate, 50 grs. Wet Salt.
Benz. Lithia, 5 grs.
Tr. Nux Vom., gtt. 3.
Aqua q. s. ℥ iv. CO_2 q. s.
Take before breakfast.

Dr. James Whittaker of Cincinnati then spoke of the "Earliest Possible Recognition of Tuberculosis." He said it was very important to recognize the disease before the first physical signs appeared. He first reviewed the history of the disease, the prominent symptoms and the treatment which had been used heretofore. He said that the use of tuberculin was not sufficiently appreciated and in fact many persons objected to it because they said that a reaction was obtained when tuberculosis was not present. Klemperer said that we had no right to diagnose tuberculosis just because we found bacilli in the body, but this is a poor argument. The use of tuberculin will show the presence of the bacilli in the body. In giving this he first administers five milligrammes, then ten, and as much as two centigrammes. Virchow's objection was that tuberculin aroused latent tuberculosis and caused the bacilli to spread over the whole body and thus disseminate the disease and it was said to appear more frequently in cases treated with tuberculin. We must not use it in too large doses or too late in the course of the disease. There is a prejudice against it, but it is a valuable remedy. Trudeau, Denison and Klebs all use it in a modified form and have had success with it. He had used it in 1000 cases and had never seen a bad result from its use and regarded it as a safe means of diagnosis. He reported quite a number of cases and said that Klebs, Jr., said that he got a reaction in cases of chlorosis.

Dr. Shattuck said that it had been used in the Boston City Hospital and he had seen no harm come from it. One difficulty was that persons reacted in which there was no evidence of tuberculosis and in whom no reason for the reaction could be found. He knew a patient who had a tumor in the epigastrium and who reacted typically ; later she died ; the autopsy showed a cancer of the stomach and organs and also at the top of the right lung was a small cheesy nodule which had healed up and had given no signs or symptoms of the disease. If tuberculin is regularly used the number of cases would increase and also the number of recoveries from the disease.

Dr. A. L. Mason of Boston had used it to a considerable extent in the Boston City Hospital and had found it especially valuable in determining whether to operate or not in cases of doubtful tuberculous peritonitis in which a laparotomy was indicated.

Dr. E. A. De Schweinitz of Washington then read a paper on "Some Products of the Tubercle Bacillus and the Treatment of Experimental Tuberculosis by Antitoxic Serum." A description was first given of two of the products obtained from tubercle cultures; one of these a crystallizable acid and its probable bearing upon the progress of the disease. A brief sketch of some experiments showing the relationship of the attenuated tuberculosis bacillus to immunity was followed by a description of antitoxic serum and its experimental application. He had tried also injections of the live culture but had found that the serum was the best. Horses are the most favorable animals to use.

At no time has his remedy produced toxic effects but it has been very carefully made, but from this powerful agent bad results are to be looked for.

Dr. D. D. Stewart of Philadelphia then read a paper on "The Occurrence of Primary Renal Tuberculosis of the Kidney." The diagnosis, frequency of occurrence, and source of infection, of tuberculosis of the kidney as a primary affection, were discussed, and an unreported case of Dr. Stewart's in which a limited, primary tuberculosis of the pelvis of the left kidney occurred, in a case of chronic nephritis.

Dr. H. A. Hare of Philadelphia then read a paper on "A Further Study of Some of the Untoward Effects of the Bromides." He referred to Dr. Weir Mitchell's paper read about a year ago before the Association, and said that at that time he thought that Dr. Mitchell's work was original; but since then he had found that the subject was an old story to all medical superintendents of insane asylums. He addressed a number of letters to physicians in charge of insane asylums asking if they had noticed bad effects from the use of the bromides and to give their experience. He received a number of replies in which many said that acute maniacal delirium was quite common after the use of the bromides, especially in cases of epilepsy, and these nerve storms are often accompanied by homicidal and suicidal mania. He thought that the sodium salts was better than potassium salts and said that the poisonous effects are often due to the potassium and not to the bromine.

Dr. H. C. Wood of Philadelphia thought that much of the belief of this statement of medical superintendents of insane asylums rested on insufficient basis. For instance, a man has epilepsy and bromide is given to him. The bromide does not cause the mania but throws the attack into another channel. He preferred ammonium bromide and said that a quack in New York had succeeded in relieving a case which Dr. Weir Mitchell had failed to benefit and he found on analyzing the medicine that this quack used the ammonium bromide.

Dr. I. E. Atkinson of Baltimore thought that the bromide of potassium was so much used that many of those bad attacks would have been observed before and would have occurred more frequently. He could hardly believe that this was the cause of what Dr. Hare says it was. It must be in part an idiosyncrasy.

Dr. Hare said in conclusion that almost every asylum physician had urged him to impress upon the general profession the dangers of giving too much bromides and said that when a case entered their asylum the first thing to be done was to rid the patient of the bromides.

Medical Progress.

Bimanual Examination of the Urinary Bladder. — Morris (*American Journal of the Medical Sciences*) calls attention to the advantages of bimanual examination of the urinary bladder while the patient is anesthetized and the bladder empty. It is particularly worth a trial in cases where there is troublesome hematuria — that is, a hematuria that prevents the use of the cystoscope. The differential diagnosis between renal and vesical hemorrhage is sometimes very difficult, as also the diagnosis of vesical calculi when they lie behind an enlarged prostate or are encysted in the bladder. In cases of vesical papillomata the sound affords us no aid, and it is in these cases that this author has found this method of greatest service. He reports three cases where this method made a diagnosis possible which was undetermined by other means.

* * *

Abortion of Bubo.—Pressure bandage, says Gæther, in the *Medical Record*, when suppuration is not too far advanced, by folds of cotton carefully adjusted and a cocoanut-sized wad of tightly compressed cotton placed over the whole and retained by a very tight spica, produced abortion of the process in nine out of twelve suitable cases.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, JUNE 12, 1897.

THE condition of the dependent insane in the almshouses of the State has been for years a deplorable one. It is undoubtedly true that this condition has been due very largely to ignorance on the part of the people as to the true status of affairs and of a better way of caring for the insane, and lack of information on the part of the authorities at Annapolis as to what was needed and as to the real condition of the insane in the almshouses.

Care of the Dependent Insane.

In the last two or three years some little agitation of this subject has arisen, but the action of the State Faculty in devoting the first day of its session to the subject, and the interest which the papers presented by Drs. Hurd, Rohé and Brush awakened, shows that the time has arrived for the State of Maryland to take its stand with other States and place the care of its insane upon a higher plane both of humanity and economy. The recent revelation at the Anne Arundel County Almshouse, following so closely upon the discussion at the meeting of the State Faculty, but confirms the necessity for prompt and intelligent action, and is but an instance undoubtedly among others, which might be found in various parts of this State, of like inhumanity, and perhaps brutality, toward the insane. It is hoped that the next session of the Legislature will accomplish much in the way of lunacy reform in Maryland and that the policy of State care for all of the dependent insane will be established, and as rapidly as possible put into operation.

Not only is there necessity for reform in the methods of the care of the insane, but there is a crying necessity for reform in the lunacy laws of the State, and it is gratifying to know that those who have already taken steps to bring about an improvement in the lunacy laws of the State are assured of the coöperation of those in authority and that probably the efforts which came so near being successful in the last legislature will in the coming session accomplish what is desired. Fortunately for the State the number of insane within its borders, although larger than is desirable and possibly larger than is necessary, because of lack of proper treatment in the past, is not so large that their proper care presents a problem which has any unusual difficulties in its solution.

It is unfortunately impossible to obtain an exact census of the number of insane now under public care, but from the figures presented by Dr. Brush, which are the result of careful personal inquiry, it is shown that there are about one thousand insane in the almshouses in the State, including Bay View, who should be under care in State institutions.

The two State asylums already established present the nucleus from which should spring a system of State care for the insane. The asylum at Catonsville cannot be enlarged with any degree of propriety much beyond its present capacity for the reason that the grounds surrounding it are not sufficient to permit such an enlargement, but the new asylum at Springfield presents capabilities for enlargement and sufficient territory to afford occupation upon the farm and in the gardens for a very large proportion of the chronic insane who should be sent there.

The paper presented at the recent meeting of the American Medico-Psychological Association by Dr. Blumer of the State Hospital at Utica, New York, shows what can be done in the matter of occupation both as a remedial

measure and as an economic feature in the care of the insane. The value of the work done by the patients of this institution in twelve months was over $30,000. This work comprised printing, tailoring, mattress making and various other occupations and under the system fostered by the State Lunacy Commission of New York, surplus material made in an institution by patients' labor can be used in other institutions of the State and its value credited to the institution in which such material was manufactured. At the State Hospital at Utica, for example, all of the printing for all of the State Hospitals for the State of New York is done and it is readily to be seen that by an extension of such service, institutions which have not the advantage of shops but which have extensive grounds can utilize labor of patients in producing farm products which can in like manner be disposed of among other institutions of the State not so fortunate in the possession of land.

The Lunacy Commission of Maryland seems to be, at present, imbued with the spirit of progress and it is to be hoped that with its active aid and coöperation much good will be accomplished in the future and many necessary reforms to be worked in the State's policy toward its insane citizens. If the Commission has not at present sufficient authority to establish a standard of care for the dependent insane of the State and a system of statistical returns which shall show at the close of each fiscal year the entire number of insane in the State, the number who have been admitted and who have been discharged or who have died, and such other matters as are usually included in returns of this character, it is to be hoped that the next legislature under wise guidance will give it such authority. It is not to be presumed that the Commission desires, nor if it does, should such a desire be granted, to control the management of the insane in the State.

The function of a Commission of Lunacy is recognized the world over as supervisory. It should have powers of visitation to all places where the insane are confined, should exact prompt returns to all of its inquiries, and should promote among those who have the charge of the insane an *esprit du corps* which would undoubtedly result in a notable advance both in scientific and economic care of the insane, and this is the position which the Lunacy Commission of this State desires to take and all good citizens of the State, especially in the medical profession, will cheerfully uphold it in taking such a stand.

* * *

American Medical Association.

THE American Medical Association, which held its jubilee meeting in Philadelphia last week, has probably experienced the most successful epoch that has ever occurred in its existence.

The following officers were elected for the ensuing year:

Surgeon-General George M. Sternberg, Washington, President; Dr. J. M. Matthews, Kentucky, First Vice-President; Dr. W. H. Thompson, Indianapolis, Second Vice-President; Dr. F. H. Wiggins, New York, Third Vice-President; Dr. T. J. Happel, Tennessee, Fourth Vice-President; Dr. Henry P. Newman, Illinois, Treasurer; Dr. Wm. B. Atkinson, Philadelphia, Secretary; Dr. W. A. Jayne, Colorado, Assistant Secretary; Dr. George W. Webster, Illinois, Librarian; Dr. J. W. Graham, Denver, Chairman of the Committee on Arrangements.

Dr. Joseph Eastman, Indiana, and Dr. J. T. Priestley, Iowa, whose terms expired this year on the Board of Trustees, were renominated and Dr. Miller, Chicago, was named as the third member. All the members of the Judicial Council whose terms expired this year were renominated. They are Dr. D. W. Crouse, Iowa; Dr. T. D. Crothers, Connecticut; Dr. W. T. Bishop, Pennsylvania; Dr. R. C. Moore, Nebraska; Dr. G. B. Gillespie, Tennessee; Dr. C. H. Hughes, Missouri, and Dr. Ida J. Heiberger, District of Columbia.

In addition to the officers elected, Dr. J. H. Musser, Philadelphia, was appointed to read the next annual address on general medicine, Dr. J. B. Murphy that on general surgery, and Dr. Samuel C. Busey, Washington, that on State medicine.

Denver was selected as the next place of meeting.

The following were elected delegates to the International Medical Congress, to be held in Moscow, next August:

Drs. G. S. Mitchell, J. E. Hyndman, Charles Dennison, A. M. Miller, H. L. E. Johnson, George M. Sternberg, A. Marcy, Sr., H. D. Holton, Thomas MacDavitt, I. N. Quimby and George R. Fowler.

Medical Items.

We are indebted to the Health Departmen of Baltimore for the following statement of cases and deaths reported for the week ending June 5, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		16
Phthisis Pulmonalis		16
Measles	19	2
Whooping Cough	3	
Pseudo-membranous Croup and Diphtheria.	10	2
Mumps	2	
Scarlet fever	27	1
Varioloid		
Varicella		
Typhoid fever		2

Dr. Edward H. White, a retired physician of Baltimore, died at his home last week, aged 77 years. Dr. White was born in Somerset County, Maryland, where he received his early education. Later he went to Pennsylvania and was graduated in 1841 at the University of Pennsylvania. He returned to Somerset County, where he practiced and lived until about fifty years ago, when he came to Baltimore and soon established himself in a large and lucrative practice. Dr. White was a member of the prominent societies and was one of the first physicians to Bay View Asylum. He enjoyed a large acquaintance and was noted for his courtly and gentlemanly manners, which especially endeared him to the many families which he attended. Dr. White retired from active practice about seven years ago.

The profession of Maryland are much shocked at the sudden and untimely death of Dr. George Thomas at the "Severn" last week. Dr. Thomas was only 38 years old and yet he had built up a large practice in his specialty in diseases of the throat and nose. Although an Episcopalian in religion, Dr. Thomas counted among his patients many of the best known and most widely respected Hebrews of Baltimore. Dr. Thomas was born in St. Mary's County and after attending the local schools came to Baltimore and was graduated high in his class at the College of Physicians and Surgeons in 1882. He was at once appointed lecturer in physical diagnosis and later was made professor in that college. He was an active member of all the State and local societies and took a great interest in medical affairs. His early death is greatly to be deplored. Dr. Henry B. Thomas of Baltimore is his cousin.

The American Medico-Psychological Association has just concluded in Baltimore its fifty-third session after a very successful meeting. A number of interesting papers were read and much business was transacted, the most important of which was the report by Dr. Edward N. Brush, Superintendent of the Sheppard Asylum, on a new law in regard to the commitment of the insane. The chief features of the law are those requiring petitions for the commitment of insane persons to be made to a judge of a court of record, who shall thereupon appoint two competent physicians, possessing certain qualifications set forth in the bill, to examine the patient. If they return a verdict of insanity, this must be approved by the court, which shall then issue the commitment. Friends and relatives of the patient, however, in urgent cases, may send him to an institution pending these proceedings, under a certificate of examination dated not more than twenty days prior to the application for admission, and this certificate must be approved, in order to retain the patient in the institution, within five days, by the judge of the circuit court of the county or of the criminal court of the city before which the petition is pending. This somewhat resembles the law in New York. The officers of the Association who were elected were: President, Dr. R. M. Bucke, Ontario, Canada; Vice-President, Dr. Henry M. Hurd, Superintendent of the Johns Hopkins Hospital; Secretary and Treasurer, Dr. C. P. Burr, Flint, Mich.; Auditors, Dr. P. L. Murphy, North Carolina, and Dr. S. B. Lyon, New York, and Councillors for the term of three years, Dr. J. T. Searcy, Alabama; Dr. J. W. Burgess, Montreal, Canada; Dr. F. C. Hoyt, Clarinda, Ia.; and Dr. H. C. Eyman, Ohio. The election of a board of editors for the *Journal of Insanity* resulted in the choice of Dr. Henry M. Hurd of the Johns Hopkins Hospital as president of the board and editor-in-chief of the journal and as his associates, Dr. G. Alder Blumer, State Hospital, Utica, N. Y.; Dr. E. N. Brush, Sheppard Asylum, Baltimore; and Dr. J. M. Mosher, Albany, N. Y. The Association will meet in St. Louis, Mo., in May, 1898.

Book Reviews.

RETINOSCOPY. By James Thorington, M. D. Philadelphia: P. Blakiston, Son & Co. 1897.

In a little book of 63 pages the author makes a very valuable contribution to the literature of Retinoscopy. He regards it as the best of objective methods for determining refraction. He favors the plain or small mirror. An opaque shield with small perforation over chimney, close proximity of light to examiner (not over six inches) and the constant maintenance of one meter distance between surgeon and patient.

THE EYE AS AN AID IN GENERAL DIAGNOSIS. By E. H. Linnell, M. D. The Edwards and Docker Co., Publishers. Philadelphia.

In his introduction the author states that much of the work upon this book "was completed before the appearance of the encyclopedic work of Kneis entitled, 'Relation of Diseases of the Eye to General Diseases,' and I have freely availed myself of any information contained therein." In some respects it is to be regretted that this information was not availed of to a greater degree. On page 17, for instance, it is stated that "the fibers of the third nerve decussate in their intra-cerebral course." According to Kneis, page 18, there is, at best, only partial decussation while by some it is denied *in toto*. Again, on page 24, nothing is said about the generally admitted decussation of the fourth nerve, and clearly stated by Kneis on page 42. Generally speaking, the author sets forth the eye symptoms of remote lesions with considerable clearness. Throughout there is one fault. A too bare presentation of facts. This is well illustrated in Chapter I, Diseases of the Lids. Again, the rule on page 32, for determining the affected muscle in paralytic affections, works out correctly provided one knows beforehand about homonymous and crossed diplopia and the projection of images; but without this knowledge the rule given is dogmatism. The author could have greatly increased the value and interest of his book by giving more physiology and pathology, in omitting a number of unimportant symptoms. In spite of these defects, however, the book is valuable. The intimate relation between the eye and general diseases is not unfrequently overlooked by the oculist himself.

Current Editorial Comment.

ERRORS IN MEDICINE.

North Carolina Medical Journal.

THE question is often asked, "Are there any practical results to be derived from the study of the History of Medicine?" It is indeed a question well worthy of our careful consideration and a thoughtful answer. It can be answered by asking another, "Do we profit more from the successes or failures of others?" While argument in abundance, on either side of the question, may be had, yet experience seems to lend the weight of its evidence in favor of the latter, since most of our real success is the avoidance of old errors.

MEDICINE AS A BUSINESS.

Gaillard's Medical Journal.

IT is idle and Utopian to regard medicine as an ideal calling which we have entered and which we pursue for the good of suffering humanity. We must face the problem presented by "Medicine as a Business." Much ink and paper have been wasted in the effort to reconcile the humane with the mercenary element of medicine. The nearest approach we can make, as conscientious men and true physicians, is to adopt the golden rule, and this suffices amply to guide us in the path of true science, to cheer us in the more difficult labor of true humanity.

PREMATURE BURIAL.

Lancet.

IT is impossible to assert that such a ghastly event as burial of the living has never occurred. There are well authenticated cases of bodies having been laid out for interment that yet retained their vitality; still, if the list of alleged burials of the living were subjected to critical examination we opine that it would dwindle to very narrow proportions. We ardently support the reform of death certification. No argument is needed to enforce the desirability—nay, the paramount necessity—of efficient death verification; but we cannot acquiesce in the proposal that no interment should take place prior to the advent of cadaveric decomposition, believing as we do that a conscientious medical observer can verify the decease of a human being before the body is "green in death and festering in a shroud."

Society Meetings.

BALTIMORE.

BALTIMORE MEDICAL ASSOCIATION, 847 N. Eutaw St. Jas. E. Gibbons, M. D., President. E. L. Crutchfield, M.D., Secretary. Meets 2d and 4th Mondays of each month.

BALTIMORE NEUROLOGICAL SOCIETY. Meets 3d Wednesday each month. Samuel J. Fort, M. D., Secretary.

BOOK AND JOURNAL CLUB OF THE FACULTY. Meets at call of President.

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

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

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d and 4th Thursdays of each month—October to June—8.30 P. M. J. B. Schwatka, M. D., President. S. T. Roeder, M. D., Corresponding Sec'y.

MEDICAL JOURNAL CLUB. Every other Saturday, 8 P. M. 847 N. Eutaw St.

THE JOHNS HOPKINS HOSPITAL HISTORICAL CLUB. 2d Mondays of each month, 8 P.M.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY. Meets 1st and 3d Mondays, 8 P.M.

THE JOHNS HOPKINS HOSPITAL JOURNAL CLUB. Meets 4th Monday, at 8.15 P. M.

MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE. Sue Radcliff, M. D., President. Louise Erich, M. D., Corresponding Secretary. Meets 1st Tuesday in the Month.

UNIVERSITY OF MARYLAND MEDICAL SOCIETY. Meets 3d Tuesday in each month, 8.30 P. M. Hiram Woods, Jr., M. D., President, E. E. Gibbons, M. D., Secretary.

WASHINGTON.

CLINICO-PATHOLOGICAL SOCIETY. Meets at members' houses, 1st and 3d Tuesdays in each month. Arthur Snyder M. D., President. R. M. Ellyson, M. D., Corresponding Secretary. R. T. Holden, M. D., Recording Sec'y.

MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets 1st Thursday each month at members' offices. Francis B. Bishop, M. D., President. Llewellyn Eliot, M. D., Secretary and Treasurer.

MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA. Meets Georgetown University Law Building 1st Tuesday in April and October. G. Wythe Cook, M. D., President. J. R. Wellington, M. D., Secretary.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets Wednesday, 8 P. M. Georgetown University Law Building. S. C. Busey, M. D., President. Henry L. Hayes, M. D., Recording Secretary.

OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY OF WASHINGTON. Meets monthly at members' offices. President, S. O. Richey, M. D. Secretary, W. K. Butler, M. D.

WOMAN'S CLINIC. Meets at 1833 14th Street, N. W., bi-monthly. 1st Saturday Evenings. Mrs. Emily L. Sherwood, President; Dr. D. S. Lamb, 1st Vice-President. Miss Nettie L. White, 2nd Vice-President. Mrs. Mary F. Case, Secretary. Miss Minnie E. Heiberger, Treasurer.

WASHINGTON MEDICAL AND SURGICAL SOCIETY. Meets 1st Monday in each month. N. P. Barnes, M. D., President. F. W. Braden, M. D., Secretary.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY. Meets 1st and 3d Fridays of each month at members' offices. George Byrd Harrison, M. D., President. W. S. Bowen, M. D., Corresponding Secretary.

PROGRESS IN MEDICAL SCIENCE.

The Attractions of the Eastern Shore.—The delights and facilities which the Eastern Shore of Maryland and Virginia affords the rest- and health-seeker are worthily commanding the attention of physicians in this and other localities. The climatic influences of these sections are attracting wider attention as they become better known. For invalids and children the opportunities for rest and recuperation are unsurpassed, while for recreation the tourist, the vacationist and the sportsman will find no better places than can be reached by the excellent system of railway and steamship routes of the Baltimore, Chesapeake and Atlantic Railway Co. The Company's new catalogue has just been issued. It is very handsomely gotten up and copies may be obtained by sending to Willard Thomson, General Manager, Baltimore.

A Remedy in Nervous Disorders when Characterized by Melancholia. — The "Reference Book of Practical Therapeutics," by Frank P. Foster, M. D., editor of *The New York Medical Journal*, which has recently been issued by D. Appleton & Co., of New York City, contains an article of which the following is an excerpt, which we feel expresses the consensus of medical opinion as adduced by actual results: "Antikamnia is an American preparation that has come into extensive use as an analgetic and antipyretic. It is a white, crystalline, odorless powder, having a slightly aromatic taste, souble in hot water, almost insoluble in cold water, but more fully soluble in alcohol. . . . As an antipyretic it acts rather more slowly than antipyrine or acetanilide, but efficiently, and it has the advantage of being free, or almost free, from any depressing effect on the heart. Some observers even think that it exerts a sustaining action on the circulation. As an analgetic it is characterized by promptness of action and freedom from the disagreeable effects of the narcotics. It has been much used, and with very favorable results in neuralgia, influenza and various nervous disorders characterized by melancholia. The dose of Antikamnia is from three to ten grains and it is most conveniently given in the form of tablets."

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXVII.—No. 10. BALTIMORE, JUNE 19, 1897. Whole No. 847

Original Articles.

OVER-FATNESS; A RELIABLE AND HARMLESS WAY TO DIMINISH AND CURE IT.

By William T. Cathell, A. M., M. D.,
Baltimore.

READ AT THE NINETY-NINTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 27 TO 30, 1897.

In presenting this subject, I have neither medicine to sell, secret to extol, nor any scheme to make money out of the public, as titles like this are apt to suggest, but simply wish to lay before you the results of nearly five years' observation upon a reliable and harmless way to diminish over-fatness and the evils it creates.

A Few Facts on the Subject of Fat.—That you may have a clearer conception of what is to follow, I shall first remind you that, by the natural law of proportion, fat should constitute about the fifteenth or twentieth part of one's weight, and that a person's heft may vary ten or fifteen pounds either way, from the standard of weight to height, without its being significant. Also, that a certain quantity of fat is a blessing, as it not only improves personal appearance, but is necessary to protect the various organs, and to maintain their temperature; and also to serve as nutrition in time of need. For these purposes it is stored in cells in various parts of the body, but more plentifully in some parts than in others.

If any one has a much less proportion than one-twentieth, leanness, lankiness, or emaciation is observable; a very much greater proportion than, say, a ninth or a sixth, constitutes corpulence, obesity or over-fatness, and although stoutness to a moderate degree is considered an element of good health, and indicative of the successful working of one's physiology, yet fatness alone is a very poor criterion of health, but, on the contrary, it is an element that has the power for serious mischief, because a very great amount of fat necessarily impedes respiration, circulation, locomotion, digestion and other vital functions, to such a degree, that the person who carries this troublesome bulkiness is more burdened than blessed.

In very fat persons, all the cellulo-adipose structures become filled to distension, more noticeably about the subcutaneous tissues, the breast and the abdominal walls, also in the omentum and mesentery; on the surface of the heart, and about the kindeys; and if the morbid accumulation grows to be excessive, these all become buried in fat, which mechanically interferes with both function and nutrition.

The Causes of Over-Fatness.—According to my observations, the common causes of over-fatness are either :

Congenitally small lungs with defective oxygenating capacity ;

Eating excessively of all kinds of food ;

Want of lung-expanding exercise ;

Using alcoholics to excess.

The Anti-Fats.—There are numerous well known agents that more or less effectually reduce surplus fat, and also counteract its return. Among these, iodine, bromine, mercury, lead, arsenic, liquor potassii, lemon juice, sour wines, vinegar, purging, sweating, semi-starving, various kinds of baths, smoking and chewing, fish diet, bladder wrack, phytolacca, gulf weed, and various quack nostrums, have each more or less reputation for diminishing weight.

Many of these have a proper place, and a useful power, when taken sparingly, or for a brief while, but unfortunately, when used in quantities sufficiently strong, and long enough continued, to destroy any considerable amount of fatty tissue, they likewise injure other structures, therefore are necessarily dangerous to health. Besides, they all act, either by saponifying the fat, or by producing numerical atrophy, either of which exerts such powerful influence on the lymphatic and absorbent systems, that they not only cause re-absorption and destruction of olein, stearin, margarin, protoplasm, nuclei, and other physiological constituents of the fat-cells, but go further, and annihilate myriads of cell-membranes, red blood globules, and other essential elements of the economy ; and as these perish, all histologists know, vitality is reduced, and health is impaired.

It is also well known, that while destroying fat, many of these articles also act as slow poisons, and damage or ruin the alimentary mucous membranes, and the function of digestion ; and thus cause mal-assimilation and mal-nutrition, with repugnance to food. This class, therefore, is doubly injurious ; and if used too heroically, or continued beyond a certain period, anemia, general debility, marasmus, consumption, or other fatal affections may be induced.

Various Rational Agents.—No one, however fat, wishes to endanger his health, by unwise efforts to reduce himself, and many over-weighted persons, anxious to throw off naturally their unnatural burden, and aware of the danger of using anti-fat drugs, determinately avoid them, and resort to pedestrianism, bicycling, gymnastics, rowing, massage, electricity, restricted sleep, thyroid extract, skimmed milk and other popular means ; while a few begin some dietary system : Banting's, Oertel's, Ebstein's, Bruen's, or others, which all aim to limit the supply of elements that form fat, and to increase its re-absorption ; and I am glad to say, to the honor of their founders, that every one of these dietary systems with which I am acquainted seems to be based on rational principles.

But ball-and-chain rules, and iron-clad regulations, requiring continuous discomfort, suffering, semi-starvation or abstemious dieting, no difference by whom recommended, are rarely persevered with to a successful degree by persons with simple over-fatness, and we rarely meet anyone wreathed in fat who has not begun on one, or another, or several different plans, and after awhile become tired and abandoned it in disgust.

My Method.—Neither with cases of enormous obesity, nor with celebrities of fabulous proportions, nor with over-fat invalids or semi-invalids have I had any experience whatever, but, if any healthy person weighing less than 300 pounds, with *simple uncomplicated over-fatness*, whether male or female, wishing to make a fair, honest and faithful trial of my plan to diminish over-fatness, will begin and drink a large glass of the artificial Kissingen water kept at drug stores and other soda water fountains, twenty or thirty minutes after each of the three daily meals, one day, and a similar glass of artificial Vichy water after each of the three daily meals the next day, and persistently continue to take them thus, week after week, he will begin and gradually lose fat, until he comes

down to medium weight and stoutness, and be correspondingly relieved of the discomforts of obesity; after which their use should be discontinued.

A Few Rules to Observe.—These are both cheap waters, and may be taken at the counter, or bought in syphons or in citrate of magnesia bottles, or even in five or six gallon tanks to drink at home. While using them, the person should as a necessary guide, and also for personal satisfaction, keep tally on his or her girth and weight, by taking the chest, (or bust) measure, the waist measure and the hip measure, and carefully weighing his body in the same clothes, and on the same accurate scales, every two or three weeks, and if he has lost much more than a couple of pounds for each week, take a smaller glass of each, at every drink, and if he has lost less than a couple of pounds for each week, squeeze a few teaspoonsful of lemon juice into each glass of the Kissingen to increase its acidity and also add one teaspoonful of the aromatic spirits of ammonia to each glass of the Vichy, to increase its alkalinity.

He should also lend assistance to the action of the waters by using starches, sugars, fats, alcoholics and all other fat-forming food but sparingly; avoid over-eating, and use neither food nor alcoholics, except at the regular meals; also take light suppers, so that from then to breakfast, the longest of the three intervals between meals, there may be the least pabulum for fattening; and the best conditions for reduction, and especially that there may be complete emptiness of the stomach during sleep, so that nature may then utilize some of his surplus fat to meet the shortage. He should also take moderate out-door exercise, on foot or wheel, or in any other way that will increase and deepen his respiration.

Results.—After drinking these waters and following these rules for awhile, he will find that he is losing part of his girth, and a couple of pounds of avoirdupois every week, and that the loss consists entirely of useless fat; and that his appearance, activity and feelings will all be improved. Just as if there exists some natural antagonism between these waters, taken thus, and adipose tissue; more especially that located in the favorite fat-centers already mentioned.

Mode of Action.—Now, while it is extremely difficult to search out the ultimate of anything in physiology, for instance, why opium relieves pain and colchicum benefits gout, yet, after studying the subject thoughtfully, I am quite sure there exists either a specific physiological action, or some definite chemical affinity, between artificial Kissingen and Vichy waters, taken by this rule, and abnormally-fat human tissues, that results in a lessening of the fat, with neither purging nor sweating, or injury to brain, blood, muscle or general health; but how, or why, is still debatable.

They may reduce adipose, and prevent further infiltration or storage, in either of several ways: One is, by merely inhibiting or controlling the disproportionate activity of fat-cell nutrition; thus placing less fatty pabulum, and more blood, brain, muscle, nerve and gland elements, at the disposal of the absorbents, while the simple fatty tissue and oily material of the body, being the most lowly organized, are naturally the first to be removed by the corrected physiological processes.

Or, it may be that they act as alteratives, and restore equilibrium to the nutritive processes, by destroying or neutralizing some morbific fat-forming agency, occult derangement of digestion, or perversion of assimilation, that have been causing diminished oxidation, and a consequent accumulation of fat.

Again, when we study their analyses, and consider the complexity of the potent medicinal ingredients that lie hidden in each glass of these waters, another rational hypothesis arises: artificial Kissingen being an acidulous saline, and Vichy an alkaline, and both containing salts of calcium, magnesium, potassium, sodium and other minerals, in decided and definite quantities, united with carbonic acid and other gases, it seems logical to suppose, that when alternately mingled with the

food-pulp or chyme in the stomach and intestines, day after day, their special combination of ingredients bring about reduction by some chemico-physiological readjustment of the alkalinity and acidity of the blood and the visceral fluids, or possibly of both humors and solids; and that this readjustment makes the fat-yielding pabulum less plentiful and less rich, therefore less favorable for fat creation, and explains why increase of fatness ceases, and why reabsorption of the surplus contents of the fat-cells begins, and also why physiological reduction and reconstruction both result; all uniting to prove that Kissingen and Vichy, taken by this plan, are a reliable combination for preventing increase, and reducing surplus, to the normal proportion of one to fifteen or twenty.

Their Unmistakable Power.—But whatever their exact mode of action may be, there certainly exists some natural and well marked relation between these two waters taken thus, and adipose material, that tends to restore a normal balance between the quantity of it, and of other tissues. This has been proven again and again. Some types of fatness, however, reduce more easily and more rapidly than others. The more firm and solid the flesh, and the longer one has been fat, the more slowly it yields. Such a person, if quite fat, and belonging to a fat family, with proportionately small lungs, might require a persistence with Kissingen and Vichy, methodically for five or six months or even a larger period.

In addition, they not only reduce over-fatness, but also tend to permanently correct the irregular and excessive fat-making activity on which it depends, without injury to health. The person gradually becomes thinner, and looks and feels younger and more active, as his (or her) superabundance disappears. The skin, being a healthy and elastic tissue, also contracts correspondingly, leaving neither flabbiness nor wrinkles, bagginess or crow's-feet, while brain, muscle, nerve, blood and glandular nutritition and the strength, all remain normal; proving that this method does not cause either pathological diminution and morbid shrivelling, from inanition; or loss of strength and cachexy, from degeneration; as the various "anti-fat" blood depuratives, and glandular eliminatives, are notoriously apt to do.

To properly appreciate the truth of this distinction it must be remembered that a person in normal flesh has as much blood, and usually better blood, than a similar person whose weight has been ever so much increased by fat, and that Kissingen and Vichy act on the fat and not on either the blood, the glands or the bowels.

How First Observed.—My attention was first called to the peculiar power of this combination over fat, fully five years ago, in this way: Mr. McK., a hearty looking, middle aged gentleman, who was consulting me for an unimportant affection of the throat, informed me that in addition to this, he had lost about thirty pounds of fat within the last half year, without sickness, loss of appetite, or other apparent cause, and that he was very anxious to discover the reason.

On inquiry I gleaned nothing important, except that for several months he had been following the habit of drinking artificial Kissingen and Vichy waters daily, under the belief that being called for so often by soda water patrons, they must be both safe and salutary.

His throat being better he soon passed from my care, with his loss-of-weight mystery unsolved.

The following year Mr. J. H. H., a young man of uncommonly thin visage and notable leanness in general, asked me the cause of his losing nearly nine pounds in weight. Among other things I learned that for a year or more, he and a companion had been daily visitors to a near-by soda water fountain, and tiring of the various syrupy soda waters, they had changed five or six months before to Kissingen and Vichy, and that shortly thereafter they both noticed that they were getting thinner and thinner.

Remembering Mr. McK.'s mystery and putting this case and that together,

I told him of the resemblance, and advised him to discontinue Kissingen and Vichy, immediately. Emaciation shortly ceased and under tissue-building tonics he gradually got back what had been abstracted from his scanty stock of fat.

Feeling quite sure that I now had a clue to the mystery, I sought out Mr. McK. to tell him, but suspecting the waters himself, he had long since quit them, and his loss of weight had promply ceased, making him quite sure as to the cause.

A few months after this my friend, McK., called at my office with a young Canadian, Mr. W. D. W., a bar-tender, whom he had incidentally met, and wished me also to see. His weight, under the liberal use of Kissingen and Vichy, had fallen during the past summer and fall, from 223 to 180 pounds. He explained to me that, being a bar-tender, he was kept in constant contact with liquor drinking, and being pledged against all intoxicants, yet, not wishing to offend customers, he would take a dozen or more ordinary glasses of either Kissingen or Vichy daily.

He further informed me that his decrease in weight, and striking rejuvenescence in his appearance, activity and feelings, began shortly after commencing this habit. His lessening in weight had also ceased promptly after Mr. McK. had apprised him of the cause, and he quit them.

This was more than three years ago. His size still remains at comfortable stoutness, and his weight keeps below 200 pounds.

The Proper Hours and Quantities.— Anxious to utilize this discovery, and determined to neglect nothing in the pursuit of so important a truth, Kissingen and Vichy have since been experimented with by me, and by others, on different fat-laden persons, at various hours, and in varying quantities, and as the result, I would recommend their use in the quantities, and at the hours already mentioned, since these, in my opinion, constitute the most effective time and quantity.

At a recent interview Mr. W. D. W. told me that always fearing his superabundant fat may again force him above ordinary stoutness, he has adopted the habit of drinking a few glasses of Kissingen and Vichy daily, for ten or fifteen days, two or three times a year.

Governed by this, and a few other cases, I would advise those with smaller degrees of over-fatness, who wish to effect a slight and gradual reduction of size ; and also, those merely seeking to reduce unsightly chin, bust, or abdominal fat, or to keep their general bulk down to the natural ; to drink Kissingen and Vichy for a few weeks, now and then, instead of adhering rigidly to the regular system.

When the excess is chiefly in the abdomen, causing what is called "large stomach," wearing a snug abdominal supporter, or a moderately tight abdominal binder, while pursuing the method, makes the fat disappear from this locality much more promptly.

My father, Dr. D. W. Cathell, has recently, at my request, tested this method on more than a dozen cases of over-fatness, with favorable results, and I hold in my hand now the records of eleven cases, seven males and four females, who have used Kissingen and Vichy more or less methodically, with the following positive results : A fat grocer reduced from 310½ pounds to 289 in eleven weeks. A bar-keeper reduced from 223 pounds to 180 in nineteen weeks. A lawyer reduced from 191 to 173 in 14 weeks. Young real estate agent from 173 to 151 in twelve weeks. Clergyman reduced 16 pounds in 9 weeks. Lady aged 28 years from 286½ to 264 pounds in 13 weeks. Stout actress from 173 to 166 in seven weeks. Young English lady from 149 to 142 in five weeks. Conductor on steam cars from 183 to 174 in six weeks. Lady aged 41, from 173½ to 160½ in eleven weeks, and that of a well-known physician, who was reduced by an irregular use of Kissingen and Vichy from 211 to 205⅓, in five weeks.

Fortified by such observations, I do not hesitate to assert that the heavy-laden, who are suffering with the fat-forming diathesis, and wish to reduce

their surplus to healthy limits, and to regulate its further formation, can do so by avoiding over-eating, limiting the use of sugary and starchy articles, fats and oily food and the alcoholics; and drinking artificial Kissingen and Vichy waters, by the rules already mentioned.

Based on equally clear proof I am ready to assert that all feather-weights, the lean, the slim, the pale and the flabby; those with weak hearts, irregular circulation or poor vitality ; together with all that numerous class whose percentage of fatty-tissue is so scanty, that they should either try to increase the number and fulness of their fat-cells, else let them remain as they are, ought to seek good, nutritious food, fresh air, and moderate exercise, and avoid mineral waters in general, and Kissingen and Vichy in particular.

Reasons for Writing this Paper.—My sole object in bringing before this Faculty an essay on a subject so far separated as this from the specialty to which I limit my practice—the nose and throat—is, that having observed what I believe to be a valuable therapeutic fact, I feel it to be my duty to lay it before the profession.

THE DIAGNOSIS OF PERITONITIS.

By Samuel C. Chew, M. D.,
Professor of Principles and Practice of Medicine, University of Maryland.

READ AT THE NINETY-NINTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 27 TO 30, 1897.

THE diagnosis of peritonitis, whether diffused or circumscribed, is in some cases one of the simplest problems which as physicians we can encounter, and in others one of the most difficult that can confront us; and between these extremes there are many varying degrees and shades of comparative difficulty or facility.

In general, it is a very easy thing to arrive at a correct conclusion as to the nature of the trouble which we have to deal with, when the typical, classical array of symptoms of an attack of peritonitis is presented ; when we see the dorsal decubitus, the flexion of the knees to relax the abdominal walls and ward off the contact of the bed-clothes, the anxious and somewhat drawn physiognomy; when we find the acute abdominal pain with exquisite tenderness to touch, the tympanitic distension of the abdomen, the elevation of temperature and the quick, small and corded pulse. All these things make a plain story.

But, on the other hand, there may be no specially characteristic posture, no severe pain, only a slightly marked tenderness, only a little rise of temperature, it may be not over 100° or 101°; in fact, nothing of the typical picture of peritonitis except a quick, feeble pulse—a most important danger-signal—which may be soft and unresisting, and a very moderate amount of tympanites, and yet all this time the patient may be far advanced in a fatal peritonitis.

It is in cases of this latter kind that the difficulty in making the diagnosis is chiefly found and the difficulty is due to the absence of symptoms which are ordinarily most characteristic.

In the former class the diagnosis is perfectly clear and unmistakable; it is, so to speak, "writ large" upon the surface of the case ; in the latter it is often obscure and uncertain ; nay, it may be impossible when the attempt is made to form it only by a search for symptoms specially belonging to peritonitis. And yet, when other circumstances are taken into account, it may be measurably certain, or at least highly probable.

There are some conditions of disease in which a perfectly sure diagnosis may be made from a very few facts, or almost from a single one. You may be taken blind-folded into a patient's room and

binding yourself to ask no questions, either as to his past history or present feeling, provided only you can place your hand on the abdomen, if you feel a hard, firm, unyielding, nodulated mass extending continuously from the hepatic region, you know that cancer of the liver exists. The single sense of touch tells you all you need to know. Or in another case, still without questioning, without looking, without touching, so far as information derived from touch is concerned, if only you apply your ear beneath the clavicle and hear amphoric blowing and gurgling in a given degree, you know with a certainty to which nothing could be added that a vomica is there.

But there are cases in which much is wanted besides present symptoms ; and in those instances of peritonitis of doubtful diagnosis what is needed to give reasonable certainty or high probability to your conclusions? Chiefly, or it may be entirely, the preceding history of the case. Thus, if it be one of typhoid fever, of gastric or duodenal ulcer, of appendicitis, of salpingitis, of some other disease of an abdominal viscus involving extending or perforating inflammation, or the puerperal state, such a history may make an otherwise obscure diagnosis highly probable ; it may make it practically certain.

An illustration is afforded by a case which occurred to me several years ago.

A sailor in the Hospital of the University of Maryland with typhoid fever of moderate severity, constipation existing throughout the whole attack, but other symptoms being sufficiently developed to make its nature clear—it was long before the days of agglutinative diagnosis — showed rather suddenly some increase of tympanites, slight abdominal tenderness, some pain extending along the dorsum of the urethra, with increase in the frequency and weakness of the pulse. The diagnosis of perforative peritonitis was made, which the symptoms apart from the history of typhoid fever would hardly have justified, but which the post-mortem examination confirmed, showing a perforated Peyer's patch.

Two illustrative cases have been reported by a physician of this city, of large experience ; one of a young lad in whom peritonitis was suspected by one of his attendants to exist and doubted by others on the ground that no cause for it could be found. A post-mortem examination showed it widely diffused and in great intensity; and it was regarded as a rare instance of perfectly idiopathic peritonitis, when a student assisting in the necropsy, in mere wantonness, threw his scalpel, like a dart, into the abdominal cavity. The blade pierced the back close to the spinal column, when pus welled out ; this led to the discovery of a small psoas abscess which had leaked by a very diminutive channel into the peritoneal cavity and thus explained the peritonitis. Had the abscess been discovered earlier, the doubt about peritonitis might never have existed.

In another somewhat similar case in which peritonitis was suspected by some and doubted by others for lack of obvious cause, the necropsy was made by the late Professor Joseph Roby, who found on diligent search a small abscess on the posterior aspect of the liver which communicated with the peritoneal cavity and had evidently discharged into it.

The principal affections from which peritonitis is to be discriminated are:

1. An extreme degree of tympanites occurring in typhoid fever, where the condition may easily be mistaken for the tympanites belonging to peritonitis, the disease favoring its occurrence being known to exist.

2. Acute enteritis or entero-colitis, where diarrhea and colicky pain would make against peritonitis and in favor of enteritis.

3. Hysterical abdominal pain, as in a case which I saw two weeks ago, with a professional friend. The patient, a young girl, would shrink with a scream from the touch of the usual attendant ; but when her attention was diverted she would bear firm pressure without a sign of pain being elicited.

4. Intestinal obstruction in which there are usually less fever and much less tenderness than in peritonitis.

In these conditions and some others, a careful weighing of all the evidence may lead to a probably truthful conclusion; but sometimes notwithstanding the most skilful and faithful study a doubt will remain.

Society Reports.

BALTIMORE MEDICAL ASSOCIATION.

MEETING HELD DECEMBER 28, 1896.

The President, Dr. Randolph Winslow, in the chair. The Committee of Honor reported favorably on the name of Dr. J. C. Schofield, who was then unanimously elected. Dr. Biedler proposed for membership Dr. W. T. Halsted, 1201 Eutaw Place, and Dr. H. B. Jacobs, 1128 Cathedral Street. Dr. C. M. Cook proposed Dr. C. Frank Jones, 1336 North Gilmor Street.

Dr. Randolph Winslow reported the following cases: First. A case of renal calculi, with exhibition of specimens. A. T., female, colored, aged 38 years, was admitted to the University Hospital on September 16, 1896. She was emaciated and bedridden at that time, had suffered with pain in the region of the right kidney for a year, with a sensation of "dragging" in the right side. Her urine was loaded with pus and was acid in reaction. In the right lumbar region was a baggy swelling, which was painful on pressure, the muscles of right side of abdomen were rigid, the temperature ranged from normal to 100°, and the pulse was about 100, respiration 24, bladder symptoms were not marked. Diagnosis, pyonephrosis, possibly from calculus. Operation on September 19, 1896. An incision was made parallel to and below the twelfth rib, about six inches in length, the abdominal muscles divided and a vascular swelling looking much like the large intestine was exposed; this was incised and a quantity of pus evacuated; the cavity was now explored with the finger and a small calculus was detected and removed, then a large and irregular stone was found filling the pelvis and extending right into the calices of the kidney; this was extracted with some difficulty; two other small concretions were also removed, making four in all. The cavity was irrigated and a large drain tube introduced, the rest of the cavity being filled with iodoform gauze. There was considerable oozing of blood and urine for a few days. In the twenty-four hours subsequent to operation twenty-two ounces of urine were voided from the bladder. On the third day, thirty-four ounces of urine were passed. The pus in the urine diminished very much and on December 5 there was none. The wound healed nicely, up to the point at which the drainage tube emerged and a small quantity of pus still escapes from this track. The woman has become quite fat, is able to go about and is immensely improved in health and appearance. Dr. Winslow dwelt upon some of the diagnostic features of this class of cases; he called attention to the value of the association of pus in the urine, with an acid reaction of the urine as indicative of some trouble of the upper urinary passages, whilst a persistent alkaline urine is usually due to cystitis. In the diagnosis of renal calculus, we have usually the history of attacks of renal colic, with the persistent or frequent presence of pain and tenderness in the kidney regions. Sometimes an enlargement of the kidney or a swelling can be detected on palpation, or a rigidity of the abdominal muscles over the affected organ. If with these symptoms there is blood or pus in the urine, with an acid reaction of the fluid, the diagnosis of renal calculus is reasonably sure. Calculus is one of the most frequent causes of abscess of the kidney; the concretion lodging in the pelvis of the kidney sets up irritation and generally germs in some way find a lodgment and a suppurative pyelitis supervenes, which often goes on to the formation of a pyonephrosis, with more or less destruction of the kidney substance. It is a matter of judgment whether a suppurating kidney should be simply incised, calculi, if present, extracted and the abscess cavity drained, or whether ablation of the organ should be performed. In other words, is nephrotomy or nephrectomy

the procedure indicated? In the case reported, nephrotomy was done and it is hoped that sufficient healthy tissue has been left to make a useful organ; or excision may be required later.

2. A case of gall-stone, with exhibition of the specimens.

Mr. McN., aged 60 years, white, a native of South Carolina and a resident of North Carolina, has been suffering for over two years with colicky pains in the right hypochondriac and epigastric regions. For one and a half years he has suffered severely with paroxysms of pain, lasting hours at a time and recurring every week or so, requiring the hypodermic injection of morphia for its relief. For two weeks before coming to the University Hospital, he had been having pain every day. At times there were nausea and vomiting. The skin itched terribly, was darkly pigmented and icteric, but not intensely so. He has been obliged to give up his work and seek relief. On admission, the condition above described was found, paroxysms of pain occurring daily and extending into the epigastrium. A swelling, circumscribed and not very distinct, could be felt on the right side immediately below the ribs, which became more distinct during a paroxysm. The liver was enlarged, and extended below the ribs. The urine was almost like blood in appearance. The temperature was irregular, at times indicating decided fever diagnosis. Gall-stones with obstruction of the common duct. June 1, 1896, cholecystotomy. An incision about five inches in length was made vertically through the outer portion of the right rectus muscle, the peritoneum opened and the gall-bladder much enlarged and filled with fluid, and containing many stones, was exposed. There were numerous adhesions to surrounding organs, which required to be divided before the gall-bladder could be well exposed, and showed evidence of previous peritoneal inflammation. After packing the parts with gauze to prevent contamination of the peritoneal cavity, an incision was made into the gall-bladder and several ounces of glazy mucus, tinged toward the last with bile, escaped, some pus also welled up from the neck of the gall-bladder; 69 stones varying in size from that of a hazel nut to a large pin's head were removed. A drainage tube was put into the gall-bladder, the lower part of the abdominal incision sutured, the upper part with the opening into the gall-bladder left open and gauze tucked around the exposed parts. The patient did well for five days, the chart being afebrile, when peritonitis set in, as shown by persistent vomiting, pain and collapse, and he died in a week. A hasty and incomplete post-mortem examination was made, and a ruptured gall-duct, with the escape of pus, bile and a few small concretions, was found. The operation area was aseptic and uninflamed.

Dr. Winslow said he supposed there had been an ulceration of the duct in this case, previous to operation, as pus flowed in considerable quantity when the bladder was incised, and that a continuation of its action caused perforation into the peritoneal cavity. Bile itself is not very irritating to the peritoneum, provided an escape is provided, but if it is pent up peritonitis will usually occur. The contamination of the peritoneum by pus is very dangerous. The symptoms resulting from gall-stones will depend upon whether many small stones are present or one or more large ones. Where small concretions are present, they are liable to pass into the common bile duct, and to obstruct the passage of bile into the intestine, thus producing jaundice. When one or a few large stones occupy the gall-bladder jaundice is not likely to occur, hence the presence of jaundice is favorable to the supposition that the common duct is blocked with a small stone. Pain will be felt in both cases, as a rule, paroxysmal in character and felt in the right hypochondriac and epigastric regions. A tumor may often be detected, and the contents of the tumor will depend upon the point of obstruction. If the cystic duct is obstructed, the gall-bladder will contain a clear serous or glassy fluid, and no bile, but if the common duct is closed, the bladder will be filled with bile, as a

rule. When large concretions are present, the gall-bladder is frequently shrunken and tightly contracted upon the stones. We must not, therefore, expect jaundice in every case of gall-stones, and more diagnostic value is to be placed upon persistent pain in the upper zone of the abdomen. Fever of an intermittent character is also frequently present in cholelithiasis, as has been pointed out by Dr. Osler, preceded by rigor and followed by severe sweating. In these cases of chronic illness from gall-stones, surgical methods must be adopted for their relief. An incision in the right linea semilunaris will expose the gall-bladder, which is to be surrounded with gauze in order to prevent soiling of the peritoneal cavity, when it is incised. The abdominal wound is closed with the exception of that part to which the gall-bladder is attached, and in many, if not most cases, the bladder is drained. The mortality after operation is not great.

Dr. J. D. Blake : When cessation of pain is the result of the operation, it indicates that the calculi were probably confined to the pelvis and the larger calices of the kidney. He agrees with Dr. Winslow as to the advisability of nephrotomy instead of nephrectomy. Most patients with kidney trouble acquire the habit of taking morphine and other anodynes. He mentioned a case in which an operation revealed a constriction of the capsule. It was divided and the patient recovered

Dr. C. Hampson Jones mentioned the case of a young man aged 28, family history good, who had formerly consulted him for severe headache. Last July he was brought home from his place of business where he had fallen with excruciating cephalalgia. Examination of the urine revealed a large quantity of albumen, acid reaction, casts and blood corpuscles, and low specific gravity. The albumen continued to increase and so did the blood. Pus was also noticed. The urine still remained acid notwithstanding the administration of potassium salts. There was considerable irritation about the prostate. He gradually improved, but there still remains some albumen in the urine. There have been no further headaches. There must have been some pyelitis and some form of Bright's disease, but what form of Bright's he does not know.

Dr. W. F. A. Kemp mentioned two cases that proved to be instances of calculi in the kidney. In one the right kidney was removed, the patient died soon afterwards, and the post-mortem revealed complete occlusion of the left ureter. Both cases showed the difficulty of making an accurate diagnosis. He related a third case with symptoms of nephritic colic. An operation was performed but the kidney could not be found. The necropsy revealed a congenitally displaced kidney. There was an abscess in this kidney.

Dr. Blake asked Dr. Jones if he had this patient's eyes examined. It looks to him like a case of gonorrheal nephritis.

Dr. Jones : The urine was examined repeatedly but no gonococci could be found.

Dr. Blake : In Bright's disease ophthalmoscopic examination would reveal some change, but not so in gonorrheal nephritis.

Dr. Jones : There was nothing of an acute character in his case. The retinae were perfectly clear. There was no elevation of temperature.

There was the possibility of a stone in the kidney.

The Association then adjourned.

EUGENE LEE CRUTCHFIELD, M. D.,
Recording and Reporting Secretary.

THE MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

MEETING HELD FEBRUARY 11, 1897.

THE 807th regular meeting of the Medical and Surgical Society of Baltimore was called to order February 11, 1897, by the President, Dr. J. B. Schwatka. The minutes of the previous meeting were read and approved. Dr. A. J. Sauer was elected to membership.

Dr. J. Mason Hundley read a paper on A CASE OF DOUBLE VAGINA.

Dr. C. Hampson Jones reported a case of EXTRA-UTERINE PREGNANCY. I saw the patient about the first week of January, 1897. Her age was 26, married, has had two abortions and one miscarriage at the seventh month about two years ago. After this she had fever and suffered from pain in the pelvis. He suspects that she was infected. The history as to the cause of abortion and miscarriage is not known. Vaginal examination showed the uterus tender, with pain in the left side, temperature 101° F., pulse 85. I gave vaginal injections of hot water, morphia hypodermically, rest continued for one week.

Then Dr. Brack chloroformed the patient and upon examination I found a tumor on the left side, cervix and uterus enlarged and indurated; slight discharge of blood. Last menstruation 26th of November, 1896, suspected extra-uterine pregnancy. The examination of the right side disclosed a thickened mass of about one-half inch in diameter. I advised operation. Three weeks after the patient was admitted to the City Hospital and with Professor Opie I made an examination. The cervix and uterus were soft and larger, cavity about three and one-half inches, abdomen tense, uterus regularly enlarged.

The day before admittance to hospital her husband said that she passed something more than blood and brought to my office a membranous mass, which upon examination proved to be two pieces of membrane, triangular in shape, as if from the anterior and posterior wall of the uterus, about four inches in length. I found no villi. It was suggested at the examination that as there was such a marked change in the uterus it would be better to wait a few days owing to the possibility of an abortion having been attempted by the use of a zinc pencil.

I waited until Saturday and upon examination under an anesthesia found a tumor on the right side, none on the left.

The patient was operated on by Prof. Opie, who found the right ovary and tube with a tumor bound down by adhesions of old standing; these were separated and the mass removed. The tumor was opened and the contents were examined in water and under the microscope. Villi and membrane were found but no fetus. The gestation was at the outer end of the tube. The patient made a good recovery.

Dr. J. Mason Hundley said that he was very much interested in Dr. Jones' case, as he had operated twice this year for ectopic gestation and congratulates Dr. Jones on making his diagnosis. There are many conditions which simulate ectopic gestation and when you have a patient who has not menstruated for six to eight weeks, with colicky pains and a bloody discharge, you should suspect ectopic pregnancy; if the sac ruptures, the fetus dies, it will be absorbed and women will recover. I saw a case last July at the dispensary and advised her to enter the hospital, which she did. She had missed her sickness for two months and had nausea, pain in the breasts and bloody discharge from the cervix. I diagnosed ectopic gestation. She was operated on and I found tubal pregnancy near the fimbriated extremity and upon opening the sac the fetus was aborted through the tube, with much blood; the cord was attached to the tube and the uterus was large. The woman is doing well.

Dr. Billingslea related a case. He was called in consultation to see a woman and upon examination found he had a case of placenta previa to deal with. He removed the placenta and found a bag of water behind, with a fetus suspended. The bag was about the size of a lemon.

Dr. David Streett reported a case of a man 22 years of age, who had a great propensity for swallowing hardware. The articles swallowed in his presence at the Baltimore Medical College were: One knife blade, eight one-half inch screws, sixty tapestry tacks, six lathing nails, one horse-shoe nail, one one-half inch screw and a piece of lamp chimney. He then abstained from drinking water for twenty-four hours, or until he had a passage from his bow-

els. The night previous he eats heartily of beef and bread and tries to keep his stools solid until his feat is accomplished.

CHARLES T. HARPER, M. D.,
Recording Secretary.
1627 W. Lexington Street.

Medical Progress.

MALIGNANT SYPHILIS.—Albert Neisser, in a very exhaustive article in the *American Medico-Surgical Bulletin* on the above subject, puts forth some original views. Quoting from his introduction, "By the term 'malignant syphilis' we understand a severe form of the disease characterized by certain symptoms differing rather in their nature than in mere severity from the usual forms of the malady. Every case of severe syphilis must not be included under the designation of 'malignant'—as, for instance, dangerous from the character of organ attacked, or early and severe ulcerations in the secondary stage." For malignant cerebral syphilis, there is no better method of treatment than the combined mercury and iodide of potassium.

* * *

ALBUMINURIA IN GONORRHEA.—Colombini (*British Medical Journal*) has made a study of this subject in 372 patients suffering from acute gonorrhea, 72 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 66, and of these 42 had epididymitis, 24 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.

TO PLUG THE POSTERIOR NARES.—Twist up from three to six loops of stout thread twelve inches or more in length (*Medical Record*), leaving one thread hanging, the rest being waxed so as to form a rigid mass, which can be inserted into the nasal cavity as far as the posterior wall of the pharynx. The extremity is seized by means of a forceps through the mouth and brought outside of the lips. The thread is then separated and a cotton tampon attached to fill the posterior nasal orifice. This is placed in position by drawing upon the threads which project from the nostril with the aid of a finger in the mouth. Leave hanging in the pharynx an end of the thread with which to extract the tampon.

* * *

COLORED SPECTACLES. — Pergens (*British Medical Journal*) finds that smoked or neutral glasses allow red rays to pass through more easily than other rays and for that reason they are not to be recommended as protecting glasses, the red rays causing most irritation of the retina. For the same reason, ordinary blue glasses are also faulty; whereas a combination of a dark blue-green glass with a Number 6 blue glass excludes red and is to be recommended. In measuring smoked and blue glasses he takes as unity the weakest glass which at one meter does not transmit the light of a Hefner amyl-acetate candle. Contrasting glass and rock-crystal, he remarks that glass absorbs much more of the ultra-violet rays and is therefore to be preferred for cataract glasses.

* * *

TREATMENT OF CHOREA BY EXERCISES.—As until recently in heart disease the value of rest was well recognized (*Lancet*), whilst that of exercise was overlooked, so in other diseases in adopting one principle we thereby often fail to see that its opposite may also have an application. Most practitioners would insist on rest in the acute stage of a case of cholera that was at all severe, but they would never think of treating the chronic disease otherwise than by drugs, though gym-

nastics are not ignored in the list of remedies of the text-books. In a recent number of the *Canadian Journal of Medicine and Surgery* (March, 1897) Dr. M'Kenzie and Dr. Galloway bear testimony to their value which is decidedly convincing. A boy, aged eight years, the subject of chorea, came under treatment for lateral curvature of the spine. He was permitted to join a gymnastic class and take light work. At first he could not make the required movements, but he was allowed to continue and do the best be could. After the first lesson it was evident that the incoördination was less marked. The exercises were continued daily, and in less than a week every sign of chorea had disappeared. The treatment was tried in three other cases. In two no improvement occurred, but the circumstances were very unfavorable, and the patients only remained in the class a short time. The third was a girl, aged eleven years, who had suffered from chorea for two years, and had ceased to improve for several months, though under competent supervision. After three weeks' treatment careful examination revealed only an occasional slight incoördination movement of the right foot in walking.

* * *

Operative Treatment of Facial Neuralgia.—In the *Annals of Surgery*, November, 1896, Dr. McLane Tiffany of Baltimore publishes an analysis of one hundred and eight cases of facial neuralgia treated by intracranial operation. Of these nearly two-thirds were subjected to the Hartley-Krause method, and nearly one-fourth to the Rose. Of these cases twenty-four were fatal, including one in which the patient died three months after the operation from cerebral abscess. Shock and sepsis, it is shown, are the chief causes of death. The author, in discussing the result of surgical treatment in the cases of recovery, asserts that intracranial excision of branches of the fifth nerve relieves pain, certainly for a time, and perhaps permanently; but pain may recur, possibly in the territory subject to the excised branch, possibly in other branches. Recurrence of pain after known removal of the ganglion of Gasser is not recorded. The expediency of removing the whole of the ganglion is questioned. The first branch, it is stated, is never affected alone.

It is well, in the author's opinion, not to take away the upper portion of the ganglion and the first branch, but rather to remove the second and third branches with the corresponding portion of the ganglion. The following suggestions are made with the object of assisting the surgeon in his decision with regard to the necessity of a central operation in a case of facial neuralgia. An intracranial operation is indicated if more than one branch of the fifth nerve is affected; if the painful area receives filaments from the branches near their exit from the head; if the pain is not the expression of a constitutional disorder; if a cause central to the ganglion does not exist; if other measures have failed to give relief. The intracranial operation which should be done is removal of the lower two-thirds of the Gasserian ganglion, together with the second and third branches as far as their foramina of exit from the skull, all in one piece, so as to be certain of the amount of tissue taken away.

* * *

Hygienists to Blame.—A witty article in the *Revue Medicale de Paris* laments the growing scarcity of sickness and the increasing number of physicians. (*Tennessee State Board of Health Bulletin.*) It denounces Jenner, Pasteur, etc., as guilty of depriving their colleagues of their daily bread and wrecking the profession. Especially is this the case in cities where prophylactic and hygienic measures are most strictly enforced and the sick number less in proportion. It adds a few figures in confirmation from the death record of Paris during the last ten years, stating that the figures to date for 1896 show even more marked reduction:

Deaths caused by	1885 to 1890.	1890 to 1895.
Smallpox	1271	655
Scarlet fever	1225	946
Measles	6671	5192
Diphtheria	8383	7588
Typhoid fever	5903	3493

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, JUNE 19, 1897.

Medical and Chirurgical Faculty.

THE annual meeting of the State Society is long since a thing of the past, but the memory of the work done there and the work also outlined has not faded away. The committee having in charge the celebration of the centennial of the Faculty and the extinction of the debt and also the raising of a permanent fund, has just issued to the Faculty members and others interested a circular letter as follows:

"It is proposed during the next two months to make a systematic effort to obtain promises of annual subscriptions more than sufficient to meet the debt on the Faculty building, due in 1899.

"The centennial of the founding of the Faculty will take place at that date, and your trustees feel that, as a preliminary to further efforts, the occasion should be marked by the canceling of our indebtedness. Enclosed you will find a blank which please sign if you feel disposed, crossing out the figures excepting those which indicate your subscription for the years 1897, 1898 and 1899, payable on or before July 1 of each year."

With this letter is enclosed the accompanying pledge:

"I hereby promise to pay to the Treasurer of the Medical and Chirurgical Faculty of the State of Maryland the sum of $10, $25, $50, $100, $200, for the years 1897, 1898 and 1899, on or before July 1 of each year."

The times are hard and the physician is not often the first one paid in such times, but many of the profession have received abundantly and out of their abundance they can give. The address of the then President, Dr. Osler, on the "Functions of a State Faculty" (see page 73), makes this appeal much stronger than it can be offered here.

When sufficient money has been raised or promised the commitee will then see what general interest can be aroused and doubtless many citizens who feel as if they owed an unpaid debt of gratitude to the medical profession will be appealed to and a permanent fund from these citizens will be raised.

The work is an important one and responses should in the first place be made promptly and willingly and then as large as can be consistently done. No one is expected to give grudgingly or as if it were a hardship, but all are asked to contribute and help the committee in its efforts.

As the circular letter shows, all money or promises to pay should be sent to the general treasurer, Dr. T. A. Ashby, 1125 Madison Avenue, and this JOURNAL will be always ready to receive and forward any sums of money or pledges, and indeed take any steps which will help such an important work.

* * *

Clinical Facilities.

IT is hardly probable that physicians will ever cease to go abroad and study at foreign universities but they will, however, find each year greater opportunities for brushing up and strengthening weak points in the larger cities of this country.

New York, Philadelphia, Boston, Chicago, all have special facilities for post-graduate studies and, while Baltimore has no post-graduate school, there are to be found many opportunities for special work, especially during this the warm season of the year, when the students have all left and the wards and dispensaries are not so crowded with eager listeners and workers.

Dr. E. C. Davis, a physician of Atlanta, writes a very enthusiastic letter to the *At-*

lanta Medical and Surgical Journal on his trip to the larger eastern cities and what he saw there. He concludes his letter as follows:

"Arriving in Baltimore I soon found my way to the Johns Hopkins Hospital, where the courteous attention of Dr. H. M. Hurd, superintendent of the hospital, soon makes one feel perfectly at home among such excellent opportunities for study and observation. I often wondered why all who came away from this hospital seemed so greatly impressed with what was seen, but a visit soon makes clear the reasons — the uniform attention, the absence of unnecessary formality, and the geniality of the professors and others connected with the excellent institution. But this is not intended as a letter of laudation specially, but rather a chronicle of a few observations made. Among the interesting operations witnessed there was one performed by Dr. Thomas S. Cullen, which was the removal of a cyst from the abdominal wall, the removal of a large suppurating ovarian cyst, and the removal of the uterus, all from the same patient. This operation consumed about four hours, and the patient was put to bed in fair condition and no drainage used. The adhesions were very extensive and the trauma necessary to break them up great, yet no drainage was employed. In the surgical department, Dr. Finney opened and washed out the knee joint for a synovitis supposed to be gonorrheal in origin; the other joint had been previously operated upon with very beneficial results. Another case of interest was an epithelioma of the lower lip with an involvement of the glands of the neck. The diseased glands of the neck were first removed thoroughly through quite a long incision and very careful dissection, then a V-shaped incision removing the malignant growth was employed.

"The operative treatment for some of the cases of cirrhosis of liver was of great interest to me, for beneficial results were said to have followed in a few cases. This plan consisted of the performance of an exploratory incision, with thorough cleansing of the peritoneum.

"Dr. Osler's clinic proved very interesting, and especially the report of one case which came under his observation previously and died from tuberculosis, yet repeated microscopic examinations failed to find the tubercle bacillus. This clinic was to me one of the most interesting features of my entire trip, and the special feature of interest was that he made his students do most of the work, and he presided over their work, offering suggestions when they were needed, and criticizing certain parts of the reports of cases and examinations which needed criticism."

* * *

Plumbism or Cancer.

THERE is grave reason to believe that "abdominal cancer" is a diagnostic cloak which covers many grave errors. In private practice the wasting digestive disorder which resists treatment is diagnosed in the child "marasmus," or in societies with a smattering of science, "tuberculosis," while in adult it is labeled "cancer." Unless there is a surgeon around no doubt is ever cast on the accuracy of the decision; and soon the indulgent earth covers all.

If a bit of hard tissue is found in the upper abdomen, to say nothing of a definite lump, the diagnosis is considered absolutely certain. As long as so many people continue to believe that many probabilities make a certainty, this state of affairs will continue.

In its issue of May 13 *La Clinique* quotes from an exchange a very interesting case in which lead poisoning was mistaken for cancer of the pylorus. The patient, a man of thirty-six years, suffered for two months from pains in the abdomen, constipation and incessant vomiting. He was extremely emaciated. The disease was supposed to be intestinal occlusion. In the epigastrium there was found a vague resistance on palpation (but no definite tumor) very painful to touch. With the emaciation there was a faint icteroid tinge of the conjunctiva, a tint that suggested cancer, but no enlarged lymphatics could anywhere be foudd.

The patient had seen all the physicians of his neighborhood (Saint Etienne) and all diagnosed stomach cancer. Surgeons of repute were called in and proposed operation. The last consulted, however, hit on the idea of rectal exploration and introducing the finger found the rectum in a state of painful spasmodic contraction, with evidently diminution of its size. Palpating the abdomen he found the whole large intestine hard, small and smooth, like a rubber tube in the belly. An examination of the gums showed signs of lead poisoning.

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 12, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		14
Phthisis Pulmonalis		8
Measles	11	
Whooping Cough	2	1
Pseudo-membranous Croup and Diphtheria.	6	2
Mumps	3	
Scarlet fever	18	
Varioloid		
Varicella		
Typhoid fever	3	1

Ambulances now have the right of way in Baltimore.

A physician may find a good office by inquiring at 902 St. Paul Street, Baltimore.

Dr. C. W. Chancellor, late United States Consul at Havre, France, has resigned his position and returned to Baltimore.

Of the 97 candidates who came before the Maryland State Medical Examining Board, 47 passed. A detailed account will be published later.

Dr. J. M. T. Finney has been appointed Associate Professor of Surgery in the Johns Hopkins Medical School. He was formerly Associate in Surgery.

At the meeting of the Gastro-Enterological Association which was held in Philadelphia last mouth Drs. J. C. Hemmeter and Julius Friedenwald of Baltimore read papers.

Dr. Z. K. Wiley has resigned the chair of obstetrics in the Baltimore University School of medicine. He has been connected with that school since its foundation twelve years ago. His successor has not yet been elected.

Dr. Frank D. Sanger, physician in charge of the Child's Nursery and Hospital, has been elected Clinical Professor of Diseases of the Nose and Throat at the College of Physicians and Surgeons, to succeed the late Dr. George Thomas. Dr. Sanger has sailed for Bremen from New York to study laryngology in Vienna.

Dr. Richard Grady, the well-known dentist and editor of the *American Journal of Dental Science*, has been made Professor of Stomatology in the Baltimore Medical College.

Dr. Sylvester Robert Kelly, aged 35 years, died suddenly last week at his home, 1320 West Lombard Street, in Baltimore. He was stricken the night before while smoking in his office. He was a graduate of the City College, the Maryland College of Pharmacy and the Medical School, University of Maryland, in 1890. He was unmarried.

Dr. William T. Lusk, the well-known physician of New York, died suddenly at his home last Saturday. Dr. Lusk was only 59 years old and received his degree from Bellevue Hospital Medical College in 1864. His most recent position was Professor of Obstetrics and Diseases of Women and Children in Bellevue and President of that college for the past seven years. He was at one time editor of the *New York Medical Journal*.

The following officers have been elected by the Board of Governors of the Baltimore University School of Medicine, Bond Street, near Baltimore: President, Dr. E. Miller Reid; Vice-President, Dr. J. W. C. Cuddy; Treasurer, Dr. W. A. B. Sellman: Dean, Dr. H. H. Biedler. Within a few weeks it is expected the site for the new university building will be decided upon. Arrangements for its erection have been completed, and as soon as a convenient site can be secured the work of building will begin.

The annual meeting of the Board of Directors and Faculty of the Women's Medical College was held last week at the college building, south-west corner of McCulloh and Hoffman Streets. Dr. Herbert Harlan was elected President of the Board of Trustees, succeeding Dr. I. R. Trimble, resigned. Dr. T. A. Ashby and Dr. Eugene F. Cordell were reëlected Treasurer and Secretary, respectively. Dr. Edward N. Brush of the Sheppard Asylum, professor of psychiatry in the college, was elected a member of the Board of Trustees, in place of Dr. John R. Winslow, resigned. Dr. May Farnholt Jones of Virginia was elected resident physician of the Good Samaritan Hospital, vice Dr. Mattie Ingold. Dr. R. Tunstall Taylor resigned the chair of orthopedics, and that chair will probably be filled in the future by Professor Jay, in connection with the chair of surgery.

Book Reviews.

HAND-BOOK OF MEDICAL CLIMATOLOGY. Embodying its Principles and Therapeutic Application with Scientific Data of the Chief Health Resorts of the World. By S. Edwin Solly, M. D., M. R. C. S., Late President of the American Climatological Association. Illustrated in Black and Colors. Octavo, 470 Pages. Price $4.00. Lea Brothers and Co. 1897.

This systematic treatise on medical climatology has long been needed by "the physicians who prescribe travel, the travelers themselves, and the rising generation of medical students." It is divided into three sections; treating, respectively, of the general principles of the subject, the therapeutic value of climate in relation to disease, and of special climates as found at selected resorts; comparative tables, etc. The book is admirably planned, clearly and entertainingly written, and the author speaks from an experience of thirty years to guide his judgment as an accurate observer and practical therapeutist. The Eastern, Southern, Rocky Mountain and Pacific Slope climates of the United States are taken up in detail and chapters follow on Island Climates, Mexico, South America, Europe, etc. "Pretoria and Johannesburg" are not overlooked in the references to South Africa. Phthisis naturally receives extended notice in three chapters; the advice under "nervous disorders" is particularly to be commended; and the mysteries of the Californian climates are cleared up very fairly and intelligibly.

Maryland, by the way, has nearly as great a range and variety of climate as California, offering within her borders alternations from mountain top to seafront, and possessing a natural sanitarium in many parts of her peninsula known as the "Eastern Shore," where the climate is distinctly insular. It is the fault of her own physicians that her claims are not more widely recognized and are passed over in a few brief lines by the author with a simple reference to Deer Park. With such a good text-book for the study of the therapeusis of climate and the excellent reports of the Maryland State Weather Service as reference, let us hope this condition may soon be remedied.

THE *Atlanta Clinic* is amalgamated with the *Magazine of Medicine*.

THE *Medical News* did a very enterprising act when it published on June 5, in one number, the full report of the meeting of the American Medical Association so soon after adjournment.

REPRINTS, ETC., RECEIVED.

Observations on the Treatment of Epilepsy. By A. H. Williamson, M. D.

Annual Report of the Board of Managers of the Maryland Hospital for the Insane. 1896.

Surgical Clinic at St. Mary's Hospital. By H. O. Walker, M. D. Reprint from the *Leucocyte*.

Report of a Case of Gastrostomy. By Martin F. Coomes, A. M., M. D. Reprint from the *American Practitioner and News*.

Le Role de la Graisse dans les Hernies. By Dr. Just Lucas-Championnière. Reprint from the *Journal de Médecine et de Chirurgie pratiques*.

Vingt Cas de Fractures de Clavicule traites par le Massage. By Dr. Dagron. Reprint from the *Journal de Medecine et de Chirurgie pratiques*.

Colono-enteric Irrigation in the Treatment of Intestinal Obstruction. By Edwin Pynchon, M. D. Reprint from the *Chicago Medical Recorder*.

Congenital Ptosis; the Operation devised by Panas for Relief Modified. By M. F. Coomes, A. M., M. D. Reprint from the *American Practitioner and News*.

Lues Venerea and the Third Act of the Drama of Syphilis. By Henry Alfred Robbins, M. D., Washington, D. C. Reprint from the *Virginia Medical Monthly*.

Gonorrheal Iritis and Non-Suppurative Gonorrheal Conjunctivitis and their Pathology. By William Cheatham, M. D. Reprint from the *Archives of Ophthalmology*.

A Brief Note upon a Perfected Series of Test-words intended for the Determination and Estimation of the Power of Accommodation. By Charles A. Oliver, A. M., M. D. Reprint from the *Archives of Ophthalmology*.

The Use of Antitoxic Serum in the Treatment of Diphtheria under the Supervision of the New York City Health Department, with a Résumé of the Published Reports on the Subject. By Hermann M. Biggs, M. D., and Arthur R. Guerard, M. D. Reprint from the *Medical News*.

PROGRESS IN MEDICAL SCIENCE.

THE CARE OF CUSPIDORS.—"Cuspidors should be thoroughly cleansed and disinfected daily and should contain a small amount of a germicidal solution." (From "The Repression of Dangerous and Offensive Spitting," *New York Medical Journal*, March 26, 1897.) The disinfectant known commercially as Platt's Chlorides can be recommended for this purpose, as it is efficient, clean and odorless.

BEDFORD SPRINGS OF PENNSYLVANIA.—There are but few therapeutic agents which exert a wider range of certain effects in disordered conditions or more generally command the confidence of physician and patient than medicinal waters. True, there are in the market many waters which possess little or no virtue, and which only serve to weaken the confidence of those who look to them for relief. But it affords us pleasure to testify to the merits of the Bedford Springs, the discovery of whose mineral virtues dates nearly a century back. These springs enjoy not only the confidence of those who have put their qualities to practical test but also carry the endorsement of eminent authorities, such as the late Dr. Hayes Agnew, Dr. William H. Pancoast and Dr. William Pepper of Philadelphia and many practitioners of Baltimore and Washington. The scenery and other attractions about the Springs are delightful and in this respect offer many advantages to visitors, invalids, rest-seekers. Bedford is reached by both the Pennsylvania and Baltimore and Ohio Railroads. An elegantly illustrated announcement for 1897 has been issued, copies of which may be obtained through the manager of the Springs at Bedford, or at the Philadelphia and Baltimore offices, the latter of which is at 41 South Holliday Street, under the management of Mr. J. F. Symington.

EMINENT AUTHORITY ON BUFFALO LITHIA WATER.—Dr. A. Gabriel Pouchet, Professor of Pharmacology and Materia Medica, Faculty of Medicine of Paris, etc., advises the use of the water of Spring No. 2, to disintegrate and eliminate vesical or renal calculi; and, in a recent pamphlet on Buffalo Lithia Springs, he presents eight illustrations from photographs of disintegrated calculi passed by as many patients while under the influence of the water. Dr. R. Ogdon Doremus, Professor of chemistry in Bellevue Hospital Medical College, New York, photographs some fragments of calculi disintegrated and eliminated by the use of Buffalo Lithia Water, Spring No. 2. Dr. John Attfield, F. I. C., Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain, and the distinguished author of the "Manual on Chemistry," used generally as the text-book in academic, medical and pharmaceutical colleges of this and foreign countries, likewise by his analysis of five specimens shows that the calculi were disintegrated and eliminated "by patients while drinking the waters."

TONO SUMBUL CORDIAL.—The physician of today looks with suspicion or skepticism on the flood of proprietary preparations offered "to the medical profession only" but which really are intended to catch the public eye. There are, however, reputable wholesale drug firms who command respect and patronage of the medical profession by their reliable Galenical preparations. Their long experience in the business and the facilities at their command enable them to put up reliable and palatable mixtures which extemporaneous pharmacy is unable to do. One of these reliable houses is that of Wm. R. Warner & Co. of Philadelphia, Pa. A recent very elegant and palatable preparation of this house, viz., Tono Sumbul Cordial, should be familiar to every practicing physician. The formula is as follows:

℞.—Sumbul.	8 grs.
Ammon. Ferri Cit.	¼ gr.
Cinchona (de-tannated)	5 grs.
Acid Phosphates.	4 grs.
Aromatics.	
Sherry Wine. āā. q. s.	

Contained in each tablespoonful.

Sumbul, the root of Ferula Sumbul, natural order Umbelliferae, habitat mountains of Russia in Asia, is a much used remedy of Russian physicians. Its action is similar to, but much more powerful than, musk valerian and allied drugs. As the formula shows, it forms the chief ingredient of Tono Sumbul. It has marked nerve tonic and stimulant properties and is a positive heart tonic. From a personal experience with this cordial I have found it to be a true tonic to the stomach and most pleasing to the palate taken in tablespoonful doses before meals.—F. S. GRANT, M. D.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVII.—No. 11. BALTIMORE, JUNE 26, 1897. WHOLE No. 848

Original Articles.

SYPHILIS OF THE NOSE AND BUCCAL CAVITY.

By Henry Alfred Robbins, M. D.,
Washington, D. C.

CLINICAL LECTURE DELIVERED AT THE SOUTH WASHINGTON (D. C.) FREE DISPENSARY, FEBRUARY 15, 1897.

NINTH PAPER.

WE will today first call your attention to this man, who is thirty years old. He is of mixed blood, the white predominating over the black. Nothing indicative of any constitutional disease is noticeable on his face, but he says that about a year and a half ago, he had a "pimple" on his penis, and a "blue boil," or "waxing kernal," in his groin. Now he says that he has little clams glued all over him. In all my life, I have never heard such an admirable description of the rupial form of syphiloderm.

Now the man is undressed, and you see all over the lower extremities just exactly what the patient has so graphically described. From the knees up, he looks like the bottom of an old barnacled man-of-war that is out of commission. You find mucous patches in his mouth, and induration of the post-cervical and sub-maxillary glands, and also the epitrochlear. You also find over the the right side, from the shoulder to the hip, irregular patches, about the size of my hand. This is what is known as the superficial serpiginous syphiloderm. I find it but very seldom, and think that it is very often confounded with the circinate eruption. I call your attention to this plate, which is one of Dr. G. Henry Fox's illustrations of the tubercular form of syphilide. This also represents the deep serpiginous syphiloderm. They both arise from pustules or ecthymatous pustules, and several such lesions run together in a serpiginous form.

Rupia is a variety of the bullous syphiloderm, and is classified as a late secondary eruption. The bullae break down and crusts form. These stratified crusts have an oyster-shell-like appearance, hence the name rupia. In color they are yellowish, brownish, or dark greenish. It is met with generally in cachectic and broken-down subjects. The course of this eruption is slow, requiring several months of the mixed treatment, before a cure can be promised.

I call your attention to these two old French colored plates, which I value most highly. This plate represents a girl who naturally had perfect features. Now she has been transformed into what appears would be a good field for the study of conchology. On the forehead, you will notice six almost exact representations of little, long-necked clams, and two smaller in the stage of development. On the left eyebrow there are three mollusc-like shells, of the type of the genus spiralis.

On the right eyebrow and extending down to the tip of the nose are seven

more. Then below the right eye there is a group of more "clam shells," then a long horny-looking "shell" of the spiral variety by the left ala nasi, then two more on the upper lip, one on the lower lip, three in a row on the left angle of the jaw, and then three more "clams" extending up to the ear, and one large one on the neck. Interspersed here and there are others in various stages of development.

The other plate (beautifully colored) represents a man, who has ten large rupial encrustations on the face, and two on the chest. They are dark-greenish in appearance. It has this description: "Bullous Syphilide. Rupia of the face and chest of six weeks' duration. Many previous secondary symptoms. Repeated courses of mercury."

I also show you a colored picture of a man who had "Rupia, together with cicatrices of a tubercular eruption. The patient died at Saint Louis Hospital (Paris) with marked atrophy of the spleen, preceded by hypertrophy. Multiple syphilitic symptoms. Repeated mercurial treatment, iodide of potassium." Reported by Cullerier.

Non-Venereal Chancre of the Lower Lip.—This little colored boy, aged four years, has a sore in the median line of the mucous surface of the lower lip, which his mother says she first noticed about three weeks ago. Now let us carefully examine this sore, as it bids fair to be an exceedingly interesting case. You see that it is an ulcer, and that it looks excavated, jagged, as if it were an ulcer at the expense of its own tissue. That is Fournier's description, as you will remember, of an ulcerated chancre.

Only about three months ago, we had in our service a case of chancre of the upper lip, occurring in a colored girl, who undoubtedly acquired the disease from drinking out of the same cup that was used by her uncle, who had mucous patches in his mouth. That case was photographed, and was sent to the *Journal of Cutaneous and Genito-Urinary Diseases* for publication.

Now let us examine this ulcer more closely. You notice that there is well-marked induration, which was not the case in the colored girl referred to. Let us disrobe the boy. You will find that there is enlargement and hardness of the sub-lingual, sub-maxillary and post-cervical and post-auricular glands. All over the upper part of his body, there is a well-marked macular erythema. Upon opening his mouth, you perceive back by the molar teeth, on either side, opaline mucous patches.

These lesions confirm the appearance of the sore.

How did he acquire the disease? Did you observe that handsome mulatto girl, who brought this little dark skinned boy with her, and said she was his sister? Did you notice that her voice was husky, and that she had come to the "throat doctor" for treatment?

Our friend Dr. Allen is absent to day on account of sickness, and Dr. Arwine is running his service for him. We will adjourn to the consulting room below, where he will make an examination of the girl's throat. Dr. Arwine has thrown a ray of light into her mouth and there you see over the tonsils opaline mucous patches, and you find induration of the glands of the neck, and also the epitrochlear. Over her clavicular regions, you notice patches of an almost faded out papular syphiloderm. The girl cannot account for her symptoms, but she admits having had a child and that she did not go to the trouble of taking out a marriage license. We can say with almost certainty that our patient acquired the disease from a kiss from this sister, or from drinking from the same utensil that she does.

We have described the evil effects of syphilis, when it attacks the brain and spinal cord. Then we passed on to the organs of sight, then to the organs of hearing. Now let us take up the organ of the sense of smell — that most prominent feature of the face — the nose. It has other functions, beside that of smelling. It is given to us to act as a respirator, and to protect our lungs from the inhalation of deleterious gases, and entrance of germs, and also in discriminating the properties of food. On it are reflected the complaints of the

stomach when it is abused, as is shown in many a tea-drinking dyspeptic— the rosacea of the spinster and the rubicund proboscis of the toper.

The immortal Shakspeare thus describes the effects of syphilis when it attacks the nasal organ;

"Down with the nose,
Down with it flat; take the bridge quite away
Of him, his particular to foresee,
Smells from the general weal."

At a meeting of the New York Dermatological Society, held September 24, 1895, Dr. R. W. Taylor referred to the case of a young man who was bitten in the nose, resulting in the development of a typical indurated chancre. He also reported the case of a chancre of the right ala nasi. Dr. Higgnet reports two cases in which the initial lesion of syphilis was carried in a pinch of snuff from a communistic snuff-box. Dr. Heissler reports a case of chancre of the nose caused by kissing.

I have on a former occasion reported a case of tubercular form of syphiloderm, which was called and treated for "acne rosacea tuberosa." This form of syphiloderm of the nose has frequently been mistaken for epithelioma or lupus. In the tertiary period the lesions are gummata, diffuse infiltration, deep ulceration and fibroid degeneration. When it attacks the ala nasi Cullerrier says: "It may destroy the lateral and central cartilages, and the nostrils are then replaced by two triangular openings, similar to those seen in a skeleton."

In the nasal fossae we find the ever recurring mucous patch. If the disease is not arrested the bony septum is attacked, causing perforation of that and the palatine roof, then caries and necrosis of the bone, accompanied by the foul ozena. Then it may extend to the antrum and to the bones of the face and skull. Then meningitis and death. If the disease is arrested and the patient recovers, the nose falls in, resembling a saddle. The alae may collapse in the median line, resulting in what is called the trefoil or clover leaf deformity. I would refer you to the article of Dr. John Noland Mackenzie, in Morrow's work on Dermatology and Syphilology, for careful study.

The treatment to be successful depends on the disease being diagnosed before the osseous structures are attacked. Then your treatment will appear most brilliant. A short time ago a prominent physician of this city, and a particular friend of mine, saved a wealthy man from great disfigurement and possibly death from syphilis of the nose and nasal cavities. In return for his extraordinary skill, this man refused to pay a just bill and exhibited the abilities of his profession—that of law—in defrauding his physician.

Now let us take up the lips. Today I have shown you an unmerited chancre of the lower lip and have referred to another of the upper lip which I presented to you for examination three months ago. I have also reported the case of a tubercular syphiloderm of the upper lip which was mistaken for cancer. I have in a former article given illustrations of how syphilis was acquired by kissing. I alluded to the dangers of the communion cup and in taking the required oath before a magistrate.

An amusing incident is reported in the *Lancet* as occurring recently in a Sussex Police Court. "The Rector of Graffham and East Lavington, the Reverend Rowley Lascelles, was summoned as a witness in a tresspass case which was heard recently before the Petworth Magistrates, Major Sir Walter Barttellot, Bart.," being in the chair. Mr. Lascelles asked to be sworn in the Scotch fashion, whereupon the following colloquy ensued: *The Chairman.*—I have a strong objection to kissing the Book in these days of infectious diseases. I should be happy to kiss it if I may turn it inside out. This was done and Mr. Lascelles having been sworn in the usual fashion, the chairman went out of his way to remark in an undertone: "He is afraid of catching an infectious disease from the Bible." A later witness, when he was sworn, piously remarked: "Although I am only a layman, I am not afraid of catching infectious diseases from the word of God."

The *Lancet* suggests that if certain combinations of words and letters are a safeguard against contagion, we would better drop isolation and return to the use of phylactives. The pious gentlemen who thought the parson showed a want of faith would probably have been themselves unwilling to kiss a French novel in an equally filthy condition, but the idea of contagion being carried by a Bible; how preposterous!" All English magistrates are not as bigoted as the one reported above, as the following shows:

From the *Lancet*, November 10, 1894: "At the recent sessions of the Central Criminal Court, a prisoner was convicted of a crime which need not be specified; suffice to say that a girl of the tender age of eleven years was, in consequence of that crime, infected with the virus of syphilis. The oath was administered to her in the customary way, whereupon Mr. Justice Collins very promptly and properly ordered the book to be destroyed. We have often insisted on the danger of the indiscriminate swearing of witnesses on the same volume of Holy Writ. It is a matter for congratulation that the knowledge of this danger is reaching beyond the medical profession and more so that so high a personage as one of Her Majesty's judges has publicly recognized the fact." In this free land of America it is not fashionable to know anything about syphilis, which makes it very unfortunate for those victims who acquire the disease innocently.

My attention has frequently been called to children whose incisor teeth are scolloped on the cutting surface, though otherwise well-formed, and have heard them called "Hutchinson's" teeth. Children without any taint at all have these teeth. I will give you the types of syphilitic teeth as described by Mr. Jonathan Hutchinson himself. Many years ago I had the honor of being one of his pupils at the London Hospital.

At a discussion before the Pathological Society of London, Mr. J. Hutchinson remarked that he was surprised to find at the Pathological Society, some time since, how many did not understand the peculiar types of syphilitic teeth and it was therefore necessary to have the most intimate knowledge of their special characteristics, for he was decidedly of the opinion that they were quite distinct from all ordinary forms of malformation. If he saw a pair of central incisors with the peculiar *lunar* notch, he would feel certain that the possessor of them had been syphilitic. Other teeth, no doubt, were often malformed, but not in that peculiar way, and he should therefore draw attention to those teeth only, viz., the permanent central incisors of the upper jaw. He thought that the reason why other teeth were so affected was probably owing to the fact that those suffering from syphilis had taken mercury, which also left its mark upon the teeth, and he inferred that those who had taken least mercury would present the most perfect syphilitic teeth. (Mr. Hutchinson here explained his theories by means of various diagrams.) He then alluded to an interesting case which had recently come under his observation. Mr. Warren Tay was seeing his patients at the Skin Hospital when a woman with acne on her face sought his advice. On examining her he found the peculiar syphilitic teeth, but no other indication of that disease. She was sent to me for examination. There were no syphilitic symptoms, for she stated that her sight was perfect, but on examining her I found that she was suffering from defective vision and had marked choroiditis; and this latter, in conjunction with the malformed teeth, is an almost certain proof of inherited syphilis. Concerning mercurial teeth, he fully admitted the justice of Mr. S. Hamilton Cartwright's remarks as to the probability that they were in reality stomatitic, or at least, owing to the somewhat similar effect of that mineral upon the mucous membrane, which in English practice, he believed, was by far the most frequent influence which produced them and his attention had been drawn in that direction because they were nearly always found in connection with lamellar cataract. Mr. Coleman, and

himself hit upon the fact that lamellar cataract is always found in connection with ill-formed teeth and were generally connected with convulsions in infancy. He thought that the convulsions caused lamellar cataract and the mercury given to cure them caused the malformation of the teeth ; and just as the central upper incisors were the test teeth for syphilis, so the first molars were the test teeth for mercury, the other teeth not being so affected, owing to the fact that they were developed at a period when stomatitis was not so frequent. Mr. Hutchinson finally suggested that fellows of the association should attempt to discover whether any peculiar signs were to be found in the teeth of those rickety or scrofulous diathesis, for information on those points was of the most vague description; and that in ophthalmic practice was to be found the best confirmation of syphilitic teeth.

Sigmund of Vienna declared that the administration of mercury was not injurious to the teeth and that patients would leave the syphilitic wards with better teeth than when they were admitted.

Let us call your attention to the buccal cavity. At a clinic held in Paris, at the Hospital St. Louis, Professor Alfred Fournier presented a man who had an indurated chancre of the tonsil, followed by engorgement of the cervical glands, and secondary eruptions on the skin. The primary chancre was evidently induced by a simple cauterization with a stick of nitrate of silver, which had previously been used on a chancre. In a similar manner, Dr. M. Blanchet, who had a large practice in Paris, communicated syphilis to twenty-seven persons in passing a catheter into the Eustachian tube ; among others, a young girl of high connections, a pupil of Sacre Coeur, was infected, and, together with other symptoms, suffered from necrosis of the bones of the nose, but recovered good health subsequently. Blanchet had the habit of simply placing the catheter in a tumbler of water after each catheterization, without otherwise cleansing it. I could enumerate many more cases where syphilis was imparted by the drinking cup, chewing gum, sticks of candy, etc.

You are all familiar with the appearance of mucous patches of the mouth.

I call your attention to this colored plate of a chancre located on the side of the tongue—the organ of the special sense of taste. This initial lesion answers to the erosive desquamative chancre of Fournier. These other plates represent various stages of gumma of the tongue.

Several cases of mistaken diagnosis of syphilitic tubercle of the lips and tongue are mentioned in the reports of Guy's Hospital, Vol. VII, page 345, one in particular, where a venereal ulcer of the tongue was pronounced by several eminent surgeons to be cancer. For obtaining a thorough comprehension of syphilitic affections of the tongue and buccal cavity, I will refer you to the very able article of Dr. Charles W. Allen in Morrow's work on Dermatology and Syphilology.

At our next clinical lecture, we hope to take up the action of syphilis, when it attacks the pharynx, and then the larynx, and so on.

I had intended today to call your attention to the treatment of syphilis at the Hot Springs of Arkansas, where not only the water itself is supposed to be curative, but where you find physicians of the greatest ability, who have had unsurpassed experience in seeing and treating the disease. We have not the time now to do the subject justice, so we will postpone it until our next lecture.

The following treatment of syphilis by Dr. J. F. Larrien has been reported in a number of journals. As it has the charm of brevity, I take the liberty of quoting it from the *Daily Lancet:* "Dr. J. F. Larrien presents the second edition of his pamphlet of forty-three pages. He uses Vienna paste for the initial lesion, and makes daily mercurial inunctions over the enlarged glands. For internal medication three to five drops of tincture of iodine in a half-glass of sweetened water are given each morning for twenty days while fasting. After ten days of rest this course may

be repeated. For the secondary manifestations:

"1. Each morning the patient receives fifteen minutes before breakfast, in pure or sweetened water three drops of tincture of iodine and a half-ounce of a solution of crystallized sodium iodide in distilled water (one to fifteen), and this is to be continued during five to eight months from fifteen to twenty days each month, the remaining days being free from medication. The treatment is to be discontinued only when two months have elapsed since the appearance of all the secondary manifestations.

"In severe cases it will be well to prescribe a new series of three or four courses of iodine for from two to six months after the first.

"2. Each day gentle inunction is made on the cutaneous syphilides with a ten per cent. solution of white precipitate in starch glycerite.

"3. For plaques muqueuses of the bucco-pharynx gargles of zinc chloride in water (one to five hundred) are used; or cauterization may be effected by silver nitrate or acid mercuric nitrate. In place of these may be used a gargle five to eight times daily of equal parts of hot water containing resorcin, four to eight, and glycerin, fifty, in distilled water, 200. Of course, the usual hygienic rules must be followed."

The above is another mode of administering the "mixed treatment," but I do not see that it is in any way superior to the method which I have outlined in a previous lecture.

THE SURGICAL TREATMENT OF PERITONITIS.

By Randolph Winslow, M. D.,
Professor of Anatomy and Clinical Surgery, University of Maryland.

REMARKS IN THE DISCUSSION ON PERITONITIS AT THE NINETY-NINTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 27 TO 30, 1897.

It is now almost universally granted that all forms of peritonitis are due to germs of some kind, though Greig Smith dissents from this view, to a certain extent. The routes by which germs gain access to the peritoneum are varied, in some cases apparently through the unbroken walls of some of the hollow viscera, in others through ulcerations or ruptures of these organs, sometimes from internal or external strangulations of the intestines, not unfrequently from traumatism, such as gunshot or stab-wounds or lacerations of the abdominal parietes and viscera, and sometimes through surgical operations.

In whatever way the infection occurs, the clinical phenomena are generally sufficiently distinctive, though exhibiting a wide range of diversity. Vomiting, tympanites, rigidity, constipation, pain and disturbances of the temperature and pulse rate are the most constant of these symptoms, though no one of these is invariable. The patient has the appearance of one desperately ill, as if suffering from some severe poisoning. The pulse is a much better indication of the gravity of the case than the temperature, as the shock may be so intense that the temperature is normal, or even subnormal, whilst the pulse increases in frequency and decreases in strength.

The most frequent origin of peritonitis in males is to be found in lesions of the intestinal tract, and especially in those of the vermiform appendix, whilst in females lesions of the generative organs are the starting point of most cases of peritonitis.

The surgical treatment of peritonitis ought to antedate the disease; if it is delayed until an acute peritonitis is actually in progress, the time for a successful interference, in the vast majority of cases, has passed. We ought, therefore, to be zealous in the early interpretation of those phenomena which point to the onset of this disease, and prompt in our efforts to prevent its spread or to

forestall its development. Recognizing appendicitis as one of the most frequent and most fatal of those conditions which may terminate in peritonitis, we ought to be very active in our treatment of this disease.

Whilst I do not subscribe to the dictum that all cases of appendicitis should be operated on as soon as the diagnosis is made, I believe that an advancing appendicitis ought not to be allowed to go beyoud twenty-four or thirty-six hours, and in many cases the violence of the onset is so great that an immediate operation may be desirable. Given a sudden attack of paroxysmal pain, localizing itself after a short time in the appendicular region, with vomiting, and tenderness and rigidity of the abdominal parietes over the seat of the appendix, with probably elevation of the temperature and increase in the frequency of the pulse, and we have all the indications needed for an immediate operation; localized peritonitis has already been set up, and who can tell how soon it may become generalized? When an inflammatory mass is felt through the abdominal walls, there is no time for delay. I speak from sad experience. The patient should be subjected to an operation at the earliest practicable moment. The same may be said in regard to most of the surgical intra-abdominal affections.

Obstruction of the bowels is one of the frequent precursors of fatal peritonitis. A very wide range of pathological conditions present this symptom in common, viz., inability to evacuate the bowels. Some of these lesions are more rapidly fatal than others, but it may be said that when the bowels cannot be moved by the moderate exhibition of purgatives and high enemata, no time should be lost in temporizing, but abdominal section ought to be done at once, before septic peritonitis supervenes. The division of a band, or separation of an adhesion, or reduction of an intussusception, or overcoming a twist or kink of the intestine, when done early is attended with a considerable percentage of recoveries, whilst if delayed usually result in fatal peritonitis. Lesions of the gall bladder, such as biliary calculi, or empyema of this reservoir, should receive attention though not so acutely fatal as the intestinal lesions just discussed. The same may be said in regard to ulcers of the stomach, duodenum and ileum; if they are attended with severe pain, or bleeding, they may be excised, with a fair degree of success, and if a spontaneous rupture occurs immediate laparotomy with cleansing of the peritoneal cavity ought to be performed.

Gunshot and stab wounds of the abdominal viscera are amongst the frequent causes of fatal peritonitis, and they should be treated by immediate laparotomy and suture, with cleansing of the peritoneal cavity of all foreign bodies. When this is done early and thoroughly, a large percentage of successful results will be attained. A remarkably successful case of stab wound of the stomach was treated during my last service at the University Hospital, by Dr. St. Clair Spruill, Medical Superintendent of the Hospital. A woman of middle age was stabbed in the epigastrium, the knife going through both walls of the stomach, and allowing the escape of undigested food into the peritoneal cavity. The wounds were sutured, the peritoneum thoroughly cleansed, and the patient recovered without a rise of temperature.

Lesions of the urinary tract are not so prone to produce peritonitis as are those of the intestinal, and yet there may be rupture of the ureters or bladder with the escape of urine into the peritoneal cavity. When there is reason to suspect such conditions the only rational and successful treatment will be abdominal section, with cleansing and irrigation of the cavity and drainage.

In the female inflammatory affections of the uterine appendages, from one cause or another, are very prolific causes of peritonitis, but fortunately the peritoneal infection is usually limited to the pelvic cavity. If neglected, the inflammation may overcome its barriers, and a general acute peritonitis result, with its almost certainly fatal termination. If treated by abdominal or va-

ginal section, as may appear most appropriate, with removal of the infected organs, or by drainage, the results are amongst the most brilliant in the whole domain of surgery. I have, in a cursory manner, briefly touched upon many subjects, any one of which might well claim the whole time at my disposal, for its discussion.

In no department of medicine is the maxim that "prevention is better than cure" better illustrated than in the subject under discussion. By thorough sterilization and disinfection of the patient and of everything that is brought in contact with him, by early and radical operations, this dread enemy of the surgeon may to a large extent be held at bay. When from the virulence of the infection or from the lack of resistance on the part of the peritoneum, a rapidly spreading septic peritonitis is lighted up, the surgeon is confronted with one of the most appalling affections to which human beings are liable. Under all known methods of treatment the mortality is enormous. Nothing is to be hoped from the administration of drugs and but little from surgical art, nevertheless the results of surgical interference are somewhat encouraging. In such cases laparotomy offers the only hope, but in order to achieve even a modicum of success the operation should be done early; when the patient is in collapse with scarcely perceptible pulse and a leaky skin, it is too late to expect any good result from an operation.

When the patient's condition is not so bad, a median laparotomy should be made and the abdominal and pelvic cavities washed out with large quantities of hot, sterile, normal salt solution, especial attention being paid to the pelvis and the flanks. The fluid may be removed with gauze sponges if it does not take too long and drainage must be established by means of glass drainage tubes and gauze in the pelvic cavity and possibly by counter openings in the flanks through which gauze wicks may emerge; large quantities of gauze may also be placed in various directions amongst the intestines. Another method of treatment is to wipe off the intestines with gauze and mop out the recesses of the cavity and establish drainage without irrigation. By these methods a certain number of lives have been saved. Mikulicz reports 14 cases with 3 recoveries and Koerte 19 with 6 recoveries.

When the peritonitis is circumscribed the beneficent results of operations are much increased; in pelvic suppurations vaginal incision and drainage may frequently be substituted for laparotomy, or the diseased structures may be reached from above. In appendicitis early operation with the removal of the offending organ by an incision in the right flank is followed by a large ratio of recoveries. When an appendicular abscess has formed the operation may be one of the simplest character, or may be attended with great difficulties and dangers. If the abscess is not limited by adhesions, it is probable that the pus has gravitated into the pelvis and it will be necessary to drain the pelvic cavity. I have recently operated upon such a case, in which thorough gauze and tube drainage of the pelvis was followed by a good recovery. In the upper segment of the abdomen subphrenic abscess may follow ulcerations of the stomach, gall ducts and duodenum and require abdominal section for their evacuation. If the ulcer of the stomach is upon its posterior wall, it will infect the lesser cavity of the peritoneum at first, but may subsequently involve the general peritoneal cavity. An operation in such a condition will be difficult, as the abscess will have to be opened through the uninfected peritoneum, which must be carefully walled off with gauze.

Peritonitis, the result of the perforation of typhoid ulcerations, occurs occasionally, but does not differ in its symptoms from peritonitis due to other causes. When the condition of the patient will permit an operative procedure, laparotomy should be performed, the intestinal opening sutured and the peritoneal cavity cleansed and drained and a fair number of cases, about 25 per cent., recover. The discussion of peritonitis will be incomplete without mentioning the tubercular variety. This is

essentially chronic in its course and whilst eventually fatal if left alone, it does not present the alarming aspect of acute septic peritonitis. This variety is fortunately a disease in which most brilliant results have followed abdominal section, even when the abdominal incision has been immediately sutured, without further treatment. Aldibert and Roersch have tabulated 358 cases of tubercular peritonitis treated by laparotomy with 70 per cent. of cures and an immediate mortality of about 5½ per cent.

REMARKS ON THE ETIOLOGY AND PATHOLOGY OF ACUTE PERITONITIS.

By Simon Flexner, M. D.,
Associate Professor of Pathology, Johns Hopkins University.

REMARKS IN THE DISCUSSION ON PERITONITIS AT THE NINETY-NINTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 27 TO 30, 1897.

THE experimental researches of Grawitz, Waterhouse and Pawlowsky have revealed many of the conditions which tend on the one hand to inhibit and on the other hand to facilitate the production of an acute septic peritonitis. It is now recognized that these experimental conditions find their analogues in man. There is a great probability that the capacity of resistance of the normal peritoneum is closely associated with the preservation of the integrity of the endothelial covering. Hurtful agents, which either in themselves lead to the development of progressive inflammation of this cavity or predispose it to infection, do so by first influencing injuriously this cellular layer. Among the first class of substances should be grouped pathogenic organisms which find their way into the peritoneal cavity accompanied by the toxic products of their growth or other injurious chemical bodies; and among the second, mechanical insults applied directly to, or a preexisting and chronic pathological condition of, the peritoneum. This loss of power of resistance to the development of pathogenic micröorganisms on the part of the endothelium and, doubtless, its serous secretions, may be the expression of a general in opposition to a local pathological condition, such as we find in certain chronic diseases of the heart, kidneys and liver. In this way may be explained the inflammations of the serous cavities which are the terminal events in so many cases of chronic visceral disease.

We may disregard in human pathology the existence of a non-infectious or chemical form of peritonitis. It is as yet not proven that a diffuse peritonitis occurs as the result of the action of chemical causes alone ; the localized inflammations in hernial sacs have been attributed to this source.

I have analyzed 101 cases of acute peritonitis from the autopsy records of the Johns Hopkins Hospital in which bacteriological examinations were carried out. Among these were represented operated and non-operated cases. For the purposes of classification the source, mode and nature of the infections were considered. It was found that three tolerably distinct classes could be made. The first embraced cases of *primary or idiopathic peritonitis*. In these the infectious agent could be excluded from entering through the mediation of a diseased abdominal organ and from without as a result of a surgical operation. The second contained the cases of post-operative infection in which the pathogenic microörganisms did not certainly enter from the intestine or some other abdominal viscus. These I have denominated cases of *exogenous peritonitis*. They are examples of wound infection. The third class are examples of intestinal infec-

tion and which may therefore be distinguished by the appellation of *endogenous peritonitis.*

In the first class belong 12 cases. These are to be distinguished first, because in all there existed previous to the development of the peritonitis chronic disease, and, second, because they were of the nature of mono-infections (11 out of 12 cases). The predominating pathogenic bacteria in these instances were the pyogenic strepto- and staphylococci.

In the second class belong 33 cases. Of this number 25 were mono-infections and 8 poly-infections. The predominating organisms were again the pyogenic cocci; but bacilli were not so infrequent as in class 1.

In the third class are to be placed the remainder, that is 56 cases. Of these 23 were of the nature of single and 33 of poly-infections. The predominating microörganisms in this group were the bacillus coli communis and the streptococcus pyogenes; a greater variety of forms occurred in this than in the other two classes mentioned. While the bacillus coli communis was found oftenest, having occurred in 43 of the 56 cases, it was present alone 8 times. In a like manner the streptococcus pyogenes, which was found in all 37 times, existed alone in 7 cases only.

Society Reports.

BALTIMORE MEDICAL ASSOCIATION.

MEETING HELD JANUARY 11, 1897.

THE President, Dr. Randolph Winslow, in the chair. The Committee of Honor reported favorably on the names of Drs. W. S. Halsted, H. B. Jacobs and C. Frank Jones, who were then unanimously elected. Dr. Biedler proposed for membership Drs. N. G. Keirle, 1419 West Lexington Street, W. H. Welch, 935 St. Paul Street, and S. C. Chew, 215 West Lanvale Street.

Dr. N. G. Keirle gave a discourse on RABIES. The first case of this disease seen by him occurred two years ago. The patient was a boy nine years old. At intervals he would have clonic convulsions interfering with respiration. He was conscious during the struggle. The pupils were dilated and the lids were retracted. There were itching, slight opisthotonos, and constant sputation. He did not test his ability to swallow, as his physician said that it was impossible. The boy had been bitten about two months previously. He died that night.

The next case was that of a little boy named Henry, aged eight or nine years. It was one of those cases recently reported in this city. He had been to New York before Dr. Keirle saw him. He was delirious at times, irrational one second and rational the next. Not longer ago than fifty years, patients with hydrophobia were smothered. This patient exhibited no antipathy to water. He could not swallow. This symptom has been exaggerated in the text-books. He had been bitten on the left cheek.

The next case was sixteen years of age. It was a case of paralytic rabies (that form known in animals as dumb rabies). He could not close the left eye and could not whistle. The voice was paralyzed. These symptoms (except the condition of the voice) would ameliorate at times. Phonation was accomplished only by the larynx. The walk was disorderly. He could not expectorate, but the saliva was removed with a handkerchief. There was no reflex sensation in the throat, except when pressure was made upon the larynx. He would make no attempt to swallow.

The next case was seen *in articulo mortis.* He was vomiting large quantities of greenish fluid. He died in a few minutes after Dr. Keirle saw him. The post-mortem appearances were mostly negative: congestion of the brain and the lungs, empty bladder, and extravasations in the medulla oblongata and around the central spinal canal. Foreign bodies, like hair, straw, wood, etc., in the stomach, are presumptive evidence of rabies. A dog may be mad and at the same time have some other disease.

Another case was that of a dog that bit a policeman. The right side of the heart of the dog was filled with the filaria, but demonstration proved that the dog was mad. To demonstrate rabies, take a small piece from the floor of the fourth ventricle. The virus is feeble. Rub this up with some boiled water. Take some of this up into a hypodermic syringe. With a small trephine, open the skull just in front of a line drawn transversely from one ear to the other. Then under the membranes inject a small quantity of this matter. Then sew up the wound. In inoculating it is impossible to get more than thirty removes in a year. For fifteen or eighteen days after the inoculation nothing will be noticed. One of the first things observed is that the rabbit will carry his ears erect. A fall of the temperature is characteristic. Later on in the removes the symptoms will manifest themselves on the sixth or the seventh day. He does not confine his inoculations to one rabbit, but he inoculates four. It is a disease that can be passed from one animal to another. It is not likely that three or four rabbits would all die from traumatic neuroses. Post-mortem examinations were made upon some of his patients, and inoculations from them produced the disease in rabbits. Prophylactic treatment is about all that can be done.

He gave the history of Pasteur's investigations and the methods of giving the treatment. He spoke of the favorable statistics of the Pasteur treatment. Curare was claimed to cure hydrophobia by Flint and Watson. Dogs, however, sometimes recover from rabies. The virus of rabies is destroyed at a temperature of 108°. A hen has this temperature. The medulla from a hen dying of rabies will not communicate the disease to any other animal. He exhibited rabbits with hydrophobia, one of which had been in a warm box and therefore had to a large extent resisted the disease. Simple hypodermic injections of the virus much more frequently fail than subdural inoculations. Intravenous injections are also very sure, as well as those into the anterior chamber of the eye, but by trephining is the most certain method.

Dr. Samuel C. Chew: Of the eight cases bitten in this city he saw the last one that has proved fatal. He was called in consultation last Monday morning at five o'clock by Dr. W. R. McKnew. The patient was one of the first to be treated in New York. He received his first treatment forty-eight hours after having been bitten. He was under treatment in New York for twelve days. Dr. McKnew was first called to dress the wound, which was healing nicely, and he was afterwards called to see the child, who was feverish and complaining of some sore throat and restlessness. He suspected the nature of the trouble and ordered bromide and chloral. Dr. Chew noticed very marked Cheyne-Stokes respiration. There was not the slightest dulness on percussion and there was no obstruction to the entrance of air even to the remotest vesicles. There was marked inability to swallow. Morphia (gr. $\frac{1}{8}$) was given hypodermatically with quick relief. This was ordered to be continued *pro re nata* but short of narcotism. The family commenced to use a secret remedy, when Dr. Chew declined further responsibility in the case. The patient died from exhaustion. Five days after he had been bitten, while he was in New York, the child was feverish, had sore throat, and later there was desquamation. This might arouse a suspicion of scarlatina. There was slight albuminuria. This could be accounted for by the convulsions. He thinks, however, that the child died undoubtedly from hydrophobia.

Dr. R. B. Norment spoke of his experience with one of the cases, which agreed with what Dr. Keirle had said. He remarked upon the rapid variations of the pulse. In his case violent spasmodic contractions of the diaphragm were caused by simply waving a towel in front of him. The fauces and the posterior wall of the pharynx were covered with thick, tenacious saliva. Nine hours before death the patient played checkers with his sister. He alluded to the possible good effect of former modes

of treatment (such as diaphoresis) since the virus is destroyed by high temperature. These boys bitten by this dog furnished the most severe test that has ever been made of the Pasteur treatment. Why not institute a crusade against the canine species, absolutely annihilate the dog tribe ?

The Association then adjourned.

EUGENE LEE CRUTCHFIELD, M. D.,
Recording and Reporting Secretary.

Medical Progress.

THE CAUSE OF BALDNESS.—This is one of the interesting questions now under discussion by bacteriologists. Principal among those who are thus engaged is Dr. Sabourand, a former pupil of the Pasteur Institute, who is conducting his researches at the St. Louis Hospital in Paris. For four years, says the *North American Practitioner*, he directed his attention largely to the study of the pathology and treatment of tinea tonsurans, seeking a method for the destruction of the tinea fungus when it has invaded the root of the hair.

In the course of his studies Sabourand came to the conclusion that if the loss of hair was due to microbial intoxication the toxins of these micro-organisms would be capable of producing alopecia. He therefore devised an experiment which seems to definitely settle the question that baldness is due to microbial infection. Having made a culture from the suspected organism on a liquid medium and filtered it through pocelain, he made injections of the filtrate beneath the skin and in the muscular tissues of a rabbit. The result was, that the animal began immediately to shed its hair, and at the end of forty days general alopecia was established. The specific bacillus which abounds in seborrheic plugs was the one employed, and this important fact was established, namely, that when the toxin is inoculated in the deeper structures of the animal it yet retains its elective power for the destruction of the papillae of cutaneous hairs.

In searching for the bacillus which might be the cause of baldness, Dr. Sabourand was led to make a series of interesting studies of alopecia areata, showing that the baldness started from a central point and spread in every direction by a creeping process, gradually enlarging the involved area, also that the activity of the pathological action was greatest along the margins of the tissues as they became involved. Further investigations have also led to the conclusion that seborrhea and alopecia areata have a common origin, being developed by bacilli common to both affections. Whenever the bacillus invades a follicle the hair papilla is surrounded by an afflux of wandering cells. The sebum which is effused and which forms sebaceous plugs becomes the culture medium in which bacilli by the millions are developed. As a result the hair papillae become gradually atrophied, the hairs are less perfectly developed, and finally they die out and are expelled.

The germ-bearing sebum affects the hair follicles one by one. In this way baldness is gradually established. The infection remains endemic so that the hair is not renewed. Finally by progressive sclerosis all the elements of the hair follicle undergo change of form and baldness is permanently established.

The fact that they are of microbic origin brings such diseases as seborrhea, tinea tonsurans, ringworm and alopecia areata into close relationship, and the discovery of their microbic origin gives a key, long sought, which reveals to us their nature and permits a more intelligent dealing with their specific causes.

* * *

SOME DOTTINGS ON HEMORRHAGE.—In the *Southern Medical Record*, Dr. J. McFadden Gaston of Atlanta, Georgia, says that hemorrhage is a flow of blood from a blood-vessel by incision, rupture or other solution of continuity. It may be active or passive ; traumatic or idiopathic (bleeders); primary or secondary, venous or arterial; epistaxis, hemoptysis, hematemesis, hematuria, intestinal or rectal hemorrhage, uterine hemorrhage, metrorrhagia, menorrhagia; scurvy with sanguineous exudate from gums, rupture or ulceration of varicose

veins of leg, umbilical hemorrhage in infants.

Local use of hot water with vinegar stops oozing of blood; alum and tannin with compress of cotton; perchloride of iron; actual cautery at black heat applied lightly to surface; use of suture with needles placed at part transversely and longitudinally with figure-of-eight over each and then encircling all the tissue. The application of plaster of paris in bleeding of gums after extraction of molar tooth has been found to arrest it. Torsion of small twigs of arteries proves effectual and has been employed successfully in arteries of considerable size by Bryant of England.

Ligature secured in the wound or in the continuity of the vessel on the cardiac portion is safer practice. Catgut is available for deep-seated vessels and admits of immediate closure of the wound. Veins near the skin may be closed by pins and thread, as hair-lip sometimes.

Dr. E. A. Wright, in the *Bristol Medical Journal*, 1891, states that a certain per cent. of calcium salts is necessary for coagulation of blood and shows the virtue of chloride of calcium in increasing the coagulability of blood. He reports four cases, one being a child of four years with injury of frenum of upper lip in which it was effective.

Bryant reports a case of a child of four and a half years with a wound above the orbit in which it was used with effect after failure of other means; he gave the chloride of calcium in 1-30 grain doses every four hours in the first, every six hours in the second and three times in the third day.

Dr. J. Clifford Perry, Assistant Surgeon United States Marine Hospital Service, reports case of a Russian twenty years of age in which a slight incision of the gums led to profuse hemorrhage which resisted ordinary treatment with styptics of perchloride of iron and finally bleeding of the nose occurred. It was relieved by oil of turpentine, sulphate of soda and chloride of calcium.

J. Reverdin of Geneva has used successfully sulphate of soda in doses of 1½ grains every hour in grave capillary hemorrhage, spontaneous or traumatic. Given to animals or by intravenous injection it forms coagulation of blood; it has been used in hemophilia. Hemorrhage may occur from veins or arteries and from a single vessel or a large number, causing a general oozing from the surface.

The means of arresting hemorrhage are vital, chemico-vital and mechanical. Vital may operate generally or locally. Cold, heat, alcohol, spirits of turpentine, carbolic acid; internally, ergot, acetate of lead, sulphuric acid, oil of erigeron.

Chemico-vital; tannin, alum, matico, salts of iron, nitrate of silver and chloride of zinc, acetic acid (vinegar).

Mechanical means are pressure, position, cauterizing with hot iron, torsion, acupressure and ligature; the fingers, the tourniquet and various compresses, handle of key, nasal canula for plugging; the forceps for temporary stoppage of bleeding; the use of two forceps for torsion and the forceps of Bryant.

Arteries — version and the slitting with passage of end through the opening so as to occlude the canal.

Acupressure by Sir James Simpson of Edinburgh with iron wire. Plans of Professor Pirrie of Aberdeen University; circumclusion, torsoclusion, retroclusion.

Buck's method of torsion and transfixion is sometimes useful. Hutchinson's plan of exposing the vessel and passing a needle beneath with a loop of wire to secure it may be employed. A canula with a loop of wire. Screw hook of Spier, Brooklyn City Hospital. Grip forceps for deep vessels; serres-fines for small arteries.

* * *

A Pregnancy Lasting Eleven Months.—Wigodsky (*British Medical Journal*) reports protracted gestation in a multipara, aged 28. The last period was on September 7, the fetal movements were first felt at the end of January, and labor occurred on August 13. Pregnancy otherwise natural. Forceps delivery, delayed by great breadth of shoulders. The fetus was a living anencephalus.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, JUNE 26, 1897.

OF especial interest in the medical history of this country, and particularly of Baltimore, was the recent graduation of the first class of the Johns Hopkins University Medical School. Ever since the formation of the American Medical College Association attempts have been made by the better class of medical schools to raise the standard and improve all the facilities and thereby to lengthen the course. Some schools which were beyond the necessity for such rules have heretofore maintained a very severe and advanced course of education. Among them may be mentioned Harvard, the University of Pennsylvania, the University of Michigan and a few others.

Johns Hopkins Medical School.

The Johns Hopkins Medical School has, however, been the pioneer in demanding higher requirements for admission, no applicant being admitted into the school without giving evidence of a liberal education by the degree of A. B. from a reputable college. The first class which was graduated under these circumstances finished its work last week and fifteen students received the degree of M. D. from the most advanced school in the country. There were seventeen in the senior class, two of whom failed to pass the strict examination.

At the opening of the school three women entered the first class. One was married, one withdrew for other reasons and the third received her degree, having stood very high in all branches. Of these graduates, Dr. Chas. R. Barden of Syracuse will be assistant in anatomy and Dr. Jos. Longworth Nichols of Cincinnati will be fellow in pathology at the hospital. Drs. Thomas R. Brown, Walter S. Davis, Louis P. Hamburger, Guy Leroy Hunner, Irving P. Lyon, William G. MacCallum, Charles N. McBryde, James F. Mitchell, Eugene L. Opie, Mary S. Packard, Omar B. Pancoast and Clement A. Penrose, the other members of the graduating class, have rereceived appointments in the Johns Hopkins Hospital.

In 1899 Harvard will demand evidence of a liberal education by a degree of A. B. before admitting the students to the medical department. The graduation of this first class from the Johns Hopkins Medical School is sufficiently important to attract more than a passing notice and doubtless its graduates in the future will, if not always successful in practice, rarely fail to find suitable teaching positions in other schools.

* * *

THE patient, two years of age, somewhat rachitic but well nourished, was with her little brother and sister attacked by measles, which ran a normal course in all. Ten days after its outbreak, Dr. Wunder was summoned to open an "abscess" which had appeared six days before in her right axilla and was increasing. To his astonishment he found on the chest wall below the axilla a swollen gangrenous area of about the size of the palm of his hand quite denuded of epidermis, dry on the surface and discharging thin pus when probed. The patient had a watery diarrhea, small gray ulcers of the mouth and lips, anorexia and slight fever. The pulse was fairly good and the heart seemed normal.

Thorax Gangrene after Measles.

An incision was made, followed by disinfection with zinc chloride solution. The part was then dressed with liquor alumin. acetic,

ten per cent. By the following day granulation was evident and in a few days the gangrenous slough separated. At the bottom of the sore were now seen the pectoralis and latissimus muscles and the periosteum of a rib. Under occasional applications of zinc chloride the wound healed thoroughly in a short time without hindrance to the arm movements. There was an abscess on the arm opposite the chest wall, which healed quickly upon incision made a few days after the operation on the chest.

This case, reported in the *Münchener Medicinische Wochenschrift* of May 18, has several points of interest. Noma is familiar after measles, but the presence of non-gangrenous ulcers in this patient's mouth and the quick healing and non-spreading nature of the chest sore would indicate that it was different, at least in intensity, from noma. After considering various possible agencies, such as lowered nutrition of the skin, localization of the measles poison, the somewhat slighter development of the rash than in the brother and sister, etc., Dr. Wunder decides that probably the cause of the gangrene was a mechanical thrombosis of the arteria thoracica longa. The child was accustomed to lie on the right side. He thinks the arm abscess was a lymphatic metastasis.

* * *

WITH the approach of warm weather the timely subjects appearing in medical journals should be noted carefully. Dr. George F. Chandler gives in the *New York Medical Journal* the results of his work in 1896 in treating cases of sunstroke. He had 197 cases in the hospital, of whom 185 recovered and 12 died. The temperature ran from 105° to the limit of the thermometer and in many cases was as high as 109° and 112°. Three cases died on admission.

Sunstroke.

His treatment was as follows: The ambulances were supplied with ice, which was put to the patient's head as soon as picked up. Upon admission the patient was immediately stripped, the temperature was taken *per rectum*, the body was covered with a sheet upon which were placed small pieces of ice. Ice water was dashed on the patient for thirty or forty minutes. The most efficacious stimulant was the pouring from an elevation of a fine stream of water upon the forehead. This was continued for one to two minutes at a time and repeated. At the same time the patient was given forty minims of the tincture of digitalis, hypodermically; except the full-blooded cases, which were bled.

When the temperature returned to about 104°, the patient was covered with blankets and hot bottles were applied. This was done to prevent subnormal temperature and collapse. When consciousness began to return, whiskey was given. Strychnine was never given; convulsions were treated by chloroform, but they were rarely dangerous. In cases of prolonged unconsciousness, nourishment and stimulants were given by the stomach tube. Caffeine and whiskey were chiefly given and in extreme cases hypodermics of whiskey, but never morphine. As death seemed to be the result of respiratory paralysis, artificial respiration was kept up for a long time with surprising results. The after-treatment consisted of light diet, stimulants, fresh air, ice cap and large doses of spirits of mindererus.

* * *

THERE are two ways in which public evil may be met; one is by dealing directly with individual offenders; the other and wiser method is by preventing the breeding of evil before it has broken out in the life. So is it likewise with disease. Very slowly, yet certainly, the community is turning its attention to the problem of infection.

The Stamping-Out of Disease.

In some instances, as in the case of the graver eruptive diseases, methods of prevention of contagion are easy to devise, although difficult in some cases to carry out in consequence of over-crowding in the homes of the poor. In the case of ophthalmia neonatorum, the new law, secured largely through the efforts of certain public-spirited oculists in Baltimore, will doubtless soon work a reform for the better.

Typhoid fever and diphtheria seem very difficult to control; and, in view of the assertion that their essential germs flourish in the bodies of a large percentage of those citizens who present no manifestations of disease, the problem has recently become very formidable. The stamping-out of phthisis pulmonalis is equally difficult, because of the manifold forms and locations of tuberculosis and its ability to lie concealed in the body for years.

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 19, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		8
Phthisis Pulmonalis		24
Measles	11	2
Whooping Cough	3	2
Pseudo-membranous Croup and Diphtheria.	14	5
Mumps	6	
Scarlet fever	16	1
Varioloid		
Varicella	1	
Typhoid fever	2	2

Schlatter and Father Kneipp are both dead.

Dr. J. F. Kimberly, late Surgeon-General of Kentucky, is dead.

Three cases of yellow fever arrived in New York Harbor a few days ago.

Drs. T. A. Councell, C. W. Steele and J. B. Merritt have been appointed members of the Board of Examining Surgeons at Easton, Maryland.

Dr. Charles S. Briggs, editor of the *Nashville Journal of Medicine and Surgery*, has resigned the Chair of Surgery in the Medical Department of the University of Nashville. The name of Briggs has been associated for years with this medical school, which will suffer from this loss.

In the death of Dr. J. Lewis Smith the profession has lost an important man. He is known to the vast majority of physicians by his book. Dr. Smith was a man of wide experience and great modesty. He was born in 1827, and was graduated from the College of Physicians and Surgeons in New York in 1853.

The National Confederation of State Medical Examining and Licensing Boards will have the following officers for the ensuing year: President, Dr. Wm. Warren Potter, Buffalo; Vice-Presidents, Drs. E. L. B. Godfrey, New Jersey, and William Bailey of Kentucky; Secretary and Treasurer, Dr. A. Walter Smiles of Herkimer, N. Y.

For the first time a woman has been appointed as a physician in a New York city hospital. The successful applicant is Dr. Anna McFee, who passed a civil-service examination with several men recently, and was appointed one of four resident physicians at the Infants' Hospital, on Randall's Island.

The June meeting of the Baltimore County Medical Association, of which Dr. Jackson Piper is President and Dr. L. Gibbon Smart Secretary, was held last week at the Maryland Hospital for the Insane (Spring Grove), near Catonsville. The topics for discussion were "Opium *vs.* Morphine in the Treatment of Puerperal Peritonitis" and "Diseases of the Stomach." Dr. R. Percy Smith opened the discussion on the first-named subject, and several of the members participated in the discussion which followed.

Governor Atkinson of West Virginia appointed the new State Board of Health as follows: First district, Dr. A. O. Flowers of Clarksburg, for two years; Dr. John H. Pipes Wheeling, four years. Second district, Dr. S. M. Rivers, Martinsburg, for four years; Dr. T. F. Lanham, Newberg, two years. Third district, Charles M. Spangler of Petersburg, four years; Dr. J. L. Haptonstall of Stone Cliff, for two years. Fourth district. Dr. A. R. Barbe, Point Pleasant, for four years; Dr. C. B. Blubaugh of Parkersburg, for two years.

The following appointments have been made in the Woman's Medical College: Dr. Edmund J. Bernstein, clinical professor of diseases of the throat and nose; Dr. G. Clinton Blades, Ph. D., professor of pharmacy; Dr. Kemp B. Batchelor, professor of clinical medicine; Dr. Milton Lewis, associate professor of normal histology and clinical microscopy; Dr. Flora Pollack, associate professor of embryology and diagnosis; Dr. John R. Abercrombie, lecturer on materia medica; Dr. James McFadden Dick, lecturer on obstetrics; Dr. Louise D. Holmes of North Carolina, a graduate of the Cincinnati Woman's Medical College, to be demonstrator of pharmacy and assistant in gynecology; Dr. R. H. Johnston, instructor in physical diagnosis and assistant in clinical medicine; Dr. Nathan Herman, assistant in clinical surgery; Dr. Mary E. Thalwitzer, assistant in clinical medicine; Dr. Gilbert Tyson Smith, assistant in diseases of the stomach, etc.

WASHINGTON NOTES.

The city health for this spring has been remarkably good, the death rate being about sixteen per thousand inhabitants, the colored population having the greater percentage of mortality. Of the eighty-two deaths last week, sixteen were from heart, lung and kidney diseases, three from diphtheria, three from whooping cough and one from typhoid fever. Of the six deaths from violence, three were suicide. Thirty-two houses were in quarantine from diphtheria and fifteen from scarlet fever.

Dr. Henry D. Fry is conducting a post-graduate course of instructions in practical obstetrics. Classes will be formed during the summer and the course will extend over three weeks, giving each physician an opportunity to examine twelve cases and witness confinements.

The professors of the Georgetown Medical College will give clinics to the third and fourth classes during the summer. Dr. Vaughan requests their attendance at the Emergency daily at 9 o'clock A. M. Dr. Winter will give clinics at St. Elizabeth's, Sundays, at 10.45 o'clock A. M. Dr. Hawkes, Mondays and Thursdays, Dr. Burnett, Tuesdays and Fridays, and Dr. Murray, Wednesdays and Saturdays, at the Central Dispensary, at 1 o'clock P. M. Dr. Adams' clinics at Children's, Thursdays, at 4.30 P. M., and Dr. Snyder at Garfield during June and July.

An interesting test case is brought about by the arrest of Miss Sessford, a faith curist, charged with unlawfully practicing medicine. The case, one of diphtheria, was making a good recovery when the father took his son out of the hands of the physician and called in the faith curist. The child soon died. The feeling in the medical profession, as well as among the citizens interested in the case, is very strong against the woman.

Book Reviews.

Surgical Hints for the Surgeon and General Practitioner. By Howard Lilienthal, M. D., Assistant Attending Surgeon to Mt. Sinai Hospital, New York City. New York: International Journal of Surgery Company, 1897. Price 25 cents.

In writing this little book the author's aim has been to present a number of observations and suggestions whose value has been thoroughly tested at the bedside and in the operating room. A review of its pages will show how much practical information he has conveyed within a small compass, and this he has been able to do by eschewing all superfluous verbiage and by writing clearly and to the point. The material is well arranged, the typography excellent, and the little volume is of a convenient size to be carried in the pocket and perused at leisure moments.

Lippincott's Medical Dictionary. A Complete Vocabulary of the Terms Used in Medicine and the Allied Sciences, with their Pronunciation, Etymology and Signification, including Much Collaboration of a Descriptive and Encyclopedic Character. Prepared on the basis of Thomas's Complete Medical Dictionary. By Ryland W. Greene, A. B.; with the Editorial Collaboration of John Ashurst, Jr., M. D., LL.D., Barton Professor of Surgery and Professor of Clinical Surgery in the University of Pennsylvania; George A. Piersol, M. D., Professor of Anatomy in the University of Pennsylvania; Joseph P. Remington, Ph. M., F. C. S., Professor of Theory and Practice of Pharmacy in the Philadelphia College of Pharmacy. Philadelphia: J. B. Lippincott Co. 1897.

For many years the medical profession has relied on Dunglison's Medical Dictionary as a reference book. But a few years ago new lexicographers cropped up from every quarter, and now we have several good standard dictionaries in use. The latest aspirant for literary notice is what is called Lippincott's Medical Dictionary, which is based on the dictionary of the late Dr. Thomas. It has the advantage of being clearly printed and so bound that it will stay open at any page, and embraces a general plan of conciseness. The definitions are as a whole very correct and the spelling very conservative. It will doubtless find many admirers.

REPRINTS, ETC., RECEIVED.

A Case of Amblyopia from a Large Dose of Quinine Sulphate. By Herbert Harlan, A. M., M. D. Reprint fron the *Ophthalmic Record.*

Surgical and Mechanical Relief of So-Called Helpless Paralytic Cripples. By De Forrest Willard, M. D. Reprint from the Transactions of the Medical Society of the State of Pennsylvania.

Society Meetings.

BALTIMORE.

BALTIMORE MEDICAL ASSOCIATION, 847 N. Eutaw St. JAS. E. GIBBONS, M. D., President. E. L. CRUTCHFIELD, M.D., Secretary. Meets 2d and 4th Mondays of each month.

BALTIMORE NEUROLOGICAL SOCIETY. Meets 3d Wednesday each month. SAMUEL J. FORT, M. D., Secretary.

BOOK AND JOURNAL CLUB OF THE FACULTY. Meets at call of President.

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

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

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d and 4th Thursdays of each month—October to June—8.30 P. M. J. B. SCHWATKA, M. D., President. S. T. ROEDER, M. D., Corresponding Sec'y.

MEDICAL JOURNAL CLUB. Every other Saturday, 8 P. M. 847 N. Eutaw St.

THE JOHNS HOPKINS HOSPITAL HISTORICAL CLUB. 2d Mondays of each month, 8 P. M.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY. Meets 1st and 3d Mondays, 8 P. M.

THE JOHNS HOPKINS HOSPITAL JOURNAL CLUB. Meets 4th Monday, at 8.15 P. M.

MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE. SUE RADCLIFF, M. D., President. LOUISE ERICH, M. D., Corresponding Secretary. Meets 1st Tuesday in the Month.

UNIVERSITY OF MARYLAND MEDICAL SOCIETY. Meets 3d Tuesday in each month, 8.30 P. M. HIRAM WOODS, JR., M. D., President, E. E. GIBBONS, M. D., Secretary.

WASHINGTON.

CLINICO-PATHOLOGICAL SOCIETY. Meets at members' houses, 1st and 3d Tuesdays in each month. ARTHUR SNYDER M. D., President. R. M. ELLYSON, M. D., Corresponding Secretary. R. T. HOLDEN, M. D., Recording Sec'y.

MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets 1st Thursday each month at members' offices. FRANCIS B. BISHOP, M. D., President. LLEWELLYN ELIOT, M. D., Secretary and Treasurer.

MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA. Meets Georgetown University Law Building 1st Tuesday in April and October. G. WYTHE COOK, M. D., President. J. R. WELLINGTON, M. D., Secretary.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets Wednesday, 8 P. M. Georgetown University Law Building. S. C. BUSEY, M. D., President. HENRY L. HAYES, M. D., Recording Secretary.

OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY OF WASHINGTON. Meets monthly at members' offices. President, S. O. RICHEY, M. D. Secretary, W. K. BUTLER, M. D.

WOMAN'S CLINIC. Meets at 1833 14th Street, N. W., bi-monthly. 1st Saturday Evenings. MRS. EMILY L. SHERWOOD, President; DR. D. S. LAMB, 1st Vice-President. MISS NETTIE L. WHITE, 2nd Vice-President. MRS. MARY F. CASE, Secretary. MISS MINNIE E. HEIBERGER, Treasurer.

WASHINGTON MEDICAL AND SURGICAL SOCIETY. Meets 1st Monday in each month. N. P. BARNES, M. D., President. F. W. BRADEN, M. D., Secretary.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY. Meets 1st and 3d Fridays of each month at members' offices. GEORGE BYRD HARRISON, M. D., President. W. S. BOWEN, M. D., Corresponding Secretary.

Current Editorial Comment.

ROUTINE PRACTICE.

Medical Times.

THE revenue of some of these so-called free institutions is sometimes large enough to give a moderate support to the attending physicians in the early years of their profession. And yet, with crowded clinics, the practice must be to a certain extent routine and empirical. The physician has not time in the crowded clinics to give the close attention to diagnosis or to individualize his cases in the way of treatment as accurately as in private practice.

FEES FOR TIME.

Medical Record.

ETHICALLY, legally and professionally, the request to see a patient implies on the part of the one who makes it an obligation to pay for service rendered or attempted. In an emergency call with a reasonably ready response, the mere fact that the patient is dead before the arrival of the doctor does not in any way cancel the pecuniary liabilities of the situation. It matters not how many physicians are summoned, all should be paid. It is certainly not their fault when they are called too late.

MEDICAL EDUCATION.

Medical Standard.

THE multiplicity of institutions teaching medicine has placed the study of medicine within the reach of practically all persons. A very natural aversion to seeking the aid of the law in maintaining a professional standard has operated to prevent those who hold the honor of the profession in highest esteem from asking for the enactment of express provisions governing the requirements for admission to medical colleges. It has been believed that this was a matter that would in a short time bring its own corrective. But has it done so? Evidently not, if we may judge from the expressions of many members of the profession who have earned their right to speak, and who say in plain terms that it is time commercialism and other selfish and egoistic considerations in medical education received the stamp of professional disapproval.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVII.—No. 12. BALTIMORE, JULY 3, 1897. WHOLE No. 849

Original Articles.

SPONTANEOUS RUPTURE OF THE AORTA EXCLUSIVE OF RUPTURED ANEURISMS;

WITH AN ANALYSIS OF FIFTY CASES.

By Delano Ames, A. B., M. D.,

Lecturer on Pathology and Director of the Pathological Laboratory in the Baltimore Medical College; Pathologist and Visiting Physician to the Maryland General Hospital; Pathologist to the Union Protestant Infirmary, Baltimore.

AND

W. Guy Townsend, M. D.,

First Assistant Pathologist in the Baltimore Medical College; Corresponding Secretary of the Medical and Chirurgical Faculty of Maryland, etc.

READ BY DR. TOWNSEND AT THE NINETY-NINTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 27 TO 30, 1897.

AMONG the many cases of sudden death set down in the death certificates to "heart failure" it is probable that a certain number should be attributed to "failure of the aorta," if we may use that expression, rather than to "failure of the heart."

What the exact frequency of rupture of the aorta is, independent of rupture of aneurismal sacs, we have no way of knowing. While by no means common, it is probably more frequent than is generally supposed.

The comparative rarity of this accident we may offer as our excuse for bringing before you the history of a case that recently came under our observation. We have also reviewed the literature of the subject extending back 140 years and from the one hundred and more cases in all that we have found recorded, have selected fifty at random, an analysis of which forms the basis of this communication.

Cases of aneurisms ending fatally by rupture are not uncommon, but as the title of this paper indicates we have restricted ourselves solely to cases without aneurism, except the cases of so-called dissecting aneurisms, selecting only those in which an aorta of normal size, or but slightly dilated, has ruptured spontaneously, usually as a result of some increased strain being suddenly thrown on an already weakened vessel.

The etiology and pathology of this condition are of much interest, but unfortunately the clinical side of the subject is of necessity, from the very nature of the cases, of slight importance.

Let us first then ask your attention to the brief account of the case referred to.

The Case.—Spontaneous rupture of an extensively diseased aorta. Crack of a calcareous plate in the aortic wall not far from the aortic valves, but outside the pericardium. Enormous hemorrhage into the mediastinum. Sudden death.

During the winter of 1896 the body of a strong, well-built, muscular white man was brought to the anatomical department of the Baltimore Medical College. His apparent age was about 75, but in spite of this he was remarkably well preserved. But very little history of his case could be obtained. It was known that he was a laborer accustomed to heavy work and that while at work a few days previous he suddenly fell over and died in a very few minutes. Having no family or friends he was given by the Anatomical Board to the above mentioned institution for purposes of anatomical study.

Upon opening the chest in order to inject the body the anterior mediastinum was found to be filled with a large quantity of dark-colored blood. So great was the amount that the lungs were depressed on each side, the pericardium was covered, the blood occupying the entire mediastinal space in front. On looking for the cause of this extensive hemorrhage a large rent was discovered on the posterior side of the aorta, one and one-half inches above the aortic valve segments. The tear was one inch long and one-fourth of an inch broad in its widest part. The heart was carefully removed with a portion of the aorta, including the rupture. The pericardial sac was empty. On opening the heart all its cavities were found to be empty ; its valves normal and its walls but moderately hypertrophied. The aorta above the valves was dilated somewhat and there were many calcareous plates in its inner coat. Some of these were small, measuring from .5 to 1 mm. in diameter, while others were much larger. The whole inner coat was extensively diseased. The rupture already mentioned was found to have occurred in a large calcareous plate, which had broken sharply in two, and through all the coats of the vessel, allowing a large quantity of blood to escape suddenly, causing almost instantaneous death.

An examination of the arterial system showed that atheromatous degeneration was very extensive throughout the entire length of the aorta, both thoracic and abdominal. Calcareous plates were everywhere found. The iliacs also and the femoral arteries showed the same condition, while the radials could be rolled under the finger like pipe stems. The coronary arteries had likewise shared in the diseased process and were thickened and rigid. The aorta had lost its normal elasticity and in many instances the edges of the thin plates projected above the level of the intima. It is remarkable that these had not caused greater disturbance in the circulation.

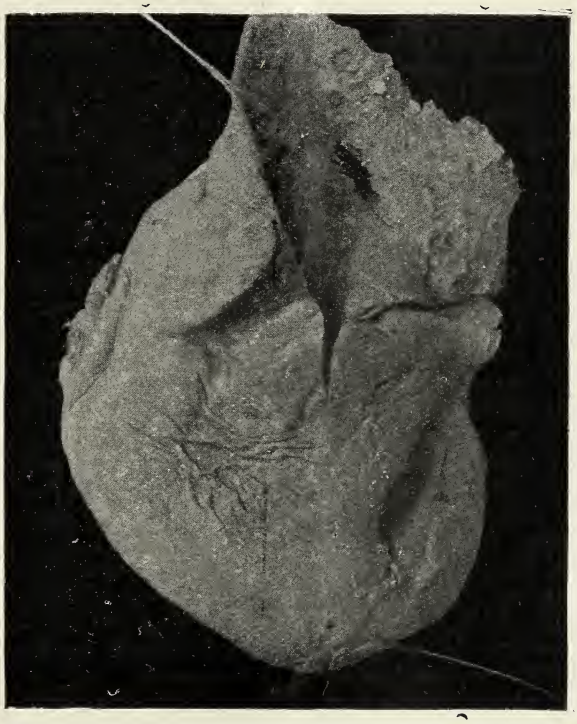
The condition of the other organs, so far as they were examined, was normal, the changes incident to old age only being met with.

Remarks:—The particular points of interest about this case, taken in connection with the histories of others that have been published, are, in the first place, the character of the rupture itself. As already mentioned, it occurred in a calcareous plate which had evidently cracked in two, owing to some extra strain being thrown on the aorta, probably by heavy work of some kind, since the man died while at work. It is conceivable that he may have lifted some heavy weight and in that way thrown additional strain upon an already weakened vessel. Further, the edges of the rupture were sharp, as though cut with a knife, a characteristic frequently noticed in these cases. Among all the cases that we have collected and which will be referred to later, there is but one in which the rupture in any way corresponds to this one, the author stating that it was possible that in his case it was caused in the way just mentioned.

A further point of interest is the association of the accident with atheroma. It is probable that in the large majority of cases this occurs, but one rarely meets with such extensive degeneration of this kind as was shown in this instance. It is to be regretted that a history of the case prior to death could not be obtained, though from the character of the accident it is doubtful whether there would have been any indication of aortic disease, these cases presenting as

a general thing few and indefinite symptoms.

Literature.—In reviewing the literature of spontaneous rupture of the aorta we have found that previous to the year 1800 there were but two contributions, one in 1761, by Nicholls and published in the Philosophical Transactions, Volume 35, page 443, and the other in 1798 by Lynn, published in "The Medical Records and Researches of a Private Medical Association," London. The latter contribution is of especial interest



for a number of reasons aside from the early date of its publication. The patient was a young woman eight and a half months pregnant. During labor that came on about two weeks too soon, she was suddenly seized with agonizing pain in the region of the heart and labor abruptly ceased. Forceps delivery was successfully resorted to and the patient made a good recovery from the labor, suffering only with occasional distress about the heart. Thirteen days from the time of the first pain she was suddenly taken with a second paroxysm in the same location and died instantly. At the autopsy a condition was found that accounted for the pain so suddenly experienced at two different times. There was a ruptured aorta, the tear in the two inner coats not exactly corresponding with that in the outer. Lynn attributes the primary tear in the intima and media to the strain of labor, the sudden paroxysm of pain in the region of the heart occurring while this was at its height. Blood escaped through this rent and accumulated between the external and middle coats at the upper end of the inner tear and when the artery could no longer stand the force of the circulation plus the strain produced by the accumulation of blood it burst with excruciating pain and instant death.

Up to the end of the first half of this century we have found references to 39 cases in all, of spontaneous rupture. The majority of contributions to the subject consist simply of reports of cases, little attempt being made to deal

fully with the subject. One paper, however, is worthy of note, as forming an exception to this statement. Rokitansky, in 1838, reported eight cases of this lesion and discussed at length its etiology and pathology. He laid especial stress upon the association of spontaneous rupture with atheromatous degeneration of the artery wall and expressed the belief that this or some other form of degeneration or faulty development would be found in every case to account for the accident and that it never occurred in individuals with healthy vessels. In seven of his eight cases atheroma was the direct cause and in the eighth there was congenital defect in the development of the aorta, its walls being very thin and non-resisting. He also described at some length those cases in which the rupture led to the formation of a dissecting aneurism.

Since 1850 the contributions to this subject have been trebled, 96 papers in all having been published and more than that number of cases recorded. Of these papers two are of especial note; one by Broca in 1852 (*Bull. Soc. Anat. de Paris*, Vol. xxvii, 275) and the other by Bostroem in 1888 (*Deutsch. Archiv.*). Broca, in addition to reporting a very interesting case in a man 29 years old, analyzed twenty-eight other cases which he had been able to collect from the literature up to his time.

Like Rokitansky, Broca called attention to the frequent association of this lesion with atheroma, which is undoubtedly the most important factor in its etiology, and, in addition, emphasized a further fact of importance in the same connection, also mentioned by Rokitansky, by ascribing a certain percentage of cases directly to hypertrophy of the left ventricle associated with atheromatous degeneration of the aorta. According to Broca the increased force of ventricular contraction in these cases produces a more powerful recoil of the column of aortic blood following systole than the weakened vessel can stand, especially if there are protruding edges of calcareous plates offering additional resistance to the flow of blood. The result of such a condition of affairs as this is a tearing up of the intima, and in some cases also of the media with it, the rupture of the outer coat occurring some time later as a rule, either with or without an infiltration of blood between the two outer coats. For ruptures to occur in this way it is necessary that the aortic valves be healthy and allow no regurgitation of blood, and for this reason aortic valvular disease is but rarely noted in these cases. It was present in only two of the 50 cases that we have collected.

The paper by Bostroem mentioned as the second of importance since 1850 is probably the most exhaustive treatise on the subject of dissecting aneurisms that has been published. He does not deal with cases of simple rupture, but confines himself strictly to that form of rupture which leads to the infiltration of blood between the various coats of the vessel, and which we will speak of later on.

Woodward of Washington, D. C., contributed a short paper on this subject in 1875 (Transactions Medical Society, Washington, D. C., 1875), in which he upholds the view that rupture may occur in a perfectly healthy aorta. In this he stands at variance with the best authorities as already stated. Unfortunately in the case that he cites as illustrating his view the aorta, though not extensively diseased, was by his own account of it not normal, showing evidently areas of fatty change, which though they did but little damage, must have rendered the vessel less resistant than normal.

It is safe to assume that Woodward's view is not a correct one and that underlying every case of rupture there is some alteration, some reduction in the strength of the aortic walls.

Age and Sex.—It would most naturally be supposed that the largest number of cases of spontaneous rupture of the aorta or of any other vessel, or of the heart itself, would occur in men, since they are more exposed to hardships and to enduring heavy strains than are the gentler sex. Moreover, alcoholism and syphilis, which play such an important part in the causation of

atheromatous degeneration, though not uncommon among women, are far more frequent among men, and the results of our analysis of 50 cases taken from the literature of the past century, at random, from which all the figures subsequently to be given are taken, shows that this accident occurs in men in the proportion of 68 per cent. to 28 per cent. in women, there being 34 males, 14 females, and 2 cases in which the sex was not mentioned.

With respect to age, one would expect to find the number of cases increase as life advances, the greater number being among the aged. Broca showed that of his 28 cases the majority occurred between the ages of 30 and 60. Among our own cases this is also true, for between these ages there were 27 cases, while previous to 30 only 6, and after 60 but 11, making 17 in all, with 6 others the ages of which are not given. In other words, 54 per cent. of all cases occurred between 30 and 60, and but 34 per cent. at all other ages.

How to explain the fact that the greater number of cases does not occur later in life than 60 is difficult, unless we take into consideration the fact that as a rule after the age of 60 less heavy work is done, and consequently less strain endured, and also that atheroma, when due to alcoholism and syphilis, as it most frequently is, developes comparatively early in life.

Immediate Cause of Rupture.—While underlying the rupture of the vessel and being its determining cause is some defect in the walls of the vessel itself, some condition that causes a lessened resisting power to the force of the contained blood current, in the majority of cases one can find, in addition, some immediate cause for the fatal accident.

In the case that we report there being unfortunately no history obtainable, we can not say with absolute certainty what the rupture was to be attributed to, but from the histories of other similar cases, and from the fact that the man died while at work, and further, that he was accustomed to heavy labor, we are justified, as already stated, in assuming that the strain of some unusual effort probably determined the accident.

In reviewing our collected cases on this point it is interesting to note to what immediate cause the breakage of the vessel was attributed by the various recorders. Thus for example out of the 50 cases the recorders neglected to mention whether or not any cause was apparent in 21 cases, leaving 29 in which this point was discussed. Out of this number in only 5 cases, or in 17.25 per cent., it was stated that no cause whatever could be discovered, the patients dying while perfectly quiet, either in bed or sitting still, and apparently in perfect health.

For the remaining 24 cases the following causes were given: Unclassified strains, 6, or 20.71 per cent.; strain of vomiting, 3, or 10.34 per cent.; strain of convulsions, 5, or 17.25 per cent., leaving 10 cases in which the apparent determining cause was a greatly heightened blood pressure in 8, as mentioned and described both by Rokitansky and Broca, brought about by hypertrophy of the left ventricle in 5, or 12.25 per cent.; and by passions (anger, etc.) in 3, or 6.89 per cent., the remaining 2 cases being caused by some accident, as a fall, etc.

From these figures it will be seen that practically all cases of rupture, barring those due to accident, are due to heightened blood pressure brought about in some way. It is easily seen how an hypertrophied heart can bring about this result, or how the passions can reflexly produce the same thing. Strains of one kind or another heighten the arterial pressure in a double manner, as pointed out by Broca (loc. cit.) in 1852. In the first place, contraction of the abdominal muscles compresses the abdominal aorta to a certain extent, in this way increasing the tension in the thoracic portion of the vessel; this in turn still further increases the blood pressure by reflexly causing the heart to act more vigorously against the unusual resistance thus produced. Under the double strain the walls give way.

BIBLIOGRAPHY.

1 Breithaupt, C. W., "De Ruptura Aortae," 8vo. Berolini, 1836.
2 Von Heider, T., "Ueber Spontane Ruptur der Aorta Ascendens, 8vo. Bitterach, 1857.
3 Kreisler, O., "De Spontanea Aortae Ruptura," 8vo. Halis Saxonum, 1854.
4 Langerbach, C. J. A., "Ueber Aorten Rupturen mit Bezug auf Einen Fall von Totalen Quer-Ruptur der Aorta in Folge einwerkung indirecter Gewalt," 40, Kiel, 1869.
5 Rehm, H., "Ueber die Ruptur der Aorta," 8vo. Erlangen, 1852.
6 Rupprecht, B., "De Ruptura Aortae Spontanea," Berolini, 1839.
7 Vehling, C., "Perforation der Aorta in dem Digestionstractus," 8vo. Buckeburg, 1878.
8 Wollner, W., "Ueber die Spontane Ruptur der Aorta und das Verhältniss der Arterienerkrankung ueberhaupt," 8vo. Erlangen, 1856.
9 Agnew, E. J., "A Case of Rupture of the Aorta," Tr. M. and Phys. Soc., Calcutta, 1829, IV., 439.
10 Armitage, "Rupture of the Abdominal Aorta in a Child," Tr. Path. Soc., Lond. 1857-58, IV, 85.
11 Bennett, J. R. A Case. Med.-Chir. Tr. Lond. 1849, XXXII, 157-165. 1 Pl.
12 Beyer. A Case. Gen. Ber. d. k. Rhein, Med.-Coll. Koblenz, 1846, 72.
13 Bishop, C. S., A Case Communicating with the Oesophagus. Proc. Path. Soc. Philad. 1860, II, 58-60.
14 Bonnemaison, Rev-Med-de Toulouse, 1878, XII, 273-282.
15 Braccy, A. British M. J. Lond. 1866, II, 38.
16 Bristow, Tr. Path. Soc. Lond. 1863, XIV, 86.
17 Broca, Bull. Soc. Anat. de Paris, 1850, XXV, 246-255. Also another Case, Ibid, 1852, XXVII, 273.
18 Browning, B., British Med. Journ. 1871, II, 661.
19 Chamberlain, W. H., N. Y. Med. Journ. 1874, XX, 401-412.
20 Crisp, Treatise on Stricture, Diseases and Injuries of Blood Vessels, London, 1874, 290.
21 Champernois, "Observations du Rupture Violent des Membranes Internes de L'Aorte," J. de la Sect. de Med. de la Soc. Acad. Loire-Inf. Nantes, 1854, n. s. XXX, 207-214.
22 Chauvel, J., "Note Sur les Ruptures de L'Aorta," Gaz. Med. de Par. 1865, 3, s. XX, 409-429. Alos another Case. Ibid 1866, 3. s. XXI, 271-276.
23 Cowdell, C., "Two Cases due to Ulceration of the Aorta," Assos. M. J. Lond. 1853, 539-541.
24 Bruberger, Berl. Klin. Woch. 1870, VII, 360-362.
25 Buck, N. Y. M. J. 1867, IV, 375.
26 Burge, J. H. H. Proc. Med. Soc. Kings Co., Brooklyn, 1876, I, 19.
27 Collender, G. W. Tr. Path. Soc. Lond. 1856-7, VIII, 164-166.
28 Anon, Med. Times and Gaz. Lond. 1857, XIV, 376. [Case of Dr. Ball.]
29 " Allg. Wien Med. Ztg. 1869, XIV, 370.
30 " Lancet, Lond. 1839, II, 833.
31 " Med. Times and Gaz. Lond. 1870, I, 95.
32 " Rep. Com. Pub. Charat. and Corrections, N. Y. 1871, XII, 47.
33 Anon, Ber. d. k. k. Krankenanst Rudolph-Stiftung in Wien, 1868-69, 122.
34 " Lancet, 1832-33, p. 129.
35 Davies, Lancet, Lond. 1860, II, 583.
36 Delafield, Med. Rec. N. Y. 1867, II, 400.
37 Dickenson, Tr. Path. Soc. Lond. 1866, XVII, 84.
38 Duffey, G. H., Med. Times and Gaz. Lond. 1865, II, 689. Also anotner case. Doublin, Q. J. M. Sc. 1866, XLI, 202.
39 Elliotson, J. Lancet, Lond. 1832. I, 129-132.
40 Ellis, C. Boston M. and S. J. 1855, LII, 418. Also another case, Ibid, 1861, LXV, 371. Two other cases, Ibid, 1865, LXXII, 80.
41 Emmert, E. F. Schweiz. Ztschr. f. Nat. u. Hielk. Heilb. 1838, III, 125-129.
42 Fauvelle, Bull. Med. du Nord. Lille, 1864, 2, s. v. 182, 183.
43 Foot, A. W. Doub. Q. J. M. Sc. 1873, LVI, 427.
44 Forster, J. C. Tr. Path. Soc. Lond. 1848-50, I, 243. Also a case due to accident, Ibid, 1856-57, VIII, 163.
45 Morgagni, De Ledibus et Causis Morborum, Epist. XXVI § 15, 17, 21, Epist. XXVII and XXVIII.
46 Fox, A. W. Lancet, Lond. 1879, I, 511.
47 Gaskoin, Tr. Path. Soc. Lond. 1863, XIV, 84.
48 Giegel, A. Wurzb. Med. Ztschr. 1861, II, 107-112.
49 Gibert, Bull. Soc. Anat de Paris, 1858, XXXIII, 434.
50 Gordon, S. Med. Press and Circ. Lond. 1874, n. s. XVII, 243.
51 Green, Prov. M. and S. J. Lond. 1850, 608.
52 Hanot, Bull. Soc. Anat de Paris, 1870, XLV, 408.
53 De La Harpe, P. Bull. Soc. Med. de la Suisse Rom. Lausanne, 1877, XI, 97-9.
54 Harrington, H. L. Chicago M. J. and Exam. 1879, XXXVIII, 362.
55 Harris, Boston, M. and S. J. 1867, LXXVI, 63.
56 Hartigan, J. F. Tr. M. Soc. Dist. Col. Wash. 1874, I, 53-57.
57 Harvey, Doub. Q. J. M. Sc. 1857, XXIII, 223.
58 Hawkes, J. Tr. Path. Soc. Lond. 1871, XXII, 115-117.
59 Herr, Aerztl. Mitth. a. Baden, Karlsruhe, 1863, XVII, 161-163. A case with hemoptysis.
60 Hill, G. Med. Times and Gaz. Lond. 1863, n. s. I, 30. In a woman of 20.
61 Hume, J. Glascow M. J. 1831, IV, 140.
62 Humpage, E. Lond. M. Gaz., 1833, XII, 531.
63 Jackson, J. B. S. A. J. M. S. 1848, n. s. XVI, 300. Another case, Ibid, 1848, n. s. XVI, 301.
64 Johnson, G. Tr. Path. Soc. Lond. 1848-50, I, 244.
65 Kelly, C. Tr. Path. Soc. Lond. 1868, XIX, 185. Another case, Ibid, 1869, XX, 148.
66 Kolb. Ztschr. d. k. k. Gesellsch. d. Aertzte zu Wien. 1858, XIV, 595.
67 Laborde, Compt Rend. Soc. de biol., 1859, Par. 1860, 3, s. I, 30.
68 Lynn, Med. Rec. and Researches, Private Med. Assn. Lond. 1798, 71-82, 1 pl.
69 M'Dowall, J. W. Edinb. M. J. 1876, XXII, 318-321.
70 Magnan, Bull. Soc. Anat de Paris, 1864, XXXIX, 512.
71 Laennec; Tract de L'auscultation Medicale, Etc., Paris, 1831, Vol. III, p. 295.

(CONCLUDED NEXT WEEK.)

THE STRUGGLES OF SIR JAMES Y. SIMPSON.—A life of the late Sir James Simpson has just been published, written by his daughter, in which are many interesting facts connected with his life not generally known before, and of these the *Medical Record* makes the following notes: James Simpson was the son of the village baker at Bathgate in Linlithgowshire. At the age of fourteen he went to the University of Edinburgh, and was one of the hard-working, frugal race of Scotch scholars. He lived on $50 a year, his only extravagances being books. A significant entry is quoted from his diary; it is as follows: "Finnan haddies, *2d.* (4 cents); bones of the leg, £1 10*s.* ($7.50)." In 1838, when he was twenty-seven years old, he became lecturer in obstetric medicine in the Extra-Mural School. Two years after he was appointed professor of obstetrics at the University. In 1847 he discovered chloroform. At the early age of fifty-eight he died, his end hastened by overwork.

THE PREVENTIVE TREATMENT OF RABIES.

By John Ruhräh, M. D.,
Physician in Charge of the Pasteur Institute of the City Hospital of Baltimore.

REMARKS MADE AT THE NINETY-NINTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 27 TO 30, 1897.

THE preventive treatment of rabies by the Pasteur method should be particularly interesting to the society at this time owing to the fact that the College of Physicians and Surgeons has established a Pasteur department at the City Hospital. Although the department has been open for the reception of patients only two weeks, there are already six patients under treatment.

In calling your attention to this subject there are a number of points to be considered. In the first place, it is well to note the prevalence of rabies in the various countries. It is a disease widely distributed and more common than generally supposed.

In Russia and France it is quite common and deaths from the disease by no means rare. In Germany and Sweden, owing to the high dog tax and the better police supervision of all animals, the disease is comparatively rare.

In the United States the disease is far more common than is generally supposed. There have been a great many animals examined by competent veterinarians, or by inoculation experiments in the various laboratories, and if I am correctly informed, in almost all cases where the disease was suspected it proved to be true rabies. In man, too, there have been numerous cases both here in Maryland and in the other States.

The disease is most common in children, and more common in adult males than females. It is more apt to follow bites on exposed portions of the body, than elsewhere. Another important point is that of cauterization of the wound. When this has been done, the danger of infection is very much lessened. In the uncauterized cases about 83 per cent. of the people bitten by animals known to be rabid develop the disease, while in cauterized cases under the same conditions only 33 per cent. are affected.

Another point of importance in thus briefly considering the preventive treatment is the period of incubation. The average case develops in from six to ten weeks, but cases have occurred as early as the twelfth day, and as late as eighteen months after infection.

The action of the attenuated virus used in the treatment is not instantaneous, but it requires somewhere in the neighborhood of fifteen days after the injection has been given to establish an immunity. It is manifest, therefore, that cases developing before that period are unaffected by the treatment. Fortunately, these cases are rare and we do not often see failure from this cause.

The technique of the method is quite simple. The virus used is obtained from the spinal cord of a rabbit that has died of rabies, after having been inoculated subdurally with the "laboratory" or "fixed" virus. This cord is removed as soon after the death of the rabbit as practicable, and is divided into three inch lengths and suspended in drying bottles over caustic potash. These bottles are then placed in a dark room, free from dust and draughts. This room is kept at a temperature of twenty-three degrees centigrade the whole year round.

When a case is to be treated, a cord that has been drying for fourteen days is selected and under the strictest aseptic precautions a half centimeter is cut off and rubbed up into a perfectly smooth emulsion with three cubic centimeters of sterilized water. On the first day of the treatment the emulsions of the fourteenth and thirteenth day cords are used. The three cubic centimeters of fluid are injected into the subcutaneous tissue of the abdomen. Af-

ter that two injections of cords of increasing strength are given daily until the sixth day cord is used. The dose is then dropped to half the quantity, and only one injection a day given. The cords are used up to the third day, when the last three are repeated one or more times, according to the severity of the case.

The results of the treatment are very satisfactory, considering the high mortality rate of cases that are not treated. Since the Pasteur Institute was started in Paris there have been about eighteen thousand cases treated. The mortality of the last few years varies from one twenty-fifth to one thirteenth of one per cent.

THE TECHNIQUE OF THE PASTEUR ANTI-RABIC TREATMENT.

By N. G. Keirle, M. D.,
Professor of Pathology and Chief of Laboratory, "Pasteur" Department, College of Physicians and Surgeons, Baltimore.

When a person has been bitten by an animal that may have been rabid it is very important that this should be ascertained. The signs and symptoms, ante- and post-mortem, afford evidence of the nature of cumulative probability, approximating certainty, which can be absolutely demonstrated only by animal experimentation.

If a rabbit or guinea pig be trephined and a few drops of an emulsion from a small piece of the medulla oblongata of the suspected animal be injected beneath the dura, rabies, if present, discloses itself in about fifteen days with invariable uniformity in semiology. The first sign being tremor, a side to side shaking, when disturbed ; soon the animal staggers and falls when running ; this incoordination eventuates in paralysis ; convulsions may also occur. Death takes place some time during a period of about seventy-two hours. If from the medulla oblongata of the first rabbit a second be trephined, from this the third and so on until about a series of fifty have been so treated, the period of incubation lessens from fifteen to seven days, the cords of the latter constitute a fixed virus and are used in the prophylactic treatment of the disease by hypodermatic injection.

The course of the disease from inoculation to death is about twelve days, so that a few over thirty are all the transmissions that can be effected in a year. The Paris virus at this institution is 472 passage (beginning with the medulla oblongata of a rabid cow) through the rabbit.

I have the one hundred and nineteenth passage through the rabbit, which was started by trephining and injecting the medulla oblongata of a rabid cow. I was occupied about four years in accomplishing this. From the medulla oblongata of a rabid horse I also passed the virus from rabbit to rabbit until the tenth remove was reached.

Being curious to ascertain the susceptibility of the mouse to this disease, this little animal was injected hypodermically at the root of the tail with a few drops of an emulsion in sterilized water from the medulla oblongata of the tenth remove rabbit through this horse above referred to. The mice were then placed in cages with revolving wheels, which they delight in turning, and this they do with great dexterity, never missing in placing their feet upon the bars. The first sign of the disease is a disturbance of this precise coördination. It frequently misses the bars, thrusting its legs between them and finally becoming so paralyzed that it turns the wheel with its fore limbs, the hind ones, stiffly and motionlessly, extended backwards. Take a piece of the medulla oblongata of one of these mice when dead and trephine a rabbit, injecting a few drops of emulsion as before. This rabbit, after

the proper incubation, reproduces the disease with the same signs and symptoms. If this disease does not fulfil the requirements of specificity, no disease does.

This virus of rabies so persistent under favorable conditions is easily destroyed. Below 68° F. and above 78° F. it deteriorates and is destroyed rapidly at 108° F. This is exemplified in the gallinaceous fowl. A hen has a normal temperature of about 108° F.; when trephined and an injection of rabic virus made subdurally, it does not develop the disease until a lengthy period of incubation, 20 to 30 days or more. The fowl, though completely paralyzed, may recover. Should it die the disease cannot be communicated to rabbits by trephining and subdural injection of the medulla oblongata of the hen dead after this long course of disease. The virus has been rendered inert, probably by lengthy exposure to the normal high temperature. If, however, the hen be killed 15 days after trephining its medulla oblongata will be found virulent and will convey the disease.

The technique for the determination of rabies is simple and the result certain unless the cord has undergone putrefaction, when it will kill the rabbits in about 48 hours with sepsis. Should they escape this or recover from it they will die of rabies. Putrefaction does not necessarily destroy the virus. The operation of trephining is painless and requires no anesthetic, the use of which I have long abandoned and it is no longer used at the Institute Pasteur in Paris.

INCREASE OF INSANITY AND CONSUMPTION AMONG THE NEGRO POPULATION OF THE SOUTH SINCE THE WAR.

By Thomas J. Mays, A. M., M. D.,

Professor of Diseases of the Chest in the Philadelphia Polyclinic and Visiting Physician to the Rush Hospital for Consumption in Philadelphia.

READ BEFORE THE SECTION OF NEUROLOGY AND MEDICAL JURISPRUDENCE OF THE AMERICAN MEDICAL ASSOCIATION, JUNE 3, 1897.

STATISTICS gathered from the superintendents of southern hospitals for the insane show that both insanity and pulmonary consumption have disproportionately increased among the negroes of that section of our country since the close of the civil war. Thus, according to the United States Census, there were in 1860 only 44 insane negroes in the State of Georgia; in 1870 there were 129; in 1880, 411; and in 1890, 910. In North Carolina there were in 1880, 91 colored insane; in 1885, 144; in 1890, 244; in 1895, 307; and in 1896, 370. In Virginia before 1865 there were about 60 insane negroes in the asylums of that State and now there are over 1000. In the Eastern Hospital for the Colored Insane in North Carolina, consumption caused 14 per cent. of the total number of deaths in 1884, while in 1895 it produced 27 per cent. of all the deaths, and this in spite of a reduced general mortality rate. In the Mississippi Lunatic Asylum, from 1892 to 1896, consumption caused 42 per cent. of the total number of deaths among the negroes, or an increase of 22 per cent. over the death rate from this disease among the white population outside of hospitals for the insane (it being, of course, well-known that insanity predisposes to phthisis) if the latter is estimated at 20 per cent. In the Alabama Insane Hospital, during three years and nine months, beginning October 1, 1890, there occurred 295 deaths among 1700 white and negro patients. Of the 179 deaths among the white patients, 28 per cent. were due to tuberculosis and of the 116

deaths among the negroes, 42 per cent. were due to the same disease.

From this and other evidence which is presented, it is concluded that both of these diseases have disproportionately increased since the war, and that in all probability the causes which led to one also led to the other disease. The writer holds that the cause of phthisis resides in a disintegrated nervous system, and cites a number of concurrent authorities, as well as clinical and pathological data, to prove his position; and, among other conclusions, he draws the following: that both consumption and insanity are closely allied, both in personal and family history, to idiocy, hysteria, epilepsy, asthma, and to other diseases of the brain and spinal cord; that they are both produced by syphilis, alcohol, overwork, business vicissitudes, domestic trouble, mental anxiety, grief, disappointment, and excesses of all sorts—in fact, by any agent or influence which vitiates the brain or nervous system; and that those who are confronted by a new and higher civilization, and who are compelled to adjust themselves to these new relations, are excessively liable to fall victims to insanity and pulmonary phthisis.

The condition of the negro is viewed from these premises. Civilization is regarded as an accumulation of force, and the older the civilization the greater its momentum and the higher its plane; and when a lower civilization is precipitated into the midst of a higher, as in the case of the negro, it is the throwing together of two forces which differ in power and in rate of motion. The lower, in order to preserve itself, must make an effort to adjust itself to the course and changes of the higher movement, and the strain which is occasioned by this effort of adaptation falls on and vitiates the brain and nervous system, and this in turn gives rise to insanity and phthisis. The vices of alcoholism and syphilis, which are readily acquired by these people, accelerate the advent of these diseases by destroying the integrity of the brain and nervous system.

Viewing the condition of the Southern negro from these standpoints, it is perfectly obvious why insanity should necessarily develop, and on no other grounds can we explain why consumption should follow in the wake of insanity.

Those who were able to realize all the factors which would be called into activity by the environmental change of the negro after the war could, at the time it was made, have foretold the inevitable results which are now but too plain to everyone. It is in part a repetition of what happened, and now happens, to the aborigines of North America, Australia and New Zealand, who in their unequal warfare with modern civilization have been and are being fast decimated and exterminated by pulmonary phthisis.

Creosote in Pneumonia.—Casati (*British Medical Journal*), with the idea that creosote is a cardiac and nervine stimulant, was led to try it in 26 cases of pneumonia, forming part of a somewhat serious epidemic of that disease. The only case recorded in detail by the author is that of a man, aged 70, who was given creosote on the third day of the disease and recovered. Some of the cases were treated with creosote (in tincture of gentian) alone; in others this was supplemented by digitalis or caffein in small doses. The author believes that the cases treated with creosote recovered more rapidly and more thoroughly than those treated in other ways. He pushed the drug boldly, but never saw any unpleasant symptoms follow its use.

* * *

Delayed Delivery of a Second Twin.—Kalnikoff (*University Medical Magazine*) reports the case of a woman whom he delivered of a twin three days after the spontaneous birth of its brother. In this interval the mother had left her bed and attended to her household duties. Kalnikoff also removed both placentae. The woman passed through a normal puerperium and both children lived.

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

NINETY-NINTH ANNUAL SESSION, HELD AT THE HALL OF HE FACULTY, APL 27 TO 30, 1897.

SECOND DAY, APRIL 28, 1897.

DAY SESSION, 12 M.

Dr. John Ruhräh, physician in charge of the Pasteur Institute of the City Hospital, Baltimore, then opened the discussion on RABIES. (See page 205.)

Dr. William H. Welch then said that in drawing conclusions it was well to remember that such a disease as hydrophobia existed. This is unquestionable. Mistakes occur, but the disease has characteristic symptoms. Inoculation in animals *in serie* is a positive pathological proof of the existence of the disease. The state of mind has nothing to do with the matter, nor the element of fear, any more than syphilophobia can cause syphilis. The method of treatment rests on a complicated experimental basis which is just as satisfactory as is the treatment of diphtheria. The best way of finding its value is by the statistical method ; there is no other which is so valuable for this purpose, and thus we show that the method is efficacious. It is not a sure cure ; failures occur, but they are not numerous. The case which dies between the time of the bite and fifteen days after the beginning of treatment should not be counted in the statistics. The percentage of mortality is from one to three or four per cent. Those bitten through the clothing often escape; the mortality of those bitten on the head without treatment is from 80 to 100 per cent.; under treatment, 5 to 6 per cent. From 1886 to 1895 there were seventeen deaths from bites on the head and face at the Pasteur Institute, or 1.34. From 1890 to 1893, 135 persons were bitten on the head and face by rabid dogs and were treated with no deaths, not including those who died within less than fifteen days.

Dr. N. G. Keirle then spoke of the technique of the antirabic inoculation. (See page 206.)

Dr. J. B. R. Purnell of Easton made some remarks on this subject also.

Dr. C. Birnie of Tarrytown thought there was no doubt about the efficacy of the treatment.

Dr. John Morris did not believe that there were so many cases of hydrophobia, and thought that the discussion of the subject rather did harm in cultivating fear among the people. The paper was further discussed by Drs. Kemp, Goldsmith and Norment.

Dr. H. B. Jacobs then read a very elaborate paper on "EARLY SPINAL SYPHILIS WITH BROWN-SEQUARD PARALYSIS." This was discussed by Dr. George J. Preston.

BALTIMORE MEDICAL ASSOCIATION.

MEETING HELD JANUARY 25, 1897.

Dr. Randolph Winslow, President, in the chair.

Committee of Honor reported favorably upon the names of Drs. N. G. Keirle, W. H. Welch and S. C. Chew, all of whom were unanimously elected. Dr. C. Urban Smith proposed for membership Dr. Morris C. Robins, 1344 Druid Hill Avenue,

Dr. Randolph Winslow made some remarks upon affections of the stomach requiring operations. He related his experience with strictures of the esophagus the result of swallowing concentrated lye. The operation of gastrostomy was performed in the first case with benefit, but something else seemed needed. Retrograde dilatation was attempted, but unsuccessfully. An opening was then made in the esophagus through the neck. A small bougie was passed through this into the stomach and a ligature was attached to it and by a sawing motion the stricture was cut. The upper portion of the esophagus was impervious. This was cut through. Finally, however, the child died. In the second case dilatation of the esophagus was successful, a ligature was passed through in the same manner as in the first case, and by a sawing motion the stricture was cut. He recovered but the case was lost from fur-

ther observation. In the third case, a young white woman, gastrostomy was performed and retrograde dilatation of the esophagus was tried with success. The fistula in this, as in the second case, was closed. The case was successful, as further reports state. Gastrostomy means the making of an opening into the stomach, which orifice is to remain patulous more or less permanently. As the operation is now performed, a sphincter action is obtained by making the opening through the left rectus muscle. He described the different methods of performing the operation.

Dr. John Neff mentioned a case aet. 40 that was operated upon at the Johns Hopkins Hospital. The patient lived six or seven months after the operation. The post-mortem revealed occlusion of the esophagus by carcinoma.

Dr. C. Urban Smith: Often when passing bougies into the esophagus we find pouches, and in this way we get the impression that the instrument passes into the stomach.

Dr. David Streett spoke of mild cases of esophageal stricture that sometimes recover with little or no treatment. Dilatation is probably produced by the swallowing of food.

Dr. H. H. Biedler endorsed what Dr. Winslow had said and spoke of having performed the operation. He recommended the operation as the only means of saving or prolonging life. He also agreed with Dr. Streett.

EUGENE LEE CRUTCHFIELD, M. D.,
Recording and Reporting Secretary.

Medical Progress.

CYSTS AND TUMORS OF THE MAMMAE.—Dr. F. Sasse has a paper in *Medicine*, on "Cysts and Cystic Tumors of the Mammae." Including in his study the more recent works which have appeared in some abundance in the German periodicals of recent years, he says in résumé that as a result of his investigations, aside from the dermoids, the atheromas, and the echinococcus cysts of the mammae, there are in the first place such heterogeneous cysts of the breast as arise after a trauma or in a scar in the subcutaneous or interlobular connective tissue of the gland without any epithelial lining, especially without any relation to the proper tissue of the gland. To these are to be added those cysts that proceed from the glandular apparatus, bearing an epithelial lining, as the simple so-called retention cysts which arise either at the time of normal secretion, lactation (so-called galactoceles), or even at the time of abnormal secretion of the gland. Here commonly the cyst is an accidental or incidental finding in the presence of other pathological processes in the gland —for example, carcinoma, as a dilatation of the larger milk ducts. We distinguish, says Sasse, according to their mode of origin, two chief classes of cysts of the mammae: (1) Those that rest upon chronic interstitial inflammation and proceed from the dilatation of the excretory ducts, the mastitis *chronica cystica* of Koenig. (2) Those multiple cysts of the mammae arising from the purely epithelial proliferation and cystic dilatation of the acini, the polycystoma mammae, which occurs often on both sides, and then corresponds to the *maladie kystique* of Reclus, or to the picture described by Schimmelbusch under the name of cyst adenoma. The same mode of origin have also those small cysts which occur in the healthy parts of a carcinomatous degenerated mamma, often present in considerable number, even extending to the surface of the gland.

* * *

ENURESIS IN CHILDHOOD.—After reviewing other well-known causes of incontinence, Drs. Rochat and Jourdanet (*Gaz. des Hôpitaux* for January) discuss at some length the so-called "essential" form of the disorder. They consider that it is no more essential than the symptomatic incontinence, since, while depending upon a single primary cause, such as hysteria or simple neuropathy, it is also dependent upon very varied secondary causes which, in their turn, depend upon the clinical aspect of the case with which it has relation. First, there is a series of cases which are due to an abnormal exaggeration of the sen-

sibility of the muscular fibers of the bladder to distension. Second, there is a series of cases which are due to an abnormal exaggeration of the sensibility of the deep urethra. Third, there is a group of cases in which the incontinence is due to atony of the urethral sphincter muscle. And finally, there is a group of cases in which the incontinence is due to retention. The authors have seen three children who complained of incontinence of urine, and, upon examination, the bladder was found dilated and the membranous urethra was in such a condition of spasm that it was necessary to induce anesthesia before that portion of the canal could be examined with a metal instrument. These cases of retention are produced by an urethral spasm of neuropathic origin. The treatment of this condition is that of the neurosis itself. If there be abnormal excitability of the bladder, belladonna should be used. If there be hyperesthesia of the mucous membrane of the bladder or of the deeper portion of the urethra, local applications of cocaine to the deep urethra and even simple catheterism are indicated. In cases of incontinence from anesthesia of the urethra cauterization of the posterior portion of the urethra has been proposed. In cases of atony of the urethral sphincter, strychnine is indicated, and Guyon has advised the application of electricity to the atonic muscle. In order to combat psychic influence, methods should be adopted by which the patient is aroused several times during the night to empty his bladder. It is not necessary to punish or frighten the patient, except in the case of one who has been improperly brought up. Hypnotism has been suggested. In cases of retention of spasmodic origin the daily passage of sounds will be found very beneficial. In some cases it may be necessary to apply electricity to the body of the bladder in addition.

* * *

Digestive Disorders of Hernia.—In a recent German publication Dr. Kuthner emphasises the importance of hernia in causing digestive disturbances ranging from simple flatulence and anorexia to the most severe forms of colic, and he especially calls attention to the exclusion of the rarer forms of hernia in diagnosing such cases. Among these forms he lays stress upon hernia of the linea alba, which include the not rare extrusions through the fascia of pedunculated fatty tumors from the subperitoneal tissues. These occur most frequently in laboring men in the epigastric region, and are very liable to be overlooked and give rise to diagnosis of gastric ulcer, etc. The most important cause is trauma, and the typical symptoms are tenderness over the hernia, pain in severe attacks, usually caused by strong exertion, large or indigestible meals, and often vomiting. The general symptoms may be slight or go on to syncopal stupor. Vomiting may become so incessant as to endanger life. Not infrequently the symptoms are only those of mild gastritis or neurasthenia. Diagnosis is made by discovery of the tumor, which often gives the feeling of spurting when compressed, and by absence of any signs of other causes, such as gall stones, gastric ulcer and nephritic colic. When a tumor is absent, the especial difficulty in diagnosis is gastric ulcer, which may be excluded by the distinctly paroxysmal attacks of pain occurring at long intervals with no intervening dyspeptic symptoms, the lack of hematemesis and of evidence of disturbance of the gastric secretions. The only treatment is radical operation, when one will find the sac sometimes containing a knuckle of bowel (oftener a portion of omentum) and sometimes empty. Dr. Kuttner recites cases of his own which, though exhibiting severe symptoms, were entirely relieved by operation.

* * *

Cesarean Section for Pelvic Tumors.—Rakaeff (*British Medical Journal*) reports this case. The patient was a multipara, aged 35. The upper part of the left thigh was enormously swollen, and the hip-joint stiff. There was an osteo-sarcoma of the head of the bone invading the pelvis and growing rapidly. Cesarean section was performed, and the patient was well enough to leave hospital on the twelfth day.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, JULY 3, 1897.

Influence of General Diseases upon the Teeth.

AT a recent session of the Association for Internal Medicine in Berlin, Dr. Neumann delivered an instructive address on this topic, presenting in evidence observations on more than a thousand teeth. He held that the erosions began in children usually during the first five months of life. They are nearly always associated with rachitis, especially of the skull (Hutchinson's teeth not now considered). In Hutchinson's teeth the whole tooth is altered in shape by disease, being in this distinct from the normally shaped though thin and eroded teeth above mentioned.

The Hutchinson's teeth are not only misshapen but they stand away from one another, are turned on their axes, and lack the second of the three little hillocks which form the cutting edge of each normal upper middle incisor. There is an antero-posterior valley where this hillock should be. There are several modifications of the Hutchinson's tooth of less importance. The diagnosis of syphilis founded upon the presence of Hutchinson's teeth can be certainly made only when rachitis is positively excluded, and this is sometimes difficult because Hutchinson's are unfamiliar. In thirteen children hereditarily syphilitic Dr. Neumann found only four Hutchinson's teeth.

Dr. Neumann then referred to the superficial caries of the milk teeth which may begin with the very first glimpse of the erupting tooth, and which is often associated with nervous diseases; and closed with a description of the grey-green, or brown "circular caries" which attacks the milk teeth very soon after their eruption and may attack even the bone below. He thought it was most frequently associated with "scrofula" or tuberculosis.

In the discussion, Dr. Ewald stated that the staff of the Augusta Hospital Polyclinic were after long investigation still doubtful whether a positive diagnosis of syphilis ought to be made from the presence of Hutchinson's teeth without other symptoms or history.

To these reports, taken from the *Deutsche Medicinische Wochenschrift* of March 18, the writer would add that a prominent Baltimore dentist advises all of his patients who have had enteric fever to submit their teeth frequently to his inspection during the year following convalesence, because even the finest sets of teeth are apt to decay badly after that great fever.

* * *

The New Doctor.

THE new doctor is well-known in every city. He is a hustler, a specialist, limited from the start, a worshiper of new things, particularly those "made in Germany." It is interesting to observe his attitude toward the ailments of a child. Usually he dodges its treatment, preferring other specialties. Occasionally he makes a fad of its dress or nursing bottle.

When an out-and-out "new doctor" devotes himself seriously to the therapeutics of infancy and childhood in everyday practice (not in an occasional cyclopedia article), the result is very entertaining for the reader.

A recent Philadelphia medical journal presents the views of what is evidently a new doctor, who has attained a professorship in a medical school of good standing, upon the treatment of infantile convulsions. Some

excerpts will show the new ideas, mingled with those long known to the profession.

The physician called, he says, should set out instantly, having ready to hand (or sending for them on his way by the father or most alarmed person), the following articles, viz.: chloroform, chloral, a cylinder of oxygen, a hypodermic syringe, morphine, a soft rubber catheter, a fountain syringe, a clinical thermometer and three or four rolls of cotton wool. Arrived at the house, he should direct each of the bystanders to get various objects which may be needed, sending one person after each, viz: blankets, sheets, large towels (preferably bath towels), mustard, hot water, a bath thermometer (this latter seems to be the most important implement, as he has already sent the father or most alarmed person for it).

If the child is found in a bath it is at once to be taken out, as the bath may have overheated the skin; the possibly excessive mustard used is to be rinsed off and the skin protected from injurious results by petrolatum. Having packed and chloroformed the child, he explores its heart, lungs, nose, ears and prepuce.

For prolonged or excessive convulsions hypodermics of morphia, one-fiftieth of a grain at six months, repeated in double this dose if it is necessary in an hour, are recommended, with four grains of chloral by rectum. If the child is obstinately constipated our author recommends half a drop of croton oil, without stating at what age this powerful dose may be risked.

* * *

Operation for Thymus-Asthma.

THAT there is a grave and sometimes fatal form of dyspnea associated with, and apparently due to, hypertrophy of the thymus gland in infants, is now well established by the reports of a number of observers. Unfortunately it seems to have come to a diagnosis upon the necropsy table, rather late to be of any benefit to the little patient. Sometimes death has come on suddenly in these cases without evident antecedent disease.

Eminent writers have asserted that the very narrow space between the upper part of the sternum and the vertebrae of the infant may be so filled by the overgrown thymus that the compression exerted by this organ may produce death. Others have doubted whether so soft an organ could exert fatal pressure in this region.

A case reported by Dr. König in the *Deutsche Medicinal-Zeitung*, No. 27, 1897, is of especial interest in that the thymus enlargement was diagnosed before death, and in that the removal of a portion of the gland by operation relieved the dispnea. The infant, two months of age, was brought to clinic in Berlin for immediate tracheotomy to relieve its dyspnea. The mother stated that the child had an attack of dyspnea on the eighth day after its birth, and that since then the attacks had become ever more severe and frequent. The trouble had been referred to a little cyst on the base of the tongue which pressed upon the epiglottis, but puncture of this cyst gave no relief.

The upper air passages revealed upon inspection no condition which could cause the dyspnea. The skin, however, upon the neck above the sternal notch was very much relaxed and upon pressure here during deep respiration a tumor could be felt deep down.

When the tissues were cut through an enlarged thymus came into view reaching from the sternum to the thyroid gland and lying against the trachea. On lifting the thymus the breathing improved. A piece of the organ 4 by 2 centimeters was excised and no further asthma occurred.

Dr. König doubts whether the immediate pressure of the very soft, though hypertrophied, thymus caused the dyspnea, but is inclined to believe that it was a reflex result of the rubbing of the great vessels and nerves of the neck by the enlarged thymus as it moved up and down in respiration.

* * *

Children's Fresh Air Society.

THIS Society sends children (free from disease) between five and twelve years of age from the hot streetlets and alleys of the city for a summer vacation of two weeks in country districts of Maryland and neighboring States, where farmers and other householders of repute welcome them as their guests free of charge. It is an event in the parched lives of these little ones; it helps to make strong citizens; it shows some little waifs from degraded homes what pure country air and a pure country home are like. Any reader interested may address the Secretary, Y. M. C. A. Building, Charles Street, 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 June 26, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		10
Phthisis Pulmonalis		18
Measles	21	1
Whooping Cough	5	4
Pseudo-membranous Croup and Diphtheria	15	4
Mumps		
Scarlet fever	17	1
Varioloid		
Varicella		
Typhoid fever	2	1

Dr. William T. Atkins, a prominent physician and good citizen of Toronto, Canada, died at his home recently.

The Medical Society of Virginia will hold its annual session at Hot Springs, Virginia, August 31, September 1 and 2.

Dr. E. R. Dotson of Glenville, West Virginia, has been elected as assistant superintendent of the Second Insane Asylum at Spencer.

Fresenius, the celebrated chemist, died recently at Wiesbaden. He was born in 1818 and had been a voluminous contributor to chemical science.

The Medical Examining Board of Virginia held a preliminary meeting in the Capitol Building at Richmond, on June 21, and the regular meeting June 22, 23 and 24.

The following physicians have been elected at the Baltimore General Dispensary to serve for one year: Dr. Henry M. Baxley, physician in charge, Drs. E. A. Munoz, F. Caruthers and S. Griffith Davis, attending physicians.

The German Congress of International Medicine will, after an interval of thirteen years, hold its annual meeting in Berlin. Professor Liebreich will read a paper on The Objects of Modern Medicinal Therapeutics and Professor Behring on Experimental Medicine. One session will be devoted to demonstrations.

The *Atlanta Medical and Surgical Journal* says that the report that several prominent physicians of that city were to be tried for permitting their pictures to be published in the daily papers is absolutely false.

An exchange says that the New York Court of Appeals, in denying the motion for reargument of the celebrated Fayerweather will case, makes good the decision of weeks before, ordering the distribution of $2,500,000 residue of the estate to the twenty colleges named in the will. The University of Virginia gets $150,000, which its Medical Department hopes will be spent to better its hospital accommodations.

The *Medical Standard* says that there are in the United States about eighty institutions teaching medicine. In twenty-eight of these, located in twenty-one States, the matriculants for 1897 number, in round terms, 7,000. Estimating the total number of matriculants upon the actual figures from these twenty-eight institutions there would be for the present year not less than twenty-five thousand persons entering upon the study of medicine.

According to the *British Medical Journal*, a Berlin local Committee for the International Medical Congress in Moscow has been formed, with the object of protecting the interests of the Berlin colleagues attending the Congress, and also as a Reception Committee for foreign doctors passing through Berlin on their way to Russia. Professor O. Liebreich is president of the Committee, which numbers among its members Professors Furbringer, Tolly, Hahn, H. Munck, Olshausen, Landau, Renvers, Senator, Sonnenburg and others.

Professor Virchow has always been among the men of rare brain power, says the *British Medical Journal*, who find repose from work in taking up work of another kind; nor does age seem to diminish his activity. At present he is staying at Brünn, in Austria, where, in the company of several distinguished German and Austrian anthropologists, he is examining prehistoric caves, in which bones of diluvial man and of diluvial animals—such as the mammoth, wisent, cave bear, etc.—have been discovered, and where he hopes to bring the question whether diluvial man was contemporaneous with the diluvial animals a little nearer solution.

Book Reviews.

HYSTERIA AND ALLIED CONDITIONS; Their Nature and Treatment, with Special Reference to the Application of the Rest Cure, Massage, Electrotherapy, Hypnotism, etc. By George J. Preston, M. D., Professor of Diseases of the Nervous System, College of Physicians and Surgeons, Baltimore; etc. Illustrated. Philadelphia: P. Blakiston, Son & Co. 1897. Pp. 300.

A systematic treatise on hysteria has long been a desideratum in the English language. The many excellent works upon the subject in French and German are inaccessible to most English readers. Dr. Preston's work comes therefore as an especially welcome addition to our neurological literature. The author states the objects of his book to be "to present the symptomatology and differential diagnosis of hysteria in as concise a manner as possible, and to indicate the various therapeutic measures that have been found useful in the treatment of this disorder. The general practitioner, for whom this book is especially intended, not only wants to know to what class of cases the rest cure, massage, electricity, etc., are applicable, but also how these important therapeutic measures are to be carried out."

In the fulfilment of these objects Dr. Preston has been singularly successful. He has produced a work that will stand favorable comparison with the best works on the subject in any language. The reviewer has some knowledge of the modern literature of hysteria and he can unreservedly state that this little book ranks easily with the best. To the fulness of knowledge gained from a study of the literature, as well as personal clinical investigation, is joined a clearness of statement, calm judgment and an excellent literary taste that render Dr. Preston's book one of the more notable recent additions to medical literature.

The book is divided into eleven chapters treating of the history, the nature, etiology, pathology and general symptomatology of hysteria. Then follow chapters describing clearly and with sufficient fulness the individual symptoms and stigmata of this disease; the mental condition of hysterics, the differential diagnosis of this disease from neurasthenia and other morbid conditions and the treatment. This is gone into fully and the various measures indicated are clearly described and their indications formulated with precision.

There are many points to which the reviewer should desire to draw attention did space permit; but he cannot refrain from pointing out that Dr. Preston agrees with the majority of sensible general practitioners in assigning to reflex irritation not a little influence in the causation or aggravation of hysteria. The pages upon this particular topic are worthy of the most careful study and consideration.

The value of suggestive therapeutics in the treatment of hysteria is clearly pointed out.

The paper, type, press-work and binding reflect credit upon the publishers. Several typographical errors in the spelling of proper names mar what is otherwise a work deserving unequivocal commendation.

MR. W. B. SAUNDERS of Philadelphia announces the following books in preparation for early publication:

Anders' Theory and Practice of Medicine. A Text-Book of the Theory and Practice of Medicine. By James M. Anders, M. D., Ph. D., LL. D., Professor of the Theory and Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia.

MacDonald's Surgical Diagnosis and Treatment. By J. W. MacDonald, M. D., Graduate of Medicine of the University of Edinburgh; Licentiate of the Royal College of Surgeons, Edinburgh; Professor of the Practice of Surgery and of Clinical Surgery, Minneapolis College of Physicians and Surgeons.

An American Text-Book of Genito-Urinary and Skin Diseases. Edited by L. Bolton Bangs, M. D., Late Professor of Genito-Urinary and Venereal Diseases, New York Post-Graduate Medical School and Hospital, and William A. Hardaway, M. D., Professor of Diseases of the Skin, Missouri Medical College.

An American Text-Book of Diseases of the Eye, Ear, Nose and Throat. Edited by G. E. de Schweinitz, M. D., Professor of Ophthalmology in the Jefferson Medical College, and B. Alexander Randall, M. D., Professor of Diseases of the Ear in the University of Pennsylvania and in the Philadelphia Polyclinic.

Current Editorial Comment.

A NURSE'S KNOWLEDGE.

Boston Medical and Surgical Journal.

THE advantages accruing to the modern trained nurse from a familiarity with technical medical terms are shown by the recent remark of a nurse in attendance upon a man suffering from vesical retention. The patient had for some days been obliged to make several futile attempts in each case before accomplishing the function of micturition. Finally relief came, and the nurse saluted the doctor at his morning visit with the cheerful words, "He passed water today *by the first intention*."

ADVANCED MEDICAL EDUCATION.

The Journal.

WE do not wish to discourage a thorough preliminary training before entering upon the study of medicine; but the idea that a degree from any college is evidence of such training is not true in many cases. While the medical colleges are extending their courses and requiring more thorough preparation before entering, they can not reach the end sought for in a thoroughly educated profession by accepting the diplomas of colleges without question or examination. While we all recognize that graduates of the leading medical colleges may be very scantily equipped for the practice of medicine, it is a notorious fact that men with diplomas from the most famous institutions in this country are often very weak and uncultured.

A CROWDED PROFESSION.

Cincinnati Lancet-Clinic.

PHYSICIANS themselves should be very slow about offering words of encouragement to young men and women to enter upon a study ofmedicine, but should point out to them the required four long years of arduous study, and the not less than four years interval before it will be possible to gain a living from practice, during which period they must live as though possessed of a small gold mine or an oil well. Eight years or more to a living might deter even the boldest. The prizes in medicine are extremely limited in size and few in number. Some are gilded, glittering baubles, and represent untold debts, hard work, sleepless nights and endless anxiety, while a very small number indeed stand for that which is real and enduring.

Society Meetings.

BALTIMORE.

BALTIMORE MEDICAL ASSOCIATION, 847 N. Eutaw St. JAS. E. GIBBONS, M. D., President. E. L. CRUTCHFIELD, M.D., Secretary. Meets 2d and 4th Mondays of each month.

BALTIMORE NEUROLOGICAL SOCIETY. Meets 3d Wednesday each month. SAMUEL J. FORT, M. D., Secretary.

BOOK AND JOURNAL CLUB OF THE FACULTY. Meets at call of President.

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

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

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d and 4th Thursdays of each month—October to June—8.30 P. M. J. B. SCHWATKA, M. D., President. S. T. ROEDER, M. D., Corresponding Sec'y.

MEDICAL JOURNAL CLUB. Every other Saturday, 8 P. M. 847 N. Eutaw St.

THE JOHNS HOPKINS HOSPITAL HISTORICAL CLUB. 2d Mondays of each month, 8 P.M.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY. Meets 1st and 3d Mondays, 8 P.M.

THE JOHNS HOPKINS HOSPITAL JOURNAL CLUB. Meets 4th Monday, at 8.15 P. M.

MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE. SUE RADCLIFF, M. D., President. LOUISE ERICH, M. D., Corresponding Secretary. Meets 1st Tuesday in the Month.

UNIVERSITY OF MARYLAND MEDICAL SOCIETY. Meets 3d Tuesday in each month, 8.30 P. M. HIRAM WOODS, JR., M. D., President, E. E. GIBBONS, M. D., Secretary.

WASHINGTON.

CLINICO-PATHOLOGICAL SOCIETY. Meets at members' houses, 1st and 3d Tuesdays in each month. ARTHUR SNYDER M. D., President. R. M. ELLYSON, M. D., Corresponding Secretary. R. T. HOLDEN. M. D., Recording Sec'y.

MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets 1st Thursday each month at members' offices. FRANCIS B. BISHOP, M.D., President. LLEWELLYN ELIOT, M. D., Secretary and Treasurer.

MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA. Meets Georgetown University Law Building 1st Tuesday in April and October. G. WYTHE COOK, M. D., President. J. R. WELLINGTON, M. D., Secretary.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets Wednesday, 8 P. M. Georgetown University Law Building. S. C. BUSEY, M. D., President. HENRY L. HAYES, M. D., Recording Secretary.

OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY OF WASHINGTON. Meets monthly at members' offices. President, S. O. RICHEY, M. D. Secretary, W. K. BUTLER. M. D.

WOMAN'S CLINIC. Meets at 1833 14th Street, N. W., bi-monthly. 1st Saturday Evenings. MRS. EMILY L. SHERWOOD, President; DR. D. S. LAMB, 1st Vice-President. MISS NETTIE L. WHITE, 2nd Vice-President. MRS. MARY F. CASE, Secretary. MISS MINNIE E. HEIBERGER, Treasurer.

WASHINGTON MEDICAL AND SURGICAL SOCIETY. Meets 1st Monday in each month. N. P. BARNES, M. D., President. F. W. BRADEN, M. D., Secretary.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY. Meets 1st and 3d Fridays of each month at members' offices. GEORGE BYRD HARRISON, M. D., President. W. S. BOWEN, M. D., Corresponding Secretary.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVII.—No. 13. BALTIMORE, JULY 10, 1897. WHOLE No. 850

Original Articles.

EIGHT CONSECUTIVE CASES OF LARYNGEAL DIPHTHERIA SUCCESSFULLY TREATED BY INTUBATION AND WITH ANTITOXINE.

By J. W. Humrichouse, M. D.,
Hagerstown, Md.

READ AT THE NINETY-NINTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND HELD AT BALTIMORE, APRIL 27 TO 30, 1897.

CASE I.—Boy, four years old, sick three days, was seen with Dr. J. McPherson Scott, October 30, 1896. He had a small patch upon the lower part of the left tonsil, was aphonic, breathing labored, and his face showed some cyanosis. Upon the above date, the fourth day of the disease, a tube was put into the larynx, and 10 c. cm. of antitoxine administered. The child rapidly improved, and the tube was removed four days after it had been put into the larynx.

CASE II.—Boy, twenty months old, had been treated by Dr. E. A. Wareham three days. November 7, 1896, membrane was present to a small extent upon one tonsil, and its presence in the larynx was manifested by stridulous breathing which could be heard in an adjoining room. Intubation was performed, and 10 c. cm. of serum injected upon this the fourth day of the sickness. While making a visit the night of November 9, the tube became clogged with secretions, and the child stopped breathing. With some difficulty, for the child's head was hanging limp over its nurse's shoulder, the mouth was opened, the tube quickly extracted, and artificial respiration kept up by Dr. Wareham until the natural breathing was reëstablished. The following morning, November 10, it was necessary on account of the dyspnea to reinsert the tube, and also, because the membrane still existed upon the tonsil, to give an injection of 1000 units of antitoxine. No further difficulty was experienced, and upon November 12, the fifth day after the operation, the tube was extracted.

CASE III.—Girl, seven years old, was taken sick November 24, 1896, when she was seen by Dr. J. E. Pitsnogle and treated for sore throat. November 28, her voice was reduced to a whisper, and the night of November 29, she tossed her arms about and fought for breath. November 30, the sixth day of the illness, the stenosis was relieved by intubing and 2000 units of antitoxine were administered. December 2, two or three pieces of membrane were coughed up and three small patches which had been upon the tonsils were no longer seen. The tube was extracted December 4, four days after insertion.

CASE IV.—Boy, four years of age, was under the care of Dr. R. L. Edwards. On the fourth day of his sickness, December 4, 1896, the respirations were so labored that an O'Dwyer tube

was introduced into the larynx and 1500 units of antitoxine given. The symptoms abated, and on the fourth day after intubation it was deemed safe to remove the tube. There were no patches upon the tonsils in this case.

CASE V.—Boy, sixteen months old, had white patches on tonsils, December 19, 1896; becoming hoarse, Dr. J. E. Pitsnogle, December 22, the third day, gave him 1000 units of antitoxine, and on the fourth day, at 2 A. M., I intubated on account of the labored breathing. The respirations prior to intubation were sixty a minute, and after it they were thirty-six. An hour and a half after the operation, he had such a violent attack of coughing and strangulation that I was hurriedly sent for and found him with fifty-eight respirations per minute. Feeling sure that the tube had been coughed into the mouth and swallowed, a second tube was introduced with prompt relief. A second injection of 1000 units was given. December 24, the fifth day, the tube was coughed out after having been thirty-three hours in the larynx, and it was not necessary to put it back. The tube which had been swallowed was recovered some days later.

CASE VI.—Girl, six and a half years old, was seen with Dr. Clara Eierly, December 27, 1896, the third day of the illness. The voice was almost extinguished, the breathing so obstructed that the supraclavicular and intercostal spaces were drawn inward with the inspirations, a membranous patch existed upon the tonsils and uvula, and the cervical glands were swollen and painful. Intubation was done and directly afterward 2000 units of antitoxine were given. The next day, December 28, a second injection of 2000 units was administered for the reason that membrane could still be seen. December 29, the patch upon the uvula had almost disappeared; and upon the 30th, there was a remnant upon one tonsil only. December 31, the tube was extracted four days after its insertion, and the patient speedily recovered.

CASE VII.—Ruth H., five and a half years of age, had no membrane in throat March 25, 1897, when examined by Dr. A. S. Mason. March 26, the left tonsil was covered, and stenosis of larynx was present sufficient to give the face a bluish tint, and to cause hurried respiration. Intubation was done and 2000 units of antitoxine administered. March 27, membrane being still present, an injection of 1000 units was given. March 28, the patch was reduced to a point, and the next day the tube was removed.

CASE VIII.—Catharine, twenty-two months old, sister of Ruth, was seen by Dr. A. S. Mason, March 29, 1897, and found to be hoarse with croupy cough, with a film of membrane upon left tonsil and a small patch upon the right. The breathing was not embarrassed, and hoping to prevent the development of membrane in the larynx, an injection of 1000 units of antitoxine was given in the morning, and the same dose repeated in the afternoon. The mother said that the child had been sick about fifteen hours before the doctor saw her. March 30, the respirations became noisy and more frequent, and to prevent stenosis the third injection of 1000 units was given; but at 8 P. M., the distress not having been relieved, a tube was put into the larynx, and immediately afterward a fourth injection of 1000 units was administered. March 31, the membrane upon the tonsils had disappeared and upon April 1, the child looked well and it was thought safe to remove the tube. Two hours and a half after the removal the respirations ran up to 58 per minute and it became absolutely necessary to reinsert it. The fifth and last injection of 1000 units was also given. April 4, three days after the second insertion of the tube, it was taken out but put back again by Dr. R. Scheller on account of asphyxia. It remained in the larynx four days after the third insertion and after extraction no further trouble was experienced. This little patient received 5000 units of antitoxine, and was intubated three times, the tube having been in the larynx eight days and a half. The antitoxine, although administered early, did not obviate the necessity of performing intubation.

The cases which I have described were not malignant; the patches of membrane were small, and toxic symptoms were not marked; but in everyone I was obliged to perform intubation in order to avert death from stenosis of the larynx. It was not the diphtheritic toxemia which threatened life, but the local lesion in the larynx.

This mild character was due either to the type of the epidemic, or to the use of antitoxine; and the question arises whether the cases would have recovered without antitoxine. Answering the query from personal experience, I would state that prior to the introduction of antitoxine I intubated five cases of laryngeal diphtheria and had one recovery. The difference in the results of the two series of cases, the one of five treated without antitoxine, with one recovery, the other of eight, treated with antitoxine without a death, can only be attributed, I think, to the antitoxine.

In all, except one, of the eight cases the membrane appeared upon the tonsils as well as in the larynx. The ages varied from sixteen months to seven years. Bacteriological cultures were not made. The antitoxine was administered within from one to six days after the first appearance of the disease and in from one to five injections. The smallest dose was 1000 units, and the largest total dose 5000 units. Stenosis was present in all and I was called by the attending physician in each case to relieve the asphyxia by intubation. The tube remained in the larynx from thirty-three hours to eight and a half days. No complications occurred — neither broncho-pneumonia, nephritis nor subsequent paralysis.

ILLUSTRATIONS OF THE VALUE OF BACTERIOLOGY IN PREVENTING THE SPREAD OF DIPHTHERIA.

By William T. Watson, M. D.,
Baltimore.

READ AT THE NINETY-NINTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 27 TO 30, 1897.

In these times of financial stringency, when increased prosperity is the prayer of the multitude, and the "Advance Agent of Prosperity" has been exalted to the highest station in the land, the curious spectacle has recently been seen in Baltimore of a large number of gentlemen assembled in convention in order to discover the best means of cutting off the sources of their prosperity. I refer, of course, to the recent Health Conference. Viewed from a business standpoint, their deliberations were simply idiotic; viewed from the standpoint of philanthropy, their motives are worthy of more praise than the community will ever accord to them.

I have recently done a little work in the line of cutting off the sources of my prosperity; and, while rewarded to some extent by the approval of my conscience, I feel that there is yet something lacking, for I do not think I have received the full approval of my patrons and I have received censure where I should have had approbation.

On December 26, I was called to V. C., aged 3 years. She had a slight fever and some difficulty in swallowing. She had a follicular tonsilitis. On clinical grounds I could not have diagnosed it as diphtheria, but such by culture it proved to be. Antitoxine was administered; the exudate disappeared in a few days, and the child was as well as ever. I then made another culture and found the bacilli present. Cultures were then made at intervals of two or three days during the next four weeks, but each time the City Bacteriologist, Dr. Stokes, reported that the bacilli were present. Finally, on February 1, the bacilli disappeared.

The mother of this child contributed

largely to the support of the family by keeping a kindergarten school. The schoolroom adjoins the living rooms and is used by the family before and after school hours. The children of the teacher mingle freely with the pupils. Here, then, we have an ideal place for the dissemination of diphtheria; and that it was not contracted by the pupils and spread throughout the neighborhood is due entirely to the aid of the City Bacteriologist; for the general practitioner has not the time, even if he has the skill, to do the bacteriological work in such cases, and I probably would not have followed up the case as I did without such assistance, but would have allowed the child to mingle with others at least a couple of weeks before the bacilli disappeared and while the child was still a source of infection.

On January 18, I was called to see T. W., aged 5 years. His tonsils were hyperemic, and on the pharynx there was a patch of membrane about the size of a split pea. This patch disappeared in two days. Cultures showed the presence of diphtheria bacilli. I examined the throats of the other children in the house and found a small patch on the tonsil of another boy, who otherwise had no symptoms. A culture from his throat was also positive. The membrane also disappeared from his throat in a couple of days. Cultures were made every two or three days until February 6, 1897, when the bacilli were absent from the throat of the first child. A culture from the second child had shown very few organisms a day or two before this date and no further cultures were made. One of these children never suffered the slightest indisposition, and the other was but slightly ill for two or three days.

The circumstances surrounding these cases were also such as to furnish an excellent opportunity for the spread of diphtheria. The mother is a dressmaker, who works in her parlor, which is also a play room for her children and reception room for her patrons and visitors. By stopping the woman's work probably a good deal of contagion was avoided; by keeping these healthy children from school till they were no longer dangerous to others, contagion was avoided on a larger scale. In each of these two families the reports from the Health Department were a source of disappointment and annoyance. While the bacilli persisted, the main support of each family was cut off and there was the added trouble of trying to isolate children who were perfectly well and anxious for liberty.

The families naturally became impatient with bacteriology and also with their doctor for not sooner destroying the germs. It certainly is asking a great deal of the average citizen to believe that children who have never been ill enough to be off their feet are a source of danger to the community for the matter of several weeks. Even people of more than average intelligence become skeptical in such matters, as in the case of an army officer, told me by Surgeon Walter Reed of the United States Army. Cultures were made from the throat of the officer's child at frequent intervals for nine weeks, and each time the bacilli were not only found but also demonstrated to be virulent. At last the officer became so impatient that the doctors were forced to desist from making further cultures.

These cases led me to wonder how long these bacilli can remain in the throats of patients after the disappearance of the membrane, and if, after remaining for a long time, they still retain their virulence and are in reality a source of danger to others. I did not have to look far for positive information on these points; for, through the kindness of Dr. Hermann Biggs, I was put in possession of the diphtheria literature issued by the New York Health Department, which completely covers this ground.

Regarding the length of time in which the bacilli remain in throats after the disappearance of the exudate, the bacteriologists of the Health Department made observations in 605 cases of diphtheria with the following results: In 304 cases the bacilli disappeared within three days. In 301 cases the bacilli persisted for a longer time, viz.: In 176

cases for 7 days; in 64 cases for 12 days; in 36 cases for 15 days; in 12 cases for 3 weeks; in 4 cases for 4 weeks; in 4 cases for 5 weeks; and in 2 cases for 9 weeks.

And further, "The bacilli, which in a certain proportion of cases persist in the throat after an attack of diphtheria, are always virulent for some time. In the exceptional cases in which the bacilli persist for a very long time it is found that they occasionally lose their virulence a few days before their final disappearance, while in other cases they retain their virulence to the end."

The rule which they lay down in their circular of May 1, 1896, is this:

"Persons who have suffered from diphtheria should be kept isolated until cultures prove that the bacilli have disappeared from the throat. When cultures cannot be made, isolation should be continued for at least three weeks after the membrane is gone."

Of course with these facts in mind we cannot do otherwise than insist on the isolation of our patients until cultures show that the bacilli have completely disappeared. How shall we do this and still keep the good will of our patrons who are thereby so greatly inconvenienced and who are subjected to a large doctor's bill, the greater part of which is contracted not in the cure of their children, but for the protection of the general public?

The only answer I can give to this — and it is but a partial one — is that a new circular should be issued by our health authorities which shall clearly state to parents the possibilities of the persistence of the danger of infection after this disease and which shall emphatically state that no person in whom the bacilli have once been found shall be allowed to mingle with others until the bacilli have been shown by cultures to have disappeared.

Habitual Constipation. — Ewald states (*Modern Medicine*) that habitual constipation may be due either to a diminished irritability of the intestinal nerves or a defective development in the muscular coat of the intestines. A hereditary factor is often present. Constipation may also be due to the following causes: (1) Suppressing the desire; (2) unsuitable diet; (3) sedentary habits; (4) disturbance in the circulation, as in heart disease, or by mechanical pressure which may be produced by pregnancy; (5) displacement of the bowel; (6) adhesions.

The symptoms are both general and local. The relation of constipation to mental disturbance is well known. The theory of intestinal intoxication, although not absolutely proved, cannot, in the author's opinion, be set aside. The prognosis as regards recovery from habitual constipation is doubtful. The author recommends that as few purgatives as possible should be used. The various methods of treatment are: (1) dietetic; (2) physio-mechanical; and (3) medicinal. Such foods as are known to increase peristalsis should be used; and massage and electricity, when properly administered, are to be highly recommended. Clysters may also be used with good results in many cases.

* * *

On the Intra-Tonsillar Injection of Carbolic Acid in Tonsillitis.— Kramer is reported in the *Therapeutic Gazette* as having employed parenchymatous injections of carbolic acid in severe tonsillitis, particularly where it was thought there was a tendency to abscess formation. The part is made completely anesthetic by the use of cocaine solution; a sterilized needle attached to a Pravaz hypodermic syringe is gently introduced into the gland, and through this is injected from one-half to one cubic centimeter of a two or three per cent. solution of carbolic acid. This may be repeated once or twice a day. The treatment has been employed by Höfer in Munich, with asserted advantage.

SPONTANEOUS RUPTURE OF THE AORTA EXCLUSIVE OF RUPTURED ANEURISMS;

WITH AN ANALYSIS OF FIFTY CASES.

By Delano Ames, A. B., M. D.,

Lecturer on Pathology and Director of the Pathological Laboratory in the Baltimore Medical College; Pathologist and Visiting Physician to the Maryland General Hospital; Pathologist to the Union Protestant Infirmary, Baltimore.

AND

W. Guy Townsend, M. D.,

First Assistant Pathologist in the Baltimore Medical College; Corresponding Secretary of the Medical and Chirurgical Faculty of Maryland, etc.

READ BY DR. TOWNSEND AT THE NINETY-NINTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 27 TO 30, 1897.

(CONCLUDED FROM LAST WEEK.)

Location of Rupture.—Since, as we have just seen, the determining cause of aortic rupture is in most cases heightened blood pressure exerted on the walls of an already diseased blood vessel, we would naturally expect to find that the vessel gives way at the portion most subjected to the unusual strain. In the aorta this is naturally some part of its curved portion, the arch, since here the bending of the vessel presents a barrier against which the full force of the blood current is projected. One further point must, however, be borne in mind, and that is, as pointed out by Rokitansky and Broca, the fact that the recoil force of the column of aortic blood may be sufficient to tear up the intima, especially if diseased, and sometimes also the media as well, just above, or even behind the aortic valve segments. This further fact would lead us to expect to find a certain proportion of cases at the very commencement of the vessel.

Aside from these considerations, other causes, which will be discussed later, would determine the location of the remaining percentage of cases in one or another portion of the vessel.

While from *a priori* reasoning the arch would appear to be the most frequent seat of rupture, we find that in our series of cases this was the location in only 10, or in 20 per cent., while the breakage occurred below the arch, or as variously described as "just above the valves," or "near the heart," or "between the heart and the reflexion of the pericardium," or again as "just above its origin," etc., in 26 cases, or 52 per cent., which fact would lead us to believe that considerable weight should be attributed to the reasoning of Rokitansky and Broca already given.

Aside from these two chief locations the rupture occurred in 9 cases, or in 18 per cent., in other places, twice only occurring in the abdominal aorta, while in but 5 cases, or in 10 per cent., the exact location was not mentioned.

It is a matter of remark that out of 46 cases in which the fact is mentioned, 23 occurred within the pericardium, and exactly the same number without this sac, inclusive of the two abdominal ruptures. In the series of 28 cases analyzed by Broca 19 cases occurred within the pericardium and only 9 in the remaining portion of the aorta. Since our conclusions are drawn from a larger number of cases than his it is probable that they are more nearly correct.

Character of the Rupture.—A study of the different ruptures found in the 50 collected cases reveals the fact that they can be divided into three groups according to the character of the tear as follows:

GROUP 1. Those in which the breakage occurs through all the coats at once, the external opening corresponding exactly with the internal one.

GROUP 2. Those in which the tear in the intima and media has taken place

previously to that in the external coat, the inner opening not exactly corresponding with the outer, no infiltration between the coats of the vessel taking place.

Group 3. Those cases like Group 2, but in which blood has infiltrated between the two outer coats, frequently for some distance. This class consists of the cases of so-called "dissecting aneurisms."

Twenty-seven, or 54 per cent., of the 50 collected cases belong to the first group, in which we find that the rupture has broken entirely through all coats of the vessel at one time, allowing extensive hemorrhage to take place within or without the pericardium. In some instances the hole was exceedingly small, in others quite large; in some circular, the result of ulceration, and in others splits and tears of one kind and another. The smallest opening in the list is described as being very minute, and in the base of an atheromatous ulcer, while the largest tear was some 3 inches long.

In cases belonging to Group 1, there are no premonitory symptoms whatever, the patient falling over suddenly and expiring after a few gasps.

It seems to be immaterial whether these rents are transverse, or vertical. In some cases we find them to be spiral in shape, often more than surrounding the circumference of the vessel. In one case it was stated that the rupture was stellate in character, as though the vessel had suddenly burst, because of some pent-up force within it. By far the largest number of cases belong to this group and are the least interesting of any, as we shall soon see.

Groups 2 and 3. In these groups, which contain those cases in which the rupture has occurred through the intima previous to the tear in the external coat, 14 only, or 28 per cent., of our cases belong. Of this number 6 belong to Group 2, in which there is little or no infiltration between the coats of the vessel, and 8, or 16 per cent. to Group 3, in which there is separation of the outer and middle coats by the escaping blood.

It is in the cases belonging to these two groups that we find early symptoms indicating the injury done to the two inner coats, followed sooner or later by sudden death, due to rupture of the outer tunic. The time which elapses between the primary tear and the final fatal breakage varies considerably, the shortest time noted being a few seconds, which occur in three cases, and the longest time recorded being 39 days. Between these two limits there were all variations.

An examination of the ruptures in these cases usually shows that the tear in the intima and media is more extensive than that in the outer coat. A further point noted is that the second rupture is usually in a plane at right angles to the primary tear, that is, for example, if the opening in the intima and media is horizontal, that in the outer coat is vertical. Moreover, the two openings never exactly correspond. It may be that the outer coat will rupture near one end or the other of the inner tear, or may be situated some little distance away from it, the blood having separated the two outer coats for a short distance before final breakage. This latter condition, however, is more frequent in the class of cases to be next discussed.

Finally there remains a class of cases of the greatest interest, those in which, as just described, the two inner tunics have first ruptured, and finally the outer, but in which, before the final fatal termination, the blood has found its way between the outer coat and the media, and has separated these two for a varying distance.

It is astonishing to see to what extent this dissection of the two coats may proceed; and still more astonishing to find that after passing between these tunics for some distance, the blood may again reënter the circulation some distance below the first tear in the intima and media by a second opening. Thus in three of our cases the blood found its way between the two external coats through a small rupture in the inner and middle coats, near the heart, separated the two outer coats around the entire circumference of the vessel

as far down as to, or beyond the bifurcation in the abdomen, and finally in one case reëntered the circulation by a small opening in the left common iliac. In still another case the same thing occured, the infiltration extending to within four inches of the bifurcation ; while again it separated the coats as far as the right renal artery, where the blood reëntered the lumen of the vessel.

In the majority of cases, however, instead of reëntering the natural channel, or even where it does, the outer tunic ruptures at some weak point and death rapidly ensues.

Symptoms.—As we would naturally expect from the nature of this lesion, but little can be said of the symptoms that accompany the accident. In the last class of cases, those of which we have just spoken, there are usually some symptoms, because some time elapses between the two tears. Of these the chief one is pain, which was mentioned in 27 cases in our series, or in 54 per cent., was absent in only 3, or in 6 per cent., and was not mentioned in 17, or in 34 per cent.

In character the pain is usually sharp, tearing, occasionally only being dull, or described as not severe, or as a sensation of weight or oppression. It was most frequently located somewhere in the chest, generally about the heart, and in some cases radiated to the back, neck, shoulders, and sometimes into the epigastrium. In the chest it was noted in 15 cases, or 30 per cent., in the back in 8 cases, or 16 per cent., in the neck, 6 cases, or 12 per cent., and in the abdomen 9 times, or 18 per cent.

The next most constant symptom to pain is dyspnea, which was noted in 12 cases, or in 24 per cent. Collapse and feeble, irregular pulse, as would be expected, were also noticed in a number of cases. Vomiting occasionally occurs and giddiness, chilly sensations, cough, sensation of choking, drowsiness and hemoptysis were occasionally also noted.

It is interesting to find that in three cases the patients said that they experienced a sensation as though something had broken or given away.

In those cases where the two inner coats rupture some time before the external there is usually sharp pain experienced at the moment of primary rupture, which may or may not continue till death and which usually also marks the final fatal breakage.

Pathology and Etiology.—As we have already stated, the only writers who have previously discussed this subject at any length, Rokitansky in 1838, Broca in 1852 and Bostroem in 1888, all state it as their opinion that in no cases of spontaneous rupture are the walls of the aorta in a healthy condition, but that underlying the accident and being its chief determining cause was some degenerative change, most frequently atheroma.

The result of our study is to confirm these statements and to give them additional force. We feel confident that in every case some morbid process will be found that has rendered the arterial coats less resistant and allowed them to give way before some strain that in a perfectly healthy individual could have been easily borne. In the few cases that have been described as occurring in perfectly healthy arteries, we cannot help but feel that a more careful and thorough examination would have shown either some form of degeneration or some defect in structure or development.

Out of the 50 collected cases we find that the aortic walls are noted as perfectly healthy in *none*. It is stated in 4, or in 8 per cent., that no atheroma was present, but whether or not the artery was examined for other changes, such as fatty degeneration, or inflammation of the external coat, etc., that might have been present, is not stated.

In 35 cases, or in 70 per cent., atheroma was present; in some very extensive. In 8 of these it is also stated that there were atheromatous ulcers. In one case the aortic walls were noted simply as being fatty, and in 10, or in 20 per cent., the condition of the artery was entirely overlooked.

Aside from atheroma as a cause, it is possible for rupture to occur because of involvement of the vessel in morbid processes starting in other organs. Thus, for example, we find that in one case an ulcer starting in the wall of the

trachea ate through the same and involved the aorta, which was soon perforated. While in still another case the same process started in the esophagus, ultimately opening into the aorta.

A unique case is that reported by Broca in 1850, in which the rupture was caused by the softening of a carcinoma of the aortic wall; and in still other cases inflammation of the external coat has so reduced its resisting power that rupture has been rendered possible. When then we take these facts into consideration it seems that we are justified in thinking that in every case of rupture, barring those due to violence, or to accident, the determining cause is to be found in one or another morbid condition of the vessel itself, either primary in it, as in the case of atheroma, cancer and inflammation of the outer coat, or secondary to diseases of surrounding viscera, as in the cases of ulceration just cited.

As to other conditions of the aorta we find that in a certain percentage of cases it is dilated, while in some it is not altered. With regard to this point, in 22 per cent. of our cases, or in 11, the vessel was more or less dilated, in 16 per cent., or in 8 cases, it was not dilated, and in the remaining 31 cases, or in 62 per cent., its condition was not noted.

The condition of the heart, also, is of interest in this connection, since we have seen that hypertrophy of this organ plays an important part as the immediate cause of rupture. In 44 per cent. of our cases, or in 22, no mention is made of the condition of this organ. In 34 per cent., or in 17 cases, it was hypertrophied, and in 3 of these also dilated, while in only 20 per cent., or in 10 cases, it is reported as being apparently perfectly normal.

Valvular disease of one kind or another was found in but 5 cases, or in 10 per cent., and once the organ itself had ruptured.

When the rupture has occurred within the pericardium we find that death has sometimes occurred when but a comparatively small amount of blood has escaped, while again the amount is very much greater. In the former cases, as a usual thing, the rupture has been large and what blood has escaped has done so suddenly and in a very short time, while in the latter the rupture has been smaller, or of such a nature that the blood escaped comparatively slowly, in this way allowing the heart, which in the first instance was overpowered by the sudden outflow of blood, to become accustomed to the gradually accumulating fluid and so prolong life long enough for a considerable amount to escape.

Conclusions.—We can briefly sum up our knowledge of spontaneous rupture of the aorta with the following statements:

1. Though a comparatively rare accident, it is probable that an investigation into all sudden deaths supposed to be due to heart failure or to some other cardiac trouble would reveal its existence in a larger number of cases.

2. The lesion is more frequent in men than in women, the proportion being 70.83 per cent. for the former and 29.17 for the latter.

3. The greatest number of cases occur between the ages of 30 to 60. The youngest case on record being in a boy of 16 and the oldest in a man of 77. Between 30 and 60 61.36 per cent. occur, and between all other ages, 38.63 per cent.

4. The rupture, though primarily due to some diseased condition of the aorta, is immediately caused, in nearly every case, except those due to accident (about 6.89 per cent.), by something which increases the arterial pressure. The most frequent causes of this are strains of one kind or another in 48.27 per cent.; hypertrophy of the heart in 17.24 per cent.; passions in 10.34 pe cent. In only 17.24 per cent. c an n[r] immediate cause be found for the accident.

5. The rupture occurs in by far the greatest percentage of cases (57.90 per cent.) near the heart, somewhere below the arch. It is next most frequently found in the curved portion of the vessel (22.22 per cent.). In the remaining cases it is located somewhere in the rest of the aorta, being least frequently

found in the abdominal portion of the vessel. The explanation of the greater frequency of the rupture just above the valves is stated to be the increased force of the aortic recoil, which tears up portions of a diseased and non-resisting intima. In about half the cases the rupture is intra- and in the other half extra-pericardial.

6. In character the lesion falls into three groups. In the first we find complete rupture of all the coats at once, the tear in the outer coat corresponding to that in the two inner exactly. In the second the two inner coats rupture some time before the outer, which usually gives way either at one end or the other of the inner tear, or at a little distance from it, there being no infiltration of blood between the coats. The tear in the outer coat is usually at right angles to that in the inner. In the third group the rupture occurs as in the second, but there is infiltration of blood between the coats; sometimes being very extensive. In the third class fall all the cases of dissecting aneurisms. To the first group belong 65.85 per cent. of all cases, to the second, 19.51 per cent., to the third, 14.63.

7. In the cases belonging to group 2 and 3 some time usually elapses between the primary rupture and the fatal termination. This varies from a few seconds to many days, the longest on record being 39 days.

8. The symptoms are very indefinite. Pain is the most constant and is usually severe and tearing in character and located in the chest, from which it radiates to the shoulders, back, neck or to somewhere in the abdomen. Of other symptoms, dyspnea, collapse, feeble irregular pulse, vomiting, giddiness, chilly sensations, cough, drowsiness, hemoptysis, are occasionally noted.

9. It is probable that in every case of spontaneous rupture there is some degenerative change in the aortic walls. Atheroma is by far the most frequently found. Congenital defects in structure and development, and inflammation of the outer coat, also may occur. In a small minority of cases the lesion may be due to involvement of the aorta in morbid processes starting in surrounding viscera, as, for example, ulceration of the trachea and esophagus ultimately perforating the aorta.

The heart is found to be hypertrophied in a certain percentage of cases (34 per cent.). Valvular disease is rarely met with, and the aorta is found to be dilated in about 22 per cent. of all cases.

BIBLIOGRAPHY.

(Concluded from last week.)

72 Martin, V., Union Med. Par. 1865, 2. s. xxvi, 531-564.
73. Lacoousille, Bull. Soc. Anat. de Paris, 1864, XXXIX, 376-380.
74 Lafonte, Ibid. 1867, XLII, 730-734.
75 Lignerolles, Ibid. 1870, XLV, 254.
76 Liouville, H., Ibid. 1868, XLIII, 211.
77 Mitchell, T., Med. Times and Gaz. Lond. 1860, II, 208.
78 Muller, Cor. Bl. f. d. Aerzte u. Apoth. d. Grossherz, Oldenberg, 1861, I, 261.
79 Nau, J., Prog. Med. Paris, 1876, IV, 865.
80 Nitot, E., B. S. A. P. 1877, LII, 446-448.
81 Nivet, Ibid. 1836, XI, 295.
82 Parkin, J., Lancet, London, 1849, I, 63.
83 Peacock, Tr. Path. Soc. Lond. 1846-48, I, 85.
84 Picard Ibid. 1841, XVI, 41.
85 Rokitansky, C., Med. Jahrb. d. k. k. Osterr. Staates, Wien, 1838, n. F. XVI, 24, 219.
86 Rollet, B. S. A. P. 1848, XXIII, 179-182.
87 Rose, T., Lond. M. and Phys. J. 1827, n. s. III, 15-18.
88 Ross, J. J., Doub. Hosp. Gaz., 1858, V, 246.
89 Ryan, W., Lancet, Lond. 1844, I, 688.
90 Sainet, B. S. A. P., 1851, XXVI, 25.
91 Shearly, W., Med. and Phys. J. Lond., 1807, XVIII, 391.
92 Sparks, E., Lancet, Lond., 1871, II, 13.
93 Spehl, Presse Med. Belge., 1879, XXXI, 43.
94 Starcke, Mag. f. d. ges. Heilk., Berl., 1819, V, 323.
95 Stewart, L. W., Madras Q. J. M. S., 1866, IX, 138-141.
96 Stuve, Mag. f. d. ges. Heilk., Berl., 1829, XXIX, 570.
97 Tourdes, Gaz. Med. de Strasb., 1862, 2. s. II, 39. Another Case, Proc. Verb. Soc. de Med. de Strasb., 1864, III, 164-166.
98 James, Med. and Surg. Journ. Vol. XVIII, p. 391, 1807.
99 Oppolzer, Med. Times and Gaz., 1870, Jan. 22, p. 95.
100 Townsend, R., Doub. J. M. and Chem. Sc. 1832, I, 170-173.
101 Triplett, Tr. Med. Soc. Dist. Col. Wash., 1875, II, 33.
102 Trousseau and Leblanc, Arch. Gen. de Med. Paris, 1828, XVI, 190.
103 Vast, L., Tribune Med. Paris, 1874, VIII, 138.
104 Vogle, C. J., Deutsch. Klinik, Berl., 1856, VIII, 252, 263.
105 Ware, J., Boston, M. and S. J., 1833, VIII, 103-105.
106 Weale, E. H., Med.-Chir. Rev. Lond., 1839-40, n. s. XXXII, 612.
107 Weber, H., Tr. Path. Soc. Lond., 1866, XVII, 61.
108 Wilkes, Lancet, Lond., 1859, II, 665, Same, Tr. Path. Soc. Lond., 1859, II, 58.
109 Yeo, G. F., Doub. Irish Hosp. Gaz., 1873, I, 92.

LITERATURE OF DISSECTING ANEURISMS.

110 Bostroem, E., "Das geheilte Aneurysma dissecans." Deutsches Archiv. f. Klin. Med., Bd. 42, 1888, P. 1-74.
111 Geisler, "Ueber die als Aneurysma dissecans bekannte Rupture der Aorta." Inaug. Disert. Wurzburg, 1862.
112 Nobis, "Ueber Aneurysma dissecans." Inaug. Disert. Wurzburg, 1873.
113 Stefenelle, "Zur Casuistik des Aneurysma dissecans." Erlangen [Hersfeld], 1883.
114 Neber, "Beitrage zur Spontanen Aortenruptur." Keil, 1879.

115 Leyden, Deut. Med. Wochen., Berl., 1885, s. 397, XI, Jahrgang.
116 V. Recklinghausen, Virchow's Archiv., Bd. 30, s. 373.
117 Zahn, Virchow's Archiv., Bd. 73, s. 161.
118 Peacock, The Edinb. Med. and Surg. J., Vol. 60, 1843, p. 276.
119 Pennock and Goddard, Lond. Med. Gaz., XXIII, p. 668.
120 Nicholls, Philosoph. Transact., Vol. 35, 1761, p. 443.
121 Hodgson, "Diseases of the Arteries," etc., 1814.
122 Peacock, Lond. and Edinbg. Monthly J. of Med. Sc. Vol. III, 1843, p. 871.
123 Langhans, Virchow's Archiv. Bd. 36, s. 218.
124 Fischer, G., "Vier Falle von Aneurysma der Aorta." Inaug. Disert. Erlangen, 1872, s. 20.
125 Shekelton, Doub. Hosp. Repts. and Communications in Med. and Surg. 1822, vol. 3, p. 231.
126 Henderson, Lond. and Edinb. Monthly J. of Med. Sc., 1843, vol. 3, 613.
127 Hope, "Von den Krankheiten des Herzens und der grossen Gefasse, deutsch. von Becker," Berlin, 1839, s. 385.
128 Vrolik, "Tabulae ad Illustrandam Embryogenes in Hominis et Mammalium." Amsterodame, 1849, Taf. 88.
129 Bouilland, Arch. Gen. de Med. 4 ser. Tom. XV, 1847, p. 248.
130 Treibch, "Ein Fall von Aneurysma dissecans." Inaug. Disert. Wurzburg, 1867.
131 Helmstedter, "Du Mode de Formation des Aneorysmes Spon." Strasburg, 1873.
132 Heschl, Wiener Med. Woch., 1867. XVII, s. 90.
133 Fagge, H., Medico-Chir. Trans. Vol. 52, 1869, p. 341.
134 Barth, O. and R., Archiv. der Heilk. Leipzig, 1872, 13 Jahrgang, s. 91.
135 Freidlander, Virchow's Archiv., Bd. 1879, s. 357.
136 Luttich, Ebenda, Bd. 100, 1885, s. 180.
137 Jacobsen, "Ein Fall von Geheilten Aneurysma dissecans." Inaug. Disert. Keil, 1885.
138 Lebert, Traite d'Anat. Pathologique Gen. et Spec. Paris, 1857, Tom. I. p. 752. Pl. xciv, Fig. 9.

[We have endeavored to make the above bibliography as complete as possible. Very few contributions, if any, have been overlooked, and none of importance have been omitted.

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

NINETY-NINTH ANNUAL SESSION, HELD AT THE HALL OF THE FACULTY, APRIL 27 TO 30, 1897.

SECOND DAY, APRIL 28, 1897.

(CONTINUED.)

DAY SESSION, 12 M.

Dr. T. W. Humrichouse of Hagerstown reported "Eight Consecutive Cases of Laryngeal Diphtheria Successfully Treated by Intubation and with Antitoxine." (See page 217.)

Dr. Wm. T. Watson then read a paper illustrating "The Value of Bacteriology in Preventing the Spread of Diphtheria." (See page 219.)

Dr. S. K. Merrick, in discussing these papers, reported a case of diphtheria in an adult 66 years old. It was a case of laryngeal diphtheria, which gradually grew worse, and when the edema rendered the attack dangerous antitoxine was used. It began with a small patch on the left arytenoid. The case recovered.

Dr. T. A. Latimer has used antitoxine in thirty cases with only one death and in many instances he used it early without waiting for a diagnosis by culture tests. Further remarks were made by Drs. Gardner, W. R. Stokes, Harlan, Humrichouse and Watson.

Dr. William Royal Stokes, Bacteriologist to the Health Board of Baltimore, then read a very interesting paper on "Microscopic Examination of Milk." He briefly reviewed the methods used in the municipal labratory in examining milk. When the milk examined was from one cow, or even when it was a mixed milk from many cows, it was centrifugalized for some minutes and then the sediment was spread out on a glass and examined. If many pus cells were found the specimen was rejected; but if there were only one or two pus cells in the field the specimen was passed. Often the milk from one cow whose milk was healthy was contaminated by milk from other cows.

Dr. J. C. Hemmeter then read a paper on "Food Adulteration." He spoke first of beer adulterations and said that the beer made in Baltimore was especially free from adulterants, while the imported beer was not so good on account of the salicylic acid put in to preserve it during export. The water of Baltimore was especially good and contained very few organisms. He had examined a great many oysters and had failed to find any typhoid or pathogenic bacteria. He thought that the tidal waves of the Chesapeake Bay and lack of contaminated water kept the oysters free from a diseased condition. In reply to Dr. Morris he said that the examination of beer was not difficult.

Dr. Osler referred to the report published a few years ago in the *Lancet* on the Munich beer.

Dr. Charles O'Donovan then read a paper on "The Treatment of Gastric

Ulcers after Hemorrhage." Gastric ulcers which tend to recover and in which the hemorrhage gradually decreases need no medical treatment ; but these cases which recur and seem to grow worse should be treated surgically.

Dr. Samuel Theobald then reported 100 cases of "Cataract Extraction." He reviewed 100 of his consecutive cases of cataract showing his method of treatment and his results. This paper was discussed by Drs. Woods, Harlan, Randolph, Bernstein, Funck and Theobald.

At the evening session the various committees reported and the officers for the ensuing year were elected.

THURSDAY, APRIL 29.

THIRD DAY, A. M.

Dr. Harry Friedenwald read an interesting historical sketch on "The Early History of Ophthalmology and Otology in Baltimore." He said that as early as 1805 reference was made to licenses for oculists in Baltimore. Dr. Pierre Chatard, who came from France in his early life to Baltimore in 1797, was a prolific writer and contributed articles on diseases of the eye. Other writers, such as Dr. Wm. Gibson, Dr. George Frick, Dr. Cohen, Dr. Jameson and Dr. Harper, show that the dieases of the eye and ear received very early attention in Maryland. In fact, Dr. Frick's book was the first to appear in English on the subject in Baltimore, and the third in the English language. This paper was discussed by Dr. Randolph.

Dr. R. L. Randolph then read a paper on "Pathological Eye Specimens," and showed some beautifully executed water colors on the pathologic condition of the eye ground. He also showed specimens embedded in glycerin jelly according to Priestley Smith's method. This paper was discussed by Dr. Reik.

Dr. Reik then read a paper on "Exhibitions of Eye Specimens" and exhibited eye grounds mounted in glycerine jelly and showed some beautiful normal specimens.

Dr. E. J. Bernstein then read a paper on "Prevention and Treatment of Ophthalmia Neonatorum."

Dr. R. L. Randolph said it would be interesting to hear from the obstetricians on this point.

Dr. Wilmer Brinton said that in his lying-in hospital he followed the method of Credé and in 800 cases he had 27 cases of ophthalmia neonatorum with no deaths. He rarely had occasion to use his method in private practice unless under very exceptional circumstances.

Dr. J. S. Fulton said he thought too much stress was laid on the connection between ophthalmia and gonorrhea and referred to two cases of midwives who had been fined for not reporting cases. He thought the assumption that all cases of ophthalmia in newborn children came from gonorrhea was wrong and kept many persons from making complaints.

Dr. R. Percy Smith of Sunnybrook then read a paper on "Fracture and Dislocation of the Vertebral Column." He exhibited a case in which a heavy weight of 550 pounds had fallen on the back of a man and had both fractured and dislocated his vertebral column and injured his skull. The patient is able to go about and his recovery is remarkable.

Dr. J. E. Stokes then read a paper on "Two Cases of Anteoperative Asphyxia," which was discussed by Dr. Tiffany.

Dr. Frank Martin then read a paper on "Joint Tuberculosis Treated by Iodoform Emulsion." He reported several cases of severe joint tuberculosis on which he operated by first opening the joint, scraping off the tuberculous part and packing with iodoform gauze. The case had recovered. In answer to Dr. Taylor he said that the motion was not restored, but the fact that he had arrested the disease justified him in the operation.

Dr. Robert W. Johnson read a paper on "Two Cases of Gastrotomy and one of Gastro-enterostomy." He exhibited one of his patients entirely well. She was a young girl who had severe vomiting before the operation of gastrotomy, and that after the operation she had never vomited, and now considered herself well. In one case he recovered a long bonnet pin. This case of gastro-enterostomy died.

Dr. Hemmeter referred to this cured case as one in whom he had used the electric light of the stomach, showing that the dilated condition of that organ extended below the symphysis.

Dr. Winslow said he had never had any success in operating for gastro-enterostomy, but he hoped to have better luck as his operations increased in number.

Dr. R. Tunstall Taylor made some remarks on the "Plaster Jacket *vs.* the Steel Brace," and showed five children who were undergoing treatment for Pott's disease. He thought that the plaster jacket gave good support when the curvature was below the seventh cervical vertebra; above that point the steel back brace was best. This paper was discussed by Dr. Smart.

Dr. Hiram Woods, Jr., read a very elaborate paper on "Suppurative Otitis Media with Symptoms of Sepsis and Intra-Cranial Disease," with recovery under mastoid operation and removal of polypi. He showed the importance of attending to certain running diseases of the ear which appear harmless but which in reality are dangerous.

Dr. Reik said that there was great necessity for good work in otitis media. He had seen a great many cases in which physicians had advised them to let the running ear alone. This is not right. For this reason too many cases come to the specialist too late for treatment. They need treatment early.

Dr. Hodgdon asked if there were any symptoms of meningitis.

Dr. Woods said that two cases were acute and seemed to be primary mastoid disease. This is very rare. There were no meningeal symptoms observed, except slightly in one case where pain might have been from other trouble, but it disappeared with drainage, which does not occur in meningitis. He does not believe that these ear troubles are neglected as much as they used to be.

EVENING SESSION, 8 P. M.

At this session Dr. David W. Cheever, Emeritus Professor of Surgery at Harvard University, delivered the Annual Address on the subject, "Does Medicine Advance?" (See page 78.) At the conclusion of his address a vote of thanks was passed and a copy of the address was requested for publication. Dr. Cheever was then elected an honorary member of the Society. A collation was then served.

Medical Progress.

DORSAL TEST FOR PERICARDIAL EFFUSION.—In a thoughtful contribution to the *British Medical Journal* of January 23, 1897, Dr. Ewart refers to a patch of dulness of definite size and shape at the posterior portion of the base of the thorax in cases of pericardial effusion. This dull patch is more that a sign; it is also a test, since its presence proves, with certain exceptions, and its absence negatives, the existence of pericardial effusion. Careful observations by percussion, demarcation during life, and by surface markings and subsequent dissection after death have conclusively demonstrated that the dorsal patch of dulness is a modification of the liver dulness. This patch is located between the tenth and twelfth ribs and close to the spine. The dull patch is caused: first, by a slight upward displacement of the compressed base of the lung; second, by a slight downward displacement of the anterior portion of the left lobe of the liver, due to the weight of the pericardial fluid, without any marked depression of its posterior portion; third, by a corresponding depression of the stomach, with or without slight displacement to the left. This patch of dulness is normally present in small children, up to the age of about four years, independently of any effusion. It was also found to be present in two adults who were emaciated on account of pulmonary tuberculosis and typhoid fever respectively. In cardiac enlargement the dulness in question might be expected and in young subjects this is a source of fallacy to be carefully borne in mind. With these reservations, children, emaciated adults, and cardiac hypertrophy, the practical value of the sign remains unimpaired.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, JULY 10, 1897.

The British Medical Association.

THE British Medical Association will hold its sixty-fifth annual session this year on this side of the ocean and it is likely that many American physicians will be present and take an active part in the deliberations. The business meeting will begin on July 27 in London and will then adjourn to the meeting to be held in Montreal, August 31, September 1, 2 and 3, 1897.

Three principal addresses will be given. The Address in Medicine will be delivered by Dr. William Osler of Baltimore; the Address in Surgery by William Mitchell Banks, F. R. C. S., of Liverpool, England, and the Address in Public Medicine by Dr. Hermann M. Biggs of New York.

The scientific business of the meeting will be conducted in eleven sections, as follows, namely:

A, Medicine;
B, Surgery;
C, Public Medicine;
D, Obstetrics and Gynecology;
E, Pharmacology and Therapeutics;
F, Pathology and Bacteriology;
G, Psychology;
H, Ophthalmology;
I, Laryngology and Otology;
J, Anatomy and Physiology;
K, Dermatology.

Prominent in every section are physicians from the United States, and it is likely that some very interesting discussions will take place from the standpoints of the two countries, England and America. It will partake in a measure of an international congress in which but one language will be used.

As far as the announcements have been made the following physicians will be among those present and will take part in the deliberations: In Medicine, the dietetic treatment of diabetes will be discussed, among others, by Dr. William Osler, who will also take part in the discussion on gall stones, with reference particularly to biliary colic, cholangitis and hepatic intermittent fever without icterus. Dr. Walter Wyman of the United States Hospital Marine Service will also take part in this section. In the sections on Surgery and Public Medicine no Baltimore or Washington physicians are announced to take part. In Obstetrics and Gynecology Dr. Howard A. Kelly will represent Baltimore. In Pharmacology and Therapeutics no Baltimore or Washington names are noted. In Pathology and Bacteriology Dr. William H. Welch will take part. In Psychology Drs. Henry M. Hurd and George H. Rohé will represent Maryland. In the section on Laryngology and Otology Dr. John N. Mackenzie will take part and in the section on Anatomy and Physiology Dr. William H. Howell of the Johns Hopkins University. No Maryland name appears in the list of those taking part in the section on Dermatology.

This is an incomplete programme, for many other Baltimore physicians have been invited to take part in the deliberations and a few physicians in Baltimore who are members of this association will be present.

The programme of amusements and entertainments is large and varied and the whole meeting promises to be a very attractive and instructive one.

Physicians who have no connection with the British Medical Association will doubtless be welcome at this meeting and it will afford an opportunity to many who have never been in England of seeing and hearing some of the great men of that country.

The Perfection of Intubation.

THE defects which have by experience become evident in intubation arise from several sources; the inexperience of operators; their failure to carry out minutely the directions of the inventor and to use only tubes certified by him; and lastly, those attendant evils of the method which the utmost skill and caution have as yet been unable to avoid.

In the *Archives of Pediatrics*, July, Dr. O'Dwyer discusses at length some of these defects, bringing to bear upon them that genius, experience and love of minute detail which make him still the pioneer in his chosen field of preventive surgery.

In regard to the instruments of intubation, it is evident that while any physician or surgeon may do well to add to his armamentarium one set of these instruments, for emergency cases, he who desires perfection in their use must have sets suited to several types of stenosis and must even have special tubes made for particularly difficult conditions. There are regulation forms, short forms, forms with special bulge, forms with "built up" heads, etc.; and as all of the metallic tubes are liable in less than a week to calcareous deposits which irritate the mucous membrane, there is promise, apparently based on good grounds, that in a few months tubes will be put upon the market of hard rubber with a strengthening lining or core of metal, which may be retained for any length of time without injury to the larynx.

Dr. O'Dwyer goes on to discuss those cases in which relapse of the dyspnea necessitates the continuation or repetition of intubation for weeks, long perhaps after the original occluding febrile disease has vanished. When reintroduction is made necessary by *rapidly* oncoming asphyxia this rapid relapse may be due to paralysis of the vocal cords or to edematous or granulation tissue which drops into the glottic chink. When asphyxia recurs *slowly* after removal of the tube, it is due to a stenosis principally confined to the subglottic region about the level of the cricoid, where the lumen of the respiratory canal is normally very small, and where a very little swelling of the tissues may cause complete occlusion. Dr. O'Dwyer thinks that in consequence of the narrowing of this part which exists in laryngitis the physician is apt to injure the walls here by forcing the tube through. Even the size numbered for the patient's age may be far too large in cases where considerable swelling is present. The treatment is, sometimes, to use a very small tube which will afford air and at the same time will allow the tissues, freed from excessive pressure, to heal around it.

* * *

Phonendoscopy.

THE phonendoscope was invented by Prof. Aurélien Bianchi, as narrated in the *Clinica Moderna* of Florence in its issue of December 14, 1895. It was designed to meet two separate needs of physical diagnosis; one the perfection of ordinary binaural stethoscopy, the other the development in a new direction of auscultatory percussion. For the former service the lower portion of the instrument is removed, for the latter the whole instrument is necessary. The latter use only is here considered.

It was alleged that by placing the small terminal rod upon the skin over any organ and, while the left hand holds it there, making short strokes with the right forefinger upon the skin in a direction away from the terminal rod, the sounds of the stroking (magnified by the resonator to which the rod is attached and conveyed by rubber tubes to the ears as in the binaural stethoscope) would be so modified as the finger passed from the organ to the adjacent parts that the limit of the organ could be sharply determined. By continuing the radiating strokes all around the rod the whole outline of the organ might be marked in pencil on the skin.

Papers upon the subject have been presented by Schwalbe, in the *Deutsche Medicinische Wochenschift* of 1896, number 31, by Baruch, *New York Medical Record*, October 31, 1896, and by Morris Manges of the Mt. Sinai Hospital, New York, in the *New York Medical Journal*, January 9, 1897.

In the *Archives Cliniques de Bordeaux*, June, 1897, Dr. Guérin publishes an elaborate criticism of phonendoscopy based upon most painstaking observations upon the living and the dead. He got at first beautifully clear outlines, but on subsequent occasions obtained very unsatisfactory results. He found that in certain patients the apex beat fell far beyond the heart limits shown by phonendoscopy, and that these limits varied excessively at successive examinations.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending July 3, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		7
Phthisis Pulmonalis		17
Measles	19	
Whooping Cough	8	2
Pseudo-membranous Croup and Diphtheria	10	5
Mumps	1	
Scarlet fever	11	
Varioloid		
Varicella		
Typhoid fever	1	2

Dr. R. H. Goode of Patrick County, Va., is dead.

Some cases of smallpox are still in New York.

Ice used in Chicago is now subjected to inspection.

Mexico and Hungary have both recently licensed a woman to practice medicine.

There are said to be about a million sightless persons in the world.

The Pasteur Institute of Baltimore is receiving many patients at this time.

The improvements and additions at St. Joseph's Hospital are about completed.

Dr. Charteris, Professor of Materia Medica at the Glasgow University, died recently.

There are over 1300 members of the Congress of American Physicians and Surgeons.

The medical officers of the Maryland National Guard will meet in Baltimore on July 8.

A sanitary Bible with celluloid back which can be washed has been introduced into some courts.

Dr. J. A. Egan has succeeded Dr. Scott as Secretary of the State Board of Health of Illinois.

Dr. Gilbert I. Cullen of Cincinnati has been made one of the associate editors of the *Medical Fortnightly*.

Denver physicians have already pledged themselves for a large sum to entertain the American Medical Assocation in 1898.

By the will of the late Mr. Meyer Stein of Baltimore the Hebrew Hospital of Baltimore receives a legacy of one thousand dollars.

At the recent meeting of the American Medical Association, a Committee was appointed to perfect a plan for the relief of disabled physicians.

There will be held at Brussels, September 14 to 19, an International Congress of Neurology, Psychiatry, Medical Electricity and Hypnology.

Dr. James Ewen has been made Professor of Clinical Microscopy and Dr. A. Brayton Ball Professor of Clinical Medicine in the College of Physicians and Surgeons of Columbia University, New York.

If the School Board of Baltimore passes a rule that it is dangerous to the health of scholars that a teacher should practice medicine on account of carrying contagion, several physicians will have to resign as teachers or give up medicine.

Members of the Medical and Chirurgical Faculty will find a cool and profitable way to spend spare midsummer hours in dropping in at the Faculty Library. They will be delighted with the handsome recent additions of new books and journals.

The death of Dr. George F. Edwards, a graduate of Princeton and later of the University of Pennsylvania, has cast a gloom over his many friends. He is supposed to have contracted tuberculosis from his work on that subject in the Johns Hopkins Hospital.

The Report of the Friends' Asylum for the Insane, near Philadelphia, for 1897 is well worth careful attention. Of one hundred and ninety persons treated during the year but one patient's death was attributable to consumption and she was suffering from it when admitted. The records show that tuberculosis has seldom developed in the institution in recent years, which speaks well for its sanitary condition. Advances are chronicled along all those lines which lead toward gentleness in controlling patients and intelligent sympathy which prompts to an ever more intimate understanding of the little and great things which favor physical and mental recovery, or at least enjoyment, on the part of these unfortunates.

Book Reviews.

NEW VOLUME OF HARE'S SYSTEM OF PRACTICAL THERAPEUTICS. A System of Practical Therapeutics. By Eminent Authors. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Volume IV. Octavo, 1100 pages, with illustrations. Regular price, cloth, $6; leather, $7; half Russia, $8. Price of Vol. IV to subscribers to the System, cloth, $5; leather, $6; half Russia, $7. Price of the System complete in four volumes of about 4500 pages, with about 550 engravings, cloth, $20; leather, $24; half Russia, $28. Lea Brothers & Co., Publishers, Philadelphia and New York.

Readers with a good memory will recall the fact that many years ago Dr. Hare set out to write a new edition of a system of practical therapeutics. Volume I appeared in 1891; Volumes II and III in 1892, and now Volume IV has just appeared and the reader is well repaid by the delay. Among the contributors to this volume are Drs. Norman Bridge, F. X. Dercum, F. P. Henry, J. B. Herrick, E. Fletcher Ingals, W. W. Johnston, A. J. McCosh and the editor, Dr. Hare. Among the subjects considered are hydrotherapy, tuberculosis, typhoid fever, diphtheria, diseases of the heart, of the blood, of the liver, of the stomach, of the kidney and various other subjects. The book is almost a complete practice of medicine in itself and certainly shows a great amount of work.

A MANUAL OF VENEREAL DISEASES. By James R. Hayden, M.D., Chief of Venereal Clinic, College of Physicians and Surgeons, New York, etc. In one 12mo. volume of 263 pages, with 47 engravings. Cloth, $1.50. Lea Brothers & Co., Publishers, Philadelphia and New York, 1896.

This little book is a very comprehensive and concise résumé of the treatment of venereal diseases. Without being as full as Bumstead, Taylor and other large books, it still has just about what a physician would want. It seems to be up to date in every respect.

LECTURES ON RENAL AND URINARY DISEASES. By Robert Saundby, M. D., Edin., Fellow of the Royal College of Physicians, London, etc. With Numerous Illustrations. Second Edition. Philadelphia: W. B. Saunders, 1897. Pp. xii—434. Price, $2.50.

The author's name would naturally insure a book well worth reading and when the pages are examined the reader is not disappointed. In section one he writes of Bright's disease, giving the pathology of albuminuria, the cardio-vascular changes, the retinal changes and the treatment. Section second treats of the clinical examination of the urine. Section third is on diabetes; section fourth relates to miscellaneous renal diseases. The book is illustrated with four plates and 67 wood engravings and the profession may be very glad that Dr. Saundby has seen fit to republish his lectures in this attractive book form.

THE English medical journals have, during jubilee week, devoted their space to the advance of medicine and surgery of the Victorian Age.

THE *American X Ray Journal* is the name of a new monthly journal devoted to medicine and surgery in connection with the *x* ray. It is published in St. Louis and Dr. Heber Robarts is the editor.

AMONG the new books announced by P. Blakiston, Son & Co. are Deaver's Surgical Anatomy; Diseases of the Stomach, by Dr. John C. Hemmeter of Baltimore; and Diseases of Children, by Dr. James Madison Taylor, Professor of Diseases of Children, Philadelphia Polyclinic, and William H. Wells, Adjunct Professor of Obstetrics and Diseases of Infancy in the Philadelphia Polyclinic.

REPRINTS, ETC., RECEIVED.

Albany Medical College. Catalogue 1896 to 1897, and Announcement 1897 to 1898.

The Technique of Blood Study and Experiments in the Physiology and Chemistry of Leucocytes. By A. Mansfield Holmes, A. M., M. D. Reprint from the *Medical Record*.

Notes on Malaria in Connection with Meteorological Conditions at Sierra Leone. By Surgeon-Major E. M. Wilson, C. M. G., lately Senior Medical Officer at Sierra Leone. London: H. K. Lewis, 1897. Price, One Shilling—25 cents.

Encysted Dropsy of the Peritoneum Secondary to Utero-Tubal Tuberculosis and Associated with Tubercular Pleurisy, Generalized Tuberculosis and Pyococcal Infection. By Claribel Cone, M. D., Professor of Pathology, Woman's Medical College, Baltimore. Reprint from the *Johns Hopkins Hospital Bulletin*.

Current Editorial Comment.

WOMEN IN MEDICAL SCHOOLS.

Woman's Medical Journal.

LEWD pictures, coarse jokes, vulgar innuendos seem to have become so inherent in many colleges that when it becomes a question between them and women, they prefer the former. Truly a pitiable comment on the coming men of the profession. Does a man cease to be a gentleman when he matriculates? A woman insists on her womanliness, and we are glad to say holds to it, through the trials that her brother students thrust in her path.

ANTITOXINE AND INTUBATION.

Archives of Pediatrics.

ANTITOXINE alone has scored many victories in diphtheritic croup, and intubation alone has its victories. But each has its limitations, and must fail to cure in many cases. The one cannot overcome disease which has extended beyond certain narrow limits; the other cannot always control the disease within those limits. Combined, each overcomes the defect of the other and accomplishes results which neither alone could ever attain. This fortunate combination of remedial agents has been effective in producing marvelous results, whose record forms one of the brightest pages of medical history.

A DEPENDENT PROFESSION.

International Medical Magazine.

WE learn from the report of the bacteriological department of Philadelphia that there is a tendency, on the part of physicians sending in culture tubes from suspected cases of diphtheria, to rely more and more upon the diagnosis of the department. This certainly suggests the unpleasant idea that, as the department by this means reaches out for the diagnosis of more diseases, the tendency to rely on it will increase, and diagnosis become the prerogative of a select few salaried by the city or State or nation. Treatment, too, will fall in rank behind and wait the mandate of the same power. National institutes will flow with serum of various kinds for the healing of the nation. Thus by a fine union of medicine and the State the business of the doctor will be swept away. In this, medicine but follows other things, and the future will see it thoroughly transformed into an autocracy on the German plan with civic and national authority back of it.

Society Meetings.

BALTIMORE.

BALTIMORE MEDICAL ASSOCIATION, 847 N. Eutaw St. JAS. E. GIBBONS, M. D., President. E. L. CRUTCHFIELD, M.D., Secretary. Meets 2d and 4th Mondays of each month.

BALTIMORE NEUROLOGICAL SOCIETY. Meets 3d Wednesday each month. SAMUEL J. FORT, M. D., Secretary.

BOOK AND JOURNAL CLUB OF THE FACULTY. Meets at call of President.

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

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

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d and 4th Thursdays of each month—October to June—8.30 P. M. J. B. SCHWATKA, M. D., President. S. T. ROEDER, M. D., Corresponding Sec'y.

MEDICAL JOURNAL CLUB. Every other Saturday, 8 P. M. 847 N. Eutaw St.

THE JOHNS HOPKINS HOSPITAL HISTORICAL CLUB. 2d Mondays of each month, 8 P.M.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY. Meets 1st and 3d Mondays, 8 P.M.

THE JOHNS HOPKINS HOSPITAL JOURNAL CLUB. Meets 4th Monday, at 8.15 P. M.

MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE. SUE RADCLIFF, M. D., President. LOUISE ERICH, M. D., Corresponding Secretary. Meets 1st Tuesday in the Month.

UNIVERSITY OF MARYLAND MEDICAL SOCIETY. Meets 3d Tuesday in each month, 8.30 P. M. HIRAM WOODS, JR., M. D., President, E. E. GIBBONS, M. D., Secretary.

WASHINGTON.

CLINICO-PATHOLOGICAL SOCIETY. Meets at members' houses, 1st and 3d Tuesdays in each month. ARTHUR SNYDER M. D., President. R. M. ELLYSON, M. D., Corresponding Secretary. R. T. HOLDEN. M. D., Recording Sec'y.

MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets 1st Thursday each month at members' offices. FRANCIS B. BISHOP, M. D., President. LLEWELLYN ELIOT, M. D., Secretary and Treasurer.

MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA. Meets Georgetown University Law Building 1st Tuesday in April and October. G. WYTHE COOK, M. D., President. J. R. WELLINGTON. M. D., Secretary.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets Wednesday, 8 P. M. Georgetown University Law Building. S. C. BUSEY, M. D., President. HENRY L. HAYES, M. D., Recording Secretary.

OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY OF WASHINGTON. Meets monthly at members' offices. President, S. O. RICHEY, M. D. Secretary, W. K. BUTLER, M. D.

WOMAN'S CLINIC. Meets at 1833 14th Street, N. W., bi-monthly. 1st Saturday Evenings. MRS. EMILY L. SHERWOOD, President; DR. D. S. LAMB, 1st Vice-President. MISS NETTIE L. WHITE, 2nd Vice-President. MRS. MARY F. CASE, Secretary. MISS MINNIE E. HEIBERGER, Treasurer.

WASHINGTON MEDICAL AND SURGICAL SOCIETY. Meets 1st Monday in each month. N. P. BARNES, M. D., President. F. W. BRADEN, M. D., Secretary.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY. Meets 1st and 3d Fridays of each month at members' offices. GEORGE BYRD HARRISON, M. D., President. W. S. BOWEN, M. D., Corresponding Secretary.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVII.—No. 14. BALTIMORE, JULY 17, 1897. WHOLE No. 851

Original Articles.

THE DIFFERENTIAL DIAGNOSIS OF EPILEPSY.

By Charles Lewis Allen, M. D.,

Lecturer on Nervous Diseases, Georgetown University, Washington, D. C.

READ BEFORE THE WASHINGTON CLINICAL SOCIETY, MAY 3, 1897.

WHILE true epilepsy is a common disease, it is hardly necessary to say that by no means all convulsive attacks are to be called epileptic. The distinction is important from the point of view of prognosis and treatment, since for both of these the first and most important indication is to find and remove the cause if possible; though unfortunately this we cannot always do. At the outset then let us consider the characteristics of the epileptic attack, after which we can compare it with other seizures which resemble it, and draw our diagnostic inferences.

Epilepsy has been divided into an idiopathic and symptomatic form, but the former term practically means that the lesion causing the attacks has so far evaded our observation, for it seems unlikely that the derangement is a purely functional one. As to the second form, it is questionable how far cases coming under it should be classed as true epilepsy. Gowers[1] defines epilepsy as "A disease in which there are convulsions of a certain type, or sudden loss or impairment of consciousness, but in which the convulsions are not directly due to active organic brain disease, to reflex irritation or to abnormal blood states, and in which isolated loss of consciousness is not the result of primary failure of the heart's action."

Féré,[2] taking a much broader ground, prefers to consider it, not so much a distinct disease, as a group of syndromes, among which he would have included convulsive attacks due to such widely different causes as dentition, parturition, uremic and alcoholic intoxication.

For our purpose, it seems best to follow the definition of Gowers, and to consider as epilepsy only such attacks from whose etiology definite brain lesion, reflex irritation and abnormal blood states can be excluded. While the chief phenomena of the epileptic attack are doubtless familiar to all, a short review of them here seems desirable. They involve the motor, the sensory and the psychical sphere. Either sphere may be alone affected, but more commonly they all show more or less disturbance. Broadly there are three forms of epileptic attack, the severe or "grand mal," "epilepsia gravior;" the mild or "petit mal," "epilepsia mitior;" and the psychical epileptic equivalent. The severe attack may come on with great suddenness, so that the patient is struck to the ground, whence the old English name of "falling sickness." In other cases it is

preceded by some sort of warning. The precursory symptoms which may occur hours or days before the attack are giddiness, sense of pressure in the head, flashes of light before the eyes, slight muscular twitchings, irritability, mental change, etc. These are infrequent.

Much more common is the epileptic aura, a warning occurring a few seconds or minutes before the attack. This may consist of a motion or sensation in any part of the body, a special sense impression, a vasomotor or secretory phenomenon or a psychical manifestation. A common aura is a sense of tingling, or a twitching, or both, commencing in one extremity, commonly the hand, passing up the arm toward the body, and speedily followed by loss of consciousness, and a general convulsion. Hence comes the name of aura, for the old Greek theory was that the fit began by the passage of vapor up the vessels of the limb. Less frequently it begins in one side of the face. Sensory aurae vary extremely, passing from feeling of tingling or heat or cold, to vague indescribable discomfort.

Visceral sensations are not uncommon. They may begin in any part of the chest or abdomen, but the epigastrium is the common location. They consist generally of sense of faintness or oppression, but palpitation of the heart, pain and sense of constriction in the throat ("globus") occur. Giddiness, heaviness and sudden somnolence are the commonest cephalic sensations. Special sense aurae are fairly frequent. Olfactory and gustatory sensations are rare, auditory more common. Examples of the last are a crash, a hiss or a whistle, rarely a more complicated sensation, as spoken words, a piece of music. The visual sensation is by far the most common. It may consist of sudden blindness, more commonly of a flash of light of one or more colors. Occasionally it is the definite image of an object, as an animal or a woman with a dress of a certain color. Special sense aurae may be combined. Examples of vasomotor and secretory aurae are a sudden flushing or pallor, a sudden outbreak of sweat. Interesting, though not frequent, is the psychical or intellectual aura. It consists of an emotion, generally of anxiety or fear; or of a conception, often too vague to be well remembered or described, which obtrudes itself suddenly upon the consciousness. For instance, a patient of Starr's[3], a professor of mathematics, has as an aura a certain algebraic formula which comes suddenly before him, and is at once followed by a fit.

The intellectual aura occasionally presents itself as a vague dreamy state, a pre-epileptic delirium. As a rare prelude to an attack, the patient suddenly starts and runs for some distance before he falls down in a fit. This is called "procursive epilepsy." At times the running occurs alone, the convulsion being wanting. Whatever the form of aura, in a given individual it is always the same for each attack. In about one-half the cases of epilepsy, some form of aura is found at least occasionally — Gowers [1] — Aurae may precede the minor as well as the major attacks. When the aura begins as a definite sensation in a limb, the fit can sometimes be suppressed by a band drawn tightly about the limb, above the seat of the aura. Immediately upon the aura, or without warning, begins the convulsion. In some cases it is ushered in by a sharp scream, the "epileptic cry." This is thought to be due to the expulsion of air through the narrowed glottis by the tonic convulsion. The patient falls senseless, his muscles are contracted in tonic spasm, the eyes generally deviate and the head is drawn to one side, the thorax is fixed, the arms are generally flexed at the elbows and wrists, the fingers pressed together, the thumb adducted, the legs are extended, more rarely flexed, though as to the exact position assumed there is some variation. The pupils are dilated and their reflexes lost.

From the spasm of the respiratory muscles the face, first pale, becomes red, then cyanosed. After this has lasted from a few seconds to half a minute the clonic stage begins; there occur some twitchings, which soon increase to strong symmetrical movements, which

jerk the body and the limbs about, sometimes with such violence as to produce wounds of the soft parts or dislocations. The cyanosis disappears as respiration is reëstablished, and frothy saliva appears at the mouth. During this time the tongue is apt to be bitten. After lasting from a half minute to several minutes, the convulsions become less and less, and the patient passes into the third stage, of coma, or deep sleep, which lasts from a half hour to several hours. From this sleep he may be awakened after some time, but for a greater or less period is in a dazed condition, and may perform impulsive, perhaps violent and dangerous, acts, of which he later has no recollection. For as long as 24 or 36 hours, he may be in a depressed condition and incapable of mental effort. The dazed or "dreamy" condition sometimes takes the place of a fit and comes then under the head of the epileptic equivalent.

Such is the typical "grand mal" attack, which may vary, however, from the above description, since the convulsions may be but slight, and only one stage, either tonic or clonic, may occur. Urine (and feces) may or may not be passed during the attack. The urine passed immediately after the attack usually contains albumen. In the minor attack, the patient is perhaps noticed to grow pale, he stops talking or suspends what he is doing, there may or may not be slight muscular twitching or tonic spasm, the unconsciousness lasts from a few seconds to half a minute, and the attack is over. There may or may not be an aura. The attack may manifest itself in different ways, but most usual is slight momentary giddiness or loss of consciousness—an "absence"—often not noticed, or if remarked, supposed to be a fainting fit. The patient seldom or never falls.

Interesting and important is the psychical epileptic equivalent. This is hardly to be distinguished from the mental disturbance which follows a fit, as their manifestations may be the same. It is only when it occurs independently, that it is to be considered as the equivalent of an attack. Most commonly it is a condition of delirium—the "dreamy state"—in which the patient speaks in a disconnected way and acts in a motiveless, uncontrolled manner. He does not know where he is, may proceed to undress or expose his person, may commit a theft, an assault, etc. The attack lasts from a few minutes to hours or a day, so that during it the most complicated actions are sometimes performed. Many curious instances of these are on record. The epileptic delirium takes on at times the character of maniacal excitement, and under the influence of hallucinations and delusions the most violent and dangerous acts may be performed. Again the condition is one of stupor, or of great depression with frightful hallucinations. All of these mental states may appear after a fit or may form its equivalent. Their medico-legal importance is very great.

Epileptic attacks vary in frequency from one or two a year, to the dangerous "status epilepticus" in which the patient remains unconscious, the temperature is elevated, one convulsion following another in rapid succession, often until death occurs. Characteristic of all genuine epileptic attacks is the lack of memory on the part of the patient for what has occurred. When there is a well marked aura, he may recollect that, and from previous experience knows that a fit followed. Petit mal attacks, and the equivalent, form gaps in the memory. Though not to be separated entirely from true epilepsy, reflex epilepsy requires special consideration, since, while it has most likely as predisposing cause the same instability of the cortical nerve cell, as true idiopathic epilepsy, the attacks start often with an aura from some peripheral source of irritation as a wound or scar. Wounds involving nerves, especially about the face, are apt to be the exciting cause of such attacks. An attack can often be produced by pressure upon such a scar.

Other causes are eye-strain, digestive disorder, genital irritation from tight prepuce, uterine or ovarian disease, etc. The attacks are very frequent from the start, much more so than those of true

epilepsy. They differ also in being as a rule milder, consisting of petit mal attacks, or the convulsion remaining localized where it starts. Consciousness is not always lost. The importance of their differentiation is evident, since by removal of the source of irritation the disease is often cured at once. Reflex epilepsy is on the whole rare. Belonging properly to the class of epileptiform or symptomatic attacks, but merging by imperceptible degrees into true epilepsy, is what is known as partial or Jacksonian epilepsy, first described by Bravais in 1827, later studied more thoroughly by Hughlings Jackson, who, between 1861 and 1873, published a number of observations on the subject. From the latter writer it takes its name. The Jacksonian attack begins as a localized spasm, often accompanied by paresthesia in a group of muscles of an extremity, or of the face. For example, it may begin as a twitching of the little finger of the left hand, the spasm may extend up the arm, to the face or to the other arm, may finally involve the whole body or may remain limited to a greater or less number of muscles of one side. The initial manifestation, *e. g.*, the spasm of the little finger, has been called by Seguin "the signal symptom." It is the rule for the spasm to remain localized, but it at times becomes general. It may be tonic or clonic or both. Generally consciousness is not lost, so the patient is able to observe his own attack. When consciousness is lost, it is only when the convulsion becomes general, in contrast to the unconsciousness of true epilepsy which comes on at the start. There may or may not be an aura. The form of seizure is in the same person almost always the same.

Jacksonian epilepsy is specially important, in view of the fact that it is in such cases above all others that there is direct indication for operative interference, with a prospect of success. Partial sensory epilepsy also occurs, and probably has a similar pathology to the Jacksonian attack. While Jacksonian epilepsy is usually symptomatic, its study has done much to shape our ideas as to the pathology of epilepsy in general. On examination of brains from a number of cases of localized spasm, definite and distinctly localized cortical lesions have been found. In fact much —if not most—of our knowledge of cerebral localization depends upon the study of just such cases. Now many cases of epilepsy begin with an aura which is just as definitely localized, and in these at least there seems ground for the presumption that the attack begins by a discharge from the cells of the cortical region, in which the affected part has its representation. Unfortunately in too many cases we fail to find any corresponding lesion after death, so unless we fall back on the theory that there is a structural alteration in the cells or their processes, but it is so fine as to escape our present methods of investigation, we have no explanation of the phenomena of epilepsy. The view which seems to be held by most modern neuropathologists is that there is some defect—congenital or acquired—of the cortical nerve cells or their processes, in virtue of which the nervous discharge is apt to occur on insufficient stimulus, and in a violent and irregular manner, a failure of inhibitory power. The weight of evidence seems to be in favor of the cortex as the seat of the discharge, though there is a good deal in favor of the medulla as the point of origin of the tonic spasm at least.[4]

For the diagnosis of epilepsy we have to determine the presence of the attacks, and then to differentiate them from epileptiform phenomena. When the physician witnesses a fit, the first presents little difficulty. Often he is dependent, however, upon the statements of others, and again petit mal attacks occurring alone may escape observation, or be supposed to be fainting fits. When attacks occur only at night, they may pass unobserved for a long time. Signs of their occurrence are wounds of the tongue, ecchymoses under the skin or conjunctiva, headache and dulness in the morning, evidence of a struggle in bed, etc. Gilles de la Tourette[5] calls attention to the frequent presence about the neck of petechiae more or less numerous, which are probably due to the

great vascular tension of the tonic stage. Any one of these signs, if discovered, may put the observer on the right track.

Epileptics often show certain mental peculiarities, facial or cranial asymmetry and other stigmata of degeneration. The differentiation of epileptic from epileptiform attacks is often difficult, sometimes impossible, for the latter may closely simulate the former. A thorough examination for symptoms of organic disease and other possible causes of attacks is of the greatest importance. The age of the patient at the time of the first fit is to be considered. While epilepsy may begin at any age, the great majority of cases commence before twenty. Those begining after thirty should be regarded with suspicion, and careful search for intoxication or organic disease should be made. Minor attacks are to be differentiated from syncope and vertigo. Syncope being due to brain anemia, there is generally some recognizable cause for its occurrence, as overexertion, pain, a terrifying emotion, *e. g.*, sight of blood, etc. It does not come on with the same suddenness ; the patient sinks rather than drops to the ground as in epilepsy, and consciousness is often not completely lost. The pulse is weak, often imperceptible at the wrist, while in epilepsy it may be little disturbed. Fainting may recur as the patient attempts to sit up, and there is physical weakness for some time. In epilepsy the attack over there is little or no physical weakness, but mental confusion. When there is muscular spasm, however slight, passage of urine during the attack, and deep sleep or delirium after it, its epileptic character is certain.

Vertigo when epileptic is usually followed by loss of consciousness from which the patient promptly recovers, though he may remain dazed for some time. In vertigo from other causes, there is not complete loss of consciousness; giddiness is apt to persist for some time, then to slowly pass away. Auditory vertigo is the one most likely to be confounded with epilepsy. In it, however, there are generally some symptoms of ear disease, as deafness, tinnitus, or slight persistent giddiness. The determination that certain psychical manifestations represent the epileptic equivalent is often difficult. The occurrence in the same person of undoubted attacks of petit mal or convulsions makes the diagnosis clear. Sudden onset, absolute want of memory for occurrences during the period of disturbance, and the signs of psychical degeneration when present, should arouse strong suspicion of their epileptic character. Major attacks of epilepsy have to be distinguished from epileptiform convulsions directly dependent upon ascertainable causes. Reflex epilepsy has been already described and compared with the idiopathic form. Convulsions not sharply to be separated from genuine epilepsy may follow hemiplegia at any age, but especially does this occur in infancy and childhood. A large number of cases of the cerebral palsies of early life are complicated by epilepsy, partial or general, due to the brain lesion, hence to be classed as symptomatic. The attacks begin usually in the paralyzed side, and may remain confined to it, or become general. An aura is commonly present. Petit mal is frequent.

Epileptiform convulsions may accompany such organic brain diseases as softening from hemorrhage or vascular trouble, chronic meningitis or encephalitis, cerebral syphilis, tumor, multiple sclerosis, and general paresis. They may be general and exactly like those of genuine epilepsy, but Jacksonian attacks are far more frequent, and when studied often help us to locate the lesion. Search should be made for the general symptoms of brain disease, persistent headache, staggering gait, heat or tenderness over the cranial bones, cranial nerve palsies, optic neuritis, vomiting, ataxia, hemiplegic weakness, etc. In cerebral syphilis, the history, the presence of old scars, keratitis, bone lesions, etc., and finally the result of treatment, often make evident the nature of the case. Localized convulsions are often due to a gumma or spot of syphilitic meningitis, and the happiest results follow antisyphilitic treatment. They may also be due to a non-syphilitic tu-

mor; and in most of the cases successfully operated upon, there has been the advantage of such localizing symptoms. In any tumor of undetermined nature, however, a course of mercury and potassium iodide is legitimate and can do no harm. In multiple sclerosis the spastic gait, exaggerated reflexes, tremor, scanning speech and nystagmus should prevent error. In general paresis epileptiform attacks are exceedingly common, and are sometimes the first symptom to attract attention. In the developed disease, the mental failure, the grand delusions—when present—the pupillary phenomena, the bodily weakness, spastic or atactic gait, tremor and speech disturbance make the meaning of the attacks only too plain. Paretic fits usually take the form of petit mal or Jacksonian convulsions, which may recur very frequently. Grand mal attacks also occur, however. In these there is complete loss of consciousness, often rise of cranial temperature, and after the attack there may be temporary paresis of the previously convulsed muscles. When the characteristic symptoms of paresis are absent, however, the diagnosis may be long in doubt. In acute cerebral lesion, while epileptiform convulsions may occur, there are usually other symptoms which point out the true nature of the case.

Epileptiform attacks occur as a result of various intoxications, as chronic alcoholism, especially absinthism, uremia, acetonemia and saturnism. They may be either general or partial. For their diagnosis we are mainly dependent upon the other symptoms present. In alcoholism there are the history and the general symptoms. The attacks are quite often partial. The alcoholic coma is seldom so profound as the epileptic. In uremia there are albuminuria and other signs of nephritis. It must be remembered, however, that urine passed just after an epileptic fit generally contains albumen. In acetonemia, there are glycosuria and other evidences of diabetes; in lead poisoning the black line on the gums, etc. Probably the most difficult question, especially when the physician has not witnessed an attack, is whether it is epileptic or hysterical. This is further complicated by the fact that epilepsy and hysteria are sometimes present in the same person.

The emotional disturbances, localized anesthesia, ovarian tenderness, limitation of the visual field, temporary paralyses and contractures, the stigmata of hysteria should be sought for, but too much stress should not be laid upon their presence, in the absence of definite information about the attack. An aura of some sort may be present in either case, and in this connection it is to be recalled that the sensation of a ball in the throat ("globus") is sometimes present in epilepsy. The epileptic attack comes on without apparent cause, the hysterical usually follows a strong emotion. The epileptic falls suddenly, often hurts himself, the hysteric seldom does. In epilepsy the unconsciousness is complete, in hysteria generally incomplete. The epileptic cry occurs only at the onset, the hysteric may scream during the attack. The epileptic convulsion is first tonic, then clonic incoördinated movements follow. The hysterical attack may show one or both stages, but the movements in the latter are violent and purposive, fighting, struggling, snapping and biting, (though the tongue is almost never bitten,) with perhaps talking, laughing or crying. In the epileptic attack involuntary discharge of urine is frequent, in the hysterical it is almost unknown. The epileptic attack never lasts more than a few minutes, ceases spontaneously, and is followed by deep sleep, the hysterical may last for ten or fifteen minutes or longer, may cease spontaneously, or may be arrested or modified by a strong suggestive influence, to which the epileptic attack is never amenable. After the hysterical attack the mental condition may be clear at once. Hysterical attacks resembling petit mal or Jacksonian epilepsy are to be diagnosed on the general principles stated above. That epilepsy can be simulated can hardly be denied, but its imitation is generally clumsy. In a feigned attack, the dilatation and immobility of the pupils, the initial pallor and later cya-

nosis, and the post-epileptic sopor and confusion are wanting, and biting the tongue is rare.

The following cases may illustrate some of the difficulties of diagnosis:

CASE I.—Man of 41, syphilis doubtful, hard drinker. During the very hot weather of the summer of 1896, while intoxicated he fell from a street car and received a wound in the left parietal region. This was dressed by a surgeon, who, on careful examination, could find no evidence of a fracture. Prompt healing took place. About a month later he began to be mentally a little dull and his speech was noticed to be somewhat stumbling. Three days later he had a Jacksonian convulsion, beginning with twitching of the lip and extending to all muscles of the right side of the face. There was no loss of consciousness. The attacks recurred several times in the first day, remaining always confined to the muscles of the right side of the face. They were then absent for 48 hours, when they returned in somewhat milder form. When seen by the writer three days later, he had had four attacks in the past twenty-four hours.

Examination showed some mental cloudiness, exaggerated knee jerks and slight sluggishness of the pupillary reaction for light, otherwise nothing abnormal. I have not seen him since, but am told by his physician, Dr. Wellington, that the attacks gradually disappeared, and that he has returned to work, but that he is reported to have occasionally some trouble with his speech. Of his present mental state, we have no report. The first question seems to be whether the attacks were due to the injury or not. This we were unable to decide positively. The scar was rather above and behind the face area of the cortex, but of course an injury inside the skull need not exactly correspond in location with that outside. The patient was put on bromide and iodide of potassium, and on account of the suspicion of syphilis on mercury; and it was decided to watch the course of events for some weeks. The disappearance of the convulsions put aside any question of operation. There remain to be considered syphilis, alcohol (and heat) and general paresis, as causes. The history of the first was very doubtful. At one time he had had a sore, but there were no scars, nor anything else to indicate specific infection. Since his accident he had consumed little or no alcohol. While the interpretation of the case remains doubtful, to the writer the attacks suggest the seizures of general paresis. In favor of this view are the mental dulness, speech disturbance, sluggish pupils and altered knee jerks, and should the first two increase and distinct muscular paresis come on, the diagnosis of general paresis will be justified.

CASE II.—A man of 35, complained that for the past few months he had been having fits which forced him to give up his place as janitor. Although an attack was never witnessed by the writer, according to the account of the wife of the patient there was sudden loss of consciousness, with falling, and general convulsions speedily followed. There were two or three convulsions a month. Alcoholic addiction and syphilis were positively denied.

Examination showed patient a strong, well-nourished man; some scars on his head the result of his falls; no evidence of nephritis, syphilis, or organic brain disease. From his age at the onset of the attacks however, the case was regarded with suspicion. He remained under observation for some months, taking bromides, but having occasional fits. He then disappeared. About six months later the writer was asked to visit him in another part of the city, and on doing so, found him paralyzed on one side. He was put in hospital and given a course of mercurial inunctions and potassium iodide. The hemiplegia gradually disappeared, and when seen four or five months later he was entirely well and had had no more fits. He then acknowledged that some years before he had been treated by inunctions and iodide, for a disease which he had had, presumably syphilis.

CASE III.—A lady of 74, good family history, in early life no attacks at all

suggesting epilepsy. For some years has had gastric catarrh, and her nutrition has suffered somewhat. For several months she has been having occasional attacks, coming on generally after physical exertion, and having the following character. She is noticed to be acting queerly, does not recognize her surroundings, and cannot locate herself. She talks in a roving way about things and people who have no connection with the time and place, and is evidently in a dazed or "dreamy" condition. The attack lasts from a half hour to an hour, then passes away and the patient has no recollection of what has occurred. Examination shows slight tremor of the hands and tongue, a little weakness of the heart's action and some sclerosis of the arteries about the head, otherwise nothing abnormal. Under general tonic treatment, including strychnine and cod liver oil, she is improving somewhat, but still has occasional attacks. What are these attacks? They seem to have the character of the epileptic equivalent, and should probably be considered as representing "senile epilepsy," a rather rare form of the disease, which the writer hopes to make the subject of another paper.

REFERENCES.

1. Gowers "Diseases of the Nervous System."
2. Féré, "Les Epilepsies et Les Epileptiques."
3. Starr, "Familiar Forms of Nervous Disease."
4. Bechterew, "Neurolog-Centralb," No. 9, 1895, and No. 4, 1897.
5. Gilles de la Tourette, "La Semaine Médicale." No. 51, 1895.

CIRCUMCISION, WITH A DESCRIPTION OF A PAIR OF CIRCUMCISION FORCEPS.

By Alex. L. Hodgdon, M. D.,

Dispensary Physician to the Department of Nervous Diseases, College of Physicians and Surgeons, Baltimore.

The performance of circumcision having been found of so much benefit in certain nervous troubles, such as epileptic convulsions, paralysis, etc., and the cutting off of the foreskin being a very salutary procedure even when the individual is perfectly healthy, the proper performance of the operation is a matter of very great interest to the medical profession.

Having experienced great difficulty in finding a circumcision forceps which is at all like what I have desired and believing a guard outside of the ordinary forceps to be of great advantage, I have devised such an instrument, as seen in the accompanying illustration, and it has been made for me by Messrs. Arnold & Son of Baltimore.

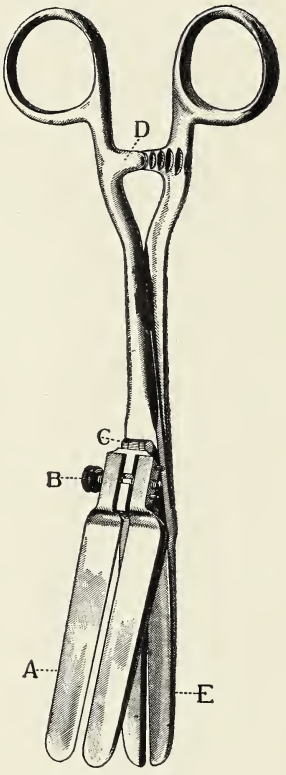
The foreskin is first clasped by the forceps (E) and they are locked, after which it is drawn through the slot in the thin metal plate (A) which can then be pushed down directly against the forceps and the foreskin cut off. The thin metal plate is attached to the forceps at (C). The width of the opening in the plate can be regulated by the screw (B) so that any thickness of foreskin will be enabled to pass through. I consider the thin metal plate with slot a great addition to the narrow-bladed lock (D) forceps, as by drawing the foreskin through the opening it seems to me almost an impossibility to wound the glans penis whilst removing the prepuce, but by only using the forceps instead of adding the additional guard, it requires great watchfulness to keep from wounding the head of the organ.

In performing circumcision in adults I consider it wise to leave about an inch of mucous membrane and to cut off the skin which covers the glans and about an inch of skin off the body of the penis back of the head of the organ towards the pubis. In this way, after operating, the skin will retract to about an inch back of the head of the penis and the inch of mucous membrane will cover the bare space between the cut edge of the skin and the head of the penis and

the cut edges of the skin and the mucous membrane can be stitched together. The reason for leaving about an inch of mucous membrane is that it is very sensitive and one of the sources of pleasure in coition.

Outside of the treatment of certain nervous disorders, circumcision is very beneficial even in the matter of simple cleanliness, as after the operation of circumcision the glans penis remains constantly uncovered and the accumulation of cheesy matter is prevented. In the white race, after circumcision, the head of the organ and any remains of the mucous membrane becomes toughened, the head fading from a deep purple hue to about the color of ordinary skin, and any remnants of the mucous membrane from red to the general color of the integument, while in the African it becomes pigmented, the glans changing from purple to black, any remains of the mucous membrane from red to black, and the darker the subject the deeper it seems to turn. That the individual possessing a foreskin may be in danger of deleterious matter being absorbed may, I think, be illustrated by painful gonorrhea, which I have been able to relieve in about an hour by directing the individual to crush a sulphate of morphine tablet (moderate dose) and place it under the foreskin when from results mentioned there is every reason to believe that it was absorbed.

About the only objections that have been urged against cutting off the foreskin are that it leaves the sensitive head of the penis constantly exposed to friction against the clothing and other rough articles ; and another objection made is that this exposure to friction decreases to a certain extent the sensibility of this very sensitive head. It does come in contact with the clothing after circumcision has been performed, but after some time the mucous membrane of the glans penis becomes toughened and thicker and so far as the decrease in sensibility is concerned it is an advantage, as the act of coitus is prolonged. The glands of Tyson situated near the corona dry up so that the glans penis of the circumcised individual remains dry and clean. In performing circumcision, no matter what methods are adopted, I consider it very necessary to cut off circularly enough skin from the penis to keep the whole of the head of the penis constantly uncovered and so that no part of the head can be made to remain covered. Having performed circumcision many times both in adults and children I will describe the method I prefer.



(ONE-HALF SIZE.)

First of all, I will name the parts so that no confusion may exist when the operation is described. The penis has an upper and a lower surface ; the upper surface is the dorsum and is the surface which is seen if the individual is standing up and facing you and the penis hanging in the ordinary condition. On the lower surface of the penis is found the frenum. The posterior portion of the glans is called its base and the anterior portion is called its apex. The orifice of the urethra is situated at the

extreme anterior portion of the apex. The corona is an elevated ridge and is a portion of the base of the glans. Immediately back of the corona is a depression which marks the extreme posterior boundary of the base of the glans, behind which is found the mucous membrane of the prepuce. In performing circumcision in adults (whenever practicable) I consider the best method is to allow the penis to hang down in its ordinary condition, then make a mark with pen and ink on the dorsum of the penis about one inch back of the depression which marks the boundary between the glans and the mucous membrane of the prepuce, then draw the skin of the penis evenly forward till it comes in front of the apex of the glans, after which the skin should be embraced by the circumcision forceps or a pair of ordinary long, thin-bladed forceps, and all of the skin in front of the mark should be cut off. The forceps now being removed, the cut border of the skin will retract to about the point where the mark was made, that is, about one inch back of the depression at the base of the glans. The mucous membrane of the prepuce will probably still be found covering a portion of the glans. All but about one inch of the mucous membrane should be cut off from the dorsal surface, but sufficient left on both the dorsal surface and the under surface to reach from the depression back of the glans to the cut edge of the skin, without having to stretch it in order to make the sutures, which should now be put in, connecting, by the interrupted suture, the cut edges of the skin and mucous membrane. If the frenum is short it should be divided. In infants, make a mark on the skin of the dorsum about at the depression at the base of the glans, which depression marks the boundary line between the glans and the mucous membrane of the prepuce. Then draw the skin evenly forward till it comes in front of the apex of the glans, after which the skin should be embraced by the circumcision forceps or a pair of ordinary long, thin-bladed forceps, and all of the skin in front of the mark cut off. The forceps now being removed the cut border of the skin will retract to about the point where the mark was made at the depression at the base of the glans. The mucous membrane which will probably still be covering a portion of the glans should now be slit up along the dorsum to about where it is attached at the base of the glans, and should then be thoroughly peeled off from the glans. For the dressing I prefer a small piece of soft muslin, doubled, with a small hole cut through sufficiently large to admit of the glans passing through it; the glans is now pushed through this hole till the edges of the muslin find a lodgment in the depression behind the glans, and in this way the cut edges of the skin and mucous membrane are kept together. The hole in the muslin must be large enough to prevent too much constriction back of the glans. Over the incision and back of the muslin I wind around the penis a narrow strip of "borated lintine." In about two or three days give the baby a bath and find union complete, after which I direct that the whole of the penis be dusted with talcum powder for several days. In performing circumcision on infants and children I have sometimes found very firm adhesions between the mucous membrane lining the prepuce and the glans. Some little difficulty may be experienced in peeling this off from the glans, but a little perseverance will generally accomplish it in a short time. I have had no trouble from bleeding after circumcision since I adopted the practice of sponging the cut surface with very hot water, barely touching the raw parts, and taking care not to scald them. Of course no one would think of performing an operation of any description on an individual afflicted with hemophilia unless the risk of not operating were greater than that to be feared from an operation. It would hardly seem necessary to enter so minutely into the details of the operation of circumcision, had I not seen cases which have been operated upon for phimosis whose present condition can scarcely be said to be much of an improvement on that of their past.

Society Reports.

BALTIMORE MEDICAL ASSOCIATION.

MEETING HELD FEBRUARY 8, 1897.

Dr. Randolph Winslow, President, in the chair.

Committee of Honor reported favorably upon the name of Dr. Morris C. Robins, who was then unanimously elected to membership.

Dr. John T. King read a paper on "Criminal Abortion."

Dr. E. M. Reid: According to the 24th and 25th Victoria all that is necessary to implicate the physician is to show the intent. Therefore, a physician who gives a placebo when the patient believes herself to be enceinte places himself into a difficult position. The only safe way is to refuse positively to give anything to restore the catamenia. Another question to be considered: If a woman asks a physician, "If I have an abortion performed, will you attend me later?" In that case he says "No." The induction of premature labor is not justifiable in law unless a consultation be had previously. What is the doctor's duty if when called in to see a case, he finds that a feticide has been committed? In those cases he asks no questions because the laws are such that we could accomplish nothing. Physicians are not so familiar with the laws as they should be. Medical jurisprudence should be taught in the schools. He has watched the career of abortionists and prophesied that in every case they would die premature deaths or by violence, and in nearly every instance the prediction has been verified. Education along this line is necessary to eradicate the evil. He also spoke about the evil of indiscriminate removal of the ovaries.

Dr. H. H. Biedler: The practice in many cases is that the punishment is less if the abortion is done when the pregnancy has advanced only four and a half months than when performed at a later period, but the crime is just as great. Druggists tell him that an enormous number of emmenagogue pills are sold. It is a serious and weighty question, and the attempt to eradicate the evil must begin with ourselves. The law does not excuse ignorance. He has been consulted by persons of all grades of society to have abortion performed. He agrees with the sentiment of Dr. King. It is just as much of a sin to perform it twenty-four hours after the cessation of the menses as to do so later.

Dr. C. Urban Smith: It is just as much of a crime to prevent conception as to perform abortion.

Dr. J. D. Blake: Education and civilization are the causes of the whole trouble. The giving of a placebo in such cases would be amenable to the law of receiving money under false pretenses. The social status of the present day is responsible for the trouble. The difficulty of proving the crime is the reason why juries so seldom convict.

Dr. Morris C. Robins spoke of how the courts are perverted in dealing with these cases.

Dr. W. A. B. Sellman: Most abortions are brought about by the women themselves. Only when the means tried by them fail do they call in the physician. Not the husband, but the woman, desires the abortion. Endometritis, etc., often result from retained portions of the products of conception. The cure is to work upon the moral force of the community.

Dr. Thomas Chew Worthington: He believes that the evil will never be abolished. A more serious question is that the physician is at the mercy of any and every woman who chooses to raise such a charge against him. The time is coming when we must all have witnesses in our offices.

Dr. Reed: It is difficult to get a jury some member of which at some time has not been interested in a case, not believing that abortion is so heinous a crime as the physician thinks.

Dr. Blake: The law always gives the prisoner the benefit of any doubt. Hence the difficulty of securing conviction.

Dr. Robins: In the case mentioned by him the woman's husband testified

to the abortion having been performed with his knowledge.

Dr. E. D. Ellis: Too much discretionary power is given to the officers of the law.

Dr. R. Winslow: He wished to say a word in favor of the profession. The percentage of wickedness is so small that it is to the honor of the profession, especially when we consider the opportunities that present themselves without fear of detection. An indiscretion of a young girl (while a heinous sin) is much more to be condoned than the deliberate intention of a married woman to escape maternity.

Dr. Reid: Are there any reliable abortifacients? Some authorities say not.

Dr. King: There are very few specifics in medicine. Some drugs are very likely to produce that effect. No woman could ever come into his office saying that she was pregnant and get any remedy from him. Even in giving a placebo he avoids even the appearance of evil. Girls must be taught that this is an enormous crime. It is more common in the upper classes of society than in the lower. A doctor who agrees to attend the patient after the abortion has been performed is *particeps criminis*.

The Association then adjourned.

EUGENE LEE CRUTCHFIELD, M. D.,
Recording and Reporting Secretary.

A CORRECTION.

IN his remarks before the Faculty (page 229 of last issue) concerning the relative merits of the plaster jacket and the steel brace in the treatment of spinal disease, Dr. R. Tunstall Taylor said he thought the jacket gave good support in curvatures below the *seventh dorsal vertebra*, while above that point the steel back brace is the best. Our error was due to an error in the report given to us for publication.

GOVERNOR TANNER of Illinois has vetoed the Osteopathy Bill passed by the legislature of that State.

Medical Progress.

DENTISTRY AND MEDICINE.—While dental graduates have not, as a rule, the liberal education of the graduated physician, still the endeavor is to make the medical departments overlap more and thus make the dentist a specialist in diseases of the mouth. In a recent number the election of Richard Grady, M. D., D. D. S., as a lecturer on stomatology in the Baltimore Medical College was noted. There is a growing disposition on the part of medical schools to have their students taught something of dentistry, that is dentistry embraced in medicine, for modern dentistry has recognized much more injury than that which is local to the structures of the mouth. In the seven medical colleges of Chicago chairs of dental and oral surgery have been introduced. In the establishment of the Baltimore Medical College a chair of dentistry as a special branch of medicine was included, the intention being to graduate students in dentistry with the degree of M. D., instead of D. D. S., and up to 1889 its catalogue provided for a lecturer on the principles of dental surgery. Doubtless the election of professors of stomatology in medical schools will hasten the day when every person who aspires to be a member of the dental "profession" (why not the "profession of ophthalmology" or the profession of laryngology?) will enter it through the doors of the medical colleges. Surely a scientific study of the histology and pathology of the teeth, both as to their local and general relations, deserves a place in regular medical schools on the same plane as recognized specialties, and is perhaps more worthy than some of them. In the words of another: "A professorship of stomatology would be a valuable addition to the regular medical curriculum. It would be quite unnecessary to include in this any instruction in the making of substitute-structures or even the filling of teeth. These are important matters, but they are essentially mechanical, and they can be best left to those who have the gift of manual skill. Instruction in tooth extrac-

tion should be given. It is probably needed, for we recall having seen a very distinguished surgeon break a tooth in a clumsy attempt to extract it, and, moreover, seem to feel no shame at the failure. In the more closely-populated places, skill in extracting teeth comes but little in demand from the general practitioner, since in such places persons make a specialty of this work. The duties of a professor of stomatology would be to present a comprehensive course on the comparative anatomy, development and histology of the teeth, discuss the causes and varieties of tooth diseases, their local and remote effects, exhibiting clinical cases illustrating these forms and point out the methods of treatment, carrying out so much of the latter as did not involve purely mechanical procedures. The incumbent of such a chair should be a dentist in actual practice, who should also be a graduate in medicine."

* * *

INTUBATION AND ANTITOXINE. — Opinions as to the efficacy of intubation and the use of antitoxine are frequently offered. Dr. T. H. Halsted notes in the *New York Medical Journal* the steady opposition to the use of antitoxine shown by Dr. Joseph T. Winters and gives his experience with both these means mentioned and concludes as follows :

1. Laryngeal diphtheria, in any epidemic, is never mild, but has always had a mortality of from ninety to ninety-five per cent., reduced by operation, intubation or tracheotomy, to from seventy-two to seventy-six per cent.

2. The report of my cases shows a mortality of intubations without serum of seventy-six per cent.; in conjunction with serum of twenty-five per cent., and eliminating cases of death within twenty-four hours of injection, a mortality of ten per cent. The reduction of mortality from seventy-six to ten per cent. is to be credited to antitoxine.

3. Antitoxine should always be administered as early as possible and in laryngeal cases without waiting for the bacteriologist's report. If this is done it will usually prevent an extension to the larynx, or, if the larynx is already invaded, an early injection will frequently cure without need of operation.

4. No child should be allowed to die of laryngeal stenosis without an operation, preferably intubation, and serum should be injected at once regardless of the stage of the disease, as most desperate cases often end in recovery.

* * *

ADENOID GROWTHS IN CHILDREN.— Dr. Ellet Orrin Sisson, in discussing in the *Laryngoscope* the prevalence of adenoid growths in children, draws the following conclusions in reference especially to school children :

In summing up, let me again repeat the statement made in the outset, that the object of this paper is to impress upon you the importance of this condition by reference to some of its complications ; for we fear that our familiarity with the methods adopted for its cure, together with their common occurrence, may cause us to pass it by too lightly. Therefore, in conclusion, allow me to sanction and urge the adoption of a measure suggested by Dr. Hannan W. Loeb, one of the leading specialists of this city, in a recent article on this subject, viz.: That the State should provide for the examination of all school children with a view of correcting this common affection and the symptoms which it occasions ; and I would add that the teachers in our public schools be taught to recognize this condition, and be instructed to report all cases of mouth-breathing children to a physician, or board of physicians created for that purpose, for examination.

* * *

TREATMENT OF SCARLET FEVER BY BATHS.—According to the *Therapeutic Gazette*, Schill of Wiesbaden has reported the results which he has obtained from the employment of baths at 95° and of ten minutes' duration, repeated twice a day during the first week of scarlet fever. He believes that the baths aid in relieving the fever and finally in producing free desquamation and also believes that such a treatment distinctly decreases the danger of complications.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, JULY 17, 1897.

An Army Medical Board.

SURGEON-GENERAL GEORGE M. STERNBERG has sent out an official notice that an army medical board will be in session at Washington during October, 1897, for the examination of candidates for appointment to the Medical Corps of the United States Army, to fill existing vacancies.

Persons desiring to present themselves for examination by the Board will make application to the Secretary of War before September 1, 1897, for the necessary invitation, giving the date and place of birth, the place and State of permanent residence, the fact of American citizenship, the name of the medical college from which they were graduated, a record of service in hospital, if any, from the authorities thereof. The application should be accompanied by certificates based on personal acquaintance from at least two reputable persons, as to his citizenship, character and habits. The candidate must be between 22 and 29 years of age and a graduate from a regular medical college, as evidence of which, his diploma must be submitted to the board.

There are at present five vacancies in the Corps to be filled and the examination is on a variety of subjects, including arithmetic, geography, history and literature, chemistry, physics and the general branches of medicine and surgery, including hygiene. Successful candidates at the coming examination will be given a course of instruction at the next session of the Army Medical School, beginning November 1, 1897. This school was established in Washington, in 1893, by authority of the Secretary of War for the purpose of instructing medical officers who have been appointed since the last preceding term of the school and such others as may be authorized to attend. The course of instruction lasts four months. Military surgery, military hygiene, military medicine, clinical medicine and surgery and microscopy are taught.

In view of the difficulties attached to the average young physician just beginning his career and the small remuneration for the work done, such a good position in the army has its attractions and this notice should be brought to the attention of all recent graduates.

As a rule, a special course of training is needed before taking these examinations and it has been said that the best medical officers are not always those passing the best examinations. Full information may be obtained by applying to the Surgeon-General of the United States Army at Washington.

* * *

American Medicinal Flora.

DR. H. H. RUSBY of the New York College of Pharmacy has been appointed chairman of a general commission consisting of the Subcommission of the Pan-American Medical Congress and the Smithsonian Institution of Washington.

The object of this commission is to study the medicinal plants of the United States and to communicate with every person in the United States, whether in the medical profession or not, provided they take a sufficient interest in the subject to find out as far as possible the local names of the medicinal plants of this country, the local uses, together with historical facts, the geographical distribution and degree of abundance in the wild state, the condition of the plant as prepared for market, if it has been cultivated or if it is wild. Plants should be collected and the leaves or root laid flat and dried between newspapers by artificial heat, with as full a

description as possible, and sent with the specimen of plant, prepared for transportation, to the Smithsonian Institution, which will send the proper facilities for free carriage of specimens.

It is also important that all that is known of these plants be written down with the specimen, and whether this information be from traditional sources, from Indians' or old women's uses, it is equally important, as it is desired to find if there are not many plants in the United States which possess some medicinal virtues; and as this work will be done under governmental supervision and in view of the great importance of such an undertaking, physicians in all parts of this great land, but especially those living remote from great cities, are earnestly requested to communicate with the secretary of the Smithsonian Institution, Medicinal Plants Department, and learn further particulars.

Private firms have so often brought to notice products that claim to be from medicinal plants of the United States that it is a great satisfaction to see that this work will be undertaken by a responsible board which has no mercenary interests at stake.

This will be a great undertaking and will probably yield little in proportion to the work involved, but a united effort will undoubtedly be productive of great benefit and a material and valuable addition to our materia medica.

* * *

Physicians' Aid Associations.

The fact that Physicians' Mutual Aid Associations have proved so successful in many places where such organizations have been well managed raises the question why such an association was never started in Maryland. The association in New York has been remarkably successful and is growing stronger each year. At the late meeting of the American Medical Association steps were taken, under the auspices of this Association, to raise a fund for disabled physicians, and much more should the wives and families of needy physicians be provided for.

The physician, more than any other man, needs to look to the future and lay up means for his old age, and for the support of those dependent on him, should he be suddenly taken away. While life insurance companies can and do issue policies which prove a godsend to the widows and orphans of physicians, still every one knows the immense profits which successful companies enjoy, and by the employment of agents and sub-agents how much higher premiums are, than they should be, simply to support these middlemen.

A branch under the Faculty's auspices, by the payment of a small annual fee in addition to the regular Faculty's dues, would soon cause a sum to accumulate which could be so apportioned that its shareholders would enjoy insurance at a small rate. The question is worthy of consideration even in the warmest weather.

* * *

Taxing Physicians.

In some States the physician is heavily taxed for following his profession in addition to being expected to give without cost his time to the needy poor in that State. In addition to the dispensary and hospital abuse the poor physician must give in some States a sum annually for the privilege of following his profession.

The State of Virginia, says the *Virginia Medical Semi-Monthly*, has been charging for the past ten years or more $25.75 for the license of a city doctor who has been in practice five or more years, and for the past two years, in addition to this, the Richmond City Council has been extracting a city license tax varying from $20 to $75 according to the income received, the doctor of average prominence having to pay from $40 to $60 a year. Then in addition to this are the taxes levied on any property which the poor physician in his industry may have accumulated in his work.

Let death overtake this poor physician and his books, instruments and other tools of trade, together with his outstanding accounts, are sold out for a mere pittance, while in his life they were assessed at a high valuation. Why other professions are exempt and physicians are compelled to pay in Virginia is not evident unless it is because physicians are as a rule very unpractical men and do not know how to handle that genus called the politician.

It is estimated that the free services given by the physicians of Richmond to the poor of that city amount to about $200,000 a year. Many of the doctors' claims are worthless. It seems strange that the physicians of Virginia stand this unjust burden.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending July 10, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		4
Phthisis Pulmonalis		17
Measles	10	1
Whooping Cough		
Pseudo-membranous Croup and Diphtheria.	9	8
Mumps		
Scarlet fever	11	1
Varioloid		
Varicella		
Typhoid fever		

The *New Orleans Medical and Surgical Journal* is fifty years old.

Mr. J. Greig Smith, whose classical work on abdominal tumors is so well known, died suddenly in Bristol, England, last month.

The American Public Health Association will hold its twenty-fifth annual meeting in Philadelphia, October 26 to 29, inclusive.

Dr. Henri Feulard, a distinguished dermatologist of Paris, lost his life at the charity bazar conflagration while heroically trying to save others.

Dr. William M. Pold of New York delivered the annual address before the Medical Department of Yale University on the subject "How to Work."

Dr. William H. Diffenderffer, a retired physician of Baltimore, was accidentally killed by an electric car as he was driving out of his country place last week. Dr. Diffenderffer, whose father and grandfather were physicians before him, was born in Baltimore in 1822 and was graduated at the University of Maryland in 1848 in the same class with the late Drs. Christopher Johnston and Frank Donaldson. Dr. Diffenderffer leaves a family, among whom is Dr. Clarence Diffenderffer.

The Tri-State Medical Association of Western Maryland, Western Pennsylvania and West Virginia held a very successful meeting at Bedford Springs Hotel, Bedford, Pa., Thursday, July 15, 1897. Programme: Called to order by the President; Address of Welcome, Dr. C. P. Calhoun of Bedford, Pa.; Response, Dr. J. M. Spear of Cumberland, Md.; Regular Order of Business; Reading and Discussion of Papers; "A Series of Brief Clinical Histories of some of the Rarer forms of Ocular Traumatism," Dr. Charles A. Oliver of Philadelphia, Pa.; "Sedimentation in Urinary Analysis," Dr. Wm. B. Canfield of Baltimore, Md.; "Typhoid Fever," Dr. C. F. Doyle of Cumberland Valley, Pa.; "Some of the Digestive Disorders Caused by Naso-Pharyngeal Catarrh," Dr. W. H. Daly of Pittsburg, Pa.; "Auto-Intoxication," Dr. C. C. Jacobs of Frostburg, Md.; "Nutrition," Dr. Wm. F. Barclay of Pittsburg, Pa.; "Obstinate Cases of Stomach Troubles Treated by a New Method," Dr. A. Enfield of Bedford, Pa.; "Treatment of Some Cases of Cancer of the Cervix Uteri," Dr. Wm. J. Craigen of Cumberland, Md. Dr. E. T. Duke, President. Dr. Percival Lantz, Dr. F. W. Fochtman, Secretaries. Drs. Calhoun, Enfield and Gump were the Committee of Arrangements.

The organization of the surgeons of the Maryland National Guard into a permanent and well equipped association was the subject of a conference held about a week ago at the Armory of the Fifth Regiment Veteran Corps, No. 9 East Franklin Street, pursuant to a call from the Adjutant General Wilmer, who addressed the assembly upon the subject. Commodore Gihon, Medical Director U. S. Navy, also urged its importance. Major George H. Rohé of the Veteran Corps; Major J. D. Morris of the Fourth Regimont; Major W. Clement Claude of the First Regiment; Major Wm. H. Cain of the Fifth Regiment and Lieutenant Sydney O. Heiskell of the Maryland Naval Militia were appointed to draw up a constitution, nominate officers and otherwise arrange for permanent organization at a future meeting. Other officers present were: Major Robert W. Johnson, Brigade Staff; Captain Chase de Kraft, First Regiment; Captains John G. Jay and S. S. Ulrich, Fourth Regiment; Captains I. R. Trimble, S. Griffith Davis and James D. Iglehart, Fifth Regiment; Lieutenant Frank E. Wagner, Maryland Naval Militia and Captain A. Bradley Gaither, Fifth Regiment Veteran Corps. Surgeon General Ridgely B. Warfield was Temporary Chairman and Captain J. B. Schwatka of the Fourth Regiment Secretary of the meeting.

Book Reviews.

LECTURES ON APPENDICITIS AND NOTES ON OTHER SUBJECTS. By Robert T. Morris, A. M., M. D., New York City. Second Edition, Revised and Enlarged. G. P. Putnam & Sons. New York: 1897.

These lectures were delivered at the New York Post-Graduate Medical School and whilst they contain much of excellence, there is also much which bears the unmistakable imprint of the author, and is doubtless to be taken in a "Pickwickian" sense. The directions for preparing for an operation are excellent and the results published are brilliant. The illustrations are excellent, but the text is in many places hard to understand. The author is radical in his views as regards treatment and though he claims that the death rate under medical treatment is only 15 per cent., nevertheless immediate operation is to be done in every case as soon as the diagnosis of an infected appendix is made. The only exception to this dictum is in case the patient is in a small town where the inhabitants will not be able to distinguish "post hoc" from "propter hoc" in the event of a fatal termination. In such a case the patient may be left to the tender mercies of the bacteria and if they do not kill him he may be operated on at a later period. "As a matter of policy, the surgeon may find it right to adapt himself to his surroundings and to sacrifice the individual patient by refusing to give him help—in the interest of the public. More lives will really be saved in such a town if in such a case we refuse to give a father the chance to live for his family, or refuse to help a son who is the sole support of aged parents." Could more arrant nonsense be put in print?

Dr. Morris is the enthusiastic advocate of the one and a half inch incision and a week and a half confinement to bed. The notes on various surgical topics are interesting and the cases of conservative surgery of the arm are especially worthy of notice.

ELEMENTARY BANDAGING AND SURGICAL DRESSING. By Walker Pye, F. R. C. S., Late Surgeon to St. Mary's Hospital. Revised and in part rewritten by G. Bellingham Smith, F. R. C. S., Surgical Registrar, Guy's Hospital, London. Seventh Edition. W. B. Saunders, 925 Walnut Street, Philadelphia. 1897.

This little book of 218 pages has passed through six editions and is now revised and presented for the seventh time. It is a convenient treatise on minor surgery and will be useful for house officers and students who wish to learn the details of bandaging and surgical dressing. It has the advantage of being inexpensive, the price being 75 cents.

GENITO-URINARY SURGERY AND VENEREAL DISEASES. By J. William White, M. D., Professor of Clinical Surgery, University of Pennsylvania, and Edward Martin, M. D., Clinical Professor of Genito-urinary Diseases, University of Pennsylvania. Illustrated with Two Hundred and Forty-three Engravings and Seven Colored Plates. London and Philadelphia: J. B. Lippincott Company, 1897. Pp. xix-1061.

The great advantages of this large work are that the combined experience of Drs. White and Martin leaves very little neglected. The illustrations are numerous, there being 248 scattered throughout the book. Every method of treatment is carefully given, but principally those which, in the experience of the authors, have proved effective. The modern methods of cystoscopy and urethroscopy are described in full. The book is beautifully published and is a valuable work.

REPRINTS, ETC., RECEIVED.

Diastase in Therapeutics. By C. C. Fite, M. D.

From Demoniacal Possession to Insanity. By Warren L. Babcock, M. D.

Annual Report of the Managers and Officers of the State Hospitals of New Jersey for 1896. B. D. Evans, M. D.

Contribution to Traumatic Abdominal Surgery. By Thomas H. Manley, M. D. Reprint from the *Annals of Surgery*.

On the Treatment of Fractured Shafts of Bone in Children; Simple, Complicated and Compound. By Thomas H. Manley, M. D. Reprint from the *Journal*.

The Proper Indications for Repair of Pathological Lacerations of the Cervix Uteri and the Proper Operations to meet them. By Albert Goldspohn, B. S., M. D. Reprint from the *Journal*.

The Treatment of Extra-Uterine Pregnancy, Ruptured in the Early Months, by Vaginal Puncture and Drainage. By Howard A. Kelly, M. D. Reprint from the *American Gynecological and Obstetrical Journal*.

PROGRESS IN MEDICAL SCIENCE.

BEDFORD SPRINGS WATER.—The water of this valuable spring is what is termed a magnesia purgative, and its purgative action is very gentle and pleasant. The sulphate of magnesia is the principal ingredient, which gives the water its gentle laxative action on the bowels. Its beneficial effect is very much improved by the iron and lime which it contains, as it builds up the system at the same time in which it removes effete matter. It preserves the blood corpuscles, increases the secretions of the stomach, and aids digestion and absorption of food.

BICYCLE SADDLES.—It is not necessary to turn on the x rays to determine what is injurious to man or woman in the use of bicycle saddles. It does not even require the eye of the practiced physician. The shape and texture of the materials of which a bicycle saddle is made are all important factors to the one who is looking for health as well as comfort in riding a wheel. The "Hygeia" Pneumatic Bicycle Saddle embodies these ideal features, to say nothing of its sightliness and beautiful mechanical points. Everything is of the best workmanship, from the frame to the smallest screw, and physicians endorse it from a medical as well as practical standpoint after having used the "Hygeia" themselves.

BUFFALO LITHIA WATER SOLVENT OF URINARY CALCULI.—That the free use of Buffalo Lithia Water is a most valuable agent in the therapeutics of the lithemic or uric acid and the gouty diatheses scarcely needs additional confirmation. The recorded experience of Drs. Hunter McGuire, Allard Memminger, H. C. Wood, J. Herbert Claiborne, John T. Metcalf, John H. Tucker, Alex. B. Mott, John V. Shoemaker, Chas. B. Nancrede, Cyrus Edson, Lewis D. Mason and hosts of other eminent clinicians attest this. But the claim that this water is a solvent of urinary concretions or calculi in the kidney and bladder—that it disintegrates and washes them out of the bladder — seemed too enthusiastic for some to accept. This claim was put to the surest of practical tests last winter, when fragments of calculi passed by patients who had for some time been taking Buffalo Lithia Water were subjected to analysis by three of the most able and distinguished chemists of the world.—Editorial from *Virginia Medical Semi-Monthly*, May 14, 1897.

THE medical profession often find their best efforts to cure thwarted by the patient's persistent use of improper food. This is notably the case in dyspepsia and its attendant evils, arising from an acid condition of the system, as flatulence, water brash, constipation, rheumatism, gout, etc., which are greatly aggravated by the use of starchy foods. Bread, though called the "staff of life," often proves worse than a "broken reed," because of the starch it contains, which is the fermenting principle in wheat, corn, oats, rye, etc. The "Gluten Dyspepsia Flour" made by Farwell & Rhines, Watertown, N. Y., is absolutely free from bran particles which abound in graham and many coarse flours, and as nearly free from starch as it is practicable to make a flour which one can live and thrive upon. Write Farwell & Rhines for pamphlet giving particulars regarding this and their other reliable sanitary flours for diabetes, Bright's disease, obesity, etc.

BRAUNSCHWEIGER MUMME AS A TONIC—There comes a time in the experience of almost every one when there seems to be a "letting down" of the vital forces—a weakening of the digestion and the appearance of nervous trouble more or less complicated. Professionally the physician recognizes, and almost instinctively the sufferer knows that medicine is not so much the requirement as a tonic—a food and medicine together. It is at such a time as this that a pure malt extract, like Braunschweiger Mumme, meets its mission and accomplishes grand results. Braunschweiger Mumme contains a greater amount of nutritious substance than any other malt extract on the market, and proves its inherent efficacy by the marvelous results it is accomplishing at the hands of the profession and by those who are steadily using it as a tonic—after having had it prescribed for them. Full size bottle to address of any physician or medical institution, free of charge, except expressage, by writing the Long Island Bottling Company, Brooklyn.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVII.—No. 15. BALTIMORE, JULY 24, 1897. WHOLE No. 852

Original Articles.

THE MEDICAL TREATMENT OF PERITONITIS.

By Charles M. Ellis, M. D.,
Elkton, Maryland.

READ AT THE NINETY-NINTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 27 TO 30, 1897.

IN attempting to deal systematically with that part of the subject under discussion assigned to me, namely, the Medical Treatment of Peritonitis, one is instantly confronted by the necessity of differentiating, if possible, those cases of peritonitis which especially fall within the realm of the general practitioner, from those which more especially belong to the surgeon. This, though usually not difficult, is at times sufficiently embarrassing, and illustrates the fact that of all diseases, this most conspicuously occupies the border land between internal medicine and surgery.

Although the pathologists and clinicians are not yet agreed as to the possibility of the existence of a so-called simple inflammation of the peritoneum, without the presence and active agency of some one of the numerous poisonous bacteria, the tendency of modern teaching is in the direction of regarding all inflammations of the peritoneum as suppurative and therefore of bacterial origin.

The avenues by which the bacteria gain access to the cavity are numerous, as is attested by the great frequency of the disease, and the multiplicity of the known conditions that produce it. Those that are obvious are largely traumatic, and the traumata may be, and frequently are, of the nature of medical accidents, as in the cases of perforations of simple ulcer of the stomach, typhoid ulcers, appendical ruptures, the ulceration of solid organs, the breaking down of pus sacks of various localities and of diverse origin, etc. These various visceral openings become the portals by which irritants of a mechanical nature acquire entrance into the abdominal sack and the peritoneum becomes directly invaded by the innumerable bacteria, harmless and pathogenic, that normally infest the viscera or are there by accident.

But a gross lesion of a visceral wall is not essential, for in many cases the bacteria make their way to the sack by the blood vessels, by the lymphatics, or directly through from adjacent diseased tissues, as in tuberculous peritonitis, puerperal septicemia, the peritonitis of Bright's disease and other dyscrasiae, and the phlegmasias of the various abdominal organs. Another well worn highway is that frequently traveled by the staphylococci and the gonococci, through the uterine cavity and the Fallopian tubes.

So that, although we would primarily suppose that a classification based upon the etiological factors would enable us to separate the medical from the surgi-

cal cases, this very cursory view of the causation of the cases that usually fall to the care of the physician demonstrates how readily the lines overlap, and how futile the hope of any sharp demarcation between them.

In a very general way it may be stated that, aside from the peritonitis of evident traumatic origin, peritonitis affecting the fossae and the deep pelvis is much more likely to remain local, producing local changes, especially calling for surgical interference; whereas on the other hand those inflammations which extend into the "small intestines area" are always diffused and never local. In these cases surgery must ever play, at best, but a subsidiary part to medicine, for it must be remembered that "the constitutional symptoms of peritonitis are, in the main, those of septicemia, and it is from blood poisoning and not from inflammatory disturbances that the subject of general peritonitis dies." This applies with peculiar force to the puerperal disease, which is a true septic lymphangitis, a septicemia, the peritonitis being but an incident to the general disease; and although it is probable that recovery from streptococcus intoxication is not infrequent, it is usually of short duration and rapidly fatal.

Now although it may be true (with which I take it few general practitioners will agree) as a distinguished gynecologist is reported to have declared, that no case of general puerperal peritonitis will recover without operation, the converse of the proposition remains to be established. Certainly up to this time surgery has failed materially to modify the prognosis; for in considering the reports of cases said to have been cured by laparotomy it will be observed that in a great majority they see those that have been sick ten days or more, it being well-known that a peritonitis not fatal within ten days is more apt to get well than to die. Has it not been the experience of every man in general practice to meet with puerperal and other cases, with all the objective and subjective symptoms of a general peritonitis that have made final recovery? I am greatly mistaken if that has not been my experience; and notwithstanding the belief of many pathologists that general streptococcic peritonitis is always fatal, I cannot suppress the conviction that recoveries are more frequent than is commonly supposed.

Surgery has, however, practically made one of these forms of general peritonitis its own, viz., the tuberculous peritonitis, the prognosis of which has been greatly improved by simple incision with evacuation of the infected effusions; and this without either flushing or drainage, or any other of the deleterious details of the "toilet of the peritoneum," a euphonious phrase that has, it is feared, not unfrequently lead at least to the inexperienced and unnecessary manipulation and injurious exposure of the thinly protected membrane. "This fact," says Mayo Robson, "is as remarkable as it is unexplained."

Therefore recognizing the fact that any given case of peritonitis may demand operative interference at some stage of its history, and that many cases are essentially surgical diseases, it is frequently the most important duty of the doctor to determine in what cases it is necessary to abandon internal medication, if indeed it has been resorted to, and when it is necessary to call to his assistance the surgeon.

It follows then that an intelligent appreciation of the varying conditions under which inflammation of the peritoneum arises, and the ready recognition of the causation in the particular case under observation, with a conservative estimate of the limitations of his resources, marks the well-equipped doctor and gives hopeful, perhaps fruitful, direction to his remedies.

Rest. — The first indication in the medical treatment of general peritonitis is to secure rest to the parts; and nature promptly undertakes this task by the instant fixation of the belly walls, compressing and limiting the movements of the viscera so that there shall be the least friction of the opposing serous surfaces—for the peristalsis of the coiled intestines tends to such continuous movements as not only excite pain by friction, but also, and this is of far-reaching

significance, to favor the spread and diffusion of the contagium from the point of first contact into all parts of the abdominal and pelvic cavities. The importance of this precaution is emphasized when we reflect upon the great extent of the peritoneal surfaces and the many hidden recesses formed by its interminable reflections and duplicatures as it embraces, surrounds and suspends the movable and fixed viscera.

The utility of fixation, serviceable in all cases, is especially obvious in intestinal perforations and in those forms of peritonitis, primarily local, which are produced by the staphylococci and the gonococci, which for the most part reach the peritoneum through the Fallopian tubes. Rest, therefore, as near absolute as possible, physical and physiological, is to be sought. The recumbent position with flexed limbs, these being supported by folded pillows under the flexed thighs, the head and shoulders being at the same time elevated, secures physical rest. The withdrawal of all foods by the mouth secures the quiescence of the stomach and removes the normal stimuli to the physiological movements of the bowels. A mild catharsis, and preferably by salines, in the very earliest stages, aids this indication. The drug that is the most potent to help us in the fixation of the body and its implicated tissues at the same time quiets the mind, diminishes the secretions and, what is of far greater importance, fulfils the second indication, namely, the relief of pain.

The relief of pain.—The tardy use of opium in the treatment of peritonitis is, to my mind, one of the surprises in the history of therapeutics, when we reflect that its "remarkable virtues" were known to Dioscorides, that the Arabian school had amplified its applications to near all modern uses, and its repute had so grown that Sydenham declared "without it the healing art would cease to exist," and that it has held for some centuries and continues to hold unchallenged the position of the supremest gift of the materia medica to medicine. And this neglect is not entirely explained by the long struggle of peritonitis for recognition as a distinct entity in our nosology; nor by its very general confusion with obstruction and inflammation of the bowels, until its final differentiation by Bichat; for many writers in the early part of this century ignored or forbade its use in this disease. It remained for Graves, the incomparable Irish clinician, first to point out its value in peritonitis. This he did in 1823. But the weighty authority of Graves, supplemented as it was by his no less distinguished associate, Stokes, failed to popularize its use in this affection. That honor must be distinctly accorded to Alonzo Clark of New York.

I presume that the claims of opium to be regarded as the most useful medicinal remedy in the treatment of the disease under discussion cannot be successfully challenged. But this concession does not, of course, imply acceptance of the extreme claims of Clark, namely, that in heroic doses it is a specific cure for peritonitis. So far as my limited acquaintance with its literature enables me to speak, this is the first serious claim of specificity ever made for this drug; Sydenham's enthusiastic advocacy of it in dysentery falling far short of Clark's peculiar estimate of it.

Although Clark has had few followers in the extraordinary doses he has commended, with which you are all familiar, for certainly it is one of the curiosities of therapeutics, some of them have been eminently respectable. Now, perhaps, we have been too hasty in our rejection of this method as preposterous, which it may be, but which doubtless it has never been proven to be. It must at least be conceded that there is no other known acute condition of the human body where doses of opium, such as these gentlemen have many times safely used, could be employed without certain fatal results. A fact is indestructible and significant. The fact in this case is not controverted. What is its significance? Is it, on the one hand, that some of the forms of peritonitis, or the constitutional intoxication that attends them, produce immunity to opium, which on the other hand is destructive to the liberated toxins? I know noth-

ing of any studies of the effects of opium upon bacterial life, but I think the facts in the case under consideration worthy of further regard.

Without, therefore, following in the footsteps of Clark and his approvers, we will, and we do, universally employ opium for the purpose of relieving the pain of peritonitis. I say universally, for, notwithstanding the apparent unfriendly attitude of our friends, the gynecologists, to its employment, I believe they rarely, if ever, treat a case without opium when the pain is at all predominant and persistent.

To the objection of the surgeons that opium so benumbs the cerebral centers that the local symptoms are obscured or masked, I reply that not only are there other symptoms by which we can judge of the local and systemic conditions, but that we are facing the recognized and conceded dangers of an existent disease, for it is a condition and not an apprehension that we are to treat. To their reasonable objection that the benumbing influences of opium mask the onset of peritonitis when local disease makes it both possible and probable, my reply is that there is no radical divergence of opinion between us, for no judicious practitioner will push opium to narcosis under such circumstances. It is preferably given hypodermically or by the bowel, in such doses early and often as are necessary to abolish pain and arrest peristalsis. This can usually be accomplished without producing a profound narcosis.

No one any longer thinks of the use of general blood-letting as a depletory remedy in peritonitis, and even the local abstraction of blood by leeches is useless in the general and septic forms; but purgation by concentrated saline solutions has been largely used with the view of depleting the congested and engorged vessels of the serous membrane by osmosis, and thus determining resolution of the inflammatory process. This is a mistake in theory, and leads to disaster in practice when used in peritonitis of the "small intestines area," for it contravenes the most important requirements of a hopeful treatment, viz.: Increased phagocytosis, which comes with the early engorgement of the capillaries; suspension of peristalsis, the gluing of the intestine and the limitation of the infection to the point of inoculation. It is injurious, for perfectly obvious reasons, in all cases of intestinal origin. There is some justification for the use of salines after operations on the abdomen with the view of prophylaxis, and for obviating constipation, and it is possible, even probable, that general peritonitis has been prevented by purgation, but it is altogether improbable that a case has ever been cured by it.

On the other hand, it must be the common experience of every man who has done much gynecological work that the pelvic and abdominal pain with chill and fever, so common after local treatment of the pelvic organs, are speedily and promptly relieved by saline purges, without the subsequent use of opiates.

The great fatality of diffused general peritonitis, such as we have in puerperal septicemia, remains to this day practically unaffected by medical or surgical treatment. As this mortality is dependent on a specific intoxication, the profession has been looking hopefully to serum therapy for some stay to its ravages. As it is known that the most rapidly fatal cases are caused by the streptococci, Marmoreck's announcement that he had prepared an anti-streptococcic serum was received with universal interest. The earlier expectations have, however, not yet been realized, but there is reason to believe that when a stronger serum has been made much greater success will follow its use. This hope distinctly inspires the professional mind of today, and encourages a prompt use and frequent repetitions of the weak serum now available.

The serum either exerts its corrective influence indirectly by producing an artificial leucocytosis with increased phagocytosis, as held by some bacteriologists; or directly through the agency of the solid elements of the serum, the result of catabolic changes of the white blood cells, the more favored theory.

Cheyne has recently employed it with apparent success as an immunizing agent against the streptococcus under circumstances when infection was actual or apprehended, as in extensive operations upon the floor of the mouth and in the rectum. And Durham still more recently suggested the injection of the serum, diluted with an aseptic fluid, directly into the peritoneal sack, so that it may be brought into direct contact with the bacteria and their toxins. If increasing experience demonstrates that the serum is possessed of these qualities, the uses to which it can be applied are innumerable, and its potential value as a life-saving agent incalculable.

Serum therapy, therefore, rest, opium and free stimulation, are our present resources against this heretofore almost hopeless condition. It is to be hoped that the prognosis may yet be qualified by early incision with evacuation of fluids and the injection into the sack; or possibly flushing with aseptic fluids, and the prompt closure of the wound without drainage, and this hope from the present outlook is distinctly a reasonable one.

Profound shock is highly characteristic of the grave forms of peritonitis; it is early in onset and our resources are taxed to their utmost to avert almost instant dissolution; death frequently occurring before reaction can be established. This is especially the case after intestinal perforation, and in puerperal septicemia it is not unusual for death to occur within 60 or 70 hours.

Free alcoholic stimulation, atropia, strychnia and cocaine hypodermically, and exceptionally nitroglycerine, with external heat, are the means we employ, too often unsuccessfully, to combat the alarming condition.

Lizars, in *La Presse Medical*, January 1, 1896, records three cases of septic peritonitis attended by great shock, in which intravenous injections of Hayem's artificial serum proved of great benefit, two of the cases recovering under very discouraging circumstances. (Sod. chlo. 5 grms., sod. sulph. 10 grms., distilled water, 1 liter.)

Subcutaneous injections of normal salt solution are beneficially employed; and if the expectations of the valuable use of intra-peritoneal injections are realized their early use will serve the double purpose: 1, Of bringing about reaction; and 2, of inaugurating the cure.

When reaction is established, and the temperature becomes elevated, massive doses of quinine are useful. In the fulminating cases it is of little use and aggravates the nausea; but in the less grave cases and especially when the disease is running a more or less prolonged course its value can hardly be overestimated. It prevents the accentuation of the temperature and keeps it to a safe level. My own method is to give it in sufficient doses in the morning to govern the temperature for twenty-four hours. Whether it acts by inhibiting bacterial life as in malaria, or in some way fortifying the system against constitutional intoxication, I do not attempt to explain, I simply bear testimony to its utility in the treatment of this disease. The dosage is that which is necessary to produce the result desired, viz., an average daily temperature below 100°; and this varies with the individual resistance.

Vomiting is best controlled by hypodermic morphia and ice to the sternal notch. I should long hesitate before using the stomach tube so frequently recommended. The effervescing draughts, so useful in nausea of other conditions, are contraindicated, because they aggravate one of the most distressing symptoms, *tympany*. For the relief of abdominal distension I rely upon turpentine stupes, hot, and internal administration of oil when admissable, especially by small enemata. High tubing of the rectum is not to be disregarded, but it has usually disappointed me. Puncture of the bowels I have done without relief. I would not care to repeat it. This is frequently done on the lower animals, and especially on the cow, for the relief of distension. I know of one case where the farmer made an incision two inches long in the belly walls of an apparently moribund cow; a large amount of gas es-

caped, feces also ; an artificial anus was formed; the cow was subsequently fattened and sold to the butcher. If the abdomen is opened for the purpose of making intra-peritoneal injections it may be well to consider the recommendation of Rube, if the tympany is a serious complication, viz.: To tap the gut with immediate closure after relief. Local remedies for general peritonitis are inconvenient, annoying to the patient, and rarely serviceable. The rubefacients increase the distress, and the weight of poultices and the cold coil are intolerable when the tympany is pronounced. Exception, perhaps, should be made from this sweeping condemnation, in favor of superficial abrasions by the Pacquelin cautery. For local peritonitis, the ice bag is valuable and in the later stages blisters hasten the cure.

As to the diet in acute peritonitis there is only this to be said—there should be little or none. As digestion and chyle absorption are arrested, or seriously perverted, no food should enter the stomach or bowel to add to the nausea and the tympany by fermentation. Stimulation substitutes food. The only exception I should make to the exclusion of food would be in favor of small quantities of concentrated broths and of iced sugar and water, a form of nourishment too much neglected, especially in the acute diseases of infancy. But these fluids should be given only in minute doses, frequently repeated. Cracked ice should be substituted for water after the shock.

Peritonitis in children, now that the old foundling institutions have been reformed and infant dietary improved, thus abolishing the former septic peritonitis of early life, is largely chronic and syphilitic, requiring mercurials and iodides, and especially mercurial inunctions of the abdomen. My time limit forbids any discussion of the treatment of chronic peritonitis.

In conclusion, I fear that we, as physicians, have had heretofore little cause for congratulation upon the efficacy of our remedial measures against general peritonitis, for although many cases undoubtedly get well, the constitutional intoxication falling short of the lethal point, this is rather because of individual resistance than the specific result of treatment. Much, however, can be done in particular cases to increase this resistance of the patient until the results of the inflammation can be removed by the surgeon. For future improvement in the medical treatment of the serious forms of this disease our hope, as already expressed, lies at this moment in the development of sero-therapy and in the employment of such simple surgical procedures for the purpose of making direct applications to the peritoneum as every well equipped physician of the future should be competent to use.

The Prevention of Venereal Disease in the Navy.—Venereal disease is so prevalent in the United States Navy and so many of the men are laid up by this disease, thus weakening the efficiency of the service, that Dr. R. Percy Crandall, Passed Assistant Surgeon of Norfolk, lays down in the *Medical News* certain suggestions for the prevention and eradication of this class of diseases. He thinks the disease could be reduced by:

1. Circumcision before or immediately after enlistment.

2. A periodical examination of the ship's crew, at least once a fortnight.

3. Applicants for the service being placed on probation after physical examination before final enlistment.

4. The examination of all liberty parties both before and after returning from liberty.

5. The use of individual mess gear, washing utensils, etc., by syphilitics on board ships and in hospitals.

6. The regulation of prostitution by a system of registration, police supervision, and medical inspection.

He need hardly expect very brilliant results ; the cause of the trouble being opposition to the great sanitary institution of matrimony.

INTESTINAL PUTREFACTION AND ALBUMINURIA.

By John C. Hemmeter, M.D., Philos. D., etc.,
Clinical Professor of Medicine in the Baltimore Medical College.

THE most important excretory organs in the human body are the kidneys which, even when seriously damaged, are still able to throw off foreign and deleterious constituents of the blood. As long as the renal epithelia are still functioning they take up with avidity constituents of the blood, which are then dissolved out of the epithelial cells by the water which keeps flowing down from the glomeruli—the negative functions of the kidneys. In this way the body is able to free itself of many poisonous substances, by their excretion of these in the same or in a changed form through the kidneys.

But it seems undeniable that the kidneys have themselves a poison-destroying action to a certain degree, for they have been shown to render certain substances harmless by bringing them into different combination. Manifold chemical processes occur in the kidney itself, —oxidation, reduction—splitting up of compounds and pairing of others. The kidneys react to the effects of poisonous bodies by functional and even anatomical disturbances of a slight or serious nature, which manifest themselves clinically by the appearance of albumen, casts and renal epithelia in the urine and anatomically by the changes that recently have been considered under the name of toxic nephritis, the main characteristic of which, it appears, consists in a coagulation necrosis. Such renal lesions one frequently observes in acute infectious diseases, in the diarrheas and choleraic attacks of children, in Asiatic cholera and in ileus, where one must seek the cause of the renal irritation in the putrefaction of the intestinal contents.

One can not avoid classing the albuminuria and nephritis following icterus, to which Nothnagel has recently directed attention, with these groups of self-poisoning which in this case appear due to the poisonous action of the bile acids.

Senator seeks the causative, poisoning substances not in the intestinal contents proper, but in abnormal and imperfectly digested albuminous bodies—propeptones—which indeed are formed in the gastro-intestinal canal in every impairment of digestion. The occurrence of so-called physiological albuminuria suggests that the source of renal poisoning may be found in spontaneous metabolic processes; such as were observed by Leube in soldiers after long marches, by Herman Weber in mountain tourists and by Aufrecht in hysterical exacerbations (running, dancing) of women, showing the source to be in extraordinary muscle activity, which produces not only creatin lactic acid but so-called intermediate metabolic compounds—exhaustion products. Cyclists' albuminuria is a term used by French authors to express a condition of renal irritation observed after prolonged rides on the bicycle.

In the gastro-intestinal canal there are mainly two processes by which poisonous substances are produced, viz., fermentation and putrefaction. The former occurs more frequently and more extensively in the stomach and the latter predominates in the intestines, particularly in the large intestine. Fermentation mainly befalls the carbo-hydrates, whilst putrefaction takes place principally in proteid or albuminous bodies; the latter have a greater significance "as sources of intestinal toxines." Fermentation and putrefaction are regular occurrences in the digestive tract, without which one could hardly think of the progress of normal digestion, and which do not cease even after prolonged starvation. It is the quantitative increase of these processes which leads to the development of autointoxications. All these processes of breaking down and

putrefaction are produced by micro-organisms which are introduced into the digestive canal with the food or swallowed with the saliva. Miller has found a lactic acid forming bacillus in the saliva.

Let us observe the products of abnormal carbohydrate fermentation, concerning which Frerichs has given some pioneer investigations (in Wagner's Handbüch der Physiologie, 1846, iii). Carbohydrates may undergo four varieties of fermentations, viz., lactic, butyric, acetic acid and yeast fermentation, each of which is caused by a specific bacterium. As results of these fermentations, we observe numerous products which may recombine in the most manifold ways, as—

1. Bodies from the group of fatty acids: Formic, acetic, proprionic, butyric and valerianic acids.

2. From the group of oxyacids: Lactic acids.

3. From the group of oxalic acids: Succinic acids.

All of these acids are again partly converted into gases, such as H, CO_2 and CH_4. In the stomach combustible gases are at times formed. A case of Popoff's in which butyric and lactic acid were formed in the stomach, eructated combustible gases that burned at the mouth and were ignited when the patient lit a cigar at the time of eructation. Different entirely from the fermentation products of carbohydrates are the end bodies of proteid or albuminous putrefaction. In promiscuous variety and combinations one may here meet with—

1. NH_3, N, CO_2, H_2S. Methylcarptan CH_3HS, cystin and albuminous derivates containing sulphur.

2. Derivates of the amido acids, as leucin and asparaginic acid.

3. Derivates of benzol, phenol, cresol, phenyl-acetic acid: Paraoxyphenyl-acetic acid, phenyl proprionic acid, indol, skatol.

Tyrosin and alcapton, or trioxyphenyl proprionic acid.

In a particular group must be classed the ptomaines, toxines and toxalbumins which chemically are not nearly so well understood as the groups aforementioned; they have no uniform chemical character and so far appear distinguishable in three classes.

1. Alkaloidal bodies.
2. Diamines.
3. Toxalbumins.

H_2S poisoning occurring in acute gastro-intestinal disorders has received the name of hydrothianemia. In four cases of chronic gastro-intestinal disorders, reported in the following, two of which have been studied since 1888 and two since 1890, continuously, the urine was at first to all chemical and microscopical tests perfectly normal. Bouchard's test of measuring the toxicity of the urine was in the two cases of membranous dysentery applied about once a month. This method consists in injecting the urine of the patients into the veins of guinea pigs. The weight of the animal in kilos and the weight of the patient in kilos and the amount of urine required to kill the animal form a proportion from which Bouchard obtains his urotoxic coefficient. In all I have records of four cases of persons that have never used alcohol, or been exposed to causative diseases and generally-known etiological factors of nephritis; but who have suffered for periods varying from three to eight years with chronic digestive derangements, associated with advanced intestinal putrefaction with presence of toxines in the urine for years, which toxines disappeared on partial sterilization of the digestive canal; whose urine was very frequently examined for albumen and casts when they first presented themselves for treatment and found to contain no traces of either, but who upon the further progress of the intestinal decomposition developed symptoms of Bright's disease with the characteristic urinary and circulatory signs.

The amount of albumen varied with the quantity of toxic products of the urine. One is impressed with the fact that it must require a long time, perhaps years, before the renal epithelium becomes so poisoned as to permit the passage of albumen up to 1 per cent. In the first case it has persisted since March 29, 1894. It is entirely rational

to expect a disappearance of this form of albuminuria, if we can control as far as possible the intestinal formation of toxines. But if the intestinal causes be irremovable, as for instance in certain persistent forms of dysentery, there is no prospect of cessation of the albuminuria.

Symptoms and signs most constant are intestinal flatulence with abdominal pain and excessive peristalsis and indicanuria. Remote symptoms, malaise, habitual lassitude, aversion to exercise which rapidly fatigues, involuntary muscular twitching in back, flushing of face, cold and moist extremities, irregular, rapid, or slow heart, drowsiness in the day and insomnia at night, periods of hypochondria and melancholia, loss of appetite and weight. The same symptoms may be due to excess of uric acid. In one patient a practicing physician made chemical and biological studies for two years; all this time he had membranous dysentery before the urine became toxic. The toxicity was shown on guinea pigs before any albumen was discovered.

By Bouchard's method one could observe that as long as the urine was very toxic in these cases the organism was master of the poisons and capable of throwing them off. But toward the end of prolonged cases of gastro-intestinal diseases with nephritis, the urine after having been very toxic becomes less and less so; this is a hopeless condition of renal insufficiency and sooner or later ends fatally. In the same case mentioned above the amount of toxines in the urine and the amount of albumen was much reduced by efforts at gastro-intestinal antisepsis and thoroughly washing out the colon.

The most important point in the treatment of albuminuria, depending upon excessive formation of toxic chemical substances in the intestinal canal and their absorption through the kidneys, is to bear in mind that the best disinfectant of the intestinal tract is its normal functioning. Therefore, the main reliance of the practitioner should be a carefully studied and selected diet and not drugs. In all cases a scrutinizing analysis of the condition of gastric digestion should be made by repeated examination of "test meals." I prefer a double test meal used at the Maryland General Hospital. A breakfast of finely scraped beef, a boiled egg, a cup of milk and a plate of rice with a piece of bread, is followed, four hours later, by an Ewald test meal, consisting of a roll and a glass of water. In these two consecutive meals all the food elements of an ordinary diet are represented and one can determine a number of important pathological states of gastric digestion almost without further analysis. In the first place, if the stomach contents are removed one hour after the second meal (say at 2 P. M.) in a healthy state of digestion there should be no remnants of the 8 A. M. breakfast. If one observes undigested proteids in the drawn stomach contents, *i. e.*, meat and egg, there is probably subacidity or anacidity. If every vestige of proteid has disappeared and a large amount of carbohydrate is left we probably have to deal with hyperacidity or supersecretion, since a rapid increase of HCl during the first half hour of gastric digestion at once paralyzes the inverting action of ptyalin, which normally should continue for at least one-half hour. Excessive acidity of stomach contents is a most effective cause of intestinal decomposition; one would, *a priori*, suppose the opposite to be the case, as hydrochloric acid is, according to Bange, the natural disinfectant and sterilizer of stomach contents. One would therefore be apparently justified in assuming that excessive hyperacidity would kill off all the germs and render the food aseptic and reduce the urotoxic coefficient.

It has been held by Dr. C. E. Simon in his very interesting observations (*American Journal Medical Sciences*, 1895) that the total amount of indican in the urine is diminished by hyperacidity. A very careful study of ten cases of hyperacidity and four cases of supersecretion has forced upon me the conclusion that the opposite result is possible. As far as I can determine, the largest amount of hydrochloric acid that is possible and that has hitherto been

observed in stomach contents, viz., 0.6 per cent. HCl, is by no means, during the short period of its action, capable of destroying all the bacteria in the stomach. I have at present a young attorney under my observation with supersecretion. My assistant, Dr. Edward L. Whitney, has on repeated occasions found at the clinical laboratory of the Maryland General Hospital his total acidity to be 90°. On one occasion it reached 118 c.cm. of decinormal NaOH solution and yet the urotoxic coefficient and amount of indican in the urine of this patient is very high. Indeed it would seem upon second thought perfectly natural that it should be so. For, in the first place, gastric hyperacidity in the majority of cases causes constipation. In the fourteen cases mentioned before, twelve had for a number of months, at least, others for years, suffered with constipation. This state of the bowels is in itself sufficient for production of excessive putrefaction. There are undoubtedly cases of hyperacidity with diarrhea, but the same state of secretions with perfectly normal state of evacuation is extremely rare according to my observation. If diarrhea is present it is of an irritant type due to breaking down of undigested carbohydrates. As the chyme leaves the stomach in a hyperacid condition, the alkaline juices may not be sufficient to neutralize it in the duodenum. The digestion of fats and carbohydrates may be completely arrested. Schwann asserts that even proteid digestion is retarded as soon as the acidity of the chyme reaches 0.6 per cent.

In short then constipation and indigestion of carbohydrates are the very frequent consequences of hyperacidity, and inevitably when present cause increased toxicity of the urine. In sub- and anacidity the opposite conditions are the rule, the carbohydrates and fats are extensively utilized and the proteids are undigested, and from these facts it is clear that the secretory power of the stomach should be carefully tested. If hyperacidity is present, a carefully selected diet, excluding as far as possible all carbohydrates and depending as much as the individual case may permit upon proteids (all meats, eggs, fish, oysters, milk) for body metabolism. Recently I have made a number of chemical studies of gastric secretions and of the urine to inquire about the relation of these two secretions in gastric hyperacidity with regard to a logical adaptation of diet. *A priori*, it would seem that in cases in which there is a tremendous excess of hydrochloric acid secreted, the only correct diet would be one in which is contained a large amount of proteid food, requiring an excess of HCl for its digestion. As a matter of experience the greater number of such stomach sufferers are apparently much improved under an excess of proteid food (meats, eggs, fish, venison, fowls, etc.). There are, however, undoubtedly patients with excess of HCl, hyperacidity or continuous secretion who do not improve under a proteid diet but may be observed even to get worse. I believe that this fact must have been observed by almost any careful student of this question of regulation diet. How is this anomaly to be explained? It should be stated right here that Dujardin-Beaumetz, V. Sohlern (*Berlin Klin. Wochenschr.*, 1891, Nos. 20 and 21) and recently, Fliner (Volkmann's Klin Vorta, No. 103), and Rummo (Terephia Clinica, 1892, Nos. 10, 11, 12), have recently recommended a more vegetable carbohydrate diet in hyperacidity, largely to the exclusion of proteids. V. Sohlern and others argue that such foods as require large quantities of HCl for their solution are also strong stimulants to the secretion of HCl. And also that the increase in function of the acid cells is a factor in multiplying their number and increasing their size.

This would be in accordance with the biological principle that exercise strengthens an organ and want of exercise weakens it. In a piece of the stomach of a patient who had to my knowledge suffered for two years with continuous hypersecretion and who died of an acute pleuro-pneumonia, the peptic glands apparently stained throughout and intensely with aniline. These de-

lomorphous border, parietal or acid cells seemed to be largely in excess of the chief central adelomorphous or ferment cells. I believe we can at present speak of these two varieties of peptic cells as acid or border and ferment or central cells, since Haidenhain's fundamental experimental work establishing the relative secretions of these two different cells (Schultze's Archiv. f. Mikr. Anat Bd. 6, 1870, S 368), have been confirmed by Grutzner (Uber d. Bildung u Ausscheidung von Fermenten, *Archiv. f. d. gesammte Physiol.*, Bd., 20, S. 410), also by Swiezicki, *Arch. f. d. gesammte Physiol.*, Bd. 13, S.452, and by Schiwald, *Munch. Med. Wochschr.*, 88, No. 11. For the sake of comparison I counted the number of border cells and central or chief cells in sections from nine different healthy stomachs. The average number of central or ferment cells in the nine cases was 74 cells to a single gland tubule. This figure is not by any means exact, because these cells were in the majority of cases computed by the number of nuclei observable. It is very rare that the section strikes the tubule exactly down the central axis; the course of the peptic glands is rarely a straight one and in case it is curved, all of the gland is not brought to view in a section. However, by counting out 10 fairly straight tubules an approximately correct figure for the sake of comparison was obtained. The following was the result in the normal stomach :

Border or Acid Cells, lowest number, 25 ; highest number, 41 ; average in nine cases, 40.

Central or Ferment Cells, lowest number, 31 ; highest number, 82 ; average in nine cases, 74.

So in these specimens the average number of border or acid cells was 40, the average number of ferment or central cells 74. In the specimens from the stomach of the patient with continued hypersecretion both kinds of cells appeared increased in number, but the border or acid cells were augmented relatively more than the central or ferment cells, the entire gland or tubular duct appeared longer and wider under the micrometer. In 10 sections there were counted in the gland duct 65 border or acid cells to 85 central or ferment cells, thus the number of acid cells were increased by 25, the number of ferment cells by 11 over and above the number found as the average in the normal microscopic section.

Glycerine Suppositories.—Want of success in the employment of glycerine suppositories is by no means uncommon, says the *American Therapist*, and in many cases can neither be attributed to differences in the suppositories nor to insensibility of the mucous membrane. According to Dr. Overlach, the etiological factor is due to the wandering of the suppositories, whereby they pass higher up into the intestines, where their action is minimal. As the most sensitive part of the intestine, whether to mechanical or chemical agents, is in the region just above the sphincter ani, Dr. Overlach resorts to the simple device of maintaining the suppository in position by means of a band of regulated length, attached to a transverse rod outside. With these glycerine suppositories, being held *in situ*, the desired reaction is obtained in a few minutes — a very valuable therapeutic hint.

Fractures of the Leg.—In fractures of the leg, especially in the lower third, much time may be saved the patient, says the *International Journal of Surgery*, by the application of a firm plaster-of-Paris splint without padding, as soon as the first swelling has subsided. A single layer of flannel roller should first be smoothly applied, and directly over this the plaster, running from just behind the toes to the tubercle of the tibia. A heel-piece may be made by bandaging in a one-inch muslin roller "on end" over the plaster splint with another plaster-of-Paris bandage. This simple dressing will allow the patient to walk about on the injured limb and will rather aid than interfere with solid bony union. The method is particularly valuable in the treatment of Pott's fracture. When the break is higher up, it is often better to run the plaster up to the middle of the thigh.

Society Reports.

BALTIMORE MEDICAL ASSOCIATION.

MEETING HELD MARCH 8, 1897.

The President, Dr. Jas. E. Gibbons, in the chair.

Committee of Honor reported favorably upon the names of Drs. J. G. Wiltshire and E. G. Welch, who were then unanimously elected. Dr. Pennington proposed for membership Dr. H. Young Westbrook, 237 Gorsuch Ave., Homestead, and Dr. Biedler proposed Dr. T. G. Gilchrist, 317 N. Charles Street.

Dr. Jas. E. Gibbons delivered the President's Address, which abounded in humor, good advice, and encouraging remarks.

Dr. Randolph Winslow made some remarks on Appendicitis. It is undoubtedly an old disease, but little heard of prior to fifteen years ago. Before that we heard more of peritonitis, cases of which were probably instances of appendicitis. The first case that he ever saw was his father, who had this affection during Dr. Winslow's days as a medical student. He described the anatomical relation of the appendix. Its varying position explains the variety of symptoms in inflammation of that organ. It is liable to inflammatory action like any other portion of the bowel. The etiology of appendicitis is but little known. Foreign bodies of foreign extraction are seldom met with. It probably arises from a catarrhal affection, the result of indiscretion in diet. The colon bacillus invades the appendix. This getting into the damaged mucous membrane of the appendix sets up an infection. Frequently a mass of fecal matter lodges in the appendix. Contraction of the appendix is consequent thereto, or pressure of the foreign mass injures the membrane, and then the colon bacillus sets up an infection. Local gangrene is often set up, and then an extravasation takes place and a peri-appendicitis ensues. Appendicitis may be of varying severity and varying symptoms. He narrated the symptoms of the affection.

Do not wait until a tumor can be felt before making a diagnosis of appendicitis. The pulse is a better indication of the gravity of the case than the temperature. The rectal temperature is a better guide than when the thermometer is used in the mouth. Appendicitis is more common in males than in females. As to treatment the best surgeons are not agreed, some recommending an operation on the appearance of the first symptoms. Dr. Winslow does not advise this. A good plan is to give at first a saline cathartic, although this will not cure the disease. Some cases are of such severity that an operation is demanded at once. In other cases, if the patient does not improve in twenty-four or forty-eight hours, operate. There is no specific medical treatment. Do not give opium; it masks the symptoms. Do not wait for a large lump to form before operating. The operation is easier, simpler and safer if done at an early period in the history of the case. If done at all, operate within the first two or three days. Dr. Winslow does not advise the removal of the appendix when it is attached to the abdominal wall. Be careful to remove pus in the pelvis. The tumor is not always due to pus. He mentioned a case in which it was caused by the omentum wrapped around the appendix.

Dr. H. H. Biedler: He advises operative measures. The operation is a comparatively simple one. The mortality after the operation with the present methods of performing it is low. He has found very few foreign bodies in the appendix. Operate early.

Dr. J. I. Pennington asked, "What is the percentage of recoveries when the operation is done tolerably early?"

Dr. Winslow: It is impossible to say on account of the unreliability of statistics. Opening the abdomen is not so simple a matter.

Dr. J. W. Chambers: The subject is as interesting to the general practitioner as to the surgeon. The signs and symptoms of appendicitis are those of localized peritonitis. The patient can be made comfortable and better by the use of opium. This drug will not de-

crease the temperature or the pulse beats. When or when not to operate is a clinical question to be settled by the indications in each case.

Dr. E. M. Reid: How did blue mass cure appendicitis in the case of Dr. Winslow's father? (Dr. Winslow replied that it did not cure the disease.) Dr. Reid employs medical treatment, salines and opium. All grades of severity are encountered in appendicitis. Some cases are so mild that they recover without any treatment. Perhaps, however, it would be well to call in a surgeon a little sooner than is usually done. Call him in, not necessarily to operate, but to help watch developments in the case.

Dr. Jos. T. Smith: Few diseases require the knowledge of both physician and surgeon as does appendicitis. The early symptoms are medical, the later ones, surgical. The tactile sense of the surgeon is requisite.

Dr. W. A. B. Sellman: It is supposed that appendicitis is more common in men than in women. This is not true, since such troubles in females are attributed to ovarian or tubal affections and thus they escape the dangers of an operation. Do not operate except as a last resort.

Dr. Thos. Chew Worthington: Early operation is the safest. He related a case illustrating this point.

Dr. Biedler emphasized his remarks in favor of early operation and related a case in point.

Dr. Winslow: He did not say that all cases should be operated on. It is not a slight thing to open the abdomen. But with the symptoms continuing and not subsiding, the temperature remaining up, the pulse rate continuing high, etc., there is a call for operation. If a lump is found in the abdomen an operation is imperative. In the vast majority of cases the tumor is due to pus. The sooner this is evacuated the better.

The trouble starts from within as a catarrhal inflammation of the mucous membrane of the appendix and extends outwards. Opium masks the symptoms harmfully to patient and surgeon.

EUGENE LEE CRUTCHFIELD, M. D.,
Recording and Reporting Secretary.

Medical Progress.

THE TREATMENT OF FRACTURES.—Dr. W. L. Estes, in an article on the treatment of fractures, in the *International Journal of Surgery*, says:

1. Unless a fragment is threatening to break through the skin, the fracture should never be reduced except by a physician, and then only when apparatus is at hand to keep the parts in permanent apposition.

2. Men carrying an injured person should not keep step, as the jar to the wounded part is much greater.

3. Strychnia for shock, morphia for pain, but *no alcohol.*

4. Always give anesthetics for reduction of a simple fracture. It is better and easier to reduce and set compound fractures without anesthesia.

5. It is very rarely necessary to make a patient go through the double agony of "temporary" and "permanent" setting of the broken bones.

6. In simple fracture gentle rubbing of the ends will assist in getting rid of shreds of tissue which invariably are caught there.

7. Nowadays a surgeon will rarely be satisfied that a bone is properly set, until verified by the x rays.

8. Plastic splints, preferably plaster-of-Paris, are surely the best apparatus when they can be applied.

9. Ambulant treatment is coming more into vogue. No simple fractures require constant confinement to bed, except of the innominata and upper third of the femur.

10. It is not necessary and sometimes very harmful to "wait for swelling to disappear" before putting on a permanent dressing.

11. A well applied splint with good apposition of fragments should not be removed too early. It is not necessary to apply massage early in ordinary cases.

12. Proper time for massage is two or three weeks after fracture of upper extremities and four or five weeks for lower extremities—*if the bones are slow to unite firmly.*

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, JULY 24, 1897.

Palpation in Warm Bath.

THIS device for eliminating the resistance of the abdominal walls, which so greatly hinders accurate diagnosis of intra-abdominal ailments, was recently brought by Dr. Schuster to the attention of the Balneological Congress in Berlin. It has been advocated by several physicians, being simpler than anesthesia.

If one examines a patient in a full, warm bath, says Dr. Schuster, then as soon as the fingers press gently upon the belly wall its resistance is at once reduced to a minimum; so that not only the previously reached, but also still deeper lying organs and disease changes, are easily palpated and with far less pain than in ordinary examination. This relaxation and lessening of sensitiveness in the belly wall is due to diminution of the reflexes while in the bath, and to the counteraction of the intra-abdominal pressure by the weight of the water. Of course the usual posture, with knees drawn up, is desirable, and the higher the water is in the bath the more helpful its counter-pressure. For bimanual gynecological examination the use of an elevated bath tub, etc., as recommended by Dr. Lehnhoff, are desirable for securing the best results.

It is to be expected that in excessively sensitive patients and in the acute stage of inflammatory processes the method will often give but indifferent results, this class of cases requiring, as is well-known, for a satisfactory determination of the conditions present the employment of anesthesia, which exercises the most profoundly relaxing influence of all.

To sum up, this method of examination, by palpation while in the warm bath, is suited for the investigation of supposed tumor formations; of enlargements of abdominal organs sufficiently pronounced to be perceptible to the touch; of inflammatory processes after the acute stage has come to a termination; of aneurysms of the descending portion of the aorta; and, finally, of changes in the position of particular abdominal organs from any of the various causes which may produce them.

* * *

Traffic in Practice.

To look over some of the medical journals one might be induced to believe that rare opportunities were awaiting him who had a small sum of money to buy out some successful but weary physician who offers his large practice, with house, horses and a guaranteed income often larger than the price demanded in cash.

Rare is it that such representations come anywhere near the opportunities offered in the advertisement. There are occasions, however, when a good practice may be transferred for a money consideration and where the buyer is not deceived. In every large city of this country there are older physicians who have enjoyed a large income from their work and who by reason of disability, or indifference, let such practices slip away and scatter. Such practices have a money value, and the English physicians regularly buy and sell such work and often make a good and honorable transaction to the satisfaction of both parties. It is strange that in this country such arrangements are so rarely made.

In Baltimore, for example, there are many instances of death or disability removing from a field of usefulness a physician with a large practice and a good income. This "good-will," as it is called, can accrue to his heirs or to some younger man.

If physicians who have achieved fame and have plenty of work would make it a business to take assistants, who would gladly for a consideration do the night work and see the less important cases and who would probably pay a good sum for the right to succeed, a good class of men would be introduced and the public would have men stamped with the approval and approbation of an older family attendant, now too old to work.

This business arrangement in buying and selling practices between reputable physicians would be perfectly legitimate and would be eagerly sought by and be very acceptable to a large number of worthy men who would give almost any money for a practice which their knowledge and experience would easily allow them to hold. Such a business principle in medicine should not be objectionable and is worthy of further consideration.

* * *

Chronic Diseases.

THE treatment of disease is sometimes very satisfactory and sometimes again very discouraging. Many diseases disappear without treatment and indeed it is very certain that the natural tendency in man is towards health, that is up to a certain point. Many cases of the commoner light diseases fade away and the patient recovers without bad result or complication. Other diseases defy all methods of treatment and sooner or later conquer the poor victim.

It is in chronic diseases that the physician's skill and patience are tried to their utmost. Look over the most modern text-books and it is seen that while the pathology, diagnosis, symptomatology, etiology and prognosis are given in full, the treatment is dismissed with a few words. The puzzled practitioner with a difficult case gets no help from these books. What is wanted is some light and what is not expected is a specific.

What is usually needed in the discussion of the treatment of such diseases, chronic and often incurable, is not to put down what has been tried with little or no success, but what drugs and means will help to alleviate suffering and make the case easier. What will ease the pains, what will add comfort to the sufferer, what will lighten some of the complications and what will tend to make life more bearable? This is what the physician often searches for in books on practice and what he so rarely finds. It is not expected to find a panacea and a drug for every symptom, but when an authority on any subject writes of a disease or even publishes a book on practice his experience is alone valuable and what means he has used in carrying on the case should be shown to his readers.

Chronic cases need more attention and their treatment needs more explanation. When a poor, discouraged patient goes from physician to physician and receives the same drugs and the same treatment he loses heart. The man who will in these cases look after the symptoms will make himself famous and receive the deserved praise of his patients.

* * *

The Typhoid Question.

IT is of interest to get glimpses now and then of the attitude of the profession of other countries toward the problems which vex ourselves. Recently, the profession of the "most distressful country" has been discussing in the session of its Royal Academy (*Dublin Journal of Medical Science* for May) the nature and habitat of the typhoid bacillus. The fact, which specially appeals to Marylanders, was brought forth that the bacillus can live in the fluids of the oysters attached to their beds (though not in the very tissues of the oyster) and when the oysters are caught and stored in a somewhat warm atmosphere the bacillus can multiply. As sea water does not destroy the bacillus, it has been suggested that oysters from waters which have been sewage-fouled should be carefully avoided.

As bacilli answering the most strict tests of identity with those of enteric fever have been isolated by filtration from chemically normal drinking water, from the feces of patients who have never manifested symptoms of the disease and from unfouled samples of earth it is inferred "that the typhoid bacillus is extremely diffused in our midst and needs only favorable circumstances, such as temporary individual vulnerability, in order to effect a lodgment in the human system."

In the discussion a member drew attention to the power of oysters to communicate the germs of various diseases, such as septicemia, malaria and perhaps erysipelas, etc. He cited several cases of so-called "oyster fever" in which the disease following ingestion of oysters was certainly not simple typhoid fever. Some of the patients died, others recovered.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending July 17, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		9
Phthisis Pulmonalis		17
Measles	24	
Whooping Cough	6	
Pseudo-membranous Croup and Diphtheria.	6	2
Mumps		
Scarlet fever	15	1
Varioloid		
Varicella	1	
Typhoid fever	6	5

The Medico-Chirurgical College of Baltimore now demands a four years' course of study.

Dr. Henry D. Didama recently celebrated the completion of fifty years of practice in Syracuse.

A congress of colored physicians met in Washington this week to perfect arrangements for a national association of the physicians of that race.

The University of Maryland, which has just completed its fine new hospital, has moved the patients to the new wards and will vacate the temporary buildings.

The Cartwright prize of the College of Physicians and Surgeons of New York has been awarded to Dr. G. W. Crile of Cleveland. His subject was "Shock."

The United States Marine Hospital Service has suffered great loss in the death of Surgeon W. H. H. Hutton, who died recently, aged fifty-nine years. Dr. Hutton was stationed at Baltimore for some time.

An old building on the quarantine grounds will be remodeled and fitted up as a hospital for contagious diseases until money for a new structure can be obtained. The leper case will be taken there as soon as the building is ready.

At the recent examination of the State Board of Medical Examiners of Pennsylvania cheating was detected and the culprits excluded from examination. The same thing happened in Maryland at the last examination.

Notwithstanding the protest of a large number of physicians of Baltimore representing hospitals which receive pay for free beds for the treatment of the indigent sick, Mayor Hooper has signed the ordinance taking from the police magistrates the power of committing the indigent sick and disabled to hospitals and other institutions and vesting that power in the hands of the trustees of the poor.

The Maryland State Pharmaceutical Association held a very successful meeting at Ocean City last week. The following officers were elected for the ensuing year: President, W. C. Powell, Snow Hill; First Vice-President, W. S. Merrick, Trappe; Second Vice-President, Louis Schulze, Baltimore; Third Vice-President, A. Eugene Dereeves, Cambridge; Secretary, Charles H. Ware, Baltimore; Treasurer, D. M. R. Culbreth, Baltimore; Executive Committee, Dr. A. R. L. Dohme, Chairman, John C. Muth, Baltimore, and J. W. Cook, Hagerstown.

The following new appointments have been made in the Faculty of Bellevue: Dr. Charles L. Dana, Professor of Diseases of the Nervous System; Dr. Henry C. Coe, Clinical Professor of Gynecology; Dr. Henry H. Rusby, Professor of Materia Medica and Pharmacology; Dr. John A. Mandel, Adjunct Professor of Physiological Chemistry; Dr. William H. Park, Lecturer on Bacteriology and Hygiene; Dr. George D. Stewart, Professor of Anatomy; Dr. Austin Flint, Jr., Professor of Obstetrics and Clinical Midwifery; Dr. Herman M. Biggs, Professor of Therapeutics and Clinical Medicine and Adjunct Professor of Principles and Practice of Medicine. Dr. Joseph D. Bryant has given up the Chair of Anatomy and has been appointed Professor of the Practice of Surgery and of Operative and Clinical Surgery. Dr. Lewis A. Sayre has been made Emeritus Professor of Orthopedic and Clinical Surgery. Dr. Reginald H. Sayre has been appointed Lecturer on Orthopedic Surgery. Dr. Carlos F. McDonald has had the department of Medical Jurisprudence assigned to him in addition to the Professorship of Mental Diseases. Dr. D. Hunter McAlpin, Jr., has been promoted to be Professor of Gross Pathology and Clinical Registrar.

Book Reviews.

OVER THE HOOKAH. The Tales of a Talkative Doctor. By G. Frank Lydston, M. D., Professor of Genito-Urinary Surgery in the Chicago College of Physicians and Surgeons, etc. Sold by subscription only. Sent prepaid on receipt of subscription price. Price in cloth, gilt top, $4.00, price in morocco, full gilt, $5.00. Over 600 pages octavo. Profusely illustrated from the author's designs by C. Everett Johnson. The Fred Klein Publishing Co.: Chicago.

Some physicians at the present day stray from the strictly professional line and wander into literary fields. The examples set by Holmes, Mitchell and others are apparently very contagious, though Dr. Lydston, who is such a prominent surgeon of Chicago, has found time from his busy professionl life to throw together in a colloquial style a very readable book which attempts to depict conversation between a busy physician and a medical student. Probably because these are tales of the talkative doctor, many of the stories are long drawn out, and occasionally a "chestnut" crops up. But on the whole the book is extremely entertaining and shows some literary merit. The author has been a little careless in his French quotations, but he has set an example which many busy men would do well to follow in dabbling in side issues and mounting hobbies which are very great sources of recreation for a busy man.

THE LIVER OF DYSPEPTICS; and Particularly the Cirrhosis produced by Auto-intoxication of Gastro-intestinal Origin. Clinical, Anatomo-pathological, Pathogenic and Experimental Study. By Dr. Emile Boix, Interne lauréat des hôpitaux de Paris (Médaille d'or Concours de 1893), etc. Authorized Translation from the Latest French Edition by Paul Richard Brown, M. D., Major and Surgeon, United States Army. New York: G. P. Putnam's Sons, 1897. Pp. iv-133. Price, $2.

This monograph, which is a translation of Boix, is a carefully made study of abnormal livers. The author attempts to show that many forms of liver trouble occur without being due to the excessive use of alcoholic beverages. He by no means wishes to say that alcohol is harmless, but wishes to impress upon the profession that the sclerosis of the liver and other pathological conditions of that organ are due to auto-intoxication of gastro-intestinal origin. The dyspeptic liver is not always the alcoholic liver. The work is divided into three parts, the first of which is the introduction; in the second the various pathological conditions are described; and the third is the personal experience with a recapitulation. Two plates adorn the book.

PRINCIPLES OR GUIDES FOR A BETTER SELECTION OR CLASSIFICATION OF CONSUMPTIVES AMENABLE TO HIGH ALTITUDE TREATMENT. By A. Edgar Tussey, M. D. Philadelphia: P. Blakiston, Son & Co. 1896. Price $1.50. Pp. 144.

Physicians, as a rule, have very little idea where to send patients afflicted with lung trouble, and too often high altitudes are selected when they are really contraindicated. Dr. Tussey in this little work lays down certain principles for a better selection or classification of consumptives amenable to high altitude treatment and he also speaks of those cases which can be more effectually treated in their own homes. The whole work bears the stamp of personal experience.

REPRINTS, ETC., RECEIVED.

Ectopic Gestation. By H. J. Boldt, M. D. Reprint from the *Medical News*.

Cancer of the Rectum. By James P. Tuttle, M. D. Reprint from the *Journal*.

Papers from the Michigan State Board of Health. By Henry B. Baker, M. D.

Notes on the Treatment of Fecal Fistulae. By Frederick Holmes Wiggin, M. D. Reprint from the *Medical Record*.

Post-Febrile Insanity. By Alexander L. Hodgdon, M. D. Reprint from the MARYLAND MEDICAL JOURNAL.

Strophanthus; A Clinical Study. By Reynold Wilcox, M. D., LL.D. Reprint from the *American Journal of the Medical Sciences*.

Should the State take Action to Regulate the Administration of Anesthetics? By H. J. Boldt, M. D. Reprint from the *Medical Review of Reviews*.

A Brief Study of the Ophthalmic Conditions in a Case of Cerebellar Tumor; Autopsy. By Charles A. Oliver, A. M., M. D. Reprint from *University Medical Magazine*.

Description of a Successful Operation for Blepharoplasty, embracing the Outer Halves of both the upper and lower Lids, by a Single Split Flap taken from the Forehead for Epithelium. By Charles A. Oliver, M. D. Reprint from the *University Medical Magazine*.

Current Editorial Comment.

THE OFFICE HOUR.

Medical and Surgical Reporter.

A SHREWD, capable and eminently successful physician once said that his success was largely due to a motto, "Take care of your office hour and your office hour will take care of you." When the large amount of waste time in the average physician's routine, the hour's drive and the ten-minute call, is considered, one can readily appreciate the business importance of so regulating work as to reduce this waste to a minimum. Men have long ago learned that in commercial matters the only people worth dealing with are those whose business goes to them.

PUBLIC SPITTING.

Memphis Medical Journal.

COULD every layman who walks the streets of the different cities of these United States and with reckless abandon deposits his salivary secretion wherever and whenever his convenience dictates, be afforded one or more opportunities of looking at his sputa under the microscope, and at the same time be instructed as to the virulence and menace to health of the germ often seen contained therein, we are sure that the most of the aforementioned good citizens would promptly recognize the importance and necessity of a more careful regard to the proper disposal of their expectorations, thereby tending to conserve the health of their fellow-townsmen.

ADVANCE OF THERAPEUTICS.

American Therapist.

TWENTY years ago, rational therapeutics, the practical application to diseased human tissues of knowledge obtained by physiological and chemical study of drugs, was scarcely more than a dream. Ten years ago, our therapeutics was rational only in regard to a comparatively small number of substances, and some of the most active and most specific remedies which we had were used from empirical knowledge only. The growth of scientific methods of drug proving within the past few years has been something upon which the medical profession may well congratulate itself and for which it owes the deepest debt of gratitude to many painstaking experimenters.

Society Meetings.

BALTIMORE.

BALTIMORE MEDICAL ASSOCIATION, 847 N. Eutaw St. JAS. E. GIBBONS, M. D., President. E. L. CRUTCHFIELD, M.D., Secretary. Meets 2d and 4th Mondays of each month.

BALTIMORE NEUROLOGICAL SOCIETY. Meets 3d Wednesday each month. SAMUEL J. FORT, M. D., Secretary.

BOOK AND JOURNAL CLUB OF THE FACULTY. Meets at call of President.

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

GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d and 4th Tuesday of each month—October to May (inclusive)—8.30 P. M. WILMER BRINTON, M. D., President. W. W. RUSSELL, M. D., Secretary.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d and 4th Thursdays of each month—October to June—8.30 P. M. J. B. SCHWATKA, M. D., President. S. T. ROEDER, M. D., Corresponding Sec'y.

MEDICAL JOURNAL CLUB. Every other Saturday, 8 P. M. 847 N. Eutaw St.

THE JOHNS HOPKINS HOSPITAL HISTORICAL CLUB. 2d Mondays of each month, 8 P.M.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY. Meets 1st and 3d Mondays, 8 P.M.

THE JOHNS HOPKINS HOSPITAL JOURNAL CLUB. Meets 4th Monday, at 8.15 P. M.

MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE. SUE RADCLIFF, M. D., President. LOUISE ERICH, M. D., Corresponding Secretary. Meets 1st Tuesday in the Month.

UNIVERSITY OF MARYLAND MEDICAL SOCIETY. Meets 3d Tuesday in each month, 8.30 P. M. HIRAM WOODS, JR., M. D., President, E. E. GIBBONS, M. D., Secretary.

WASHINGTON.

CLINICO-PATHOLOGICAL SOCIETY. Meets at members' houses, 1st and 3d Tuesdays in each month. ARTHUR SNYDER M. D., President. R. M. ELLYSON, M. D., Corresponding Secretary. R. T. HOLDEN, M. D., Recording Sec'y.

MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets 1st Thursday each month at members' offices. FRANCIS B. BISHOP, M. D., President. LLEWELLYN ELIOT, M. D., Secretary and Treasurer.

MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA. Meets Georgetown University Law Building 1st Tuesday in April and October. G. WYTHE COOK, M. D., President. J. R. WELLINGTON. M. D., Secretary.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets Wednesday, 8 P. M. Georgetown University Law Building. S. C. BUSEY, M. D., President. HENRY L. HAYES, M. D., Recording Secretary.

OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY OF WASHINGTON. Meets monthly at members' offices. President, S. O. RICHEY, M. D. Secretary, W. K. BUTLER, M. D.

WOMAN'S CLINIC. Meets at 1833 14th Street, N. W., bi-monthly. 1st Saturday Evenings. MRS. EMILY L. SHERWOOD, President; DR. D. S. LAMB, 1st Vice-President. MISS NETTIE L. WHITE, 2nd Vice-President. MRS. MARY F. CASE, Secretary. MISS MINNIE E. HEIBERGER, Treasurer.

WASHINGTON MEDICAL AND SURGICAL SOCIETY. Meets 1st Monday in each month. N. P. BARNES, M. D., President. F. W. BRADEN, M. D., Secretary.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY. Meets 1st and 3d Fridays of each month at members' offices. GEORGE BYRD HARRISON, M. D., President. W. S. BOWEN, M. D., Corresponding Secretary.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVII.—No. 16. BALTIMORE, JULY 31, 1897. WHOLE No. 853

Original Articles.

SYMPTOMS ASSOCIATED WITH UTERINE DISPLACEMENTS.

By William S. Gardner, M. D.,
Associate Professor of Gynecology, College of Physicians and Surgeons; Visiting Surgeon to Bay View Asylum.

THIS paper will be limited to a brief discussion of those symptoms found associated with backward and forward displacements of the uterus which occur with sufficient frequency to warrant the belief that they are in some way due to the displacement. A consideration of these symptoms is of importance, because we are able to correct nearly all displacements and it is worth while knowing what good can be accomplished by their correction and what can not be accomplished.

It is hardly worth while to make a close distinction between retroversion and retroflexion, because the causes and symptoms of the two conditions are practically identical. In the retroflexion there is a loss of muscular tone in the uterus itself as well as the relaxation of the ligaments which is found in retroversion. The loss of uterine tonicity makes the retroflexions more difficult to deal with than the retroversions; but, as the question of treatment will not be taken up, there is no occasion to make further distinctions, so I simply classify all backward displacemements under the head of retrodisplacements. Further, those symptoms which are stated voluntarily by the patient during an ordinary examination, and not those which are brought out by leading questions, are believed to have the greatest value. Records made to prove a special point or to exhibit an array of symptoms found associated with any special lesion are apt to have an obliquity that impairs their value. While records kept simply to take a reasonably faithful account of all cases as they come are almost sure to omit many points and while in the aggregate they are more reliable than special records they almost certainly decrease by omission the percentage of cases in which any one symptom given is shown to be present. The records upon which this paper is based are defective, not in that they are not sufficiently accurate as far as they go, but in that they do not go far enough; but this has at least one great advantage and that is, it assists to abate the exaggeration of the importance of special symptoms.

The facts here given are based upon one hundred recorded cases of retrodisplacements. Of this number seventy-four had been pregnant one or more times, while the remaining twenty-six had never been pregnant. These figures at once suggest a wide difference between backward displacements and for-

ward displacements, the vast majority of anterior displacements being found in sterile women. They further emphasize the fact that retrodisplacements are almost always acquired. A further study of these twenty-six nulliparous cases indicates that the position of the uterus had little to do with the symptoms which led to the examination by which the displacement was discovered. Nine of the patients had small, undeveloped uteri, with narrow cervices, and complained principally of dysmenorrhea — a symptom which is no doubt due to the same causes that produce the painful menstruation of patients suffering from cervical stenosis without reference to the position of the body of the uterus. Seven had endometritis with a purulent discharge ; and since five of the seven were prostitutes it is more than probable that a majority if not all of these patients had gonorrhea. A gonorrheal endometritis is amply sufficient to account for all the symptoms in these seven cases.

Three had salpingitis of undoubted gonorrheal origin. Two had enlarged ovaries. One had papilloma of the cervical canal which bled freely after each coition. Three had no symptoms that could be referred to the uterus. While only one of the twenty-six had symptoms that were undoubtedly due to the retrodisplacement and which were relieved by maintaining the uterus in a more correct position.

This brief review indicates that retrodisplacement in nulliparous women is a minor lesion which rarely gives rise to symptoms, and that if we hope to benefit these patients we must look beyond the displacement.

Taking up now the consideration of the seventy-four cases, all of which had been one or more times pregnant, and in the majority of which the displacement is presumed to have been not congenital but acquired, we find a series of symptoms which are without doubt due to the lesion, because they are relieved when the retrodisplacement is corrected. It is true that none of these symptoms is absolutely characteristic ; that some or even all of them may be absent from any given case, yet when a group of them is found with the history of dating from the termination of the last pregnancy, a guess that a retrodisplacement exists, even before a physical examination is made, will seldom be wrong. This statement is not to be construed as belittling the value of a physical examination which is essential to a diagnosis, but simply as an estimation of the symptoms in affording a basis for a probability.

An excessive loss of blood at the menstrual period was complained of in twelve cases. In nearly all of these patients the flow was either too frequent or long-continued, or both. The blood, as a rule, did not come in large quantities at a time as it often does when it is due to some other pathological conditions, but rather more than the normal amount continued to be lost each day for many days. The loss of more than the normal amount of menstrual blood is common to a much larger percentage of patients suffering from acquired retrodisplacements than shown by the figures, but in many instances the excess is not great and is overshadowed by other more distressing complaints. This increased flow of blood is probably due both to the obstruction of the veins by the displacement and also to a loss of tone in the vessel walls. It is also an important factor in reducing these patients to the debilitated condition in which they are so often found.

Twenty-eight, or more than one-third, of these patients had pain during their menstrual period. One of the most characteristic points in the dysmenorrhea associated with acquired retrodisplacements is that it almost invariably dates from the termination of the last pregnancy. This assists us to distinguish it from the dysmenorrhea associated with or due to other lesions. When the pain is due to an inflammatory condition either of the endometrium or the appendages, the pain comes on with the development of the disease. When the pain is due to a congenital cervical stenosis, either with or without a forward or backward displacement of the uterus, the dysmenorrhea dates from the first

menstrual period and is of the most severe character.' As the lesions here enumerated cause 90 per cent. of all cases of dysmenorrhea, the importance of the history of the duration of the painful menstruation as an aid to diagnosis can readily be recognized.

More than one-fifth of the patients complained of painful defecation. This pain is usually not of a severe character and is not always constant. It is usually described as a feeling that there was something still in the rectum that could not be passed and the effort and straining to pass this supposed content of the rectum produced the discomfort. Not infrequently this pressure on the rectum gives the patient an ever recurring desire to go to stool. These patients are frequently constipated and this of course adds to their discomfort. These symptoms may be caused by any pelvic tumor which presses upon the rectum, but as a matter of fact all other causes combined are much less frequent than retrodisplacement.

Over one-quarter of the patients complained of disturbances of micturation. Retrodisplacements are responsible for the majority of disturbances of micturation in women which are due to disease outside of the bladder and urethra. These symptoms are more commonly due to retroversion than to retroflexions, because in the latter the cervix does not so frequently compress the base of the bladder against the symphysis. Painful and frequent micturation are most often complained of; often a burning sensation after the urine has passed gives much discomfort. Complete obstruction to urine by an uncomplicated retrodisplacement is very rare. A pregnant retrodisplaced uterus can easily so press upon the bladder as to entirely put a stop to normal micturation. These patients not infrequently say that they cannot retain their urine; that it runs from them constantly. An examination reveals an over-distended bladder. After the urine has been drawn with a catheter, if the uterus can be pushed up, as it usually can be, these patients suffer no further inconvenience.

Twenty-one of the seventy-four patients complained of painful coition. This is an understatement, because in many of the cases this symptom was not inquired into. But, imperfect as the statistics are, they show how extremely common it is to have this symptom associated with retrodisplacements. The pain is not so acute as that due to pressure on a prolapsed ovary, but is much more frequently met with and is often continued for some minutes or an hour after the act of coition is completed.

A large proportion of these patients were affected by what for a better name we call extreme nervousness. They said that they were easily frightened; that every slight noise startled them; that their emotions were easily excited; laughing or crying without reason; that they were irritable and disagreeable to their family and friends without knowing why. Many remarked that they often felt as though they could only by great effort prevent their bodies from flying to pieces. Disturbances of the functions of the stomach, distention of the intestines, palpitation of the heart, are all extremely common. The whole sympathetic nervous system seems to be profoundly affected. Hysterical convulsions are met with in extreme cases. In short, we have an hysteria associated with a definite pathological condition and which is cured by restoring the uterus to its normal state.

The pain during the inter-menstrual period, aside from that in connection with the functions of the bladder and rectum, is usually described as a bearing-down pain or as a sense of weight and pressure in the pelvis without actual pain. These discomforts are much increased by walking or lifting and are abated or entirely relieved when the patient maintains the reclining posture.

The general physical condition of patients suffering from acquired retrodisplacements is as a rule bad. They are anemic, their whole muscular system is in an atonic condition. This lowered state of vitality is no doubt both a cause and a result of the special lesion. The uterus becomes displaced backwards as a result of the atonic condition of its

ligaments and walls. The irritation of the sympathetic by the malposition tends to continue and increase the deficient nutrition by interfering with the digestion. The result being that these patients have very little tendency to get well without intelligent treatment.

Retrodisplacements of the uterus are much more frequent than forward displacements and while retroversions are more frequent than retroflexions, nearly all forward displacements which give rise to symptoms are anteflexions; retrodisplacements which give rise to symptoms are nearly all acquired ; anteflexions are nearly all congenital. So that when we speak of a displacement of the uterus forward we almost invariably mean a small, not well developed uterus congenitally anteflexed.

I have recorded only about twenty-five uncomplicated cases of this character. Others have been observed, but when an anteflexion has associated with it a pyosalpinx or other gross lesion, it is evidently unfair to charge all the discomforts of the patient to the displacement. For this reason all such cases have been omitted from consideration in this paper and only such cases selected as were found to be simply anteflexions and in which the symptoms were presumably due to the lesion found.

Much has been said and written upon the etiology of anteflexions, but so far as I can learn the greater part of this had been purely theoretical and little or no actual evidence had been brought out to give a reasonable foundation to many of the elaborate theoretical essays upon the causation of this trouble. So far as I have been able to observe, the condition is almost invariably a congenital one. And if we are to find the true cause it must be sought for in the fetus in utero and in the growing girl.

(As diseases of the sexual organs in childhood are better studied much light will be thrown on these resulting conditions.)

The most constant and characteristic symptom complained of is pain during the menstrual period. Each of the twenty-five patients had this symptom. The fact that patients who have an anteflexion nearly all have dysmenorrhea has led to some confusion in reference to the causation of painful menstruation. While it is true that women having an anteflexion which gives rise to symptoms always have dysmenorrhea, it is also true that only about 12 per cent. of women who have dysmenorrhea have anteflexions. The dysmenorrhea associated with and probably due to anteflexion is quite variable in its duration. With some patients the pain continues throughout the flow ; in others the pain stops when the flow is fully established at the end of the first or second day. The pains are usually intermittent, not unlike those of the first stage of labor, and are the most severe of all the dysmenorrheas. When a dysmenorrhea is due to an acquired lesion, as a retrodisplacement, or a pyosalpinx, the pain will date from the time of the acquired lesion ; but when painful menstruation is due to an anteflexion, the patient will almost invariably state that the dysmenorrhea began with her first menstrual period.

Only two of the twenty-five patients had ever been pregnant and only one of these had had a child at full term. Probably not one had *not* been in a position to become pregnant and a majority were married. Many complained as much of their sterility as of their dysmenorrhea. When a young married woman, apparently healthy, states that she has had dysmenorrhea all her menstrual life and that she has never been pregnant, the most common condition found upon physical examination is a small, narrow cervix and usually an anteflexed uterus.

Nine patients complained of pain between their periods. These pains are difficult to account for, though they are probably due in the majority of cases to inflammatory conditions of the uterus or tubes which were not sufficiently pronounced to give rise to other symptoms, and where there is no tumefaction to be detected by physical examination, I have known of two cases of anteflexion with inter-menstrual pain, where the pain was due to an intermittent pyosalpinx.

INTESTINAL PUTREFACTION AND ALBUMINURIA.

By John C. Hemmeter, M.D., Philos. D., etc.,
Clinical Professor of Medicine in the Baltimore Medical College.

(CONTINUED FROM LAST WEEK.)

LET us return to the treatment of hyperacidity by diet. If after an experiment with the proteid diet the patient is no better or even worse, it is advisable to make repeated quantitative analyses of the urine for urea and uric acid. It is my experience that in the majority of these cases, in which the symptoms and consequences of hyperacidity are aggravated by a preponderance of meat and eggs in the diet, it will be found that the disease is based upon a uric acid neurasthenia. Now as proteid diet largely increases the amount of uric acid taken in with the food, if the trouble is caused by uric acid diathesis, it will most probably not be improved by introducing such food as will add to the amount of uric acid and urates already present. It might be objected that all neurasthenias are due to uric acid, but this objection has no experimental or clinical foundation. It is not difficult to observe intense neurasthenias without uric acid diathesis. As a result of these considerations then, if in renal insufficiency with albuminuria there is gastric hyperacidity, the practitioner should not hesitate to order a diet rich in proteids, all kinds of meats, all egg foods, fish and milk. Order this at first in spite of the fact that the albuminuria would contra-indicate a meat diet. In seven out of ten cases he will strike the right diet. If this diet does not improve the symptoms, and the amount of ethereal sulphates increase in the urine, then a vegetable diet, and carbohydrate diet, rice, all wheat flour preparations, tapioca; farina leguminose-cerealine, with milk and occasional egg food. If this latter diet is given it should always be accompanied by a diastasic ferment, such as malt extract or ptyaline, and at other times pancreatine. Care should be taken to procure a reliable product. In all cases where the HCl is increased great relief is afforded by the following alkaline powder.

℞.— Magnesiae Ustae . . 10
Sodii Bicarbonatis . . 5
Kali carbonatis depurat. . 5
Extracti Belladonnae. . 0.25

M. Sig. One half a teaspoonful ¾ hour after each meal.

In hyperacidity there is starch indigestion and the alkaline juices of the duodenum do not suffice to neutralize the chyme. Now as there is a good starch inverting ferment present in the stomach in these cases and the only reason it does not act is because it is in too much acid, it will in most patients not be absolutely necessary to give a diastase at the beginning. Try this neutralizing powder and see whether the ptyalin will not suffice to do all that is required of it when it reaches the duodenum.

If the analysis of stomach contents shows anacidity or subacidity, establish above all things the diagnosis between nervous suppression of the gastric juice where the peptic glands are intact and the fault is due to nervous inhibition, and chronic atrophic gastritis where the peptic glands are partially or totally destroyed. In anacidity or subacidity a diet which will not require much HCl for its solution will be the most logical, a mixed diet with little meat — not more than two eggs a day and an abundance of milk, rice and carbohydrate food. In these cases pancreatine at times gives good results (gr. iii to gr. v with sodium bicarbonate). Whenever excessive quantities of mucus are present, gastric lavage twice weekly can hardly be dispensed with. Anacidity and subacidity have been successfully treated by gastric lavage with strong sodium chloride solution used quite warm. Also the constant current employed with the Einhorn intra-gastric electrode, the positive pole in the

stomach, the negative on the spinal column, is much lauded by Ewald, Boas, Riegel and Rosenheim. On this matter I am fortunately able to speak from a large personal experience and can confirm the views of the specialists mentioned. In hyperacidity use lavage with subnitrate of bismuth suspension or nitrate of silver, grs. iii to the pint, washed out afterwards with pure water. If much mucus is present sodium bicarbonate or biborate will accelerate the stomach cleansing. A treatment which gives more permanent results in hypersecretion, I found fully described in Biedert and Langermann's little book on dietetics for stomach patients.

I will explain it here because I have given it an extensive trial and it has really proven itself to be a good thing. It consists in the following. After the gastric mucosa is thoroughly cleansed by plain water, it is treated by a suspension (Schüttel mixtur) of magnesia usta (1 per cent.). Three or four pints are successively poured in and siphoned out until the shreds of mucus, made very evident by the white magnesia particles caught in them, are no longer seen, thereupon a ½ per cent. solution of tannin is poured in and out several times.

In spite of all medication, diet and lavage there are particular foods that always decompose in some patients; among these are, in my experience, all forms of cheese, raw oysters, occasionally cabbage and cauliflower, sour krout and strawberries. It is probable that the putrefaction of oysters and cheeses is due to putrefactive bacteria contained in them. Such foods must be avoided entirely if they are known to give trouble. In anacidity and subacidity the amount of the hydrochloric deficit should be quantitatively determined and supplied in the form of a solution to be taken after meals in this formula:

℞.—Acidi hydrochlorici diluti fl ℥iv
Strychnii sulphatis . . gr. ⅓
Extracti condurangi . fl ℥iss
Elix. gentianae comp.
q.s. ut. fiat . . . fl ℥vi
M. Sig. Fl ℥ss. t.i.d. half hour after meals.

The fact that albuminuria may be caused by sudden ptomaine storms arising from the intestine has its chief support in the observation that such albuminuria may occur in teetotalers who have never had any serious organic illness and in whom all ordinary and known causes of albuminuria can be excluded. Also by the fact that the albuminuria can be made to disappear by strict dieting and purgation. The diseases of the gastro-intestinal tract which bring about such putrefaction and fermentation may be of the type that is still generally spoken of as functional, *i. e.*, without demonstrable anatomical alteration of the tissues of stomach or intestines. Or they may be such as are accompanied by severe organic changes, viz., gastrectasia, stenosis of pylorus or bowels by neoplasm or cicatricial contraction — by ileus, intussusception, volvulus, prolapse of the colon, neoplasm of the peritoneum or mesentery, producing stenosis; also stenosis of any kind caused by enlargement or neoplasm in the gall-bladder, liver, pancreas and kidney, the chronic intestinal catarrhs of the duodenum, ileum or jejunum, or of all three parts — the various forms of dysentery. It is not implied that all of these conditions have been observed to produce albuminuria by auto-intoxication, by any means, but they are referred to in order to call attention to the possible accompaniments of ptomaine and to stimulate urinary analysis for toxines, ethereal sulphates, indican, etc., in digestive diseases where symptoms point to renal insufficiency. A valuable aid in all forms of chronic dysentery is lavage of the colon. In all cases of colon inflammation the reaction of the discharges should be tested; they are at times alkaline, at times acid, and the fluid used for washing out should be adjusted accordingly, but never should the liquid be made to contain over one per cent. of acid, in case it is required to neutralize strong alkalinity. It is well to begin with one-twentieth per cent. HCl. in colon indigestion, which will be sufficient to produce an unsuitable environment for the "amoeba coli;" if this is not strong enough it should

gradually be increased. The putrefactive decomposition of albuminous and proteid bodies is caused by a variety of bacteria in the intestine (see "Die Backterien des Darms" in Nothnagel's Erkrankungen des Darms un Peritoneum, page 17). But the putrefaction does not occur until the reaction is decidedly alkaline. Therefore, when the stools are very offensive in dysentery and decidedly alkaline it is very antagonistic to the putrefactive bacteria to wash out the colon with 0.5 per cent. HCl. solution.

A few words concerning the effect of certain drugs upon intestinal putrefaction and particularly upon the albuminuria. True, there are undoubtedly a number of competent investigators who have attempted intestinal antisepsis by chemical substances, and each one recommended a different substance only to find it experimented upon by others and condemned. Pecholier recommended creosote, Dujardin-Beaumetz sulphide of carbon. Salicylate of bismuth and iodoform were extolled by Vulpian, napthalin by Rossbach, the black sulphide of mercury by Serres and Bequerel. Bouchard used charcoal; 100 grams of iodoform and 1 gram charcoal, one half teaspoonful after each meal, and claims to have thereby diminished the toxicity of fecal matter and of the urine. A theoretical objection, at the outset, to all these substances, with the exception, perhaps, of charcoal, is that they are soluble and absorbable. The checking of all putrefactive changes in the intestines is impracticable and, as far as I can ascertain, impossible. I have made careful studies of the effects of calomel, beta-napthol, benzonapthol (beta-napthol benzoate) bismuth salicylate, creosote, salicylate of sodium, on intestinal putrefaction and on the amount of ethereal sulphates, urea, uric acid, and indican excreted in the urine. Salol and resorcin I have not tried because they complicate urinary analysis, as they are themselves excreted as ethereal sulphates. Whenever I give salol it is to relieve pain and flatulence, which possibly is accomplished by an antiseptic effect, but the control of this effect by urinary analysis is impossible. In two patients suffering at times with rheumatism, associated in one case with flatulence, intestinal distention, pain and constipation alternating with diarrhea, in the second with membranous dysentery and high ratio of combined and preformed sulphates, this ratio was much lowered (from 22.8 to 5.4) by salicylate of sodium, but the identical result followed when both patients were put upon an exclusive diet of sterilized milk with ℥ii brandy daily. Beta-napthol, benzo-napthol and bismuth salicylate, in my own person, invariably increase the amount of ethereal sulphates. Thinking that suggestion had something to do with this result, I had these drugs given to me in capsules by a colleague and the result was the same even when I was ignorant of the drug taken. Right here I had best confess that I am partial to the use of calomel as an intestinal antiseptic notwithstanding the contradictory reports concerning it by Stieff, Morax and Binz. I look upon calomel favorably because it temporarily at least reduces the ethereal sulphates and seems to me to make the urine less toxic without damage to epithelial cells in the glomeruli and Haidenhain's tubules, which cannot be said of any chemical substance that seeks its way out of the organism by way of these structures. Its action on intestinal putrefaction is evident if administered in small doses even. I have on record a case of periodical fermentative diarrhea, due probably to starch indigestion as the total acidity of gastric contents varied between 72 and 90 degrees (decinormal NaOH and phenolphthalein), in which one-tenth grain of calomel given every hour produced a very noticeable reduction in twenty-four hours of the preformed and combined sulphates without any other medication. Naturally the improvement by calomel was only temporary, nevertheless it demonstrated the value of occasional purging of such patients by calomel.

In addition to this, a carefully adapted diet, excluding carbohydrates and an alkali after meals, was followed by more lasting benefit. After three years study

of the value of drugs as intestinal antiseptics I must admit that I am very skeptical as to their expediency. Excluding such drugs as replace or correct the digestive secretions (HCl. in sub- and anacidity—alkalies in supersecretion and hyperacidity—belladonna and morphine for pain — pancreatin), I scarcely ever use medicines at present for this purpose. Naturally much good result has been consequent to gastric and colon irrigation where these were indicated. Where appetite and strength are failing, comparatively large doses of strychnin if kept up a sufficient length of time (four weeks) rarely disappoint the practitioner. The following is a good combination in sub- or anacidity.

℞.—Strychnini Sulphatis . gr. ⅓
Acidi hydrochlorici diluti . fl ℥iii
Elix. gentianae co. q.s. ut. fiat fl ℥vi
M. Sig. ℥ss. in ℥ i aquae immediately after or before meals through a glass tube.

Taking a given case of excessive intestinal putrefaction with renal insufficiency as established by quantitative urinary analyses of the combined and preformed sulphates urea, uric acid, indican and albumen, if present, it is in my experience absolutely impossible to tell which of the various kinds of food is causing the fermentation without qualitative and quantitative analysis of stomach contents and of the feces.

The analysis of the intestinal excrement for albuminous residues, carbohydrates or fats, can only be approximately correct, and not even that, unless the exact quantity and kind of food that has been ingested in the forty-eight hours preceding the evacuation is recognized. For two days preceding such an analysis the food should consist of weighed amounts of carbohydrates, proteids, fat and water. The exact state of stomach secretion should be known first, and if it is desired to learn whether there is any defect in the digestive faculties of the intestine the stomach chemism if pathological must first be corrected. Under such precautions it has been my experience to find an identical train of symptoms caused in one patient by starch indigestion, in another by albuminous putrefaction, in another by inabsorption and decomposition of fats. Even in the same individual these three varieties may alternate but this is apparently a rare occurrence. One such case was in my experience due to phenomenally high degree of gastric acidity, with membranous dysentery and neurasthenia and a previous history of a severe attack of typhoid fever. When the acidity of the gastric contents exceeds 0.03—three per mille—the proteolysis, *i. e.*, solution of albumens, proteids, etc., is impeded and putrefaction accelerated as one might suppose (Schwann). Thus it is conceivable that both proteid, and of course (with such high acidity) carbohydrate, indigestion are unavoidable; but the chyme in these patients has such an intensely acid reaction that the bile and pancreatic juice, together with the alkaline secretion of the glands of Lieberkühn and Brunner, are inadequate to neutralize it. This also causes the precipitation of certain constituents of the bile which are essential to absorption of fats. Therefore all the physiological processes of digestion are interfered with to the detriment, first, of the intestinal mucosa, which is likely after months of such maltreatment to become catarrhal. Putrefaction and fermentation are always liable to occur more readily when normal digestion is interfered with. There is a general confusion of the use of the terms fermentation and putrefaction, as if the terms were synonyms. Now fermentation attacks only the carbohydrates, and coincident with it is the formation of acid ; it occurs chiefly in the upper jejunum and ileum.

Putrefaction, however, is a term applied to the decomposition of proteid or albuminous food under formation of free ammonia, producing an alkaline reaction and occurring mainly in the colon. An account of the methods of microscopical and chemical analysis of the feces would lead us too far. Those that are interested in this important kind of research will find excellent accounts of the methods in von Jaksch's Klinische Diagnostik, also in Munk and Uffelmann's work on The Nutrition of the Healthy and Diseased Human Being,

Leipzig, 1891. In Eichhorst's new book, Klinische Untersuchungsmethoden, Berlin, 1896, pages 591 to 625, is found a condensed and up-to-date synopsis of these methods in form of a critical digest very worthy of recommendation. The same is true of Rosenheim's Pathologie and Therapie der Krankheiten des Darms, pages 38 to 87.

The main point to bear in mind in these analyses is, that the exact quality and quantity of all food taken in by the mouth must be known. By chemical analysis of the feces, which when conducted properly is by no means the objectionable piece of work that it is generally supposed to be, we learn which class of food passes the digestive tract for most part undigested and which is most to blame for existing symptoms. Accordingly the diet is so modified as to adapt it as much as possible to the digestive capacity of the patient. If HCl is diminished or absent from the stomach it should be administered. If there is a failure of proteolysis, *i. e.*, conversion of proteid into peptone, we should administer the various peptone preparations of reliable manufacturers. (See Wegele Diatetische Behandlung der Magen und Darmkrankheiten, pages 32 and 33.) Among these the meat peptones of Koch, Denayer, and especially of Kemmerich (see E. Pheiffer, Ueber Ernahrung mit Fleischpepton, *Berlin Klin. Woch.*, 1885, No. 30, and E. Kemmerich, "Fleischpepton ein Heiztonicum," *Berliner Klinische Wochenschrift*, 1894, No. 10), also the German "somatose," and pepton chocolate. The various preparations of gelatin, particularly if made from good, fresh meat and bones in the household, are recommendable, and are almost entirely absorbed in the intestines. One hundred grams of gelatin may replace the caloric value of 36 grams albumen and 25 grams fats. Gelatin is not a food of luxury but a genuine tissue builder. To continue the treatment we find that the administration by mouth of digestive ferments does not assist us materially in our efforts to promote normal digestion. Pepsin is rarely found absent except in extremely progressed chronic atrophic catarrhs of the mucosae ; but even here pepsinogen is generally present, which will be changed into the perfect ferment by HCl. Very small quantities secreted normally suffice to peptonize large quantities of albumen. Whenever free HCl is present, pepsin is surely present, and even if free HCl is absent, pepsin or pepsinogen are rarely wanting.

In those extremely rare instances where both HCl and pepsin are absolutely wanting the condition of the atrophied stomach becomes more favorable to the solution of proteids not by addition of HCl and pepsin, but of pancreatin, because this is a ferment that acts in alkaline medium. Pancreatin is best administered by preparing a fresh extract of the pancreas of the ox by mincing it very finely and extracting it with 500 c.c. of a 20 per cent. solution of alcohol for two days. The dose of this is ʒ ii, after each meal ; speaking from experience, it seems a more grateful thing than to supply HCl and pepsin to these atrophied stomachs which are, for the most part, in a condition of hyperesthesia and will, as a rule, be found to be made worse by taking acid after meals ; so that very chronic cases of complete atrophy of the gastric mucosa, where the secretion of HCl may have ceased for years, are better suited for an alkaline gastric digestion. Rennet ferment need not be administered, because in absence of the gastric rennet and rennet zymogen milk is in most cases quite well digested. W. D. Halliburton and T. G. Brodie have found that pancreatic juice from a pancreatic fistula produces a change in the caseinogen of milk (*Journ. Physiol.*, Vol. xx, page 106). There is no change in the fluidity, but a finely granular precipitate occurs at 35° to 45° C. On cooling, this milk sets to a coherent curd, not contracting ; on warming again this curd is broken up, the milk resuming its granular fluidity. This granular precipitate seems to be intermediate between casein and caseinogen. The property here discovered in pancreatic juice is probably the explanation of the digestion of milk in the total absence of gastric rennet.

Society Reports.

THE NEW YORK ACADEMY OF MEDICINE.

Section in Orthopedic Surgery.

meeting of may 21, 1897.

Dislocation of the Peroneus Longus and Peroneus Brevis.

Dr. W. R. Townsend presented a young man of twenty years of age whose peroneal tendons were easily dislocated to the front of the malleolus. The right foot had been affected in this way for many years, the left only for the past seven months. On walking, and on rising from a chair, the tendons would slip over the malleolus and cause considerable disability till they were replaced by the hand. The boy did not have much pain, but he was easily fatigued. Dr. Townsend had hastily reviewed the literature of the subject. Dr. L. A. Sayre reported a case in 1879. In 1876 Dr. Beach of Boston reported eighteen cases, including one of his own. Gillet de Grandcourt reported ten cases in 1878. Treves said it was caused by sudden and violent contraction of the muscles when the limb is in such a position as to favor displacement and that it may be treated by pads and pressure and that, in some cases, it was advisable to replace the tendons and retain them by suturing the torn edges of the sheath.

Dr. R. Whitman suggested deepening the channel, replacing the tendons in the groove in the bone and giving them a new covering of periosteum or fibrous tissue. This might be possible without removing the sheath.

Dr. A. B. Judson said that the peronei were comparatively small and unimportant muscles. To a slight degree they assisted the muscle of the calf to extend the foot on the leg. Aside from this their function was to evert the sole of the foot, and this function was not seriously impaired by displacement of the tendons to the front of the malleolus. He thought that the patient would get no benefit from an operation and that practically no treatment was needed.

Dr. Whitman said that the discomfort caused by the slipping of the tendons must be considerable and that the boy would be better off if this could be stopped.

Dr. Townsend said that the patient had recognized the disability and had come on account of it and he did not think it was fair to tell him that we could do nothing for him without trying. He thought an attempt should be made to prevent the slipping of the tendons by the application of pads and pressure before an operation was decided on.

A Case of Traumatic Spine with Rectal and Vesical Paralysis.

Dr. J. F. Fiske presented a patient, a man thirty-three years of age, who had been under treatment for fourteen months, and under observation thirty-four months, from the time of the injury. When first seen he was in a condition of complete helplessness. He could not move in bed and if turned or moved by his attendants he suffered the greatest pain. Urine was constantly flowing and he was not conscious of the passage of feces. Recovery had been complete with control of the sphincters. He was now walking without assistance and had returned to his work. The accident had been attended with great violence. While working as a harness-maker, the boards gave way under him, as he was carrying a heavy load, and his right leg went through a hole in the floor. The spine was forcibly flexed and he became unconscious. The twentieth day after the injury rigidity of the spine and muscular spasm were marked. There were complete paralysis from the waist down as regards voluntary motion, incontinence of urine and feces, and pain in the dorso-lumbar region, aggravated by the slightest motion. Crepitus and spinal deformity were absent. The diagnosis was severe traumatism of the spine, concussion of the cord, more or less complete rupture of the ligaments, and possibly partial dislocation of one of the lumbar vertebrae with spontaneous reduction. He was at once encased in plaster-of-Paris from the axillae down to and including the pelvis, with immediate considerable relief. The plaster jacket was renewed when necessary

and was worn day and night for ten months. This treatment, with massage, frequent change of position, alcohol baths, and such medication as was required by his poor general condition and the vesical symptoms, was attended by gradual recovery. There were no bedsores. At the end of four months he sat up in bed and was lifted into a steamer chair. In seven months he had regained control of his rectum and could walk a short distance with crutches. From this time his recovery was more rapid. The incontinence of urine persisted longer than the other symptoms, but ceased after a time, and for the past twelve months he had been a perfectly well man. This case showed clearly the immediate and permanent relief which followed absolute fixation after severe spinal injury. Patients treated without persistent fixation were liable to be constantly troubled with pain in the back and legs and to present the symptoms of railway spine. Dr. Fiske added that these cases were often considered hopeless. He had presented the patient as an example of what continued fixation and supporting treatment would accomplish.

An Ischiatic Crutch used in place of an Artificial Limb.

Dr. A. B. Judson presented a boy, nine years of age, who was wearing an ischiatic crutch instead of auxillary crutches or an artificial limb. Amputation had been performed below the knee after a railroad accident. The case illustrated the comfort and ability which this apparatus was able to secure in the treatment of those affections of the lower extremity which require that the weight of the body be removed from the affected limb. This use of the skeleton of the pelvis was not a new thing. Ischiatic support was a feature of Dr. Fayette Taylor's hip-splint described in 1867. In fact, the long hip-splint was an ischiatic crutch with the added function of traction. In the instrument shown the crutch consisted of an upright steel piece adjustable in length to meet the growth of the patient, with an India rubber crutch tip at the foot and a semicircular pelvic band, carrying a single perineal strap. It also had a shoulder strap which transferred the weight of the splint to the opposite shoulder, a steel knee piece, restraining the limb antero-posteriorly, and a webbing strap above the knee. There was no customary leather strap surrounding the splint and the ankle because the lower part of the leg was absent. Although the stump was flexed in walking there was no possibility of anchylosis interfering with the subsequent use of an artificial leg because the knee was free from inflammation, which necessarily preceded anchylosis. The apparatus was easily provided with a joint at the level of the knee, and this was desirable in convalescent hip disease, if the limb was so long as to be inconvenient when constantly extended.

Osteotomy for Inversion in Club Foot.

Dr. Townsend, at the request of Dr. V. P. Gibney, presented a girl, five years of age, whose feet had been treated by Phelps' operation, by braces and by building up the outer side of her shoes. On February 16, 1897, to correct inversion, subcutaneous osteotomy of both tibiae had been performed and also right Achillotomy. The lower fragments of the tibia were rotated outward and the limbs put in plaster-of-Paris. The inversion had been entirely corrected. Mr. R. L. Swan of Dublin, who had described this operation, after an experience in the treatment of twenty patients with good results, had said that rotation of the limb as the result of equino-varus and which persists after the latter is corrected, is due to trouble below the knee, that when these patients walk and attempt to toe out, they throw the entire limb out by rotation of the thigh and that the gait is awkward. The toeing-in is due to the fact that the entire leg is rotated in and the external malleolus is too far forward. To overcome this he divides the tibiae only, rotating and bringing outwards the lower fragment, thus placing the internal malleolus further forward as regards its relation with the external malleolus.

Dr. Judson said that, for the prevention of inversion, he relied on the thor-

ough correction of the equino-varus. If this was done the child would avoid toeing-in, either unconsciously, or later from pride.

Dr. Whitman said that division of the bones of the leg was a very old operation for the correction of the in-toeing of club foot.

Dr. Townsend said that Mr. Swan divided only the tibia and was very careful not to divide the fibula.

Dr. Taylor had noticed that the feet in the case shown had not been fully corrected before the operation. The child walked very well now and the result was very good, but it seemed uncertain that this condition would prove permanent. He believed that the persistence of inversion in many of these patients was due to incomplete correction of the deformity.

Calcaneo-Valgus with Subluxation of the Astragalus.

Dr. Taylor presented a baby affected with congenital calcaneo-valgus, with a very unusual degree of dislocation or subluxation forward of the astragalus. The heel was unduly prominent. The astragalus was displaced forward while the fibula was behind its normal position. Treatment had been gradual reduction and plaster-of-Paris fixation.

Coxa Vara of Adolescence.

Dr. Whitman presented a boy, sixteen years of age, affected with bending of the neck of the femur of about twelve months' duration. He walked with a limp and eversion of the foot. The elevation and prominence of the trochanter were increased by flexion. Limitation of abduction, actual shortening of one-half an inch, with marked apparent shortening from habitual adduction, were all present. The treatment would be by removing the weight of the body from the weak femur by the use of a perineal crutch, massage, forcible stretching of the adductors and, if necessary, sub-trochanteric osteotomy. Bending of the neck of the femur was not due to general rickets, or the rickets of adolescence, of which there were cases on record. There was a weakness of adolescence which might cause this and similar deformities.

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

NINETY-NINTH ANNUAL SESSION, HELD AT THE HALL OF THE FACULTY, APRIL 27 TO 30, 1897.

FOURTH DAY, APRIL 30, 1897.

(CONTINUED.)

DAY SESSION, 12 M.

Dr. T. C. Gilchrist read a paper on "The Common Contagious Diseases of the Skin as met with in School Children, and How to Prevent Them," and gave exhibitions of several cases of cutaneous disease. He dwelt at length upon the ringworm, which he said is a scalp disease limited to children and practically never met with in adults. The usual appearance of the disease is that of a distinct circular patch on the head, covered with light scales and stumpy hair, easily pulled out. The diagnosis is confirmed by soaking hairs in liquor potassae, examined under a high-power microscope. There is also a chronic or disseminating ring-worm. He had found all varieties in two orphan schools in the city, twelve cases being in one school at the time. A bald patch on a child's head usually indicates ringworm. It is not a dangerous disease, but is contagious in the family and among friends, and is often epidemic in schools. Far greater attention should be given to it, and no children should be allowed to attend school with it. This is the only way to prevent it. Colored children also have it. Another disease is pediculosis, usually isolated, and consisting of pustules and scabs, with nits as small pear-shaped bodies, glued to the hair. Cases are common among school children, and it is particularly prevalent in Baltimore schools, where sufficient attention is not paid to its prevention.

Impetigo contagiosa is an acute inflammatory disease among school children. A chronic vegetable parasitic disease is rare, and attacks children's scalps and other parts of the body. It is prevalent in Poland and Hungary particularly, and met with here chiefly through immigrants. He had seen evidence of its contagiousness in Baltimore

schools, especially where foreign-born children are found. The disease, if found, is sufficient to prevent landing in New York. Strict inspection should be carried out at our port and particular attention paid to the examination of the condition of scalps of foreign-born children in our schools. A number of American-born children have caught the disease from foreign-born, one particularly at a school in South Baltimore.

Scabies is another disease, which spreads more among members of the same family, and children having it should not be allowed at schools. All teachers should be instructed to keep children away from school with contagious diseases until receiving a doctor's certificate that they are not diseased. Dr. Gilchrist also showed a case of pityriasis rubra and a case of alopecia areata, the latter of which was evidently, in his opinion, a case of myxedema, which he had treated with thyroid extract 2½ grains at dose.

Dr. Mitchell thought that often children in private schools are affected by these diseases, and related a case of a child taken to be very clean and who had, in spite of every kind of treatment, a continuous case of ringworm.

Dr. Brush asked if the first case presented had any nervous disorders, as he had had several cases of pityriasis rubra in his insane asylum.

Dr. Osler asked if the hair did not always return after the use of thyroid extract. This had been the case with his experience. He also said that he thought the girl was rather young to have myxedema.

Dr. L. G. Smart asked if 2½ grains was the usual dose of thyroid extract. He always began with 5 grains and kept it up unless there was digestive disturbances. From this small dose he obtained no reaction.

Dr. Blake asked whether the falling out of the hair had any connection with the pain.

Dr. Gilchrist said, in conclusion, to Dr. Brush, that the man was not nervous, and that otherwise he was entirely well. He had used the thyroid extract in 5 grain doses and had found it too large, and got excellent results from 2½ grains.

Dr. H. H. Biedler then read a paper on CARIES OF THE SKULL. He also exhibited a specimen,

Dr. J. B. R. Purnell read a paper on "Some Diseases of Worcester County and other Counties and the Low Mortality Rate." Dr. J. B. R. Purnell referred to the very healthy condition of Ocean City, one of the State's summer resorts.

In the general discussion—

Dr. E. M. Schaeffer and others said Ocean City is as healthy as Atlantic City, but needs a little better sanitary arrangement. Diseases are generally contracted, they said, through picnic parties going to waters in the low lands away from the ocean shore.

Dr. Joseph E. Gichner read an interesting paper on THE SPREAD OF TUBERCULOSIS AMONG THE RUSSIAN JEWS OF THE CITY AND ITS PREVENTION. He said for about four years he has been physician to the Hebrew Benevolent Society and has found a marked increase in the number of consumption cases. In 1894, out of 229 cases coming to the Society, 26 had consumption. In 1895 there were 49 out of 347, and last year 76 out of 425. The cases were in various stages and the afflicted ranged in age from two to fifty-nine years. The increase in the number of cases is attributable to hard times and strikes. Seventy-four per cent. of all the cases are tailors and seamstresses, with cigarmakers and peddlers next in percentage. This is due to a rush of work at times and then a sudden stop for awhile, with nothing to do; crowded workrooms, lots of children and plenty of filth. Bayview only recently opened a separate ward for consumptives, while the other hospitals continue to let them mix with other patients and swap bacteria. He asked the Faculty to use an effort to have consumption classed among contagious diseases and that the State Health Board be asked to make restrictions. He thought there should be two sanitariums for the treatment of lung trouble —one in the mountains and the other along the seashore.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, JULY 31, 1897.

Levulose Diabetes.

AT a recent meeting of the Hospital Medical Society of Paris (June 25) a communication was presented by Drs. Marie and Robinson of Constantinople, concerning this rare form of diabetes, based on two almost identical cases. The first patient was a man of fifty years who, after severe business anxieties, fell into a state of melancholy with tendency to suicide. He was possessed with the idea that he was approaching inevitable ruin. There had been impotence for two months. He suffered also from insomnia, which resisted every form of hypnotic medication. There was neither polydipsia, polyphagia nor polyuria present. Upon analysis the urine was found to reduce the copper-potash solution and to turn the plane of polarization to the left. The patient was put upon the ordinary diabetic diet; and in a month was able to go back to his work, all symptoms of disease having disappeared.

The second patient was forty-three years of age. He, too, in consequence of business difficulties, fell into melancholy, thoughts of impending ruin, and suicide, and unconquerable insomnia. Polydipsia, polyphagia and polyuria were alike absent. The reduction of the copper-potash solution took place, but with a tint deeper than the orange yellow color usually obtained. An examination by a chemist showed the reaction for levulose (Sèliwanoff's test). Forty-eight hours after the establishment of diabetic diet the patient got a quiet sleep of nine hours' duration. Three days after the beginning of treatment the mental state was so improved that the attendant employed to guard him from suicide was dismissed. Some days later the impotence vanished.

The reporters of these cases (with a knowledge of the literature previously published by Külz and May on the subject, and in view of the difficulties which attend the diagnosis of cases in which reactions for levulose are given by the urine) maintain that the two cases taken together prove the existence of a distinct clinical condition characterized by melancholy with ideas of ruin and suicide; rebellious insomnia; persistent impotence; absence or slight development of polydipsia, polyphagia and polyuria; normal or nearly normal specific gravity of urine; slight reduction of copper, with slightly different tint; presence in the urine of a sugar substance turning the plane to the left (levulose?), with or without association of dextrose; and extraordinary rapidity of improvement in the nervous troubles, with diminution or disappearance of the levulose, when carbohydrates are eliminated from the food.

* * *

Axis-Twist of Stomach.

IN the *Nordisk Medicinskt Arkiv*, 1897, Band 3, Number 19, Professor John Berg of Stockholm relates two such cases of peculiar interest, in both of which the diagnosis was determined by direct examination of the stomach walls through the exploratory incision undertaken for the relief of the patient's perilous condition.

The symptoms of the first case were about as follows: dyspepsia, lasting years off and on, deficient appetite, body ill-nourished. Then, shortly before coming to the hospital, the immediate illness set in, with most violent pains in the epigastric region and enormous distention of the stomach, nausea and vomiting of everything swallowed.

Upon incision over the distention-tumor and baring of the stomach, which had been

covered by the omentum, the walls of the stomach were found extremely thinned, almost to bursting.

Incision of the walls and introduction to some distance of a tube was followed by the discharge of great quantities of nearly clear, sour-smelling fluid. The wound was sewed up, and the patient's health greatly improved, after healing was accomplished; when he took up his work again.

An examination of the stomach walls through the large abdominal incision before it was sutured showed that the organ had become twisted so that the coronary artery of the upper curvature lay undermost. The pylorus lay to the left and seemed quite normal, as was the stomach segment next to it. There was no peritoneal adhesion, nor other peritoneal abnormality. No constriction, nor hour-glass contraction of the stomach, could be felt by the exploring hand. The wall was everywhere thinned, but otherwise normal. The omental vessels were swollen from above downwards, "suggesting stomach torsion." Before operation the esophageal sound had gone in 47½ ctm. from the teeth; the distended stomach reaching 7ctm. below the navel, and from the outward-pressed thorax on the left to the liver on the right.

Dr. Berg thinks his case unique. He suggests that some cases of stomach rupture reported are of this nature. A recent Baltimore case of extreme dilatation of the stomach in which no dilatation nor other disease was found on incision might also be thus explained.

* * *

Destroyers of the Body.

It is so seldom that anything of the ghastly sort appears in medical literature that the literary appetite which has been fed upon the horrors of the daily press and modern novel welcomes with special interest a "creepy" item among the records of science. Thus the "Diary of a Resurrectionist" lately contributed to the Faculty Library has doubtless appealed pleasantly to a cerebral center long quiescent in many readers.

A paper presented recently to the Canadian Medical Associciation will meet the needs of a vastly wider circle. Not content with the long known fact that the ultimate dissolution of the human tenement is hastened by the ministrations of the "worm that doth sweetly feed thereon," the modern scientist has not only determined the exact varieties of insects that perform this last lowly office, but has fixed to within a week or so the duration of service accomplished by each variety.

The alleged benefit derived from this minute study of a repulsive theme is that in certain medico-legal cases the ability to fix the exact period which has elapsed since the remains were committed to the keeping of mother earth will be of very great value.

It seems, therefore, that from the inspection of even a small portion of the body accurate deductions may be made. The first period is appropriated by the house-fly, then comes the flesh-fly, these two covering a space of about three months. As soon as the fatty acids begin to form these flies depart and the Dermestes beetle appears. After the formation of the fatty acids and the succeeding period of ammoniacal decomposition, with liquefaction, the corpse is occupied from four to six months by various insects.

From the sixth to the twelfth month desiccation is accomplished, with conversion into something like parchment, during which term acari-mites allied to the itch-mite take up their abode. And after this another set of beetles, the Ptinus and the Tenebrio, pay the last honors to the ruined edifice.

These processes are descriptive apparently of the exposed or lightly covered body. In those buried the Rizophagus and Philontes are found. Thus science doth make cowards of us all.

* * *

Art Training for the Insane.

One of the most pleasing thoughts that have been offered recently is suggested by a photograph in the Report of the Department for the Insane of the Pennsylvania Hospital, representing the room for modeling in clay and for painting in the woman's department. The fact has never been sufficiently published that many persons have latent artistic tendencies, lying wholly unsuspected under the compulsory activities of home and business, which begin to struggle toward the surface if age brings increasing leisure. Their upward strivings are usually hindered by thoughtless criticism or lack of opportunity for development. In favorable cases they develop so beautifully as to astonish even cultured friends, affording delightful recreation for the lonely years. What can be more wise and kindly than to offer this solace to the insane!

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending July 24, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		3
Phthisis Pulmonalis		12
Measles	9	
Whooping Cough	6	2
Pseudo-membranous Croup and Diphtheria.	7	
Mumps		
Scarlet fever	17	1
Varioloid		
Varicella		
Typhoid fever	2	2

New Jersey wants a colony for epileptics.

Colorado has given $2000 to the Rush Monument Fund.

$75,000 has recently been left to the Yale Medical School.

There are many cases of measles in Baltimore at present.

The new buildings of Guy's Hospital, London, have been formally opened.

Two hundred years ago the death rate of London was 80; now it is less than 18.

The Mississippi Valley Medical Association will be held in Louisville, October 5, 6, 7 and 8, 1897.

Governor Tanner of Illinois has vetoed the Osteopathy Bill passed by the legislature of that State.

A bill providing for the creation of a department of public health has been introduced in the Senate.

An International Leprosy Congress will be held in Berlin early in October. Virchow, Koch, Neisser and others will read papers.

Dr. Walter Wyman, of the Marine Hospital Service, says that 48,000 persons die annually from typhoid fever in the United States, and, with a value of $1000 on each life, the annual loss can be easily estimated, and this does not take into account the loss of time of the 480,000 persons who have the disease and recover.

The *Pittsburg Medical Review* is now called the *Pennsylvania Medical Journal* and is the official organ of the Medical Society of the State of Pennsylvania.

Following are the officers of the Alabama Medical Association for the coming year: President, Dr. L. L. Hill of Montgomery; Senior Vice-President, Dr. John C. Le Grand ofAnniston; Junior Vice-President, Dr. E. L. Marechal of Mobile; Councilors for five years, Drs. Seeley of Montgomery, and Sanders of Mobile, both succeeding themselves. Councilor to fill the unexpired term of Dr. Jerome Cochran, Dr. J. P. Furness of Selma. The Association will meet next year in Birmingham.

The Southern Empire State Medical Association of Georgia, an association of colored physicians and surgeons, held its fourth annual meeting at Macon on July 1 and 2. The following officers were elected for the ensuing year: President, Dr. E. E. Green, Macon, Ga.; First Vice-President, Dr. A. L. Falkner, Macon; Second Vice-President, Dr. R. E. Grier, Albany; Treasurer, Dr. J. R. Porter, Atlanta; Secretary, Dr. H. R. Butler, Atlanta; Board of Censors, Drs. C. McCarthy, Macon, A. H. Harris, Athens, and J. T. Shuften, Macon; Executive Committee, Drs. G. S. Burrus, Augusta, W. A. J. Mosley, Thomasville, W. H. Harris, Athens, S. P. Loyd, Savannah, and H. R. Butler, Atlanta, chairman. The meeting in 1898 will be held at Americus.

The first quarterly report since the appointment of medical inspectors of schools in New York has just been made by Dr. Blauvelt, the chief medical inspector. The report includes a table showing the different kinds of diseases for which children were excluded from the schools. Parastic diseases of the head appear to have been the most prevalent, 2627 cases having been discovered among the children examined. Contagious diseases of the eye come next on the list, over 700 cases being reported. Skin diseases claimed 175 victims, and diphtheria 91. Measles was responsible for the exclusion from school of 51 children, and 20 cases of genuine scarlet fever were discovered. Croup was of comparatively rare occurrence, but 26 scholars were compelled to forego school attendance for a short time on account of whooping cough. The report gives the number suffering from mumps as 117, and from chickenpox as 93.

Book Reviews.

COLOR-VISION AND COLOR-BLINDNESS. A Practical Manual for Railroad Surgeons. By J. Ellis Jennings, M. D. (Univ. Penna.), Formerly Clinical Assistant Royal London Ophthalmic Hospital (Moorefields); Lecturer on Ophthalmoscopy and Chief of the Eye Clinic in the Beaumont Hospital Medical College; Ophthalmic and Aural Surgeon to the St. Louis Mullanphy and Methodist Deaconess Hospitals; Consulting Oculist to the Missouri, Kansas and Texas Railway System; Fellow of the British Laryngological and Rhinological Association; Secretary of the St. Louis Medical Society. Illustrated with One Colored Full Page Plate and Twenty-one Photo-Engraviugs. Crown Octavo, 110 pages. Cloth, $1.00 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

This is a well written book containing good descriptions of the usual methods of detecting congenital color-blindness. There are added interesting historic sketches, accounts of attempts at treatment, the disadvantages and advantages of loss or impairment of the color sense, and the clinical significance of acquired defect in color recognition.

REPRINTS, ETC., RECEIVED.

Nasal Obstruction. By Clement F. Theisen, M. D. Reprint from the *Albany Medical Annals*.

The Therapeutics of Benzosol. By George Frank Butler, Ph. G., M. D. Reprint from the *American Therapist*.

A New Powder for Acute Coryza. By Clement F. Theisen, M. D. Reprint from the *Albany Medical Annals*.

The First Annual Report of the Hospital for the Relief of Crippled and Deformed Children of Baltimore City.

The Use of Nosophen and Antinosine in Surgery. By Claude A. Dundore, M. D. Reprint from the *Codex Medicus*.

The Significance of Palatal Deformities in Idiots. By Walter Channing, M. D. Reprint from the *Journal of Medical Science*.

A Case of Lupus Treated Successfully by an Iodine Compound. By Archibald L. Dix, M. D. Reprint from the *Medical and Surgical Reporter*.

The Relation of the Medical Profession to School Education. By Walter Channing, M. D. Reprint from the *Annals of Gynecology and Pediatry*.

Current Editorial Comment.

NO HOPE.

Practical Medicine.

IN other words, the future has nothing bright in store for the young physician. He may live on corn meal for the first ten or fifteen years of his practice, trying to be happy and content in the thought that "there is plenty of room at the top," but the chances are that the great rush at the bottom will extinguish his feeble life long before he has placed his foot on the second round of the ladder.

CUMULATION IN DIGITALIS.

The Journal.

FROM a careful consideration of the statements which have been made in various medical journals and text-books we think it may be concluded that where the so-called cumulative action of digitalis is denied an existence the person making a denial has not a very clear idea of what is meant when such a condition is described, and with a few exceptions we think it will be found that those who have denied its existence are usually careless in studying the effects which are produced by the administration of their remedies.

CHANGE OF AIR.

Northwestern Lancet.

FOR centuries it has been known that change of air is one of the most valuable therapeutic agents, useful not only for the actual cure of certain diseases, such as phthisis, asthma, intermittent fever, whooping cough and hay fever, but also for the promotion of convalescence from an exhausting illness. Much ingenuity has been exercised in explaining how this change of air operates for good, but a really satisfactory way of accounting for all of the phenomena involved is still lacking. Medical men are undoubtedly easily satisfied when it comes to the matter of furnishing explanations for things, and are seldom inclined to insist upon too rigid an application of logical tests; for in dealing with diseases and their remedies they come into contact with so much more of the unknown than of the known, that, not being philosophically inclined, they become accustomed to accepting facts without insisting upon accompanying explanations.

Society Meetings.

BALTIMORE.

BALTIMORE MEDICAL ASSOCIATION, 847 N. Eutaw St. JAS. E. GIBBONS, M. D., President. E. L. CRUTCHFIELD, M.D., Secretary. Meets 2d and 4th Mondays of each month.

BALTIMORE NEUROLOGICAL SOCIETY. Meets 3d Wednesday each month. SAMUEL J. FORT, M. D., Secretary.

BOOK AND JOURNAL CLUB OF THE FACULTY. Meets at call of President.

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

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

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d and 4th Thursdays of each month—October to June—8.30 P. M. J. B. SCHWATKA, M. D., President. S. T. ROEDER, M. D., Corresponding Sec'y.

MEDICAL JOURNAL CLUB. Every other Saturday, 8 P. M. 847 N. Eutaw St.

THE JOHNS HOPKINS HOSPITAL HISTORICAL CLUB. 2d Mondays of each month, 8 P.M.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY. Meets 1st and 3d Mondays, 8 P.M.

THE JOHNS HOPKINS HOSPITAL JOURNAL CLUB. Meets 4th Monday, at 8.15 P. M.

MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE. SUE RADCLIFF, M. D., President. LOUISE ERICH, M. D., Corresponding Secretary. Meets 1st Tuesday in the Month.

UNIVERSITY OF MARYLAND MEDICAL SOCIETY. Meets 3d Tuesday in each month, 8.30 P. M. HIRAM WOODS, JR., M. D., President, E. E. GIBBONS, M. D., Secretary.

WASHINGTON.

CLINICO-PATHOLOGICAL SOCIETY. Meets at members' houses, 1st and 3d Tuesdays in each month. ARTHUR SNYDER M. D., President. R. M. ELLYSON, M. D., Corresponding Secretary. R. T. HOLDEN, M. D., Recording Sec'y.

MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets 1st Thursday each month at members' offices. FRANCIS B. BISHOP, M.D., President. LLEWELLYN ELIOT, M. D., Secretary and Treasurer.

MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA. Meets Georgetown University Law Building 1st Tuesday in April and October. G. WYTHE COOK, M. D., President. J. R. WELLINGTON, M. D., Secretary.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets Wednesday, 8 P. M. Georgetown University Law Building. S. C. BUSEY, M. D., President. HENRY L. HAYES, M. D., Recording Secretary.

OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY OF WASHINGTON. Meets monthly at members' offices. President, S. O. RICHEY, M. D. Secretary, W. K. BUTLER, M. D.

WOMAN'S CLINIC. Meets at 1833 14th Street, N. W., bi-monthly. 1st Saturday Evenings. MRS. EMILY L. SHERWOOD, President; DR. D. S. LAMB, 1st Vice-President. MISS NETTIE L. WHITE, 2nd Vice-President. MRS. MARY F. CASE, Secretary. MISS MINNIE E. HEIBERGER, Treasurer.

WASHINGTON MEDICAL AND SURGICAL SOCIETY. Meets 1st Monday in each month. N. P. BARNES, M. D., President. F. W. BRADEN, M. D., Secretary.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY. Meets 1st and 3d Fridays of each month at members' offices. GEORGE BYRD HARRISON, M. D., President. W. S. BOWEN, M. D., Corresponding Secretary.

PROGRESS IN MEDICAL SCIENCE.

F. E. HARRISON, M. D., Abbeville, S. C., says:—I have used Celerina in appropriate cases, and can heartily recommend it to all who wish an elegant preparation, combined with undiminished therapeutic activity. It is peculiarly fitted to such cases as delirium tremens, headache from debauch or excessive mental or physical exertion.

C. C. BRADBURY, M. D., St. Louis, Mo., says:—I have had "catarrh of the head" for a number of years, and have been treated in the usual manner and have used many of the so-called remedies without effect, except for temporary relief. And having suffered for weeks much more than usual from the inflamed passages, it occurred to me that as Resinol was so good for more exposed surfaces, why not for the nasal passage. I applied it by means of the little finger inserted as far as possible up the nose. The first application afforded relief, and now after using less than half of a sample box I am more free from catarrhal symptoms than I have been for years, though I have not used it for more than a week. I believe it to be superior to any remedy that has ever been suggested for this very universal and intractable disease.

CERTIFICATE OF THE IAMATOLOGICAL BUREAU.—On a therapeutical estimate of Daniel's Concentrated Ticture of Passiflora Incarnata, it is certified as follows: 1. It lessens the oxidizing power of the blood. 2. It increases the digestive power. 3. It notably exalts the reflex functions of the spinal cord. 4. It has no effect on the contractility of the muscles. 5. In certain cases a very considerable arterial pressure occurs. 6. It is sedative. *a*. There is a marked diminution of sensibility of the mucous membranes. *b*. Sensibility to tactile impressions is lowered. 7. It does not provoke paralytic phenomena. 8. The sleep that occurs upon the physiological effects is calm and strikingly natural. 9. The end-organs of the sympathetic are acted upon. Query — Are the motor oculi affected? Apparently they are. 10. Elimination is by the kidneys, but during the exhibition of the tincture diaphoresis is readily produced. Certified this fourth day of March, 1897.—W. H. MORSE, M. D., F. S. S., Iamatological Chemist.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVII.—No. 17. BALTIMORE, AUGUST 7, 1897. WHOLE No. 854

Original Articles.

DEATH AFTER WORMSEED.

By A. K. Bond, M. D.,
Clinical Professor of Diseases of Children, Baltimore Medical College.

FIRST PAPER.

THE patient, C. W., a boy about three years of age, complained of "stomach ache" for several days. His ignorant mother made a diagnosis of "worms," although no worms were at any time seen in the stools, and going to the drug store purchased of the clerk a quantity of wormseed oil.

On the same night, June 28, she gave the child ten drops of the wormseed oil on sugar. Not all of the sugar thus medicated was taken. Next day, June 29, the bowels were freely moved, no worms appearing, and no odor of wormseed being noticed in the stools.

On the morning of June 30, half hour before breakfast, the mother gave half a teaspoonful of the wormseed oil undiluted. Half an hour after breakfast the patient vomited twice and went into a stupor. The mother, being frightened, sent for me.

On arrival, I found the patient lying quiet, but he could be aroused by rough shaking. The eyes were closed, the pupils small but equal, the pulse and respiration normal, no fever present. Vomiting was secured twice by thorough salt and water emetics, the water coming up clear. I gave one grain of calomel and ordered repeated half-teaspoon doses of castor oil at perhaps hourly intervals.

At midday the pulse was 96, the respiration 48, with snoring breathing and much mucus in the mouth, sweat on the face, deep stupor and twitching of the right hand beginning. The pulse soon rose to 120. No urine had passed since the morning dose of the wormseed oil was given and there seemed on external physical examination to be little or no urine in the bladder.

At 1 P. M. slight passages were procured by an enema, smelling of wormseed; after which brandy was thrown into the bowel. The pupils at this time were equal and not unnaturally dilated. The mouth and hands twitched occasionally. There was deep stupor, from which the patient could not be aroused. The body was comfortably warm.

At 3 P. M. the pulse was 128, the respiration 56, rattling as before, and diaphragmatic. There were large rales in the left side of the chest and little or no respiratory movement on the right side; no urine yet passed, sphincters holding, deep stupor. The spasmodic twitchings had ceased. Hot external applications were ordered, but it was evident that death was setting in. The patient died at 4 P. M. of this same day, June 30.

Two questions naturally suggest themselves. Is oleum chenopodii liable to produce fatal poisoning; and, if so, was

the fatal issue in the case just related due to the administration of this drug? Upon the first point authorities are strangely at variance. The use of wormseed oil is wholly confined, as far as I can learn, to North America. European writers do not speak of it, simply because it is in Europe unknown to the profession or public. The plant from which wormseed oil is obtained, the chenopodium anthelminticum, is a native of North America and began to be used as a vermifuge soon after the discovery of this continent. It grows very abundantly as a rank weed about country residences in our own neighborhood and I am informed that Baltimore is the chief center for the manufacture of its oil. It is a favorite domestic remedy in country families, prepared freshly by the women of the family for each occasion. When a child in the family is supposed to "have worms"—namely, round worms, ascarides lumbricöides—the yard about the house is searched and without difficulty some of the weeds are found. A handful or two of the seeds are rubbed off the weed and dropped into a vessel. Boiling water is now poured on the unbroken seeds and allowed to cool. It is then poured off the seeds, sweetened with molasses and given to the child in indefinite quantities until worms are passed, or until the child improves in health, or until the mother decides that her diagnosis was mistaken. Sometimes it fetches worms, being rendered aperient by the molasses or by subsequent cathartics. Even if no worms are brought to light, the child usually improves in health from some cleansing or tonic action of the wormseed tea on the digestive tract. As the tea is believed to be harmless, no definite quantities of the seed or of the tea are observed.

The oil of wormseed, prepared by the manufacturing pharmacists, is a much more powerful drug. Plain country people are somewhat afraid of it, as it is credited with occasional severe or fatal effects.

American writers on therapeutics seem to consider the plant and its preparations practically harmless.

Waring's Therapeutics, 1866, quotes Dr. Dewees as saying that it is a good anthelmintic (for round worms of course), but that preëxisting fever is a contraindication. No warning of any danger from its use is given.

Mitchell's Therapeutics, 1850, speaks favorably of its uses from hearsay but gives no warning of danger.

Eberle's Therapeutics, 1847, speaks highly of it and says that we may give an electuary of the powdered seeds in syrup in the morning before eating, and again some hours after supper; or may give of the wormseed oil to a child two or three years of age 3 to 8 drops twice a day in sugar or mucilage, and after it has been taken thus for three or four days should administer a brisk purgative. No hint of danger from the remedy is given.

Bartholow's Therapeutics, 1880, gives a very brief description of the agent; that it increases the action of the heart, skin, bronchial passages and kidneys; being a diffusible stimulant. Here also no note of warning against possible injurious effects is given.

H. C. Wood's Therapeutics, 1891, states that the oil becomes darker and less fluid with age; that it is very efficient against round worms; that the dose of the wormseed oil is 10 drops, to a patient three years of age, given on sugar before each meal for two days, followed by a brisk purge. No warning is given in the text against harmful possibilities. In a foot note a reference is made at some length to a case reported by the late Professor T. R. Brown of the College of Physicians and Surgeons of Baltimore, in the MARYLAND MEDICAL JOURNAL, 1878, Vol. IV, pp. 20–28, in which a fairly healthy young man died two days after taking an ounce or more of wormseed oil. The foot note closes with the remark "It is plain that the wormseed was not the direct immediate cause of all these symptoms (related in the case-report) or of the fatal result."

Foster's Dictionary of Therapeutics gives no warning that the chenopodium is in any way dangerous or that overdose is to be avoided.

INTESTINAL PUTREFACTION AND ALBUMINURIA.

By John C. Hemmeter, M.D., Philos. D., etc.,
Clinical Professor of Medicine in the Baltimore Medical College.

(CONCLUDED.)

THE hygiene of the mouth is a most essential condition to prevent infection to a successive degree. Diseases of the upper air passages that cause catarrhal discharge and offensive breath should have the attention of the practitioner—catarrh, polypi, adenoid growths, bony malformations, must be properly treated. Simple post-nasal catarrh is a frequent cause for filling the stomach with lumpy mucus, particularly during sleep. A very effective spray for this condition is the following:

℞.—Solution acid boracici saturat . . . fl ℥iii
Listerini . . . . . fl ℥i
Zinci sulphocarbolat . gr. xx
M. Sig. Use in atomizer every three hours.

It is a very common thing in these days to have apparently healthy individuals suffer with fetid breath. The teeth are generally in fair condition, the tongue not very coated; on inspection, however, it will be found that the mucous membrane of the buccal cavity is thickened, the teeth leave their impression upon the cheeks and tongue. It is not one of the objects of this paper to go into the symptomatology of the various forms of stomatitis and glossitis, but simply to emphasize the necessity of detecting and treating these conditions in renal and intestinal diseases. Miller has isolated more than one hundred different micro-organisms from the human teeth. McFadyen, Boas and others have identified a large number from the human stomach. According to Gillespie, many organisms can grow in the human stomach, although the degree of acidity may be very high, notably the bacillus lactis aerogenes, the colon bacillus and the pyogenic cocci (bacteria of the stomach—*Journal of Path. and Bact.*, Vol. 1, page 279). Entire abstinence from food does not eliminate the fermentative and putrefactive processes. In observations made upon Cetti, the professional hunger artist (Hunger Künstler), or faster, it was shown that while in hunger the excretion of indican was greatly diminished, that of phenol through the urine was markedly increased; on the eighth day of fasting it was five times as great as the amount eliminated normally. In animals the same has been observed.

It is quite evident that the albuminous matters of the various intestinal secretions furnish a medium upon which the intestinal bacteria may thrive and from which they can produce their peculiar products. Pisenti (Jahresberichte f. Thierchemie, Band 17, page 277) found that ligation of the pancreatic duct causes at once a diminution in the excretion of indican and that the feeding of pancreatic juice or pancreas peptone caused this excretion to increase at once. One is justified in concluding from the effect of fasting on the relative output of indican (reduction) and phenol (increase) in the human subject that the food stuffs furnish the bacteria with material from which they form indican, but in the absence of food the albuminoids of the various intestinal digestive juices furnish the material wherewith they form phenol. The nature of the atmosphere in the intestine, the almost absolute absence of oxygen, is a condition under which only anaerobic or facultative anaerobic bacteria can grow. Among the long list of pathogenic bacteria of the intestines the pyogenic cocci are frequent and prominent factors. The unformed ferments produced by the cells of our digestive glands are chemical substances and to a great degree resistant to the deleterious action of poisons that would destroy the cells which produced them. These unorganized digestive ferments after they are once

produced are not dependent upon the life of the cell that generated them. The activity of the formed ferments or ferment organisms, however, is intimately associated with the life of the cell that produced them (*i. e.*, if it be an accepted view that the ferment in case of bacteria, yeast, etc., is something different from the bioplasm of the bacterial cell), at least anything that interferes with the fermentative process. It is, I believe, a well founded opinion, that the products associated with any given fermentation process are simply the excretory or metabolic products from the cells' growth (Chittenden).

Probably in many cases, if not in a large number, the formation of a true enzyme is the first manifestation of chemical activity whenever the micro-organism begins to develop in its culture medium,, the products resulting from the action of the so formed enzyme being eventually broken down into simple products by the cellular activity of the microbe. For instance, moist blood fibrin that has stood in contact with the air for some hours, then placed in water at 40° C., will in the course of a week become totally liquified under evolution of offensive gases and ultimately be converted into carbonic acid, water, ammonia and sulphuric acid. But when, on the other hand, the moist fibrin is placed in chloroform water (germicidal) instead of ordinary warm water, after weeks the fibrin disappears as before, but no gaseous products are formed and the fibrin is simply converted into soluble proteoses and peptones (with traces perhaps of leucin and tyrosin). This is done solely through the influence of the enzyme formed by the bacteria before coming into contact with the chloroform water. The more profound changes due to activity of the micro-organisms, by which simpler products result, are entirely absent, due to the antiseptic action of the chloroform. Here the enzyme action is very much like the action of ordinary digestive enzymes and the products formed are identical. The typical putrefaction and fermentative products owe their presence to the continued life and activity of the micro-organisms. This being destroyed, fermentation does not occur, but the enzyme once formed continues its action wholly independent of the cell from which it originated. Whilst the particular micro-organism can produce their characteristic metabolic or secretory products only in that atmosphere which is best adapted for its growth and development, the enzyme will act equally well in the presence or absence of oxygen. Ferni (Archiv f. Hygiene, Bd. 10, page 1, Bd. 14, page 1) has found proteolytic and diastatic enzymes in a large number of micro-organisms. Both were discovered and in some instances isolated from Koch's vibrio, micrococcus prodigiosus, bacillus millerei, bacillus subtilis, bacillus megaterium. The trypsin,like enzyme, has been discovered in a large number of different forms of both bacteria and fungi. Under ordinary circumstances, the enzyme action due to bacteria is of small amount, since it is slow in contrast with the proteolytic or amylolytic action of the normal digestive ferments. Under physiological conditions, intestinal fermentation is undoubtedly held in check by a variety of circumstances, among which may be mentioned, perfectly normal digestion, healthy peristalsis and absorption, and antiseptic action of food stuffs. Concerning the latter point it should be emphasized that carbohydrates by their undergoing acid fermentation in the intestine, forming free lactic and acetic acid, are indeed antiseptic thereby in the real sense of the word.

Further diminution of the proteid food must necessarily lead to a decrease of the aromatic fermentation products, therefore non-nitrogenous diet causes a decrease in the elimination of the combined ethereal sulphates. Brieger has proven by culture of intestinal bacteria in gelatin that they are capable of producing ptomaines.

Baginsky and Stadthagen isolated from the rectal passages of cholera infantum a bacterium which after growing on sterilized horse flesh for ten days produced an albumose or pepton-like substance of intense toxicity. (Finkler and Stadthagen "Ueber giftige producte

saprogener Darmbacterien," *Berlin. Klin. Wochenschr.*, 1890, page 294). W. D. Booker gives a concise account of the occurrence of proteus vulgaris in the gastro-enteritis of infants and the relation of the frequency of this bacterium to the severity of the disease (W. D. Booker, A Bacteriological and Anatomical Study of Summer Diarrheas of Infants, Johns Hopkins Hospital Reports, Vol. VI). According to this author a proteid substance has been obtained by Vaughan from beef tea cultures of proteus vulgaris which causes active vomiting and purging and finally death when injected under the skin of young animals.

To resume the treatment of these intestinal fermentations and putrefactions, there is, as far as I can judge, much diversity of opinion regarding the antiseptic treatment of such diseases as typhoid fever, cholera and dysentery. With cholera I have had no experience, but dysentery has frequently come under my observation, and I have repeatedly attempted its antiseptic treatment. It seems impossible to obtain a clear idea of the efficacy or even expediency of this treatment because it is not possible to carry it out without applying to the case the rules of diet. The antiseptic chemicals employed in these treatments (Woodbridge treatment of typhoid) are in themselves not sufficient to produce improvement in the symptoms of auto-intoxication, but diet alone without internal drugging is frequently *per se* sufficient for this purpose. It is obvious that the more digestible the food stuffs injested, the less tendency there will be for intestinal fermentation, but the accumulation of indigestible material constitutes a condition after which fermentation is inevitable.

It would be a most beneficial thing for everybody to put himself upon a rigid milk diet for three consecutive days every month. Its ready digestibility when properly taken is only one part of its beneficial action. Gilbert and Dominici (Comptes Rendu d. Societé de Biologie, April 14, 1894) have shown that a milk diet exercises a remarkable influence upon the number of bacteria present in the feces of man and animals. They made their studies upon a healthy man whose diet for five days consisted in part of 2.5 liters of milk per day. The feces of this person on an ordinary mixed diet contained 67,000 bacteria per milligram. There was a reduction of the number of bacteria on the second day to 14,000 per milligram and on the fifth day to only 2,500 per milligram. By the use of sterilized milk the number was still more reduced. Winternitz has shown that milk diet tends to greatly diminish the excretion of combined ethereal sulphates in the urine and that the feces contain neither indol, skatol nor phenol.

It is not implied that it is the indican or the urea, uric acid or the combined or ethereal sulphates which exert this influence; these substances are good indications of the toxicity of the urine and they can be readily determined. These substances are more or less poisonous if they pass through the kidney in excess, but it is possible that the most poisonous urinary constituents are more subtle substances which as yet escape accurate analysis, but which it is believed generally accompany an excess of the above mentioned bodies. A most important support of the view that the toxines of intestinal putrefaction may produce such detrimental changes in the renal epithelium as to cause albuminuria would naturally be the experimental production of abuminuria in animals by injection of isolated toxines, or feeding the same.

The hypodermic injection or feeding of ethereal sulphates to animals would have to be carried on for some months most likely, during which period the animals would have to be confined. The experiments would be very expensive and on account of daily hypodermic injections present unsurmountable difficulties, particularly as regards control, supervision and the necessary weighing and analysis of the food.

In guinea pigs I have observed that injection of 50 c.c. of urine showing a high ratio of the preformed to the combined sulphates will in 30 to 45 minutes cause albumen to appear in the urine of the animal. This excretion of

albumen may persist for 12 hours after the injection. This will occur regularly every time the urine is injected while the ratio is high, but will not occur when the same ratio is made low by placing the patient on an exclusive milk diet.

All efforts tending to explain how, or in what manner, auto-intoxications of the intestinal tract can produce poisoning of the renal epithelium must in the present state of our knowledge be conjectural. In fact, the literature on this particular subject is very limited, but it seems probable from the work of Hoppe Seyler and his school (Hoppe Seyler, "Beitrage z. Kenntnis d. Stoffwechsel bei Sauerstoffmangel." Festschrift z. R. Virchow's 70 Geburtstage) that one of the ways in which these toxines act is by reducing or inhibiting cellular (respiration) oxidation. Any toxines causing deprivation of oxygen from the processes of the intermediate metabolism bring about albuminuria (Avaki Zeitschrift f. physiol Chemie, Bd. 15, S. 335, B. XVI, S. 453, B. XVII, S. 311.

To repeat, in concluding, the most essential features in treatment of renal insufficiency of this character, I estimate their importance in the following order:

1. A carefully selected diet adapted to the digestive peculiarities and powers of the individual.

2. Thorough daily evacuation of the gastro-intestinal tract.

3. Treatment of any gastro-intestinal disease or disturbances of metabolism.

4. The use of plain water as a food and stimulant to renal function (diuresis).

5. Maintenance of a healthy function of the skin (diaphoresis) by daily adapted baths.

6. Strictest avoidance of mental exercise, insisting on rest to the nervous central organs and moderate physical exercise adapted to the special requirements of the case.

CLINICAL HISTORY OF TWO CASES.

Dr. H., teetotaler, aged 36, married, weight 138 pounds, has always been well barring occasional periods characterized by abdominal pain, distention, intestinal flatulence, loss of appetite and general malaise, a period of constipation lasting two days, preceded, as a rule, an attack of membranous dysentery. In 1891, when he first consulted me, he had been suffering at intervals with membranous colitis, which was accompanied by occipito-frontal neuralgia and intense rheumatic pains in both shoulders, particularly the left, and running down into the hands. His diet was of a mixed character and restricted to a moderate use of sweets, pastries, etc. About October 3 he was troubled with obstinate constipation, intestinal flatulence, pain and a sense of abdominal fulness after meals. On October 5 he had four copious dysenteric stools, very offensive in odor and containing large quantities of mucus and what are termed membranes; severe headache, rheumatism in both arms and insomnia. An examination of the urine collected during twenty-four hours on October 5, 1891, gave the following results of analysis:

Preformed sulphates (from normal metab proteids) 1.926 grammes; combined or ether sulphates (from intestinal putrefaction) 0.236 grammes; ratio, 7.7; indigo blue, very strong; uric acid, 0.440 grammes; urea, 20.990 grammes; albumen, none; tube casts, none.

Here we find a high percentage of combined ethereal sulphates, with great excess of indigo blue and normal uric acid ratio. During November, 1891, the doctor's colon was washed out daily with warm water and his diet for one week restricted to sterilized milk. The abdominal pain and flatulence wore away and sleep became normal. There is no record of putrefactive products in the urine during November, 1891. On December 10 the doctor committed an error of diet and on the next day felt very sick, had intestinal flatulence, no appetite and rheumatism in the left shoulder and also in the right foot.

He was put upon egg albumen and brandy and his stomach and colon washed out. His urine showed the following on December 11:

Preformed sulphates, 1.433 grammes; combined sulphates, 0.149 grammes; indigo blue, strong; ratio, 9.6.

From this time on, doubtless in consequence of the restriction in diet, the ratio of the sulphates fell and remained for some time normal. The doctor felt weak, but was free from abdominal pain and had no rheumatism. He objected against his restricted diet and craved substantial food, as he said, and argued he needed strength and could not obtain strength from egg albumen and milk solely. Giving in to his continual solicitations, a diet of milk, meat, soft boiled eggs and bread was allowed. The possible bad consequences of such a diet are not derived from the diet itself if strictly adhered to, but that it encourages the patient to enlarge his menu upon his own responsibility.

During December, 1892, January, February and March, 1893, there was little actual improvement; the hoped-for strength which the sufferer had expected from his increased food supply did not come; he continued to have flatulence, headache, rheumatism and general debility. It is noticeable that the indigo blue was obtained in that period in large amounts. On March 6, 1892, the patient's condition was worse than it had been since November 5, 1891. He had eaten raw oysters the day before and twenty-four hours later began an attack of membranous dysentery. He was given a grain of calomel every hour and egg albumen and brandy. He had severe rheumatic pains for four days, during which the stools were very offensive. During this period there was a high percentage of combined sulphates in his urine and the indigo blue reaction was very strong after the acute symptoms had passed away. He was given high colon injections of olive oil after a previous cleansing enema had removed the feces from the colon. These oil clysmata exerted a most comforting effect and for over a month the doctor observed no membranes in his stools. The following shows the results of analysis of his urine during January, February and March, 1892. (See Table.)

During the time in which the oil clysmata were used and for six weeks thereafter when no mucus or membrane were in the stools, the indican disappeared from the urine and the patient was free from rheumatism. Up to this time and to the end of 1892 no albumen was ever found in the urine. During 1893 I saw the patient, perhaps a dozen times, as he was mostly traveling for recreation. He wrote occasionally and about July, 1893, reported that he was suffering from nervous dyspepsia and hyperacidity. During his travels it was difficult for him to carry out a strict diet, nor could he use his colon irrigations, as he was advised, two or three times a week. After having been almost cured for six months and his weight increased by twenty pounds on a restricted diet, financial losses brought on a condition of neurasthenia, which had as an accompaniment gastric hyperacidity. He returned about January, 1894, but did not report for treatment until February 22,

DATE	COMBINED SULPHATES	PREFORMED SULPHATES	RATIO *normal ratio* 1.9-1.10	INDIGO BLUE	UREA	ALBUMEN
Jan. 18, 1892.	0.101	1.501	13.7	very strong	17.134	none
" 30, 1892.	0.108	1.601	14.8	" "	18.340	"
Feb. 5, 1892.	0.180	1.883		" "	14.306	"
" 21, 1892.	1.162	3.002	13.2	" "	23.486	"
March 6, 1892.	0.285	4.361		" "	28.963	"
" 14, 1892.	0.190	2.135		" "	29.612	"
" 20, 1892.	0.181	2.981	16.6	medium	21.373	"

1894, when there were recurrences of membranous colitis. Urinary analysis showed very strong indigo-blue reaction and high combined sulphates on February 24, but no albumen. During March, 1894, his feet began to swell and his headache returned with increased severity. The heart was normal, as it proved on all previous examinations. On March 29 an analysis of the urine showed albumen about one per cent. The renal affection now came to the foreground; on many occasions it was ascertained that when there was much intestinal putrefaction the albumen in the urine increased with the combined sulphates and with the indigo blue, showing a direct relation of poisoning of the epithelium of Bowman's capsule and of Heidenhaine's tubules to the degree of intestinal decomposition. On a milk or egg albumen diet, with daily lavage of the colon and occasional doses of calomel or of benzo-napthol with bismuth salicylate, the odor of decomposition of the evacuations would become less, the indican became less, the ethereal sulphates were reduced and also the albumen. The renal epithelium, however, was apparently permanently injured by the large quantities of toxines which had been burdened upon it for excretion.

CASE VI.—Female, aged 30, denies having used alcohol. No malaria or scarlet fever. In May had a weight of 140 pounds, general health good, suffered from indigestion since her twelfth year. In May, 1895, she suffered from pain in the epigastric region after eating, frequently abdominal pain, great flatulence and distention of the abdomen. While these abdominal symptoms are present the patient is weak and depressed. Nausea frequently all day long and occasionally vomiting. Diagnosis—dilatation of the stomach; the bowels in this case were regular and the feces normal in appearance. The urine showed high combined sulphates and very strong indigo blue reaction, but no albumen. Patient improved under lavage, diet and electricity. In September, 1895, no albumen was found in the urine, but there was added a duodenitis, probably from dragging upon the duodenum by the gastrectasia, which was again pronounced. September 20 jaundice appeared; recovery, October 20, 1895: Urine very toxic and contains albumen. Traces of albumen found every week since then. December 4, 1895: After ten days of exclusive milk diet the albumen disappeared entirely from the urine. January 12, 1896.—Patient has lived on a mixed diet without any regard for her condition; admits to have eaten dishes not well cooked; has much headache, high colored, scanty urine; dyspnea and palpitation on the slightest muscular exertion. Urine contains 0.2 per cent. albumen, indigo strong. Ratio of combined to preformed sulphates high. Improved again on milk and peptone diet, but albumen not disappeared entirely by February 20.

DANGERS OF OPERATING IN EXOPHTHALMIC GOITER.

LEJARS (*British Medical Journal*) reports a case which, together with others previously recorded, indicates that any operative treatment of exophthalmic goiter is likely to be attended by serious and quite special risk. The patient, a young woman, who had suffered from well marked symptoms of Basedow's disease for eight months, and presented a moderate enlargement of the thyroid affecting mainly the right half, died within a few hours after removal of the right lobe. The operation itself was a simple and easy one, and was attended by very little bleeding. The fatal result occurred suddenly, having been preceded merely by increased rapidity of the pulse and some slight dyspnea. The necropsy afforded no clue to the cause of death, but the facts of the case, it is pointed out, suggest the probability of the toxic action of increased thyroid secretion on the medulla oblongata precipitating the untoward result.

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

NINETY-NINTH ANNUAL SESSION, HELD AT THE HALL OF THE FACULTY, APRIL 27 TO 30, 1897.

FOURTH DAY, APRIL 30, 1897.

(CONCLUDED.)

DAY SESSION, 12 M.

Dr. J. F. Mitnick, in the general discussion, spoke of the lack of proper health inspection in the city. The twenty-first and twenty-second wards each have two inspectors, while the other twenty wards together only have six, three of whom are not physicians. The only remedy is to insist upon the Mayor and City Council providing for an inspector in every ward, who shall be a thoroughly qualified physician. The paper by Dr. Joseph Gichner was also discussed by Drs. Canfield, Schaeffer, Brinton, Biedler, Osler, Blake, J. T. Smith and Gilchrist.

Dr. W. G. Townsend then read a paper by himself and Dr. Delano Ames on Rupture of the Aorta. He showed the picture of a pathological specimen.

Dr. Frank D. Sanger made some remarks on "Uric Acid Diathesis in Children" and exhibited several specimens of the kidney showing uric acid calculi debris of the kidney and in the ureters.

At the executive session the following reports were made.

Dr. W. F. A. Kemp, Treasurer, reported receipts during the past year of about $3,345; expenditures were about $3,280; the standing liabilities about $390.20. Dr. T. A. Ashby, Treasurer of the Board of Trustees, reported balance on hand at last report, $221.59; donations, $19, received from hall rent, $631.25; expenditures, $749.03; balance, $122.81; bills due, $150.

Dr. George J. Preston, Chairman of the Library Committee, reported that the library contains 7701 bound volumes, besides a large number of unbound journals, reprints and pamphlets; added during past year, 835 volumes, the most important acquisition coming through the Frick Library, 280 books and 209 bound journals. The library receives regularly 118 journals. During the past year 612 books have been taken from the library, more than double the number of any previous year. Since January 1, 906 members have used the library. The executive committee allowed $760 for expenses, of which $754.50 was used.

Dr. William Osler, Chairman of the Frick Library Committee, reported amount originally received from the Messrs. Frick, $1000; January 5, 1897, received from Mr. Reverdy Johnson, $100; January 17, received from Mr. W. F. Frick, $500; total, $1600; expended, $1,129,58; balance, $470.42.

Dr. E. M. Schaeffer, Chairman of the Committee on General Sanitation, submitted quite an elaborate report. In the abstract the report stated that in June, 1896, a city bacteriological laboratory was established, with Dr. W. Royal Stokes as city bacteriologist; that the Pure Milk Conference of June 17 adopted resolutions urging an increase of the number of milk inspectors from two to six and asking that the standard be raised from twelve per cent. total solids to thirteen per cent., of which 3.5 per cent. shall be fats, and the wholesome effect upon the dairy industry of this agitation was noted; that the committee recommend the tuberculin test, the systematic expert inspection of herds, houses, stables and water supplies. On February 17 and 18 the State Board of Health, at the invitation and with the co-operation of this committee, held a public health conference at the Faculty rooms. About eighty delegates were present from the city and counties. Resolutions were passed at the conference in favor of a vital statistics law, the notification of infectious diseases, equipment of hospitals for infectious disease, regulation of funerals, establishment of a State bacteriological laboratory, supervision and control by the sanitary authorities of water and milk supply. A permanent organization was effected under the name of the Maryland Public Health Association. The mem-

bership of this new society is now three hundred and two persons. The committee points out the great need for hygienic reform in the schools, public and private, especially emphasizing the disastrous results of defective ventilation, lighting, heating, cleanliness and working space. To provide city playgrounds, especially in congested districts, to reserve space for parks and to establish public baths, are declared to be matters of immediate importance to the city of Baltimore.

Dr. William Lee, Chairman of the Committee on Legislation, reported that no special work was effected the past year, because there was no session of the legislature. The committee, however, submitted a resolution to the effect that, as other States are enacting legislation for the better treatment of the insane, the legislation committee be requested to bring to the attention of the next legislature the necessity of State care of the insane, inasmuch as it is impossible for the insane under county care to receive that efficient attention and treatment expected of well-equipped State institutions.

The resolution further requests that the committee endeavor to have the present lunacy act of the State so amended as to require certificates of two physicians under oath, stating the nature of the mental trouble and the grounds for the commitment of the insane person to an institution for treatment.

The committee also recommended an amendment to the law to regulate the practice of medicine, making the necessary time for a student to pursue the study of medicine four instead of three years, and that the Secretary of the Board of Examiners or his assistant reside in Baltimore.

The report was referred to the committee on legislation and the committee on the revision of the lunacy laws.

A motion was made by Dr. Wilmer Brinton relative to the extension of the time required for the study of medicine, which was followed by a number of conflicting amendments and a lengthy discussion. The result was that the Faculty practically adopted the recommendation of the legislation committee, with the amendment that, beginning with 1899, only students taking a four year course shall be eligible before the board of State examiners. The whole matter was referred to the legislation committee.

A motion, presented by Dr. J. D. Blake, that the legislation committee make an effort to have proper legislation passed to regulate the practice of midwifery in the State, was approved.

The chairman was authorized to appoint a committee of five to arrange for the Faculty's centennial celebration and also a finance committee to arrange for the liquidation of the existing debt prior to the celebration.

The question of abolishing the directory for nurses, conducted under the auspices of the Faculty, was referred to the library committee, and it will probably be abolished, as, it is claimed, its conduction interfered with the other work of that committee.

The following officers were elected for the ensuing year as the last business of the night session :

President, Dr. Charles M. Ellis of Elkton ; First Vice-President, Dr. W. F. A. Kemp ; Second Vice-President, Dr. George J. Preston ; Recording Secretary, Dr. J. Williams Lord ; Assistant Secretary, Dr. Robert T. Wilson ; Corresponding Secretary, Dr. W. G. Townsend ; Reporting Secretary, Dr. H. O. Reik ; Executive Committee, Drs. William Osler, William H. Welch, L. McLane Tiffany, R. W. Johnson ; Examining Board for the Western Shore, Drs. Delano Ames, John Neff, Aaron Friedenwald, Charles H. Jones, R. B. Norment, M. B. Billingslea, J. Tyler Smith ; Examining Board for the Eastern Shore, Drs. J. A. Stevens, James B. R. Purnell, J. M. H. Bateman, B. W. Goldsborough, W. Frank Hines. Dr. George H. Rohé, whose term expired as a member of the Board of Trustees, was reëlected.

The following new members were elected : John R. Abercrombie, Harry C. Algin, Wm. H. Baltzell, H. R. Barton, John S. Bishop, Jas. H. Billingslea,

Chas. C. Bombaugh, H. S. Bowie, Charles Emil Brack, Jefferies Buck, John A. Buffington, Fred J. Cameron, Robt. Hamilton Campbell, Louis C. Carrico, C. J. Carroll, Thos. M. Chaney, M. J. Cromwell, John Davis, S. Griffith Davis, Geo. W. Dobbin, Clarence E. Downs, Wm. R. Dunton, Thos. H. Emory, Louise Ehrich, Enoch George, E. E. Gibbons, Harry Gross, Norman B. Gwyn, Arthur Hawkins, N. E. B. Iglehart, Wm. Andrew Jackson, Jr., Edgar A. P. Jones, E. C. Kefauver, T. H. King, Wm. Kroh, Chas. W. Larned, Jesse W. Lazear, Fred. R. Malone, R. C. Massenbury, Thos. McRae, Wm. J. Messick, Edwin V. Milholland, Jas. J. Mills, Henry Page, Stewart Paton, Otto Gustaf. Ramsey, V. M. Reichard, C. E. Simon, Edward M. Singewald, F. M. Slemons, Alan W. Smith, Algernon G. Smith, C. Urban Smith, Henry Lee Smith, Jas. E. Stokes, J. Tyler Smith, Wm. R. Stokes, Chas. Tilghmann, Alexander Tinsley, Chas. W. Vogel, E. A. Wareham, Chas. M. Franklin, Benjamin Whiteley, Jas. Albert Zepp.

THE MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

MEETING HELD MAY 20, 1897.

Dr. John T. Moran read a paper on "Cerebellar Tumor, Two Exploratory Operations; Tumor not Removed; Autopsy; Cyst and Fibro-Sarcomatous Tumor of the Left Lobe." No history of syphilis. Tuberculosis on maternal side. Potassium iodide given without effect. Temporary relief followed the operations. Patient died twenty-one days after last operation. The points of interest in the case are: The absence of distinct localizing symptoms, the nature of the growth and duration of symptoms, the improvement of locomotion and incoördination, although half of the right lobe was destroyed and there was chronic inflammatory condition of the middle lobe. Dr. Moran reviewed the symptoms and treatment of cerebral tumors and mentioned some spontaneous cures that have been reported. The operations thus far have not been very successful.

Dr. C. W. Richardson examined the case with Dr. Bishop. Found patient with severe headaches, unsteady gait, vertigo, double chronic middle ear catarrh, bone conduction normal, hearing $\frac{30}{40}$ in both ears, hypertrophy of the middle turbinated, pressure upon which intensified occipital pain.

Dr. C. L. Allen spoke of the desirability of giving a course of mercury and potassium iodide, and mentioned several cases much improved under the treatment.

Dr. T. B. Bishop said the case reported was under his care about one year, and at an early date there was abundant evidence of a lesion upon the left side of the cerebellum. There were paroxysms of suboccipital pain accompanied by vomiting and dizziness. Examination of eyes showed an astigmatism which was remedied. The deep reflexes were exaggerated on both sides; the superficial, exaggerated on left side, but lost on the right, a positive indication of organic spinal disease; and an absence of abdominal reflexes on one side while they are well marked on the other is an indication of cerebral lesion. These symptoms left no doubt of a cerebral or cerebellar lesion.

Dr. Carr said physiology gives little help in locating cerebellar tumors. Symptoms may point to cerebellar tumor, but not to location. Even in large tumors and abscesses of the cerebellum no symptoms develop. In the 141 cases collected by Starr only 6 per cent. could be located and removed. Trephining should be done for relief of pain, vomiting, optic neuritis, etc., tumor to be removed at same time if possible. Mercury and potass. iodide should be tried before operation is performed.

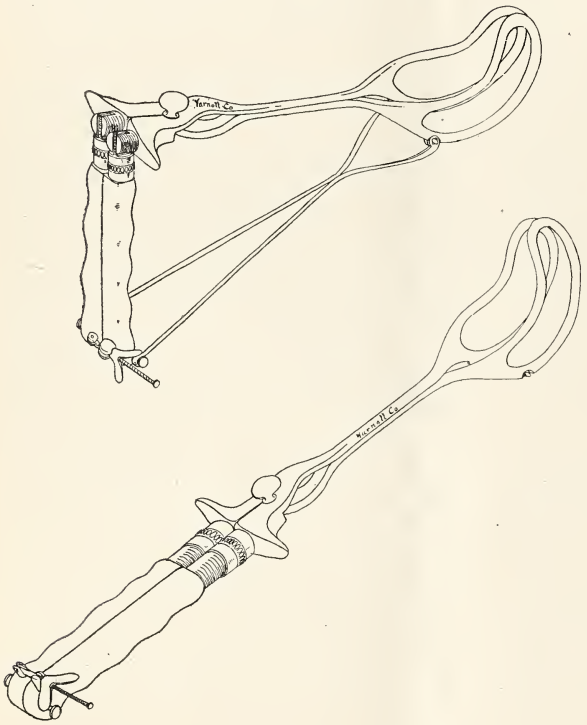
Dr. Moran closed the discussion.

THE "baseball arm" is a development of the modern game, with its extremely swift pitching. To relieve the strain of practice work a cannon firing a baseball by gunpowder with adjustable curve and twist has been invented.

Medical Progress.

An Improved Traction Rod Forceps.— Elmer Sothern, M. D., read a paper before the Medical and Surgical Society of the District of Columbia, as follows :

Having had occasion several times to use a pair of traction rod forceps, without assistance at hand, and knowing the complications of Tarnier's and



Lusk's modification of Tarnier's, not to mention the necessity of assistance needed in their application, I had the E. A. Yarnall Co. of Philadelphia make these forceps from my own model which is not patterned after any particular forceps, but after my own ideas gained from experience. The blades have a large pelvic curve, almost at right angle to the shaft of forceps ; and this I believe to be the only practical blade in high operations. Lusk, in his last model, provided for just such a curve in the blades.

The handles are made of light steel and about five inches long. They are joined to the shafts of blades by hinge joints, allowing them to be turned down at right angles to the same. The traction rods are made of light rod steel and attached to the blades at their axis by locks similar to those used on hemostatic forceps, and to the ends of handles by hook locks. The pressure is regulated and handles held firmly together by a thumb screw, placed at lower end of handles. These forceps can be used as ordinary long forceps, simply by the use of two ferrules, which are made to screw up over the hinge joints of the handles, holding them on a line with the shafts of blades. Forceps are locked with thumb screw.

The following advantages are claimed for the forceps : Proper pelvic curve to blades, which is essential in high operations ; force exerted in the proper direction, as you have traction rods firmly locked in the axis of pelvis, thus avoiding the danger of carrying your traction rod force out of the pelvic axis as you are liable to do with a Tarnier or Lusk's modification; compactness ; lightness ; and easy adjustment ; no extra handle to manipulate and easy application without assistance.

* * *

Climate and Health.— Dr. Richard Cole Newton has been making some personal observations upon the effects of the changes of climate upon men and animals, and concludes in the *International Medical Magazine* as follows :

1. That the change of climate from the Rocky Mountains to the seaboard is more severe and dangerous than the reverse, especially to young children and horses.

2. That a medium or even high altitude is rather beneficial than otherwise to nervous diseases and the diseases of women, as well as to phthisis, and is not unfavorable to rheumatism.

3. That in the climate of northern Texas and New Mexico nephritis in all forms is exceedingly rare, while aneurism is somewhat common in the latter territory.

4. Wounds do remarkably well in all the parts of the southwest in which I served, even in Fort Sill, which is unhealthy by reason of malaria.

5. That the ideally wholesome and satisfactory life is a nomadic one.

6. Let us remember that *Coelum, non animum mutant qui trans mare currunt.* 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.

* * *

Medical Fees.—Dr. Joseph M. Mathews, in his address before the graduates of the Cleveland College of Physicians and Surgeons, quoted in the *Columbus Medical Journal*, says: And when you enter the profession, don't start out with the idea that you are not entitled to the fee that the other doctors get, for you are. Make a price and stick to it. A short time ago I overheard a conversation between a doctor and a patient. The patient came to pay his bill and the doctor charged him $3. The patient did not see why he charged him $3 when he had only been charged $2 by other doctors, and he remarked to the doctor about it, and the doctor told him that he supposed the other doctor knew how much his services were worth, and that he knew how much his own services were worth. A short time ago I was sitting in the private office of a doctor when a lady came in to pay her bill, and she asked the doctor how much it was, and he told her it was $90; and she said, "Well, doctor—" and he interrupted her by saying, "Well, we will not have any words about it, and I will make it $50." But she said, "Doctor—" and he again interrupted her by saying, "There will be no dispute over it, and as we are the best of friends I will make it $30." "But, doctor, if you will permit me—I was going to say that I thought your first bill was too small." Now he could have gotten $90 just as well as $30, for it was well worth it, as the lady had been sick with typhoid fever for a long time. Don't go into the profession with such an idea as that.

* * *

Treatment of Old Fractures of the Patella.—Subercaze (*Therapeutic Gazette*) holds that unless the interval be very short cure is hardly possible without surgical intervention, which should be undertaken as soon as the formation of callus is nearly or quite over—that is, about three months after the injury. If extension be deficient, the fragments should be united by suture. If they cannot be brought together, he recommends osteotomy of the tuberosity of the tibia, or section of the tendon of the patella. In other cases the upper fragment of the entire patella may have to be removed. Cautious early movements (ten days after operation), and progressive exercise, massage and electricity may give good results.

* * *

Latent Rupture of Uterus in Labor.—Bäcker (*British Medical Journal*) relates the case of a woman in her third labor, who seemed to be doing badly, when it was found that the retardation of delivery was rupture of the uterus. This was surprising, as the symptoms were by no means acute. Five hours after rupture the uterus and appendages were removed. The patient died within eight hours after the operation. At the necropsy the cause of death was found to be hemorrhagic. The vascular and edematous pelvic connective tissue had shrunken up, so that the ligature had slipped. It is clear, says Bäcker, that mass ligatures are insufficient for the hypertrophied and vascular structures around a parturient uterus. Every divided vessel must be secured. The conjugate diameter of the pelvis was $3\frac{7}{10}$ inches.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, AUGUST 7, 1897.

New Books for the Library.

SINCE the formation of the Book and Journal Club and the foundation of the Frick and Johnson funds, the additions to the library of the Faculty are made much more rapidly than formerly. Since February last the following books have been put on the shelves of the library:

From the Book and Journal Club: Clouston, Mental Diseases; Mitchell, Remote Consequences of Injuries of Nerves; Jennings, Color Vision and Color Blindness; Hessler, Die Otogene Pyämie; Hirsch, Biographisches Lexikon, 6 volumes; Politzer, Atlas der Beleuchtungsbilder des Trommelfells; Kraepelin, Psychiatrie: Flechsig, Gehirn und Seele, Die Grenzen Geistiger Gesundheit und Krankheit, Die Localisation der Geistigen Vorgänge, Insbesondere der Sinnesempfindungen der Menschen; Binswanger, Die Pathologie und Therapie der Neurasthenie; Obersteiner, Nervöse Centralorgane; Krafft und Ebing, Lehrbuch der Psychiatrie; Cajol, Studium der Medulla Oblongata; Edinger, Bau der Nervösen Centralorgane; Hartmann, Die Krankheiten des Ohres; Schauta, Lehrbuch der Gesammten Gynäkologie; Gangee, Textbook of Physiological Chemistry; Garrigues, Diseases of Women; Donaldson, Growth of the Brain; Ziehen, Physiological Psychology; Bradford and Lovett, Orthopedic Surgery; Delafield and Prudden, Pathological Anatomy and Histology; Bosworth, Diseases of the Nose and Throat; Smith, Abdominal Surgery, 2 volumes; Hyslop, Mental Physiology; Broca and Maubrac, Traite de chirurgie cerebrale; Schwartze, Chirurgische Krankheiten des Ohres; Lubarsch und Ostertag, Ergebnisse der Allgemeinen Pathologie; Rabow und Bourget, Handbuch der Arzneimittellehre; Körner, Die Otitischen Erkrankungen des Hirns; Van Gehuchten, Anatomie du systeme nerveux; Volkmann, Beiträge zur Chirurgie; Löhlein, Handbuch der Gynakologie, 2 volumes; Krause, Die Neuralgie des Origeminus; Michel, Lehrbuch der Augenheilkunde; Schwalbe, Lehrbuch der Neurologie, Lehrbuch der Anatome der Sinnesorgane; Davis, Treatise on Obstretrics; Parven, Science and Art of Obstetrics; Treses, System of Surgery, 2 volumes; Park. Surgery by American Authors, 2 volumes; Maylard, Surgery of the Alimentary Canal; Dench, Diseases of the Ear; Paget, Surgery of the Chest; Sutton, Surgical Diseases of the Ovaries; Menger und Kronig, Bakteriologie des Weiblichen; Warren, Surgical Pathologie and Therapeutics; Schmidt, Die Krankheiten der Oberen Luftwege; Marten, Die Krankheiten der Eileiter; Barr, Manual of Diseases of the Ear; Jacob, Atlas der Klinischen Untersuchungsmethoden, nebst Grundriss der Klinischen Diagnostik; Albert, Lehrbuch der Speciellen Chirurgie.

Frick Library: Deutsches Archiv für Klinische Medicine, 52 volumes; Virchow, Archiv für Pathologische Anatomie und Physiologie, 142 volumes; Sternberg, Text-book on Bacteriology; White and Martin, Genito-Urinary Surgery and Venereal Disease; Letulle, Anatomie Pathologique; Kromayer, Allgemeine Dermatologie; Thirington, Retinoscopy; Richardson, Vita Medica; Mitchell, Clinical Lessons on Nervous Diseases; Clado, Traite des tumeurs de la fessie; Du Pacquier, L'Etude de la tuberculose renale; Moleschott, Für Meine Freunde; Sternberg, Immunity and Serum Therapy; Abbott, Principles of Bacteriology; Knight, Movable Kidney and Intermitting Hydronephrosis; Snell, Compressed Air Illness; Simpson, Sir James Y. Simpson; Moyes, Medicine in Shakespeare; North, Roman Fever; Perey and Frankland, Micro-Organisms in Water; Frick, Diuretic Remedies; Frick, Memorials; Loomis and Thompson, Editors American System of Practical Medicine, 2 volumes; Goodall and Washburn, Manual of Infectious Diseases; Kuster, Die Chirurgischen Krankheiten der Nieren; Leube, Diagnose der Inneren Krankheiten, 2 volumes; Eichhorst, Pathologie und Therapie, 4 volumes; Hyde, Diseases of the Skin; Perogoldt und Stintzing, Lehrbuch der Speciellen Therapie; Strumpell, Lehrbuch der Speciellen Pathologie und Therapie, 3 volumes; Nomenclature of Diseases, Compliments Royal College of Physicians; Eulenburg, Real Encyclopadie der Gesammten Heilkunde, volumes 12 and 13; Sajous, Annual of the Universal Medical Sciences, volume 5; Pary, Physiology of the Carbohydrates; Israel, Erfahrungen uber Nierenchirurgie; Ultzmann, Die Krankheiten der Harnblase; Landau, Wanderniere der Frauen; Schmidt, Aschoff die Pyelonephritis; Glantenay, Chirurgie de L'Uretere; Tuffier, Etucles experimentales sur la Chirurgie du Rein; Tiemann und Gartner's Handbuch der Untersuchung und Beurtheilung; Knapp, Wanderniere bei

Frauen; Nothnagel, Spec. Pathologie und Therapie, 11 parts.

By gift, etc., to the General Library: Presented by Dr. Osler: Lane, Surgery of the Head and Neck; McFarland, Text-book Upon the Pathogenic Bacteria; Osler, Lecture on Angina Pectoris, Allied States; Osler, Tuberculosis; Osler, Collected Reprints, 1892-97; Dejerine, Anatome des centres nerveux; Presented by Dr. Canfield: Year Book of Treatment, 1897; The International Medical Annual; Canfield, Practical Notes on Urinary Analysis: Gould, The American Year Book of Medicine and Surgery, 1896-97, 2 volumes; Butler, Text-book of Materia Medica and Therapeutics; Ringer, Hand-book of Therapeutics; Cutler, Essentials of Physics and Chemistry; Vaughan and Novy, Ptomaines and Leucomaines; Murrell, A Manual of Pharmacology and Therapeutics; Presented by Dr. Preston: Gray, Nervous and Mental Diseases; Preston, Hysteria and Certain Allied Conditions; Gull, A Collection of the Published Writings, Sydenham Society; Naunyn, A Treatise on Cholelithiasis, Sydenham Society; Obstetrical Transactions, Volume 38, for 1896, London; Bing, Lectures on Pharmacology, Sydenham Society; Newman, Ehlers, Impey, Leprosy Prize Essays, Sydenham Society; State Board of Health of Michigan, 1894; Medical and Surgical Report of the Presbyterian Hospital of New York, 1897 Proceedings of the Nebraska State Medical Society, 1896; Report of Surgeon-General of Marine Hospital United States, 1896; Transactions of the Colorado State Medical Society, 1896; Transactions of College of Physicians of Philadelphia, 1896; Transactions of the American Laryngological Association, 1896: Transactions of the American Ophthalmological Society, 1896; Proceedings of the American Pharmaceutical Association.

* * *

As Others See Us.

As Baltimore grows more and more each year to be a center of medical education, physicians and students from other parts of this country come to this city to study and refresh themselves in subjects partly forgotten and to see the methods followed there. Dr. G. H. Stover, in writing to the *Colorado Medical Journal*, sends the following letter:

Baltimore is a pleasant city of 500,000, one-tenth of which number is colored: more darkies here than I ever saw before; they lie around as thick as dogs in Constantinople. The streets are paved with asphalt and cobble-stone, there are a number of fine parks and a large part of Broadway is parked. Monuments and statues are scattered thickly through the city. The people are not in such a hurry as they are in New York; the crossings are quite safe and the gripmen and motormen do not make a special effort to run down a pedestrian. The car conductors are most accommodating. They will wait while a lady walks half a block to catch the car, and they are always ready to give you minute directions about how to go anywhere. The street cries are peculiar. I can now distinguish the cries, "strawberries" and "deviled crabs," but all the others, and they are legion, are "undecipherable." The deviled crab seller corresponds to the Denver tamale and Wiener wurst man. There is not a strictly high class restaurant in the city, I believe, but there are some good hotels. Baltimore is the second healthiest city in the world, I understand, yet there are hardly any sewers, the drainage being by means of street gutters. There is practically no malaria in the city itself, Dr. Cathell tells me.

The Johns Hopkins Medical School and Hospital occupies ground about equal in size to a Denver block. It is of pressed brick, built on the pavilion plan. All the appointments of the building are of the highest order. There are apparently no square corners in the rooms, all of the corners being rounded. The ventilation seems to be on the same plan as that in the east wing of the Arapahoe County Hospital. The laboratories are very complete and well lighted. The keynote of all the work here is "science." The institution is so heavily endowed that the financial question is of little weight. The German plan of few professorships and life appointments is followed. Dr. Osler takes a class into the medical wards three times a week. The dispensaries are open daily and have a large attendance. They are so conducted that each student has personal work with the cases, a feature not so well carried out in other post-graduate schools. In the laboratories there are many assistants, who take great pains with the students, so that the greatest possible good is obtained from the course. This work is much ahead of that in the New York school I attended so far as pathology and clinical microscopy are concerned. As to the surgery I can say nothing yet, for I am not giving it any attention. Professor Welch will soon give a course of lectures on infection and immunity.

Last week I went to Washington to hear the papers on "Internal Secretion" at the session of the Association of American Physicians. The action of the various glandular secretions was thoroughly considered, but very little new work was brought out. So far the thyroid is the only gland whose administration seems to be of therapeutic avail. I visited the Washington monument and the capitol buildings on this visit also. Washington is almost as handsome as Denver.

Dr. Osler has shown us and spoken upon cases of leprosy, acromegaly, osteoarthropathy, besides very instructive cases of malaria, cardiac disease, tuberculosis and several abdominal tumors.

I will try in my next letter to give some cullings from the clinics, but just now I am almost too busy to write at all.

It is to be hoped that Dr. Stover will not fail to note the excellent training school for nurses attached to the Hospital, its discipline and housing, the inducements offered to the nurses for healthful recreation while off duty, their high intellectual attainments and thorough instruction, and the excellent positions in the community which their accomplishments have enabled so many of them to attain after graduation.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending July 31, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		3
Phthisis Pulmonalis		21
Measles	6	
Whooping Cough	5	0
Pseudo-membranous Croup and Diphtheria.	15	2
Mumps	2	
Scarlet fever	16	1
Varioloid		
Varicella		
Typhoid fever	16	6

The statue of Charcot is about ready to be erected.

Oertel, the distinguished physician of Munich, is dead.

The Congress of French Surgeons will be held at Paris early in October.

The German Gynecological Society held its meeting this year at Leipzig.

The new south wing of St. Joseph's Hospital of Baltimore is about completed.

The Pathological Society of Rochester, New York, is looking after the condition of the streets of that city.

Dr. William F. Barr, a prominent physician of Abingdon, Va., died at his home recently, aged about seventy years.

Among the newly elected members of the Imperial Academy of Sciences of Vienna are Lord Lister and Professor Müller.

The Virginia State Board of Health will hold its next quarterly meeting at Hot Springs, Virginia, September 1, 1897.

The four new buildings at the Second Hospital of the Insane of Maryland are about completed and are ready for the reception of patients.

A statue of the Russian Surgeon, Pirogoff,, will be unveiled at Moscow during the meeting of the International Medical Congress at that city.

The chiropodists of New York have formed an association called the Pedic Society.

The building which has been fitted up at the quarantine grounds for the reception of the leper patient is simply a temporary structure and is not intended as a contagious disease hospital.

Dr. Michael E. Pue, a well-known physician of Delta, Pa., died at his home recently, aged forty-two. Dr. Pue was the son of the late Dr. M. E. Pue and was a graduate of the University of Maryland in the class of 1879.

At the last meeting of the Baltimore County Medical Association held at Towson, the subject of cess-pools and well-pollution were discussed in a very practical way by Dr. John S. Fulton, Secretary of the State Board of Health.

Dr. J. Fred Adams of Somerset County, Maryland, has moved to Salisbury and formed a partnership with Dr. G. W. Todd of that place. Dr. Adams has had a thorough training in Bayview Hospital and the United States Marine Hospital at Baltimore.

There has been some little friction between the health authorities of Cambridge, Maryland, and the State Board of Health, owing to the alleged insanitary condition of that place. Local civic pride should not prevent harmony of action in such an important matter.

Dr. John W. Hocking, a prominent physician of Govanstown, died at his home last week, aged forty years. Dr. Hocking was graduated from the University of Maryland in 1884 with high honors, and after a term of service at Bayview Hospital settled at Govanstown, just outside of Baltimore. He rapidly made many friends and built up a large and lucrative practice among the best people of that section.

Mayor Hooper, acting under the new ordinance which takes away the power of committing indigent sick persons by magistrates to the city hospitals, has announced the new charity commission composed of the following persons: Messrs. Jeffrey R. Brackett, Eugene Levering, Clarence H. Forrest, T. Foley Hiskey and A. Warfield Monroe. It is not believed the hospitals will suffer by this new arrangement and the city will certainly save money by it.

WASHINGTON NOTES.

Dr. W. P. Carr, Professor of Physiology at the Columbia and Surgeon Chief at the Emergency, is appointed coroner of the District. Dr. Glazebrook will continue as Deputy Coroner and Dr. W. T. Burch will fill the position of Police Surgeon, vacated by Dr. Carr.

The Eastern Dispensary inaugurated an emergency department on the 15th inst. Dr. James Kerr was elected to the consulting board, Dr. G. C. Clark to the assistant staff and Dr. J. W. Heart, house physician. The building is being fitted with modern hospital appliances.

Chas. E. Springman, age 19, died of hydrophobia, Wednesday, being bitten six weeks previous. An autopsy revealed nothing. Professor Norgaard of the Bureau of Animal Industry has secured the medulla and will attempt to cultivate the germ and experiment upon rabbits.

A bill has been introduced into the Senate to create a public health department providing for the appointment of a board of maritime sanitation to consist of one member from each of the seaboard States, the board to control matters pertaining to the prevention of the introduction of disease. A board of domestic sanitation is also provided for, to consist of three members representing departments known as the department of the Ohio, of the Mississippi and of the Missouri, this board to have power to enforce quarantine between States and communities.

Book Reviews.

A Description of some of the Most Important Ophthalmic Methods Employed for the Recognition of Peripheral and Central Nerve Disease. By Charles A. Oliver, A. M., M. D. University of Pennsylvania press, Philadelphia.

Dr. Oliver has set forth in his usual painstaking and sytematic style a description of ophthalmic methods. He does not give much space to conclusions. There are 43 pages in the book, and the subjects treated are these: Objective Determination of Sensory Symptoms. Subjective Determination of Sensory Symptoms. Objective Study of Motor Conditions. Subjective Study of Motor Conditions.

The first division is given almost entirely to the ophthalmoscope. There is a brief description of the direct and indirect methods, direct inspection of the cornea, oblique illumination, and the use of fluorescin. In the second are found methods for determining central and peripheral vision for form and color, scotomata, and color blindness. Methods of recording are given.

In part 3, most attention is given to this reaction. In part 4, safeguards are suggested against the numerous errors one is apt to fall into in determining the condition of the extrinsic muscles. As a whole, the book is very suggestive. In teaching the examination of the eye, systematic routine is one of the hardest things to impress upon students. For instance, a student will often spend time in trying to raise visual acuity in an eye whose refraction error is approximately known by objective examination, but where a corneal nebula has not been detected simply because oblique illumination was not employed. A careful reading of this little book and adoption as routine of the suggestions made will promote thoroughness and open up fields of most interesting study in larger works.

Dr. William Osler's little brochure, "Nurse and Patient," has just been published by John Murphy and Company of Baltimore.

Among the new books announced in the medical and daily press is "The Menopause" by Dr. Andrew F. Currier and published by D. Appleton & Co.

REPRINTS, ETC., RECEIVED.

Brooklyn Eye and Ear Hospital. Report of the Special Committee on the Abuse of the Clinic.

How can we Increase the Therapeutic Reliability of Medicinal Agents? By E. Mark Houghton, M. D. Reprint from the *Journal.*

Practical Methods of Establishing Congenial Relations between Pharmacists and Physicians. By Henry P. Hynson, of Baltimore. Reprint from *Merck's Bulletin.*

Results of (Chemical) Electrolysis *vs.* Divulsion or Cutting in the Treatment of Urethral Strictures. By Robert Newman, M. D. Reprint from the *Medical Record.*

The Bacillus Proteus Zenkeri in an Ovarian Abscess. By Hunter Robb, M. D., and Albert A. Ghriskey, M. D. Reprint from the *Johns Hopkins Hospital Bulletin.*

Current Editorial Comment.

DIET IN EPILEPSY.

Modern Medicine.

A recognition of the fact that many forms of mental disorder are really varieties of what might be termed mental or intellectual epilepsy suggests the importance of the strict regulation of regimen in this class of disorders also, a foul breath, thickly coated tongue, and other symptoms of stomach trouble being almost universally found in cases of melancholla, hysteria, etc.

CHEAP DEGREES.

Western Medical Review.

CHEAP, poorly equipped literary colleges, both as to teachers aud otherwise, have started up all over the country, and are granting literary degrees of all kinds. Educators have awakened to the fact that if a college degree is to mean anything, something must be done to prevent the distribution of such honors by inefficient and low-grade colleges. There are nearly five hundred institutions in the United States that call themselves colleges, and which grant degrees.

DANGERS OF BICYCLING.

Buffalo Medical Journal.

THE advantages to be derived from bicycling as a means of locomotion and pleasure are counterbalanced by the disadvantages arising from this sport. Aside from the accidents consequent to reckless and inexperienced riding, the health and happiness of many riders, especially ladies, are imperiled by an indiscriminate use of the popular wheel. The bicycle itself is as harmless as a watch, but when entrusted to ignorant or innocent riders becomes a dangerous instrument.

MUSIC IN MEDICINE.

Charlotte Medical Journal.

THAT "music hath charms to soothe the savage breast," serves to quiet and control the excited spirit and to steady the quaking courage of man hath long been recognized. It is no wonder then that even now it is seeking position in applied medicine and is destined in the future to occupy more prominent place as a scientific factor in the healing art. The student and practitioner of the next century will witness the recognition given music, *per se*, in general medical teachings and college curriculums; while in its clinical application it will also doubtless aid the cure.

PROGRESS IN MEDICAL SCIENCE.

J. B. SPENCER, M. D., Wellston, Ohio: In pharyngitis and ulcerative tonsilitis, I find Listerine almost a specific.

IT HAS NO RIVAL.—At the meeting of the American Medical Asssociation, held at Washington, D. C., Dr. John H. McIntyre reported "Ten Selected Cases of Laparotomy, with Remarks." From this paper, published in the *Journal of the American Medical Association*, we quote as follows: "I use but little opium or morphia, for the reason that these drugs, by locking up the secretions, limit the power of elimitation, and therefore favor septicemia. For over a year past, in cases of laparotomy where pain and rise of temperature were present, I have used Antikamnia in ten grain doses, with the happiest effects." A further objection to opium and its derivatives is referred to in an article by Dr. Herman D. Marcus, resident physician, Philadelphia Hospital (Blockley), published in *Gaillard's Medical Journal*, from which we quote: "There is probably no group of diseases in which pain is such a prominent and persistent symptom as uterine or ovarian disorders, and in no class of cases have I been more convinced of the value of Antikamnia than in the treatment of such affections. An obstacle in the use of morphia is the reluctance with which some patients take this drug, fearing subsequent habit. Antikamnia causes no habit, and I have never found a patient refuse to take it."

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVII.—No. 18. BALTIMORE, AUGUST 14, 1897. WHOLE No. 855

Original Articles.

SYPHILIS.

By Henry Alfred Robbins, M. D.,
Washington, D. C.

CLINICAL LECTURE DELIVERED AT THE SOUTH WASHINGTON (D. C.) FREE DISPENSARY ON FEBRUARY 23, 1897.

TENTH PAPER.

WE will call your attention to this seventeen year old colored girl. She tells us that she has headaches and that they occur most frequently at night. She says that her joints also ache. To us these are very significant symptoms. We have asked her to open her mouth and there you see two opaline mucous patches. On examination we find enlargement and hardness of the post-cervical, sub-maxillary, sub-lingual and the epitrochlear glands. Now Dr. Arwine has placed her in proper position for examination on the table and you see located on the right labium majus an indurated papular chancre and on either side of the labia there are multiple condylomata. Above Poupart's ligament on the right side we find a bubo. Over her chest and abdomen you notice a papular and maculo-papular and vesicular forms of syphiloderms. She admits to having been exposed to contagion about three weeks ago.

Now we call your attention to this colored woman who is thirty-five years old. She also complains of nocturnal headaches and says she has rheumatic pains. You will observe that she has most marked alopecia, which is especially noticeable in her lack of eyebrows. There are several bald patches on her scalp. On examining her mouth we detect several mucous patches and the same condition of the glands of the neck as we found in the patient you have just seen. On further examination we discover an initial lesion of syphilis of a papular form, with well marked induration located down on the left labium majus. As in the other case, there are multiple condylomata extending to and around the sphincter ani. There is a bubo over Poupart's ligament on the left side. Over her back and chest and abdomen there is a papular and papulo-pustular eruption.

Now I call your attention to this colored woman, aged 32. She also has night headaches and pains in her joints and alopecia. We find in her mouth mucous patches and enlargement of the same glands as I have described in the other two patients. We find also a chancre on the right labium similar to that on the first patient and the same induration of the right inguinal glands. She seems to be covered all over with a papular form of syphiloderm, the same as we described in a previous lecture. It looks exactly the same as the eruption of smallpox. The papules are depressed in the center. It is the variola form of syphilide.

We have in the preceding lectures shown you every form of syphiloderm that is characteristic of syphilis. Now let us take up other symptoms which are characteristic and diagnostic of this disease. You noticed that all in the group of cases that you have just seen complained of headache and also of its occurring at night. Cephalalgia is one of the first of the constitutional symptoms, and sometimes it does not yield readily to treatment. You must do something to relieve the pain or the patient will leave you and go to another physician.

For these cases I always keep in my office two watery solutions of the bichloride of mercury (according to the advice of Dr. R. W. Taylor). One in which one-twelfth of a grain of the drug is dissolved in ten drops of water, the other containing one-eighth of a grain in the same quantity of water. The weaker solution is the one to begin treatment in adults and the stronger one can be used if the case requires a larger dose. For women and children a less quantity should be injected.

"The cephalalgias of syphilis and the various neuroses may very often be promptly relieved by injections made as near the seat of trouble as possible or practicable."—Taylor.

In a former article I made use of the following language:

"Cephalalgia is the name of a vindictive demon that places its victim on the rack and, as it were, bores holes into his brain and makes him yell with anguish. It will sometimes vanish during the day but is sure to return at night."

Fournier divides syphilitic headaches into three clinical varieties: Secondary encephalalgia, headache symptomatic of cephalic lesions, parasyphilitic headache due to hysteria or neurasthenia. By all odds the most important variety is the migraine preceding grosser symptoms of cerebral syphilis. In certainly two-thirds of all cases of hemiplegia, amnesia, aphasia, epilepsy, coma, pseudo-paralysis, etc., dependent upon syphilis, there is prodromal headache. A large percentage of these cases could have been saved from these grave accidents by vigorous treatment instituted during the period of prodromal headache. This headache differs from other cephalalgias, as, for instance, those due to neuralgia or epicranial rheumatism, in the fact that it is felt to be deep within the head. The character of the pain varies; there may be simply a sense of weight and mental hebetude, or there may be a constrictive pain as though the head was screwed in a vice; or, finally, the sensation may resemble that produced by blows of a hammer, the suffering being very intense and the pain being deeply placed. These three types may be associated, or may succeed each other. The pain may be sharply circumscribed to an area not larger than a half dollar. In this case it frequently indicates the formation of a gumma. Sometimes it is diffuse, occupying a general region, as the frontal, or temporal, or parietal, or occipital, or spreading over two or more of these regions. Exceptionally it seems to involve the whole head. The fronto-parietal region is the one most frequently subject to this pain. It has three chief characteristics which should at least strongly suggest its nature. There is an habitual intensity, sometimes extraordinary severity of pain. It is persistent, tenacious, long-lasting; there are nocturnal exacerbations. Even in mild cases the pain is less bearable than the ordinary headache; it harasses the sufferers, making them despondent, morose, excitable, sleepless and interfering with general nutrition; or it may be so severe as to completely prostrate them. Exceptionally the pain amounts to a veritable anguish, comparable in intensity to that of hepatic or nephritic colic. Nocturnal exacerbations of pain, though the rule, are by no means invariable. In the secondary period this characteristic is most pronounced; in the tertiary period it may be wanting entirely; indeed, it may happen that there are nocturnal remissions. As a rule, syphilitic cephalalgia precedes the grave developments of brain syphilis by an interval of three to six weeks; it is, however, not uncommon for this pain to last three to six months; exceptionally the pain may exhibit remissions and ex-

acerbations for two or three years. Under the influence of intermittent, mild, specific treatment the headache may be temporarily cured, to recur time after time, till symptoms such as hemiplegia or epilepsy show that irreparable damage has been done. The prodromal headache is a sign of inestimable value, enabling a treatment to be instituted in time to prevent grave lesions. This treatment should be commenced early, should be vigorous, should be long-continued. It is not sufficient to cure the headache ; the underlying constitutional taint must be eradicated in so far as this is possible.

This treatment should combine mercury and potassium iodide, each given in the most active form and manner possible. Every ten days an injection of a grain and a half of calomel should be given, repeated as often as is required. Internally, the iodide of potassium is to be administered, to a woman, one to one and a half drachm a day ; to a man nearly twice this dose. This treatment should be long continued, with appropriate short intervals of rest, until there is good reason to believe that there is no likelihood of further recurrence.

An eminent physician of this city, in a discussion at the Medical Society some time ago, stated that to himself temporary paralysis, headaches and other obscure nervous symptoms were not suggestive of syphilis, as — he stated — we frequently saw all kinds of nervous phenomena — hypochondriasis, headaches, numbness in the extremities, etc., which were due to nothing but nutritive disturbances associated with an undue excretion of uric acid in the urine and that syphilis would be very rarely the cause, and that the treatment indicated was not iodide of potassium but a dietetic treatment directed to the digestion and the blood.

According to this advice, wait until aphasia or hemiplegia has taken place and the brain substance is irreparably damaged before you give him the benefit of a doubt and put him on specific treatment.

I think that every case of "neurasthenia," which is the fashionable name for obscure mental symptoms which baffle many physicians, ought to be placed under the vigorous administration of specific treatment and, to use the language of Jonathan Hutchinson, "undoubtedly we often by such means get a clue to the real nature of many an obscure affection of the nervous system."

You would be doing an act of great injustice to our distinguished citizens, if you imagine that those gentlemen who occupy the front row of the orchestra chairs at our theatres have been the victims of syphilis. Liveing says that baldness affects chiefly people of nervous temperament with active minds, but of feeble general health; and this, from which agricultural laborers are most of all classes exempt, begins now earlier than it formerly did. As regards non-specific baldness, we may infer its vastly extended prevalence in modern times, from the fact that the mockers of old, who fell victims to the she bears, cried out to Elisha "Go up, thou bald head." The condition was then so rare as to be a reproach, whereas now it is only a subject of general banter.

You have noticed that in two of the patients that I presented to you today, there was marked falling out of hair. This alopecia, taken with other symptoms, is one of the characteristic signs of syphilis. In a former article I made use of the following language : "Alopecia now puts in an appearance, and if the victim has any personal beauty, it deprives him of it. Very often it gives him a pie-bald appearance, the hair encircling the bald spots standing up in every direction. It also takes away his eyebrows, giving him a ludicrous appearance, and also a sure sign to the whole world of the nature of his disease. The French writers call it the sign "*d'omnibus*."

The late Professor Wm. Goodell of the University of Pennsylvania, after reporting the cases of two physicians who acquired chancres of the fingers in attending labor cases, stated, "I know two other physicians who caught this horrible disease while in the discharge of their professional duties. One of

them lost every hair on his body, from the crown of his head to the sole of his foot. For years he struggled and strove with the poison. But he finally conquered it, and lived to marry, and to have a family of healthy children around him."

Old Sigmund used to say, as he ran his fingers through his hair, "*Meine Herren*, if syphilis produces permanent baldness, then in Vienna we would all be bald."

It may be caused by pustular, and other syphiloderms of the scalp. Specific baldness generally, however, does not appear until the third or sixth month, and if improperly treated may continue until the second year, but never later. The only diseases where the eyebrows fall out excepting syphilis and leprosy, that I can at present think of, are tinea decalvans, and, second, piliary keratosis, which is congenital, and has the skin of the brow reddened.

In syphilis, at the end of five or six months, the hair begins to grow again, even when the case is not treated.

The treatment is that which is indicated for the other symptoms with which it may be associated. Ointments or lotions containing mercury and cantharides are the chief remedies to be relied on in the restoration of the hair lost from syphilitic causes. The following is the treatment of Langston Parker, which I frequently prescribe :

℞.—Hydrargyri iodide. . ʒi
Adipis prep. . . ʒiii
M. ft. unguent.

Sig. A small portion to be rubbed into the hair every night, and washed out in the morning, dressing the hair with the following preparation :

℞.—Ol. Morrhuae.
Tinct. Cantharidis,
Equal parts.
M. Sig. Use as pomade.

Another prominent symptom occurring in three patients, that we have shown you today, was the so-called rheumatism. Nearly always at the beginning of constitutional syphilis, the patients will complain of pains in the joints, and though absent during the day, they are sure to return at night. Sometimes you will find certain joints reddened and swollen and painful and attended with slight elevation of temperature. Fluctuation can sometimes be detected.

As a general rule, the duration of this condition is from one to two weeks, then resolution and a complete return of motion. That is what to expect if the patient has proper constitutional treatment. If not, then tertiary manifestations appear, as disorganization of the joint. The cartilage and ligaments and osseous structures are completely destroyed.

Let us return to syphilitic manifestations of the posterior part of the buccal cavity. We have called your attention to the effects of syphilis, when it attacks the nose and the lips and the tongue, etc. Let us now take up the fauces and the throat. You can not examine these parts with the aid of a tongue depressor alone. In exceptional cases it can be done, while in others it is impossible. An ulcer frequently lies concealed between the anterior pillar of the fauces and the surface of the tonsil. To ascertain certainly whether the throat is quite free from disease, each fold of membrane should be carefully unfolded and examined. In some rare cases, ulcers exist behind the velum, either on the posterior surface of this membrane, or high up on the pharynx. These are frequently connected with affections of the nasal fossae, and the posterior nares, and unless these parts be carefully examined, in suspicious cases, we may be led into serious mistakes and errors.

Ulceration at the same time of the soft palate, pharynx and nose are characteristic of syphilis. It should be borne in mind, however, that the fauces are sometimes discolored and scarred by salivating doses of mercury, and by applications of nitrate of silver. Bumstead divided ulcerations of the mucous membrane of the throat into three varieties : "1. Superficial erosions. 2. Ulcers of limited extent and depth, commencing thickness of the mucous membrane. 3. Phagedenic ulcers, which commonly originate in tubercles or gummy tumors of the submucous cellular

tissue, and which are exceedingly destructive in their character." Sometimes the sloughing ulcerations of the pharynx give rise to such agonizing pains, that no language can describe them.

The parts of the vocal organism most often in contact during the performance of its function are most frequently attacked by syphilis. Bumstead and Taylor state that the vocal cords and arytenoids are the most susceptible regions. This was well-known to Shakspeare, as the courtesan in his "Timon of Athens" wished syphilis to

> Crack the lawyer's voice,
> That he may never more false titles plead,
> Nor sound his quillets shrilly.

The superficial syphilitic lesions of the larynx include erythema, mucous patches, superficial ulcerations and vegetations. The deep lesions are deep ulcerations, gummatous tumors, perichondritis and chondritis, caries and necrosis.

Syphilitic ulceration of the larynx is characterized by tenderness, great huskiness of voice (which frequently degenerates into a mere whisper), suffocative cough and expectoration of bloody, purulent matter; there is a great loss of flesh and strength and life is often terminated by suffocation from contraction of the ulcers when cicatrizing.

My friend, Dr. John H. Metzerott, in February, 1896, read an article entitled "A Popular Error in the Treatment of Syphilis," before the Washington Medical Society, published in the *American Medico-Surgical Bulletin*, July, 1896. The doctor stated that "Laryngologists, with rare exceptions, are not wont to see chancres. The syphilis is revealed to them by the positive lesions which the affection causes in the nose and throat and yet the most of these specialists abroad treat the disease faultily in that they attempt to combat the same during any of its stages with local or internal applications of the specific remedies, it being easier to write a prescription for mercury or the iodides, or the two in conjunction, than to induce the patient to take an inunction and the moral effect of a local application is satisfactory to the patient. This is the form of treatment which I saw employed at the laryngological clinics of Vienna and which I practiced until I learned better. I can honestly say I saw no good results; when I look back at those abject specimens of humanity with the ulcerated vocal chords, with their saddle-back and flat noses, with their perforated palates, with their tracheal tubes, with their deafness, with their blindness and, what is worse, insanity, it causes me to ponder, for 95 per cent. of these lesions could have been positively prevented with proper treatment if the word of the dermatologist and the pathologist is accepted.

"It mattered not with what symptoms or lesions a syphilitic presented himself at these various laryngological clinics, the treatment, with the exception of that at the clinic of the late Dr. Bercgszaszy, was invariably the same. If there was no deformity necessitating a surgical procedure, which I grant, in most cases, was performed with great skill, local applications were employed on the nose, throat and larynx and internal medication was prescribed. Inunctions were never attempted and to the neglect of their employment I attribute every bad result."

Let us now continue the subject of the treatment of syphilis. My attention was called the other day to the "dry hot-air baths" of Dr. Stepanoff of Moscow. He has contrived a plan of treating patients suffering from this disease, which has resisted mercurial and iodine treatment. He has had a box or bath constructed with an iron bottom lined with thick felt, in which the patient is placed. The "bath" is heated to about 170° to 190° F., by means of two Bunsen lamps, each consisting of five burners. After the patient has been "baked," he is put to bed and covered with blankets, so as to prolong the sweating process commenced in the bath for an extra half-hour. After this he is allowed to dress and go into the ward to his dinner. By means of these baths the mercury is rapidly eliminated from the system, and the patient's condition greatly improves, and

after a course mercury is found to act quickly and energetically.

Now I call your attention to the treatment of syphilis at the Hot Springs of Arkansas. It is not probable that the United States Government would build a hospital at those world renowned springs, if there were no natural curative properties in the hot water, not boiled by human means, that is found only at that place. Then many of their physicians have had thousands of patients, and understand the disease in all its forms, and how to treat it, whether at home or abroad.

In the *Journal of the American Medical Association*, February 6, 1897, there is a very able article on the advantages of the Hot Springs, by the President of the Medical Society of that place, Dr. Eugene Carson Hay. The doctor says, "My ideas are that the solvent and eliminative powers are so far superior to all others that it enables the patient to tolerate large administrations of mercury and iodide of potassium with less constitutional distress than can be borne at home, and that the water by its great eliminative powers relieves, through the pores, the blood of all effete material more rapidly than would be done by any other water."

Then the hygienic surroundings are perfect. The patient is relieved from all business cares. His diet is carefully attended to. The use of tobacco is forbidden, and so are all intoxicating liquors. The hotels are first-class, and are not made of glass, so that those living in those sort of houses can not hurt themselves or others, if they throw metaphorical syphilitic epithets. It would be a case of the "pot calling the kettle black."

The inunction method of mercurial treatment is the one employed. "Taking the official fifty per cent. ointment, and usually dividing an ounce into eight, six or four papers, and rubbing in the contents of one paper each day, according to the exigencies of the case. The bath is then prescribed, and the general routine for the day is as follows: The patient arising at 7 A. M., breakfast at 8, then allowing from two and one-half to three hours to elapse so that digestion is thoroughly established, goes at 11 A. M. to his bath, which consists of immersion in the hot water contained in porcelain lined tubs from six to twelve minutes, at a temperature from 94 degrees to 96 degrees F., at the completion of which he is thoroughly rubbed down by his attendant until the skin glows from the stimulation of the peripheral circulation. He is then wrapped in his bath robe and passes into a lounging room that is kept at a temperature of 90 degrees F. He remains there from thirty to sixty minutes; and it is while in this room that the inunction of mercury is applied, while the skin is active and the pores open, in the following manner: The patient sits astride of a straight back chair with arms folded over chest and back exposed; the attendant, with his hand encased with rubber mitten, spreads the ointment over the entire surface of the back, and standing by the patient's side commences with a long, sweeping motion, exerting an equable pressure, distributes the ointment evenly, and continues until the back seems to become quite dry, which takes generally ten to twenty minutes, depending on size of inunction. The patient then puts on a light gauze shirt called the "mercury shirt" which is worn constantly under his other garments and is never washed or deserted until he has finished his course. This naturally in course of a week or so becomes quite well saturated with the ointment and is the source of constant absorption. The patient then passes into another cooling room kept at a temperature of 80 degrees F., and after remaining thirty to forty minutes returns to his own room and lies down before luncheon for about one hour, and he has finished for the day. If iodide of potassium is administered it is generally given in the saturated solution of fifty per cent. with some adjuvant like essence of pepsin. I myself prefer the fifty per cent. solution and use Fairchild's essence of pepsin, as it protects the stomach, aids digestion, and you do not witness any of the diagreeable gastric symptoms like those produced by the

saturated solution alone. Diaphoresis is not encouraged in the bath during the inunction course, because, as the emunctories are filled with mercury, any excessive sweating would expel what we want absorbed. After saturation is produced the mercury of course is discontinued, at least until the symptoms all subside. About five or six days before the patient takes his departure for home, he is instructed to take about as many vapors in addition to the plain baths, which I will describe briefly as follows: Plain bath ten minutes at 100° F. He is then released and passes into the hot room kept at 120° F., and remains from five to ten minutes. While in the bath and hot room he is instructed to drink the hot water freely. After passing through this you can well imagine the perspiration must be flowing quite freely. He is then removed to the first cooling room I above referred to, kept at 90° F., wrapped up thoroughly in his bath robe and allowed to cool off. The day before departure, especially if the patient lives in a cooler climate, a plain warm bath is administered and followed by an alcohol sponging to close the pores. This is a complete synopsis, as briefly as I can state, of our methods."

It is not claimed that the waters alone cure syphilis, nor is it implied that the treatment as pursued at the Hot Springs shortens the course of the disease.

In my opinion, whatever treatment is adopted, it should extend over a period of four years, as I have already stated in a former lecture.

The readers of the *Journal of the American Medical Association* have read the issue for December 12, 1896, which contains an article called "Syphilis Successfully Treated by Hydriatics," by Dr. Elmer Lee of Chicago. The doctor reported two cases, treated by water alone. These occurred in 1894 and 1895. Sufficient time has not elapsed to pronounce either case cured.

I hope soon to take up the treatment of syphilis by animal serum.

IS WORMSEED POISONOUS?

By A. K. Bond, M. D.,
Clinical Professor of Diseases of Children, Baltimore Medical College.

SECOND PAPER.

These high authorities on therapeutics of the present and of former generations, whose standing is indisputable, evidently teach that chenopodium anthelminticum is a harmless remedy in whatever form, and that no particular care is to be taken against overdoses.

When we turn to the standard authorities of pharmacy, we meet at once with earnest warnings against careless use of the drug. The National Dispensatory, 1894, says, "Many cases of poisoning by this oil (chenopodium) are recorded," and after quoting a fatal case adds the somewhat unexpected remark that more evidence is at hand of its value in intestinal disorders than in expelling worms. Directions are that from five to ten drops of the oil are to be given twice a day for two or three days and then a purge is to be administered.

Notwithstanding its statement as to the frequency of reports of poisoning, the Dispensatory of 1894, somewhat strangely, chooses for its illustrative quotation a case dating back to 1851, of the child of a slave in Buchanan County, Missouri, in which a "physician-surgeon-druggist-tooth-puller, patent pill-manufacturer-corncutter-biologist-pettifogger-agent for collections, etc," furnished the oil of wormseed, which taken in fifteen drop doses "till the worms should be expelled," was followed by death. If cases are so frequently reported, as alleged, it is certainly neglectful in the authors of the *Dispensatory* to retain as its standard illustra-

tion a case reported 43 years ago, in an imperfect way, by a casual letter from a physician who, although I do not doubt his truthfulness, was evidently not in a calm, judicial frame of mind.

In fact, reports of poisoning by chenopodium anthelminticum are as far as I have observed not frequent, as the Dispensatory states, but extremely rare. I have searched the Index Catalogue of the Surgeon-General's Library and find beside Dr. Brown's case but one or perhaps two reports that could bear upon the subject, and these not within my reach. After consulting the Index Catalogue (dated 1881) I went over the columns marked "Toxicology" in the *Index Medicus* from January, 1881, through July, 1896 (when this article was written). While cases of santonin poisoning were not infrequent, references to chenopodium, under whatever name and in whatever tongue, were exceedingly rare. It is but just, therefore, that the next Dispensatory should either correct its statement as to the frequency of records of poisoning or else give some reasonably modern publications in support of its assertion.

I have conversed with several intelligent druggists concerning the drug. They seem to know little about its toxic properties apart from the statements of the Dispensatory. They sell very little of the oil in its raw form. They allege that most of the liquid proprietary vermifuges, in which they deal freely, contain the oil. The patent medicine men think it wise in these vermifuges to add castor oil to the mixture. In view of the possible accumulation of the drug in the intestines, it seems to me that these proprietors are in this wiser than our therapeutic authorities, who recommend a purge only after as much as three or four days of administration of the oil.

The preparation sold to my patient by the clerk was from near the bottom of the bottle and probably somewhat darkened. His employer, however, a well-trained, careful druggist, assures me that the change in this oil after years of standing would not be one of concentration, but a simple one of terebinthination whereby its properties would probably become less active. A turpentine compound would hardly produce fatal results in the doses reported as fatal; yet suppression of the urine was apparently present in my case. The condition of the urinary secretion is not mentioned in the Dispensatory case. Had severe strangury been present in either case it would certainly have been mentioned. In Dr. Brown's case the urine showed no signs of disturbance in its passage, its quantity, its microscopical, chemical or general properties. It was passed freely into the bed.

The symptoms common to the cases to which I have alluded point to poisoning of the nervous system. In the Dispensatory case there were insensibility, stertor, unilateral convulsions. In Dr. Brown's patient, staggering, stomachal vertigo, deafness (yet hyperesthesia to jarring), prolonged sleep, aphasia (with loss of ability to write), appeared at different times in the course of the illness, some of them passing away. He washed and wiped his hands in a basin containing no water, shook hands with a friend twenty successive times in as many minutes. Clonic spasms of the right hand and arm were followed by paralysis of these parts, stupor without stertor, insensibility of eye-balls to touch, dyspnea, general convulsions, coma, bedsore and death. In my case there were stupor, stertor, twitching of both hands and of the mouth.

Apart from the nervous symptoms, involvement of the gastro-intestinal tract was most prominent in Dr. Brown's case, as shown in repeated vomiting (this was present in my case also) with great nausea, disagreeable eructations, "deathly sickness," colic and finally icterus so intense that yellow fever was thought of. During the five days of his illness his vomit and sweat smelled strongly of wormseed. The urine did not smell of it. There were no worms observed in the case, the patient, as is fully explained by Dr. Brown, having simply a morbid proneness to self-medication.

Taking these histories together it would seem that the most impartial observer would, even had there been no

history of the administration or smell of wormseed, suspect that they were cases in which a poisonous agent had entered the digestive canal and thence permeated the whole body and overpowered the nervous centers. With the whole history it seems reasonable to believe that the oil of wormseed swallowed contained in its bulk or was itself the poison. Either the oil of wormseed is in certain conditions of the body (perhaps by digestive change) a deadly poison, or it contains at times some impurity which is deadly, or it undergoes at times on standing a deadly decomposition. The safety with which it is administered in patent medicines or domestic medication may be due to the addition of a purgative which hurries it out of the system. If so, our text-books ought to advise admixture with a purgative.

Considering that so little is known of its septic possibilities, Dr. Wood seems rash in stating that all the symptoms of Dr. Brown's case and its fatal result could plainly not be immediately due to the wormseed. The late Dr. Brown was well-known in this city as an able observer and he had the patient (an acquaintance of mine) immediately under his care and control after the latter had foolishly bought and taken the wormseed oil — an ounce and a half of it with one ounce of castor oil and thirty drops of turpentine, on his own responsibility. (Strange to say, this mess did not move the bowels at all.)

As to treatment I have found no light from the text-books mentioned. Dr. Brown stated that Stillé, Ringer, Taylor, Orphila and other writers gave him no information as to symptoms and treatment, and afterward he says "in no work on materia medica, practice or forensic medicine which I have consulted, which includes almost every modern work (English), have I yet met with a single case of fatal poisoning from wormseed oil. Since the occurrence I have heard of others." Strange that it is always hearsay and not literary record.

If these were cases of poisoning by oil of wormseed or some substance contained in or derived from it, a very thorough cleansing of the digestive tract at once from all traces of the poison would seem to be indicated. Then symptoms should be met as they appear. In the infant there is a little time for this, although death comes after a few hours. In the strong adult, Dr. Brown's patient, many days of poisoning intervened before death set in. The shifting and evanescent character of the odd symptoms, now alarming, now mild, and the patient's denial that he had taken wormseed, together with the indifference of medical standard writers as to its harmful properties, rendered the treatment of the doctor's case unpositive.

Fibromata in Pregnancy.—Dr. W. H. Rumpf of Chicago, in reporting a case of uterine fibromata in pregnancy, in the *American Gynecological and Obstetrical Journal*, emphasizes the following points:

1. Fibroid tumors do not predispose to any great extent to sterility.

2. Fibroids in pregnancy, during labor and in the puerperium, represent dangerous complications in only a small number of cases.

3. Too active operative interference should be carefully guarded against.

4. The operation for the removal of the tumors should not be postponed until some months after confinement.

The Treatment of Putrid Bronchitis.—The *Therapeutic Gazette* says that Rosenfeld has obtained good results in the treatment of putrid bronchitis by the injection of a five per cent. solution of nitrate of silver into the trachea. He asserts that one to two cubic centimeters of this solution may be injected each day without provoking an excessive cough. As a result there is a diminution in the quantity of the sputum, disappearance of its fetid odor and an amelioration of the bronchial symptoms. The treatment is rather bold, but the friends of one with this disease would scarcely mourn his sudden death.

THE OCCURRENCE OF DROPSY IN DISEASES OF THE KIDNEYS.

By Charles O'Donovan, M. D.,
Baltimore.

READ AT A MEETING OF THE MEDICAL SOCIETY OF THE WOMAN'S MEDICAL COLLEGE OF BALTIMORE.

We have all been taught in our student days that dropsy, by the locality in which it appeared, gave a valuable guide to its cause, so that a dropsy, if from the heart, would make its appearance first about the feet; if from the liver, it would be found in the abdomen; but that a dropsy from diseased kidneys would show first in the face, generally by a puffiness under the eyes. Like all general rules, this one is not strictly accurate, though sufficiently so for all practical purposes; yet in a closer study of kidney dropsies we can readily find some exceptions that will show us how necessary a careful study of each individual case is before allowing ourselves too readily to group it under loose general rules. And at the very beginning it is necessary for us to recall that many dropsies or edemas in the later stages of kidney trouble are to be ascribed rather to the heart as the direct cause than to the underlying disease of the kidney and so do not properly belong to our part of this discussion.

When the heart, worn out by the constant and long-continued strain thrown upon it in the course of renal disease, has lost its ability to properly carry on its function, the consequent dropsy is rather to be ascribed to the heart than to the kidney. But even if we leave out this very large class of cases, there are still a great many in which edema occurs that can be ascribed truthfully to the kidney alone as cause; and for greater convenience in the study of them let us take them up separately under the different forms of kidney disease that give rise to such a condition, viz.: acute nephritis, chronic parenchymatous nephritis, chronic interstitial nephritis.

Acute nephritis arises from exposure to cold; in the course of or after certain fevers, as in children, after scarlet fever; or during the last months of pregnancy. Other causes may give rise to nephritis, but under these heads the greatest number of cases may be counted. All cases of nephritis do not present similar features even as far as edema is concerned; usually a puffing about the face, especially beneath the lower eyelids, may be noticed very early in the disease; perhaps this will be the first symptom complained of. Further examination will show most likely a fulness also about the ankles and a tendency of the skin over them to pit upon pressure, with diminished quantity of urine, perhaps nearly complete suppression, and characteristic changes in the urinary secretion.

The edema may become enormous as the case progresses, especially in scarlatinal nephritis, when the general anasarca completely changes the appearance of the sufferer and persists for a long time. Not every case of acute nephritis, however, presents this picture; often there is not the slightest edema and this even in severe cases that are not of long duration. I recall an instance that happened in the winter of 1891, when I had been attending in an attack of grippe a man, aged 59, who had been a hard drinker and who had had syphilis about twenty years before; he had complete suppression of urine for twenty-four hours and a very cloudy and scanty secretion for several days afterward, but not the slightest sign of edema anywhere. He made a slow recovery, but finally became perfectly well and has remained so up to the present time. Another case I saw in July, 1881, in a man about 45 years old, who had been exposed to cold while in a perspiration and who secreted no urine for about thirty-six hours, when I drew

off about two ounces of muddy urine through a catheter, after which the kidneys continued to act; he was very restless and uneasy, showing evident signs of uremic intoxication, vomited several times and complained of chilliness and severe pain in the back, yet at no time during his attack, which lasted about two weeks before he was discharged, did he show any edema.

On the other hand, I remember a child of about 6 years, who was brought to my office in June, 1890, with a face immensely puffed so that the eyes seemed sunken in the doughy cheeks; upon examination she proved to have general anasarca, her whole skin seemed to be filled with water, her urine was highly albuminous and full of casts and blood. From her history I concluded that she had had about two weeks before a very light case of scarlet fever, so slight that only a trifling blush was over the skin and she did not seem at all ill; there had been no thought of a physician or of putting the child to bed, yet from exposure at that time she developed a dropsy that lasted for eight or ten weeks, when she became perfectly well again and has had no further trouble from her kidneys.

Another man, aged about 26, came to me in the summer of 1887 complaining only of shortness of breath since he had grown stout, as he thought. At a glance it was apparent from his puffed, dough-colored face that he had some serious trouble; pressure upon any part of his body would leave a pit; his lungs were very much infiltrated and both pleural cavities contained some fluid; his urine was loaded with albumen; his heart was sound, but there was some pericardial effusion; the fat that he had been so complimented upon was water, which continued to increase as his case developed until every part of him became saturated and he died waterlogged.

From the consideration of these few cases as types you can see that acute nephritis will produce varying degrees of edema or ascites in different individuals according to no fixed rule; edema often being the very first symptom, sometimes the most prominent one, but oftenest occurring after the nephritis has existed some time, when relaxed or dependent portions of the body become infiltrated with serum.

It is in chronic parenchymatous nephritis that dropsy is the most noticeable. This form follows frequently from the acute nephritis of which we have just spoken, or may be in existence, although unsuspected, for years, until in addition to the sensations of general malaise, or dyspepsia, or some other complaint, it is noticed that there is in the patient a tendency to puff up under the eyes; or perhaps a slight edema about the ankles is noticed, attributed at first to sitting too much, or weak circulation, or some other cause. An examination of the urine clears up the matter at once by showing a large proportion of albumen and numerous casts of all sorts. The edema in this form of nephritis is rarely absent after it has once made its appearance, but it varies very much in a given case at different times, though there will always be found the bags of water under the eyes, or the swollen ankles, yet often during the course of the disease, running, as it frequently does, over a number of years, there will occur marked changes in the quantity and location of the dropsical effusions. The pleural cavities, peritoneal sac, scrotum and lax parts about the penis or other portions of the body may be distended by effusions of greater or less extent, that frequently threaten for a time the life of the patient, but are often slowly absorbed, allowing a period of comparative comfort till a repetition occurs. These cases often run a very long course. I have in my mind one that had large quantities of albumen and many casts of various kinds in every sample of urine examined during a period of fifteen years. He had been a very hard drinker at periods during this entire time, never going through a year without five or six or more sprees, lasting often for a week or more. He always had under each eye that bag of waters that is so characteristic of this trouble; and every night some edema would be apparent about the ankles. In the later stages of the disease he suf-

ered intensely from uremic nervous symptoms and shortness of breath, as well as slight pleural effusion and dropsy of the peritoneum, but never had any large amount of effusion.

Treatment often benefits the dropsy of this form of nephritis very materially; by increasing the flow of urine by every means in our power we keep the fluid at a minimum; but attention must also be given to keeping the general condition of the patient in the best order possible. We can rarely hope to get rid of all edema, but we may often escape the severer forms of dropsy, or succeed in reducing them to a minimum after they have occurred.

In chronic interstitial nephritis one finds little edema till near the end of the disease. This form of Bright's disease may pursue its course till death is at hand with little to call attention to its existence. The face will rarely show any of the edema which we associate in our minds with kidney trouble; there may be a trifling heaviness under the eyes, but nothing like that described under the last head. In many cases the first warning one has is a sudden, and often fatal, edema of the lungs coming on most frequently at night; or there may be edema of the glottis, which is apt to persist as a chronic catarrhal condition of the surrounding parts. After one of these sudden attacks the circulatory equilibrium seems broken, and edematous bronchitis, pleural or pericardial effusions, slight abdominal ascites, infiltration of the penis or scrotum, or of the intra-cranial tissues, may be expected. The occurrence of edema in this disease is a warning of the greatest moment, which shows that the end is near. The usual slow progress of the disease has enabled each organ to accommodate itself to the gradual loss of kidney action up to a certain point; this having been passed an explosion occurs and the whole fabric seems shattered, rapidly falling into ruins from that time. So that in cases of this disease the appearance of edema is a very serious symptom; if the case has been recognized and has been kept under treatment, it shows that the treatment is becoming ineffectual; if it is the first warning that we receive to call our attention to the disease, already of long standing, we may hope by treatment to do some little good in relieving for a time the severity of the symptoms, but only for a time. Most often the weakened and overworked heart gives out rapidly and effusions from the heart rapidly follow upon and increase the original edema from the kidneys.

How does kidney trouble cause edema? The most natural answer is that the water that should pass off as urine is dammed up in the system and bursts bounds. This would be all very well if we found dropsy only in cases of diminished renal secretion, but we all know that such is not the case. On the contrary, we often find immense anasarca present with an actual increase in the usual amount of urine. A great deal of study has been given to this subject and as yet but doubtful conclusions have been reached.

The two chief theories beyond the mere pressure and transudation theory are that in the course of the disease the walls of the vessels are rendered abnormally pervious, thus allowing the effusion, or that there is a specific inflammation of the vessels as a result of infection from deficient kidney action; that the circulation of toxic blood produces in some cases a definite inflammatory effect upon the walls of the vessels in which it circulates, and that the edema is a direct consequence of this inflammation. Neither theory is accepted generally, and as yet this interesting problem is unsolved.

MENSTRUATION IN AN INFANT.—Montaris of Mitylene (*British Medical Journal*) reports the case of an infant who was born on August 21, 1892, and menstruated on February 21, 1893. Her body was unusually developed, the hair of the head strong and long, the breasts large. The features were regular, and, as is not usual in such cases, the expression of the features was intelligent.

Society Reports.

WASHINGTON MEDICAL AND SURGICAL SOCIETY.

Dr. Barnes reported a case of PLACENTA PREVIA CENTRALIS that occurred in the practice of his father, E. P. Barnes of Ohio, during the month of June.

In speaking of the rarity of this variety he quoted Pinard as having attended 15,000 accouchements without meeting a single case. The etiology he attributed to anomalies in primipara and to diseased endometrium in multipara. He does not believe, as Osiander states, that lying on the back or side during copulation affects the after-attachment of the placenta, as the physiological action of the ciliated epithelium takes care of the spermatozoon after it has successfully passed within the uterus; that copulation during menstruation might cause placental attachment in the lower segment on account of the condition of the upper endometrium; or injury that would dislodge first attachment of spermatovum might cause it to gravitate and become attached again. He believes that the diagnosis can be made by careful palpation. That the prognosis depends upon hemorrhage, infection, force and after-anemia. That late hemorrhage can be considered as beginning of labor and early and frequent hemorrhage as both troublesome and dangerous. It gives mortality to mothers at 22 per cent., to children at 70 per cent. In treatment he says be ready for emergencies and use good judgment, meet the special features of each case. Rest in bed, hot water and vinegar, colpeurynter; antiseptic tampons if os is rigid and hemorrhage considerable, leave until os is dilated or symptoms demand removal. Then dilate with hand and let child come down and act as wedge. Keep acquainted with what is going on. If central attachment with os dilated, tear through and deliver with forceps if necessary. In breech, bring down a foot, in transverse, podalic version.

The case was that of Mrs. Julius Coutz, German, aged 40, multipara, previous deliveries normal. Began having pains June 1. They continued for twenty-four hours without other signs of labor. On the evening of the 2nd, os became soft and hemorrhage began. Child high, os size of a quarter and completely shut off by placenta; hemorrhage profuse, vagina tamponed; two drams of ergot given; hemorrhage continued. Hand dilatation and perforation of placenta; hand introduced and child found transverse. Sc. D. A.

On removing hand the placenta came also and was upon the wrist of the operator, his hand having passed through close to the cord. Hemorrhage much less. Internal podalic version and delivery of a seventeen pound child. Mother and child doing well. The case is remarkable, first, for the placenta previa centralis; second, for size of child; third, for abatement of hemorrhage after placenta was extracted; fourth, for length of time the child's circulation was cut off; fifth, for the recovery of both mother and child.

Medical Progress.

CESAREAN SECTION FOR CANCER OF THE UTERUS. — Robert Sorel (*British Medical Journal*) thinks that although the range of usefulness of Cesarean section has recently been limited by the introduction of symphysiotomy, etc., it still finds a clear indication when cancer of the uterus has rendered cervical dilatation impossible. The case reported was one in which pregnancy had arrived at the full term. The cancer was not one that could be operated upon. Labor had been going on for sixty hours without a trace of dilatation. Cesarean section was performed and the infant was saved alive. The patient is still living, but the cancer is making steady, although slow, progress. Had Sorel seen the case in early pregnancy he would have counselled removal of the whole uterus; as it was, Cesarean section was preferable to total abdominal hysterectomy as being more rapid and less dangerous and because the malignant disease had already invaded the vagina.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, AUGUST 14, 1897.

DISORDERS of the kidneys in children are even less thoroughly understood than those of the adult, which is saying a good deal. The difficulty of securing the urine in infants, and the general neglect of children's rarer diseases which still prevails, are among the causes of this unfortunate state of affairs.

Obscure Kidney Suppuration.

In a contribution to the *Deutsche Medicinische Wochenschrift*, of June 17, that master workman in pediatrics, Professor Baginsky, along with a report of certain cases of ascending suppurative pyelonephritis complicating fatal summer diarrhea in infants, calls attention to several cases of suppurative nephritis or perhaps abscess opening through the kidney, differing essentially in symptoms, course and origin from those just referred to.

In one of these latter cases (which may be taken as typical of all the cases) there came under his care a child, pale, worn with long illness and a fever of intermittent character, sometimes subnormal. The most exact examination of all the great organs failed to reveal the nature of her disease. Nor had former physicians understood it. The blood examination gave nothing abnormal. With each fever attack there was obstinate constipation, and when the feces were eventually discharged they were very hard and firm and covered with a layer of moderately thick gray-white membranous material.

At the second visit, after another fruitless search, it struck the doctor that the urine had deposited a very heavy sediment in the vessel, although former physicians had repeatedly examined it and found it normal. Dr. Baginsky now analyzed it and found a moderate quantity of albumen, opaque casts, and a large number of pus cells. Later observations showed that this abnormal urine alternated with wholly normal, clear urine, which explained the failure of former physicians to diagnose the trouble.

Gentle aperients and alkaline waters were used and soon the fever disappeared, the urine became normal and the child was discharged as cured. Two years later a relapse occurred with similar constipation, fever, membranous coating of feces and changeful urine. The same treatment was beneficial. The child was then lost sight of. In the pus the colon bacillus was found in abundance.

These cases remind the writer of certain perinephritic abscess cases, reported last winter by Dr. Tiffany of Baltimore, in the adult, each following some months after influenza. Perhaps Dr. Baginsky's were due also to the intestinal sepsis of influenza.

The *moral* is that a single examination of the urine may mislead in these cases.

* * *

THE action of the City Council of Baltimore in passing the ordinance taking from the magistrates the power of committing the indigent sick of that city to the various hospitals designated by the city has resulted in the appointment by the Mayor of a Charity Commission composed of five men of well-known ability and well fitted for the work. The hospitals naturally opposed this move on the ground that the magistrates were better acquainted with the individual needs of those applying, better than any commission, which would naturally act slowly and perhaps work a great hardship on those needing immediate treatment. There has certainly been mismanagement somewhere, due perhaps to lack of watchfulness or a

The Indigent Sick.

desire to help every one without further reason. The new commission will certainly be able to investigate each case and the city will hereafter pay only for such deserving poor as need treatment and will cut off the hospital "bum," who, like every one of his class, should not be treated too well. The following is the text of the ordinance :

"*Resolved* by the Mayor and City Council of Baltimore, That a commission of five be appointed by the Mayor to serve for a period of six months from the date of appointment, to devise a plan and report the same to the two branches of the City Council, whereby the city of Baltimore can care directly for all indigent sick, waifs and orphans who may be thrown upon the city for care and attention ; also, to devise and report a method of appropriating to dispensaries and hospitals where the city commits persons for attention."

The commission will not antagonize the work of the hospitals, but rather systematize it and act justly towards all. Any step which will lighten the heavy burden of the tax payer should be hailed with delight by all, and the fact that the greatest good will be done to the greatest number should reconcile those who oppose the formation of this commission. The new Mayor of Baltimore has not pleased all, but he has been honest in his desire, which he has already partially accomplished, in reducing the expenses of the city.

* * *

Medical Mining.

It is only with the greatest effort that the medical worker represses a desire to take a bike or a balloon and hie him to Alaskan fields where solid lumps of gold obstruct every mountain streamlet. The demands of practice keeping him in the city, the physician may pass a spare hour in reflection on the similarity of gold-mining to medical practice.

There is the pocket miner among physicians as among seekers for yellow ore. He is the first comer on the ground in some specialty and gathers in gold nuggets by the shovelful ; or in an old field he, by some happy genius, strikes a deposit of unusual richness in the homes of old merchants, where the gold has been accumulating for years, the sediment from some glacier of selfishness. He is lacking in resources too if he does not wholly clean out the old gully.

Some less favored physicians strike a rich vein in an exclusive social circle and dig therein with profit for a lifetime.

The average physician, after looking to no effect for nuggets and veins during his earlier career, settles down to grinding quartz, happy if a few dollars a ton rewards his arduous labors.

* * *

Healthful Movements.

There are certain movements or actions, such as talking, shouting, singing, laughing, crying, sighing and yawning, which possess true therapeutical value. Dr. Harry Campbell, in the *Lancet*, writes himself down a bachelor who has lived far from crying infants when he ventures to assert, at a safe distance from the reader, that the crying and wailing of infants has definite therapeutical value. While he admits that certain kinds of "squalling" should be restrained within limits, yet he ventures to assert that the ordinary crying of infants should not be stopped, as it gives exercise to certain parts of the body, not to speak of the patience and endurance exercised by the tired mother and walking father as the helpless one lifts up its voice after midnight. Talking also has certain beneficial effects. Many a man who snatches a hasty meal at a lunch room suffers from dyspepsia not only on account of the hurried eating but from the lack of congenial fellowship at the table, and the silent man and student who sits abstractedly at meals and never speaks unless spoken to is worse than the horse, who at least looks around while he eats, or the cow, which has the sense to regurgitate the food and thoroughly masticate it.

Shouting, singing and laughing not only make life easier, but they reflect the good condition of the individual and certainly contribute towards bodily exercise.

Sighing, yawning, and even sneezing, which hardly belongs here, also constitute forms of exercise. In yawning the more unused parts of the lungs are expanded as in sighing, both of which are almost involuntary and are due to a stimulation of the *besoin de respirer*. Sneezing seems to arouse the whole system so thoroughly that many nations still cling to the custom of taking snuff and it is certain that a healthy sneeze, although much out of place before the crowned heads of Europe, gives a feeling of well-being.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending August 7, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		3
Phthisis Pulmonalis		23
Measles	2	
Whooping Cough	8	
Pseudo-membranous Croup and Diphtheria	10	5
Mumps		
Scarlet fever	13	1
Varioloid		
Varicella		
Typhoid fever	8	5

The new wing at St. Joseph's Hospital is finally completed and in use.

The death is reported of Dr. Charles Combs of Leonardtown, Maryland.

Dr. James E. Kendall, a prominent physician of Parkersburg, West Virginia, died last week, aged sixty.

Dr. E. G. Janeway has been elected president of the Bellevue Faculty, to succeed the late Dr. William T. Lusk.

It has been decided by the Cincinnati City Hospital to put their consumptive cases into a branch hospital on a farm.

In Massachusetts it is not allowed to perform an autopsy on the dead body of a child without the father's consent.

The plan to give the insane in Maryland institutions who are able to stand it regular occupation is a great sanitary advance.

Dr. William Lee, the Secretary of the Lunacy Board, has just finished a tour of inspection of the lower Eastern Shore.

Health Commissioner McShane will attend as a delegate the National Conference of Health Officers which will meet in Nashville next week.

Dr. Thos. A. Ashby has resigned the chair of Diseases of Women and Children in the Baltimore Medical College, to accept the Professorship of Diseases of Women in the University of Maryland.

Among the recent deaths in New York State are the following names: Dr. William C. Wey of Elmira. Dr. Orson S. St. John, formerly of Buffalo and more recently of New York City. Dr. Frederick H. James of Lancaster and Dr. Benjamin F. Sherman of Ogdensburg.

Among those who read papers at the tenth annual meeting of the American Association of Obstetricians and Gynecologists at Niagara Falls was Dr. Joseph H. Branham of Baltimore, who related a case of complete hysterectomy after injury during parturition, with Cesarean section.

It is announced that Dr. Wm. T. Howard has resigned the chair of Women and Children at the University of Maryland after a long and honorable career of thirty years. The appointment of Dr. Howard in 1867 is said to have been the first recognition of Gynecology and Pediatrics as independent branches by any medical college in this country. His able teachings will long be remembered by hosts of pupils.

At the Eighth Annual Meeting of the Association of Life Insurance Medical Directors, held in New York in May, the following officers were elected for the ensuing year: President, Dr. H. Cabell Tabb; First Vice-President, Dr. Geo. R. Shepherd; Second Vice-President, Dr. J. H. Webb; Secretary, Dr. O. H. Rogers; Treasurer, Dr. J. W. Brannan; Executive Committee, Drs. Curtis, Huntington, Wood and White.

The following changes have been made in the Faculty of the University of Maryland: Dr. Thomas A. Ashby has been elected to the chair of Diseases of Women in the Medical Department of the University of Maryland, made vacant by the resignation of Professor Wm. T. Howard, and to membership in the Board of Regents. Dr. Charles W. Mitchell has been elected to the chair of Diseases of Children and Clinical Medicine and to membership in the Board of Regents. Dr. J. Mason Hundley has been appointed Clinical Professor of Diseases of Women. Dr. J. C. Hemmeter assumes the Clinical Professorship of Diseases of the Stomach. Dr. T. C. Gilchrist becomes Clinical Professor of Dermatology. Dr. L. M. Allen succeeds to the position of Demonstrator of Obstetrics made vacant by the resignation of Dr. H. G. Utley. Dr. C. W. Mitchell is now Dean of the Faculty.

Book Reviews.

THE DISEASES OF THE STOMACH. By C. A. Ewald. Translated and edited by Morris Manges, A. M., M. D. Second Revised Edition. New York: D. Appleton & Co., 1897. Pp. 602.

The volume before us can be unhesitatingly recommended as the best work upon the diseases of the stomach in the English language. Dr. Manges has succeeded admirably in the difficult task of a translation which is not only correct as far as the subject matter is concerned, but what is equally important, a translation in excellent English. He certainly deserves to be congratulated. The attempt has been made to bring Ewald's third edition thoroughly up to date and a great many additions have hence been made. The ground has been thoroughly covered, but we fear that at times Dr. Manges has not been sufficiently critical and has embodied work of doubtful value in his volume. The illustrations taken from the German edition, as well as those which have been newly added, are not very satisfactory, and it is to be hoped that the translator will succeed in replacing them by more accurate ones in a future edition. The value of the work would thus be certainly greatly enhanced. The index is excellent and the typography of the work in conformity with the publisher's well-known reputation.

The study of the diseases of the stomach has gradually attracted more and more attention in our country and there is no reason why Dr. Manges' translation of Ewald's work should not be rapidly exhausted. We would suggest the advisability of embodying the first part of Ewald's book in a future American edition.

REPRINTS, ETC., RECEIVED.

The Causes of Sudden Death after Abdominal Section. By H. J. Boldt, M. D. Reprint from the *Post-Graduate*.

Improved Hypodermic Syringe and Remedy Case. By Elmer Lee, A. M., M. D., Ph. B., Chicago. Reprint from the *Journal*.

Alcoholic Insanity and Excess, with Reference to the Opium Habit. By A. L. Hodgdon, M. D., Baltimore. Reprint from the MARYLAND MEDICAL JOURNAL.

Current Editorial Comment.

STREET NOISES.

American Medico-Surgical Bulletin.

A WISE crusade against the incessant and often avoidable noises of city streets has lately been started by the daily press. It is to be hoped that this will be kept up until some permanent relief is obtained and until some of the offensive noise-makers have learned that they are trespassing on the rights of their fellows.

THE MEDICINE HABIT.

Modern Medicine.

ONE of the most pernicious practices prevailing in this country and, to a large extent, in all civilized countries, is the habit of medicine-taking. Many people are addicted to the habit of swallowing a drug of some sort for the relief of every physical discomfort which they may happen to experience without any attempt to remove the cause of the disorder by correcting their faulty habits of life.

IDEAL MEDICAL INSTRUCTION.

Medical Review of Reviews.

THE science of medicine being a true university study, the successful school of the future will be a department of an established university, the increasing tendency toward which we have previously commended in these columns. The most potent factor in the movement toward the ideal medical instruction, thus far, is the influence of the State Boards of Medical Examiners, and public opinion of today is most favorably disposed toward them, because the good work already accomplished is evident to every interested observer.

ADMINISTERING ANESTHETICS.

Medical Fortnightly.

THE giving of an anesthetic is no trifling matter. It is of such importance that he who gives it should be one who is willing to give his entire time to it, ready and alive to recognize emergencies, and, above all, to know what to do when the emergency arises. Such service should be paid for liberally, and not considered, as too frequently it is, especially in smaller towns, as a complimentary privilege to the operator, a free pass to the surgical operation; and consequently more attention is given to the operation than to the anesthetic, with the result that the signs of dangers are overlooked until profound disturbances are especially imminent.

PROGRESS IN MEDICAL SCIENCE.

BRAUNSCHWEIGER MUMME AS NOURISHMENT.—Midway between the nutritious substance of beef steak and the fiery stimulus of distilled liquors comes that peculiar substance so rich (when properly made) in concentrated nourishment and tonic properties as well — Brauschweiger Mumme. And it has been proved that of all liquid malt extracts now on the market, Braunschweiger Mumme contains the greatest amount of nutritious matter.

ARTIFICIAL LIMBS.—The following is one of the many testimonials received regarding the superior merits of his artificial limbs :

ELIZABETH, N. J., December 14, 1890.

I have tested Mr. J. E. Hanger's method for making and fitting artificial legs for now more than two years. The mode of fitting is excellent, and when once adapted to the stump the leg never gives trouble afterwards, and in my opinion the great value of Mr. Hanger's system is that the artificial limb is made to fit the stump in its general shape and contour, thus causing an equal bearing upon all parts of the limb, while minor points can be easily fitted by the shaping. My own leg was amputated at a point four inches below the knee, a place very difficult to fit, and Mr. Hanger's limbs have suited me admirably in a very active and laborious life, and I take pleasure in giving this testimonial.—CHARLES L. PYNE, Captain U. S. A., Retired.

A FEW REPORTS FROM PHYSICIANS ON PEPTENZYME.—"I have prescribed Peptenzyme in cases of bottle-fed infants incapable of digesting the milk, and have not seen a failure. In cases of vomiting, given before nursing, it arrested the difficulty promptly."

"In vomiting of pregnancy, and in fact any condition where nausea and vomiting are reflex, rectal disorders as well as uterine displacements, I find Peptenzyme one of the best remedies I have ever employed."

"I have been especially pleased with Peptenzyme in cases of cholera infantum. I have had no trouble in controlling the vomiting and diarrhea, and bringing my little patients out of danger in about one-half the time usually taken to cure such cases."

Peptenzyme tablets, powder and elixir are for sale by all druggists.

MR. B., aged 26, a vocalist, came to me in December, 1892, to be treated for aphonia. His general condition was bad. Much debilitated, and weighed about 106 pounds. I ordered cod liver oil, but he could not take it. Put him on Gray's Glycerine Tonic Comp. General symptoms began to improve immediately, and continued till he was completely restored to health. This is verified by my having seen him socially from time to time. He gained in weight 9 pounds the first month. Mrs. B., aged 78, a typical case of reflex nervous irritability, incident to old age. A thin, spare woman. I was called to her residence. Principal complaint, hysteria, some bronchitis, with great frequency of micturition. Urine had a specific gravity of 1002. Began administration of Gray's Tonic Comp., in teaspoonful doses every three hours. Urgent symptoms quickly improved. Continued use of Tonic for one month. At present writing she is as well as can be expected at her age. Miss R., aged 22, vocalist, with relaxed vocal chords; pale, anemic and pronounced amenorrhea; came to me for treatment. Felt as though she must sacrifice her position unless relieved. Gray's Glycerine Tonic Comp., continued for one month, with specific directions from me, effected a result entirely satisfactory, and she now has nothing to complain of. These three cases in the field of application, together with many others, lead me to believe that Gray's Glycerine Tonic Comp. is one of the most elegant and effective pharmaceutical preparations known.—FRANK E. MILLER, M. D., Vanderbilt Clinic, New York, October 6, 1892.

INSTRUCTION IN ORIFICIAL SURGERY.

PROF. E. H. PRATT will hold his eleventh annual class for didactic and clinical instruction in Orificial Surgery during the week beginning September 6, 1897. The class will assemble in the amphitheatre of the Chicago Homeopathic Medical College, at the corner of Wood and York Streets, at 9 A. M.

The course of instruction will last during the week, occupying a four hours' daily session.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVII.—No. 19. BALTIMORE, AUGUST 21, 1897. WHOLE No. 856

Original Articles.

FOUR TYPES OF INFANTILE DIARRHEA AND THE INDICATIONS FOR THEIR TREATMENT.*

By William Edgar Darnall, A. B., M. D.,
Atlantic City, N. J.

READ BEFORE THE NEW JERSEY STATE MEDICAL SOCIETY, JUNE 23, 1897, AT ATLANTIC CITY.

THE consideration of the entire subject of Infantile Diarrheas is too extensive and would require more time than the scope of this paper allows. Leaving aside, therefore, questions of etiology, bacteriology, pathology and the general symptomatology, I wish to draw your attention to four distinct clinical types of diarrhea, studied principally from the characteristic appearances of the stools, and endeavor to arrive at the proper indications for their treatment rather than to enter into the various methods of its application.

An accurate estimate of the real condition presented in alimentary troubles is often difficult to determine when it is remembered that the disturbance of the equilibrium of any one organ of digestion may, and usually does, mean disturbance of the functions of all the rest. One must, therefore, be able not only to recognize the prominent symptoms of the local lesion, but also to grasp the whole situation at once, and properly weigh the influence of all other organs and forces that complicate disease with infinite variabilities.

In the case of infants unable to describe their own sensations, helpless "and with no language but a cry," much valuable information is to be gained by careful observation. Indeed the mother's description in most cases is unreliable, though not intentionally so, and diligent personal scrutiny must make up the deficit in diagnostic knowledge.

The methods of classifying the diarrheas of infancy are almost as numerous as the writers on that subject. Many of these classifications have seemed inadequate. Our knowledge of the etiology or bacteriology of these troubles is hardly thorough enough to justify a classification upon either. It has seemed to me, therefore, that since the discharges are perhaps the most prominent feature of the disease a consideration of their characteristics would form a nucleus about which a clinical classification might be gathered that would at least be practicable. The statements which follow, however, should not be accepted without certain limitations, nor should they be divorced from the clinical picture afforded by the general symptomatology, but always considered in connection with it. Under this classification based upon the gross appearance of the stools four types will be recognized and these practically include all forms of the so-called "summer com-

*See author's paper on Clinical Significance of the Discharges in Infantile Diarrhea, *New York Medical Journal*, July 17, 1897.

plaint" of children. These are : (*a*) The mucous. (*b*) The serous. (*c*) The pasty-white, or musty from its odor (*d*) and the dyspeptic, subdivided into, (1) the acid and (2) the alkaline.

(*a*) The *Mucous Stool* is one of the first things presented to the fledgling doctor and one of the last things treated by the grey-haired veteran. It is like the proverbial poor whom ye have always with you. The mother often terms it "cold on the bowels." The discharges, usually small in amount and frequent, are characterized by whitish, ropy mucus of a gelatinous consistence, sometimes faintly streaked with blood or stained with feces. The presence of this stool has been attributed by some authors entirely to nervous disturbances. The functions of secretion in the alimentary tract, presided over by Meissner's plexus, are without doubt often deranged by teething and other reflex nervous influences. Especially is this so with children inheriting neurotic tendencies. This, however, does not adequately account for all cases. In children the secretive function is more active than in adults. Oversecretion with an abundant outpouring of mucus is consequently easily produced. The delicate mucosa is thus quite susceptible to local irritation ; and the presence of irritating foods is responsible for many of these cases. The mucous discharge which characterizes the catarrhal condition here presented may come from the whole alimentary tract or any part of it. It becomes important, too, to be able to locate the area from which it does come, in order to decide whether it represents gastritis, gastro-enteritis, enteritis, entero-colitis or colitis.

In true dysenteric states affecting the colon the stools are somewhat different from those just described. Instead of mucous discharges faintly streaked with blood the stool is quite bloody, so bloody, indeed, as to sometimes justify the term hemorrhagic stool. Much tormina and tenesmus are present and the pain rapidly exhausts the little patient if it is not speedily relieved.

If ulceration be present it may be determined by the occurrence in the discharges of pus and shreds of necrosed mucous membrane in addition to blood and mucus.

(*b*) *Serous Diarrhea.* These stools are represented by copious watery discharges that hardly stain the napkin. Water almost runs from the bowels by reason of the loss of sphincter action. The condition is termed choleriform diarrhea or cholera infantum. Associated with such stools is a profound state of collapse and frequently severe vomiting. It is a condition of shock. On the one hand, it is ascribed to heat exhaustion or heat stroke, occurring as in the adult in very warm weather. On the other, to toxemia from infected food, usually tyrotoxicon in the milk. In either case the clinical picture is practically the same. The vaso-motor system is profoundly depressed. The abundant outflow appears to be caused by the relaxation of the intestinal vessels, the tonicity of which is governed by the splanchnic nerves. This tension is lost. The alimentary canal, as some one has put it, presents a condition of millions of minute leaks, through which the young life rapidly drains away unless the leakage be soon stopped.

Whether the appearance presented by a helpless babe, restless, pinched of face and pallid of countenance, be the result of either heat stroke or milk poisoning, the indication is for prompt and decisive action on the part of the attendant. Temporizing or expermentation here means death to the child. In either case the important point is the quick recognition of the dangerous condition of depressed physiological function ; and the employment of methods for its prompt restoration, the indications for which are clear. The nervous system must be brought to its normal tone, vaso-motor tension regained and leaking vessels checked, else a few hours or a day may leak the reservoir of life so low that death supervenes.

(*c*) The *Pasty-white* or musty stool. This stool is often classified by authors as a form of cholera infantum. It presents, however, just the opposite condition from that described above. Instead of leaking relaxed vessels, every

vessel in the alimentary tract seems to be locked tight and in a state of complete inactivity. Secretion is reduced to a minimum, and the glands of digestion are almost functionless. The discharge found on the napkin is so small as to be hardly visible, and has the appearance of a paste made of water and chalk; sometimes it is cheesy-looking. The odor is musty or mousy and is characteristic of the stool. Usually a history of the child's having taken improper food or of this condition having been preceded by one of the other forms of diarrhea may be obtained. The general symptoms are not as severe as in true cholera infantum, but are not markedly different from those of other diarrheas.

The indication here is for prompt treatment, its object being to restore glandular activity. There is no agent more effective for accomplishing this than the bile itself. It is nature's own agent for the stimulation of intestinal secretions. Deleterious organisms are also destroyed by its antiseptic action. Flush the sewer then with bile and the inactive glands will soon fall into line and do their part.

(*d*) In the fourth class, the *Acute Dyspeptic* diarrheas, the whole management is more a question of artificial feeding and hygiene than the administration of medicine. The stools may be divided into two varieties. The *first* of these is characterized by a discharge, leaden in color, acid in reaction and possessing the sour disagreeable odor of fermentation. The *second* by a grass-green stool, alkaline in reaction, and of a most foul and offensive odor. The first is typical of the bacteria of fermentation; the second of the bacteria of decomposition and the abnormal state of the alimentary canal affords a splendid culture tube for the growth of these organisms. Intermixed in the discharge of both the acid leaden and the alkaline green stools may be seen curds of undigested food. The disease is one of warm weather and bad hygienic surroundings, the warmer temperature making the always easily infected milk still more congenial to the growth of the bacteria which get into it through unclean nursing bottles, contaminated nipples and in many other ways.

The indications are to thoroughly unload the bowels of their contents and, having thus blazed the way, to arrange a diet suitable to the case.

With an intelligent idea of the physiology of digestion and a quick perception of departures from its normal state, the treatment of these abnormal conditions becomes simple. The condition itself points out the way like a sign-post and the only question then is to find means by which the indications may be accomplished.

In all cases proper hygiene is of first importance. Without the aid of hygiene all efforts may prove unavailing. Daily baths in tepid water should be given. If the temperature be elevated they should be resorted to more frequently. The baby should be taken out for an airing every day. Clothing, napkins, etc., should be frequently changed. Nursing bottles should be simple, without tubes, and should be thoroughly scalded out before and after each feeding. Around the child's abdomen should be kept a flannel binder to prevent susceptibility to draughts, but the child should not be clothed too warmly.

1. In the mucous stool we have seen that the indication is to get rid of the presence of local irritants or to correct nervous derangement. The bowel should be swept clean of its offending contents by a full dose of laxol or castor oil. Bismuth then in large doses, even a drachm a day, may be administered. Its effect, which is soothing to the gut, mildly astringent and antiseptic, may be increased by suspending it in mucilage of acacia; after the acute stage is passed, vegetable astringents and mineral acids may be given.

Should a dysenteric state be present, calomel and ipecac, internally, are useful. The more rational mode of treatment, however, would seem to be that of local applications to diseased parts by means of medicated enemata. For this purpose various astringents may be employed. Nitrate of silver, perhaps, heads the list, using large injections of

a weak solution. It is also reliable in ulcerated conditions.

2. In the watery diarrhea of cholera infantum, where everything is relaxed and leaking, there are two prominent indications to be met. Bring the nervous system to normal tone and check the leaking vessels. Abdominal counter-irritation should never be forgotten, for its reflex action on the splanchnic nerves, as well as its pain-relieving qualities. Atropine, $\frac{1}{500}$ grain, as a vaso-motor stimulant, may be combined with morphine in $\frac{1}{100}$ grain doses and employed hypodermically. Champagne and brandy are useful. Lavage of the rectum and stomach may be employed; the latter frequently checks persistent vomiting. Rectal enemata of saline solutions restore lost serum to the blood. Should the case be one of heat stroke, the same general measures are indicated as in the adult.

3. In the pasty-white, musty stool practically the only indication is to find agents which will flush the bowel thoroughly with bile. Podophyllin is one of the best drugs we have for this purpose, for in addition to its cholagogue effect, it aids in stimulating glandular activity and pushes the poisonous contents on through the bowel. Astringents are of course contra-indicated as long as the stools continue pasty-white. They only increase the difficulty by locking things tighter and tighter. If, after the discharges assume a bilious type, a catarrhal condition should remain, they may be employed, but not until such is the case.

In each of the three preceding types of diarrhea it is generally advisable to withhold all food for a short time. In the meantime thirst may be allayed by barley water containing a little brandy. The child usually does not suffer from the want of nourishment for a day or so.

4. We now come to the dyspeptic cases where the management is largely a question of the adjustment of a suitable diet. The bowel should be thoroughly evacuated of its fermenting or decomposing contents with laxol or castor oil and aromatic syrup of rhubarb. Antiseptic treatment may be tried, but is usually unsatisfactory, since very few, if any, of the various drugs for this purpose ever reach the smaller intestine where most of the trouble is located, without having their antiseptic action destroyed before they get there.

Overfeeding is often at the bottom of all the trouble, some mothers not being able to get it into their heads that a child should not be fed every time it whimpers. The little one's stomach breaks down in the attempt to digest all that is put into it. It is a safe rule to cut down the amount of food at least one-half in such cases, directing that the child be fed not oftener than every two hours.

The division of these stools into acid and alkaline may guide us to some extent in selecting the proper kind of food for a diet. Escherich, who has made much research in this field, advises, when the stool is acid, the withdrawal of carbohydrates, milk, etc., and the administration of beef juice, albumen, water and meat broths. If, on the other hand, the stools be alkaline, this proteid diet should be withheld and carbohydrates given. In order for this method to succeed, however, it is necessary, if one class of food is to be employed, that the other be excluded entirely from the diet.

The modified milk meets the requirements for scientific feeding in many of these cases as perfectly perhaps as anything else. Milk is the natural food of all mammalia in the early period of their existence. The various constituents of milk vary, however, in different animals and in the same animal; cow's milk having double the amount of albuminoids as mother's milk, has to be diluted for the child. Too large a percentage of either albuminoids or fats will upset the baby's stomach. In the modified milk process not only can pure aseptic milk be furnished by the laboratories, but milk of any percentage composition ordered on the prescription of the physician. In this way whatever constituent of the milk is in excess or is causing trouble may be reduced to a minimum. The individual needs of each case can thus be met, and although the little di-

gestion may rebel at even a half of one per cent. of casein or fat, these principles can be reduced until but a mere trace is left.

It is a matter of vital importance in these diarrheas that the differences between them be clearly drawn and that a clear conception of just what abnormality of physiological state is present be well fixed in the mind of the attendant. Whether the stools, studied in the light of the facts before us, indicate a catarrhal mucous state, a leakage from wide open vessels, a locked-up condition of glandular inactivity with pasty-white evidence, or a condition of disturbed digestion with fermentation or decomposition, it is necessary always that the physiological aspect of the case be constantly borne in mind. The indications under these circumstances are clear. The treatment becomes simple. Its object may be stated as, first, an effort to eliminate from the bowel the causes of the disturbance as far as we know them; and, second, to apply the best means at our disposal to assist nature in restoring normal physiological function. Nature then, if given a fair chance, will pick up the work and go ahead.

THE ABUSE OF SURGERY.

AN EPILOGUE OF THE THOMPSON CASE.

By C. W. Chancellor, M. D.,
Late United States Consul at Havre, France.

The trial of two prominent Paris physicians, Drs. Boisleux and de La Jarrige, in connection with the death of the young Englishwoman, Miss Thompson, an account of which has been published in part in the Journal, was begun in the Seine Assizes on the 23d of March and terminated on the 27th. A verdict of guilty was returned by the jury against both men, and a sentence of five years' imprisonment was meted out to each.

It may be well to recapitulate the story of this sad affair, which created such a sensation at the time of its disclosure, and which still excites so much public interest. Miss Thompson who had come from London to occupy the position of an assistant at Redfern's well-known establishment in Paris, was a little over twenty years of age when she made the acquaintance of M. Mansuy, a prominent figure in club circles. Up to that date the life of the young woman had been exemplary. She was much liked in the house where she was employed, and, although a few of her companions suspected that she had a friend somewhere, she was generally regarded as a pattern of good conduct. Miss Thompson inhabited a small apartment in the rue de Bourgogne, where she was discreetly visited by M. Mansuy two or three times a week. During last summer, owing to a communication which she had made to her friend, he called on Dr. de La Jarrige, who was a member of a club which Mansuy had founded.

The young woman was afraid that if her character should be in any way compromised she would lose her place, a very natural apprehension in an establishment of such strict respectability, and her mind was already practically made up; but what passed between M. Mansuy and Dr. de La Jarrige is not quite clear, as the latter has maintained that he was kept in the dark as to the real state of things, and that it was while laboring under an erroneous impression that he introduced Miss Thompson and her lover to Dr. Boisleux. After some delay it was settled that an operation should take place at the residence of that physician in the rue de l'Arcade. On November 23, the young woman proceeded to the residence of Dr. Boisleux, and there was an operation on the following day, succeeded, after a brief interval, by another. On November 26, Miss Thompson breathed

her last, in intense pain. Besides Dr. Boisleux, Dr. de La Jarrige, and a young American medical student, Dr. Gelpic, who administered the chloroform, had been present at one of the operations, M. Mansuy being in an adjoining room.

The official doctor (*médecin d'état civil*), who had been called in to give the burial permit, not being satisfied with the explanation furnished, refused to grant the certificate of death, the police were communicated with, and on the evening of the 28th, M. Mansuy, who was at his home, received a summons from the Commissary of Police. On the following day he forwarded the summons to a friend, begging him to present himself in his place, and then after going out and giving directions that two graves should be dug side by side in the church yard at Châtenay, he returned home, told his wife the terrible narrative, and then asked her to bring him a book which was in another chamber. Scarcely had the lady left on this errand when he lodged a bullet in his heart.

Like Dr. de La Jarrige, Dr. Boisleux had stated that he had been deceived, and had had no idea of the condition or intentions of Miss Thompson, who was buried in the spot indicated in the Châtenay churchyard a week later; but suspicion had been aroused. Dr. Brouardel, dean of the Paris Faculty of Medicine, who made the post-mortem examination, had drawn up a very unfavorable report, and other evidence of a damaging character had come to light.

Such are the main features of this tragical case, various details connected with which have of necessity been suppressed.

Charles Jean Baptiste Boisleux was first cross-examined by the presiding judge, who previously set forth that the prisoner was born in the Pas de Calais, in August, 1856; that on receiving his medical diploma, he practiced in Paris, and subsequently went to Germany to study, and returned to Paris to attend Pasteur's lectures. In January, 1891, he opened a clinical establishment for the treatment of female diseases. He bore an excellent character, but soon two cases were reported against him, and it was alleged that a married woman and a spinster had died under his treatment.

The judge having recapitulated these facts, went on to the case in hand. He reproached the prisoner with want of proper attention to his patients, and with employing inexperienced nurses. Worse than that, out of ninety-four persons operated upon, twenty-six had died. Boisleux, replying, said that the operations were carried out with scrupulous care, and that he had cured persons who had been unsuccessfully treated by other doctors. "What about the woman Nada?" then said the President. "Three days after you operated on her she became insane, and you tried to place her in an insane asylum, but she was not admitted. Finally she was received in the Cochin Hospital, where she died a few moments after admission. You knew very well that she had not long to live." To this the prisoner gave an emphatic denial, and the President proceeded to cite another terrible case, notably that of Madam Latour d'Affaure, wife of an officer in the French army. The prisoner, as the judge said, insisted that an operation was necessary, and contrary to her husband's desire, the lady entered the Clinique, where she died. The President further reminded the prisoner that when the lady asked to see a priest, he refused except on certain conditions. The next case brought forward was that of a woman who had been given up as incurable by other doctors. She died after she had passed through the prisoner's hands, as did Mademoiselle Maday and another person.

These cases brought the prisoner under the notice of Dr. Poirier, the district medical registrar, who refused to give a burial certificate and said he did so because there were too many deaths in the Clinique, and the particulars as to the cause of death in this case were not satisfactory. Dr. Boisleux, in reply, said that he had performed laparotomy upon Miss Thompson in consequence of a disease of the uterus, and that she had died, probably owing to hemor-

rhage. Next came the question of the prisoner's cruelty in operating. Boisleux said little in defense of this charge, affirming only that he did everything in a regular way. "Yes," said the judge, "you wanted to get money quickly, and you accordingly undertook as many operations as possible."

The presiding judge now began the examination of Dr. de La Jarrige, whose brother is a distinguished general in the French army. He has a clinic for the treatment of diseases of the larynx, the nose and the lungs, in the rue de Rivoli. The prisoner's connection with M. Mansuy, who had taken Miss Thompson to see him, was gone into, and also the circumstances preliminary to Dr. de La Jarrige's recommendation that the young woman should go to Dr. Boisleux. Letters read in court showed that M. Mansuy was quite willing to assume the responsiblity involved in the birth of a child, but Miss Thompson would not see it in that way, and the surgical operation was arranged for and the fees fixed in Dr. de La Jarrige's office. All this the prisoner continued to deny, saying that the accusations against him were abominable. He said the midwife who had declared that Miss Thompson was *enceinte* might have made a mistake as well as a doctor.

In sending Miss Thompson to the residence, instead of the clinic of Dr. Boisleux, he was actuated by the desire to avoid the clinique, as young women did not like that place. Here the judge turned to Boisleux and reminded him that he proceeded to operate without making a preliminary inspection, and he showed no emotion when it became clear that the young woman was *enceinte*. Neither did he ask any explanation of de La Jarrige, and in the indictment the two were, therefore, accused of acting in concert.

At this point de La Jarrige made an "Act of Contrition." He said that in order to save his colleague he would assume full responsibility. He did not tell Boisleux that M. Mansuy had said that Miss Thompson was *enceinte*, for he himself did not believe that to be the case. He was very sorry, as it was a mistake which cost Miss Thompson her life. But what he also deplored was being dragged into an assize court, where his honorable past was not taken into proper account. After some lively passages between the judge and de La Jarrige, during which certain medical details were freely mentioned, the president accused the prisoner of having contradicted himself seriously in his statements. Dr. de La Jarrige, however, persistently adhered to his system of defence, and maintained that neither he nor Boisleux had any intention of committing a criminal act. The presiding judge then related how M. Mansuy had committed suicide. "This," he exclaimed, addressing the defendants, "was a man whose position, from the point of view of the prosecution, was no worse than your own, and yet he killed himself."

Dr. Brouardel, who performed the post-mortem examination on the deceased, informed the Court that his conclusions were that Miss Thompson was *enceinte*, that neither Dr. de La Jarrige nor Dr. Boisleux, notwithstanding the indications of M. Mansuy, made an examination of their patient; that the operation of curettage produced abortion, the perforation of the uterus, peritonitis and consequently death. The witness added that Dr. Boisleux tried to mislead him by producing the head of a fetus which was not that taken from Miss Thompson.

After Mr. Redfern, who employed Miss Thompson as a saleswoman, had spoken in high terms of the character and disposition of the deceased, the young American who was present when the fatal operation was performed gave a detailed account of the parts taken by the operators. He made the important statement that on the day after the operation Dr. Boisleux said to him: "I found a fetus in the uterus. What de La Jarrige has done is shameful. He knew that Miss Thompson was *enceinte*."

Dramatic to a degree was the evidence of Colonel Latour d'Affaure. He began by a recital of the details of his wife's entry into Dr. Boisleux's clinic in Aug-

ust, 1893. He was at the time engaged with his regiment in mountain manoeuvres and only returned to Paris in time "to find a closed coffin." "I at first tried," said the witness, to believe that my wife was the victim of fatality, but when I discovered that she had been kept completely isolated from her relatives, I understood that she was the victim of an unscrupulous doctor." Turning to the prisoner, Colonel d'Affaure went on: "There are at the galleys men less guilty a thousand times than you are who stand here. There are men who have committed murder under the impulse of passion; but you murdered a woman for 1500 francs ($300)—nay, for 700 francs ($140), for at the last moment you increased the bill because you had been obliged to keep the coffin of the poor dead woman at your house for twenty-four hours.

A number of witnesses were examined as to the previous good character and standing of the prisoners; but this availed nothing, for after ten minutes' deliberation the jury returned a verdict of guilty on all the counts.

A CASE OF COMPLETE HYSTERECTOMY FOR RUPTURE OF THE UTERUS AND VAGINA DURING CONFINEMENT.

By Joseph H. Branham, M. D.,
Professor of Obstetrics and Clinical Gynecology in the Baltimore University School of Medicine.

READ AT THE NINETY-NINTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 27 TO 30, 1897.

MARY S., colored, a native of Maryland, aged 26, menstruated at 12 years of age, married at 16. Had five children and five miscarriages. Small stature, with rather small pelvis, but with no marked deformities. Previous labors tedious, all completed by forceps, but otherwise normal. In labor, October 3, 1896. Attended by Dr. B. Dilatation progressed slowly, uterine pains became feeble and at 1.30 A. M., October 4, 1896, delivery was completed without great difficulty by Tarnier forceps. Child of moderate size, vertex presentation, first position. After delivery the patient became very weak, pulse rapid and small, and marked symptoms of hemorrhage coming on.

I first saw her October 4, about 10 A. M. At this time the pulse was scarcely perceptible at the wrist, 120 per minute, regular; heart sounds were fairly good. The abdomen was much distended and quite tender. Vaginal examination revealed an extensive tear involving the vagina at the junction of the uterus on the left side; also a small wound on the right side. On account of the enormous quantity of blood that was evidently in the peritoneal cavity, together with the great probability of septic infection, we decided that the only chance to save the patient's life was to do a laparotomy. To this the husband readily consented and it was decided to operate as soon as the assistance could be procured and instruments and dressings sterilized. The room was hastily prepared, surplus furniture being moved out and the floor-covering being taken away and the walls and wood-work gone over with a solution of bichloride, 1 to 500. The patient was given strychnia and whiskey and at 12.30 P. M. the operation was begun; her pulse had somewhat improved meantime.

Operation.—The abdomen and external genitals were thoroughly disinfected. After cleansing with soap and water, peroxide of hydrogen, bichloride of mercury and ether, the abdomen was covered over by a sterile sheet soaked in bichloride solution. This was split up for the incision. The abdominal wall was now incised in the median line

for about five inches. When the peritoneum was opened an immense quantity of blood gushed out. The lower segment of the peritoneal cavity was found to be almost filled with blood clots. The clots were removed and the anterior part of the uterus found to be normal. Upon lifting up the organ and examining Douglas' cul-de-sac, a very extensive tear, beginning in the lower left posterior segment of the uterus, extending between the uterus and the vagina, and across the left upper part of the vagina, across the anterior wall of the rectum, and into the left broad ligament, about six inches in length, was found. On the right side a small tear across the vault of the vagina was present. In view of the very extensive injury to the soft parts, with a very great probability of septic infection, as well as the difficulty of closing the wounds with the organ in position, it was decided that a complete hysterectomy would give the patient the best chance.

First the site of the tear was packed with sterile gauze to prevent any recurrence of hemorrhage. The uterus was then lifted out of the abdominal cavity and a rubber tourniquet placed around the lower segment. Then an anterior incision was made through the peritoneum at the junction of the cervix and the body of the uterus and a similar one behind. This incision was extended so that the tubes and ovaries were removed with the uterus. The ovarian arteries were ligated and the broad ligament on each side tied off in segments. The separation of the peritoneum was carried down to the junction of the uterus and vagina. The vagina was then cut through at its junction with the uterus by an electro-cautery, the uterine artery having been ligated meantime. The uterus was then removed entire. The tear in the vagina on the right side was closed up by continuous sutures, extending only into the peritoneum and subserous cellular tissue. The needle entered the peritoneum about half an inch from the tear and emerged on the same side about one-sixth of an inch from the tear. On the opposite side it was entered about one-sixth of an inch from the tear and emerged about one-half an inch, so that when the sutures were made taut the tissues would fold in, bringing the peritoneal surfaces together. The tear on the opposite side was closed in a similar manner, several segments of continuous sutures being used. It was necessary to use great care to avoid including the ureter in the sutures. The peritoneum which had been dissected from the uterus was now brought together and closed in a similar manner, an iodoform wick being first passed out through the vagina, which had been carefully disinfected. Iron-dyed silk was used for suture material. The abdominal wound was closed completely by silkworm-gut sutures. The hemorrhage during the operation was very slight. The abdominal sutures and the wound were covered by iodoform collodion. Over this a layer of cotton, soaked in bichloride, was placed, the whole kept in position by a cheese-cloth bandage. The patient had little nausea, but complained very much of being deprived of food for the first twenty-four hours.

The patient continued to improve rapidly ; appetite and digestion good. She had no elevation of temperature until the fifth day. At this time the temperature arose to 102° F., and a moderate elevation continued for about a week. On the seventh day some pus was discharged from the vagina, and a day or two afterward it began to discharge through one of the stitch-holes in the lower part of the abdominal wound. This discharge of pus from the vagina has never been excessive, and has continued, at intervals, until the present time. The patient's general condition is remarkably good and she has been able to engage in her household duties. A part of the sutures have been discharged from time to time through the vagina, and through the abdominal sinus ; these are very nearly closed at the present time. I think it is highly probable that in the near future she will be entirely restored to health.

Complete rupture of the uterus is one of the most serious conditions with which the obstetrician is liable to meet.

The mortality is probably 80 per cent. The accident may occur at any time from the third month of gestation until the termination of pregnancy. One very interesting case reported occurred in the third month after the use of the sound. The large majority of cases occur at the end of pregnancy during parturition.

The causes of rupture of the uterus may be divided as follows :

1. Obstruction, due to deformed pelvis, tumors, cicatricial contractions in the lower part of the uterus, or anywhere along the lower segment of the parturient canal.

2. Diseased conditions producing a weakening of the uterine walls. Among these are fibroid tumors, cicatricial tissue after previous injuries to the uterus caused by Cesarean section and other operative procedures, or accidents during previous labors ; fatty and other forms of degeneration ; prolonged labor producing stretching of the lower segment of the uterus, and changes produced by pressure against the bones of the pelvis.

3. Abnormalities in the position and condition of the child ; such as excessively large size, intra-uterine hydrocephalus. (Simpson reports eleven ruptures in nineteen instances of this kind.) Any other faulty position that produces prolonged labor may result in this accident.

4. Various operative procedures ; the most common is turning, especially when the uterus is diseased and very thin, or when the child has been impacted in the lower segment of the uterus for a long time. The high forceps operation, craniotomy, and so on.

5. Administration of oxytoxic remedies, such as ergot. This latter probably helps to account for the greater frequency of this accident among the lower classes. These patients are often given large doses of ergot by ignorant midwives.

Among the prominent symptoms are sudden cessation of pain with receding of the presenting part, usually beginning with a sharp, agonizing pain and a sense of something giving way and followed rapidly by symptoms of shock and hemorrhage.

Treatment.—When symptoms of rupture occur, delivery should be completed as rapidly as possible, by the use of whatever means may best bring about this result. The child nearly always dies in a few minutes, so that only the mother should be considered. If the child has escaped into the abdominal cavity, immediate laparotomy is indicated. After the child has been delivered, two methods of procedure are advised by different authorities. The one is, the closing of the tear by packing with iodoform gauze and drainage from the site of rupture by iodoform wicking ; the other, which in complete ruptures is found somewhat more popular, is to do a laparotomy, cleansing the peritoneal cavity. In suitable cases, close the tears by the Sanger method. If the tears are very extensive, and there is a strong probability of infection of the uterus, Porro's operation or complete hysterectomy undoubtedly is the best method. The preventive treatment consists in the early relief of difficult labor by suitable operative interference instituted before the uterus has become excessively thin, and damaged by long pressure between the presenting part and the bones of the pelvis.

" In Guy's Hospital Charity when assistance was given very sparingly, forceps cases being one in two hundred labors, there were seven cases of rupture of the uterus in 23,591 labors, or 1 in 3371. In the following ten years, forceps cases being 9 in 93 labors, ruptures of the uterus were only 1 in 5098 cases."

The case which I have reported probably occurred from an abnormal condition of the organ, which is liable to occur in women who have borne a large number of children in rapid succession. In all her labors operative interference was necessary on account of the narrow pelvis. Previous times this was done successfully. In the last labor the uterus was too weak to stand the necessary manipulation and gave way under the strain. Very possibly, without such assistance, rupture would have occurred in some previous labor. This case was

treated under very unfavorable circumstances, the surroundings being decidedly unhygienic, the uterus very probably having been infected before the operation was done. Under these circumstances I am persuaded that the operation selected was the very best for the patient, that any other procedure would probably have resulted in her death. I believe, in the near future, laparotomy, with or without hysterectomy, will be considered the best procedure in all cases of complete rupture of the uterus. Without doubt the professional trend at this time is decidedly in this direction.

Correspondence.

AGAINST ANTIVIVISECTION LAWS.

Los Angeles, Cal., June 28, 1897.

Editor Maryland Medical Journal.

Dear Sir:— At the recent meeting of the American Medical Editors' Association, on discussion it was deemed politic that every medical journal in the United States should publish editorials or articles, condemning and protesting against the passage of Senate Bill 1063; a bill entitled "For the Further Prevention of Cruelty to Animals in the District of Columbia."

To this end the Secretary of the American Medical Editors' Association was instructed to request every medical editor to print some protest against the passage of the bill..

The bill, under apparently inoffensive title, endeavors, under the guise of a local measure, to control all experimentations upon animals of whatever nature, and it will, if enacted, prohibit almost absolutely certain lines of experimentation and materially restrict others, both of which we as scientific men deem absolutely necessary for the advancement of medicine.

The bill is opposed by all of the important scientific bodies in the United States for these reasons:

1. Further legislation is unnecessary, the provisions of existing law being sufficient to entirely prevent such cruelty as is mentioned in the bill. The promoters of the bill do not attempt to show that any cruel or unnecessary procedures have been or are being performed within the District.

2. The voice of science and medicine is opposed to legislation of any kind which would take, in any measure, the direction or control of experimental medicine and physiology out of the hands of those, who on account of their special fitness have been chosen by the authorities of our higher institutions of learning and of research to convey instruction and to conduct investigations at these institutions.

If you have not already published an editorial along this line, may we not have one in the near future to the end that by concerted action, we may make the influence of the great medical public felt in the halls of the Senate.

If you desire literature on the subject write to Hon. F. M. Cockrell, U. S. S.

Respectfully submitted,

H. Bert. Ellis, M. D.,
Secretary.

Medical Progress.

The Growing Want of Faith in the Drug Treatment of Disease.— Dr. Edward Anderson of Rockville, Maryland, writes: There is a growing want of faith in the drug treatment of disease among the members of the regular profession and through them among the laity, as evidenced by the spread of homeopathy and the growing demand for animal extracts. In my opinion, this state of affairs is greatly to be deplored, for I believe we have in the drugs in common use the means of removing many morbid growths and nearly every morbid condition, and if we do not accomplish what we expect, it is because the medicine is not intelligently employed or because it is of inferior quality.

On June 2, 1896, a woman came to me for treatment, covered with a scaly eruption which rendered her hideous to

behold. She told me she had been in torment for fourteen years and that she had been under treatment by ten physicians, eight regulars and two homeopaths. I ordered her to take ten drops of Fowler's solution of arsenic three times daily. After taking the remedy for a month her stomach would no longer tolerate it in the liquid form, so I ordered it to be taken in capsules. On the twelfth of August, this woman was nearly clean and perfectly comfortable. I have not seen her since, but presume she is well. Every physician, I believe, who had attended this woman, had given her arsenic, but it was either given in too small an amount or continued for too short a time.

During the fall of 1896, there were at the lowest estimate two hundred cases of diphtheria in Montgomery County with five deaths, and all of them that were treated at all were treated with drugs alone. The five that succumbed were laryngeal cases.

The medical profession is prone to stray, and in order that we may not be led from the right path, in every issue of every medical journal an article should be published, and at every meeting of every medical society a paper should be read, on some drug in everyday use.

* * *

Trained Nurses and the Public. —Joseph Bell, M. D., F. R. C. S., in the *Scottish Medical and Surgical Journal*, as quoted in the *Boston Medical and Surgical Journal*, says:

"Private nurses often suffer at the hands of the public from too much being expected of them — too much work in many cases, to sit up all night, and sometimes half the day, with only an hour or two for sleep, in a noisy room with interruptions by foolish questioning — if nurse complains, the answer is ready: Sister or wife sat up day and night for the first few days till they broke down; why should not the nurse, and she trained to do the work, do the same? They forget that nurse must not break down; if she does, she may have to starve. What they fail in doing for a day or two, nurse has to spend her life doing; and if over-tired or sleepy she is the less a valuable nurse. Too much sympathy, indulgence which is bad for the patient and impertinent in the nurse, is often expected, and if not found, nurse is said to be so unsympathetic in her manner. Patients, too, expect that a nurse, like faith, can move mountains, that a little woman should be able to haul a sixteen-stone invalid up and down the bed.

"One nurse, having suffered much in the service of such a case, put her woes rather neatly by saying that the patient's friends expected her to be a judicious blend of an angel, a horse and a steam-crane!

"There, is of course, another side to the story. A nurse in a middle-class house with few servants may sometimes be an intolerable burden. Airs and graces, meals at all odd hours to be carried up to her, constant ringing of bell for coals and hot water. If she expects the conveniences of a hospital in a private house, there will soon be friction.

"Her tongue often wags too freely. Gossip about previous patients, appalling and apocryphal stories of hospital life, its operations and its young doctors. Noise in the sick-room at night, and, worst of all, light for her book or her work, when her patient cannot sleep if a glimmer is seen in the room. Want of consideration in trifles. To hang an enema syringe to dry over a crucifix will not be a way to win the heart of a high-church maiden. To turn the faithful old nurse out of her nursery will estrange, once and forever, the shy and ailing child."

* * *

Complicated Corneal Ulcers.— The treatment of complicated ulcers of the cornea requires great care and skill. Dr. Clarence A. Veasey, in an article on this subject in the *Therapeutic Gazette*, recapitulates his method of treating these ulcers as follows:

1. Examine thoroughly the conjunctiva, the lachrymal ducts, the nares and naso-pharynx, as well as the cornea itself, and if any abnormal condition be found that is either the primary cause

of the ulcer or that is keeping up the condition, direct the treatment against it as well as against the ulcer itself.

2. Employ moist heat by means of the local application of pieces of lint or flannel wrung out in hot water at a temperature of 120° F. from fifteen to sixty minutes at a time, repeating at intervals varying from two to four hours, according to the virulence of the disease.

3. Cleanse the ulcer and the conjunctival cul-de-sac with some warm antiseptic solution immediately after the employment of the moist heat, and between the times of its employment if there be much discharge. For this purpose may be used a saturated solution of boracic acid, a solution of bichloride of mercury (1 : 6000), or a solution of formaldehyde (1 : 4000).

4. Instil a drop or two of a solution of atropine (four grains to the fluidounce) once or twice daily if the ulcer be central ; but if it be peripheral, a solution of eserine (one-sixth of a grain to the fluidounce) may be employed from three to six times during the day, and the atropine solution instilled once at night.

5. The eye must be protected by dark glasses or an evenly and lightly applied bandage. As a rule, the former should be used in those cases in which there is considerable discharge, the latter in the cases in which very little discharge is present.

6. Should the above means fail to check the progress of the ulcer it should be curetted, and after dusting on its surface some iodoform, previously pulverized and sterilized, a bandage should be applied.

7. Should the ulcer continue to spread, after being curetted it should be touched with some one of the chemical agents employed for the purpose. Of these the tincture of iodine, liquid carbolic acid and silver nitrate (the latter in the strength of ten to twenty grains to the fluidounce) seem to be the best.

8. The actual cautery should be applied after the previously described remedies have been employed without beneficial result, or even before these have been used if it be seen that the ulcer has assumed a malignant type—that is, if the cornea is becoming so rapidly involved that the destruction of all, or a large portion, of its tissue is threatened.

9. Any unhygienic condition, dietetic error, or constitutional diathesis should be corrected.

* * *

Primary Sterility and Gonorrhea. —Vedeler (*British Medical Journal*) investigated 310 sterile women, and found that undoubtedly gonorrhea is the most frequent cause of sterility. The average years of marriage in the series were 3, the minimum 1 complete, whilst 72 of the women had been married over 10 years. Vedeler succeeded in examining 50 of the husbands, and found that 38 had had gonorrhea and 34 had infected their wives. He calculated that at this rate 235 of the 310 husbands probably had had that disease, and that about 210 must have infected their wives. Lest this calculation should seem fanciful, Vedeler investigated 198 of the women where the health of the husband could not be satisfactorily determined, and found that they had suffered from local inflammatory changes, just as in the case of the 34 whose husbands had undoubtedly infected them.

* * *

Injections of Camphorated Naphthol for Sarcoma. — In the *Therapeutic Gazette*, Fernet records the case of a patient aged forty, who ten years before had suffered castration for sarcoma of the testicle and who had developed recently an adenopathy of the subclavicular and mediastinal spaces with obstruction to the venous circulation, particularly the superior vena cava.

Fernet asserts that injections of camphorated naphthol in the neck resulted in complete cure. Later symptoms of glandular involvement of the mediastinum reappeared and injections of camphorated naphthol were made into the mediastinal glands, the needle of the syringe being introduced through the first intercostal space close to the sternum. This resulted in considerable relief.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, AUGUST 21, 1897.

FAMILIARITY with a subject often begets a careless method of explanation, and this is markedly so in the practice of medicine, when the physician leaves the sick-room with a jumble of vague directions, which often the intelligent nurse cannot comprehend. When the mind is anxious and the desire is to do many things for the relief of the sick, and to do those things often, then it is that the cool presence of the physician is needed, and then it is that exact directions are imperative.

Exactness in the Sick-Room.

Not only should the prescription be clearly written and the dose and manner of giving it be clearly stated, but the exact time and the vehicle in which it is to be administered should also be carefully explained. If it is to be given in water it is often better to state the exact amount and show the nurse with a glass just how much water is needed, for so many medicines can be well borne when diluted, but are quickly rejected when given without water.

Too many persons swallow pills and capsules, and even powders, without taking liquid with them. This is not to be advised. Drugs are always better and more rapidly assimilated when given with a liquid than without, and this should always be insisted on. The time of the dose with reference to meals is a point which requires some explanation, for some doses are better given on an empty stomach, as on rising or when retiring, and some are better given during digestion. Again, when it is desired to reach the intestines, the dose should be given two or more hours after meals.

The size of spoons varies so widely that it is better to use a medicine glass, which is exactly graduated, than to rely on some old family spoon or a modern small teaspoon, and as for a dessertspoon, that is so often not understood that the expression should best be dropped and "two teaspoonsful" be used instead.

The diet also requires more attention than it usually receives. It is usually better to write out a list of what may be taken and what must be avoided rather than to give general directions. There are now available diet lists for every known diseased condition and these lists may be varied to suit the particular case.

The physician who employs vague terms in treating a case may have success sometimes, but the one who always makes clear every step in the treatment of disease and writes out clearly the exact directions, will in the end achieve the kind of success which he deserves.

* * *

APROPOS of the interesting article of Dr. Hemmeter, just completed in the JOURNAL of August 7, upon Intestinal Putrefaction and Albuminuria, it is interesting to note that in a thesis recently presented to the Faculty of Paris, Dr. Picard has endeavored to isolate and define a "toxic dyspnea of alimentary origin." It is, he holds, different from uremic dyspnea proper, although both are associated with renal insufficiency; and the nature of the poisons eliminated is different.

Dyspnea of Digestive Intoxication.

The dyspnea now under discussion shows itself principally in cardiopathies involving the arterial walls—that is cardiosclerosis, with or without albuminuria. It does not show itself in valvular diseases nor in parenchymatous or interstitial myocarditis, which

are disorders local to the heart alone, having a simple mechanical dyspnea of deficient systolic impulse, relieved usually by digitalis and other cardiac tonics.

This dyspnea of digestive intoxication is an advance symptom of the arterio-cardiopathy. It is caused above all by imperfect digestion of a flesh diet. It presents itself in two principal forms. First, dyspnea of effort, and second, dyspnea occurring in nightly paroxysms.

The treatment of cases early taken in charge is very simple, consisting in absolute limitation of the patient to a milk diet. When relief has been obtained by this simple method, it is not necessary to keep up the milk diet uninterruptedly; but it may then be ordered for periods of five days twice a month, or in alternation of a week of absolute milk diet with a week of less rigid milk alimentation. The success of this method of treatment is alleged to be so assured that the restriction to absolute milk diet may be used as a diagnostic test in the early stages of cases where the dyspnea is suspected to be of this variety.

A a possible adjuvant in treatment, theobromin is suggested, in the dose of 1½ to 2 grammes daily. In the latest stages of arterio-cardiopathy, when asystolic attacks set in, there may be a mixed dyspnea, partly mechanical and partly toxic, in which milk diet and digitalis are both indicated. As milk diet has no control over certain other isolated cardiac disorders, as arrhythmia, it may be inferred that they are rarely alimentary intoxications. Toxic dyspnea is then a simple alimentary poisoning; uremia is a multiple and complex toxic state.

That these views of Dr. Picard (held also, says the *Gazette Hebdomadaire*, by Dr. Huchard) are not alien to the experience of other observers, is suggested by a number of journal reports of dyspneic cases, as that of Whiting, *London Medical Gazette*, 1830, vii, 30–32, of "spasmodic dyspnea cured by purgatives."

* * *

Melanuric Fever.

The appearance of blood in the urine is a phenomenon which may arise from very many different causes which produce either rupture of blood vessels at some point in the urine tract or a sweating of blood corpuscles through the walls of this tract. The origin of hemoglobinuria is somewhat more difficult to trace. It may occur in a number of diseases familiar to the practitioner, as malaria, typhus fever, pyemia, purpura; and may be a symptom of poisoning by carbolic acid, phosphorus, chloral, chlorate of potassium and arsenide of hydrogen. In other cases its cause is as yet unknown. In fact, it is possible that some of the diseases in which it occurs have not yet been properly defined and classified.

In a recent meeting of the Berlin Medical Society, a paper by Dr. Bulow concerning melanuria in its relations to quinine sepsis brought on a very interesting discussion, in which a number of physicians of long experience in tropical practice took part. Dr. Bulow observed that the older view of the profession, that melanuric fever is a special malady consecutive to malaria, was not wholly accepted now by those who have practiced long in tropical regions.

Although he admitted that melanuria occurred sometimes in patients, especially those with yellow fever, who had not taken quinine, he yet believed that there is a febrile form directly due to the ingestion of that drug. He holds, with Dempwolff, that the coloring principle of the blood, hemoglobin, the moment it escapes from the corpuscles and is dissolved in the blood serum, becomes a noxious element to the organism, a toxic agent which causes chills and fever that disappear only when it is eliminated through the kidneys.

When melanuric fever is due to quinine, it appears only when that drug has been given for a considerable time. If, when quinine has destroyed the malarial plasmodia, one continues its use, the symptoms of malaria are replaced by those of quinine intoxication. In patients greatly enfeebled and deficient in hemoglobin the salts of quinine which normally cannot penetrate the red cells now gain admission and cause melanuric fever.

The practical inference is that quinine ought never to be used unnecessarily in malaria, and that the nutrition of the patient ought to be kept up in every possible way.

One view presented in the discussion was that melanuric fever is a process related closely to yellow fever, just as cholera morbus in its severer forms is related to Asiatic cholera; each great disease having several (often obscure) allied minor diseases.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending August 14, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		5
Phthisis Pulmonalis		15
Measles	7	
Whooping Cough	3	1
Pseudo-membranous Croup and Diphtheria.	10	3
Mumps	1	
Scarlet fever	14	1
Varioloid		
Varicella		
Typhoid fever	24	11

Schutzenberger, the well-known German chemist, is dead.

Lack of appropriations has caused a reduction in the salaries of the Bellevue Hospital employes.

In some parts of the country the fear of appendicitis has caused seed fruits and berries to be a drug on the market.

Dr. James Billingslea has succeeded Dr. Charles H. Jones, resigned, as State Medical Examiner of the Royal Arcanum.

Dr. Charles A. L. Reed of Cincinnati has been elected a corresponding member of the National Academy of Medicine of Peru.

Dr. Bransford Lewis announces the removal of his office to Suite 627 Century Building, Ninth and Olive Streets, Cincinnati.

At the last meeting of the Lehigh Valley Medical Association, a woman, Dr. Mary Greenwald of Stroutsburg, was elected president.

That physicians do have business ability is shown in the election of Dr. James Bordley of Centreville as president of the Centreville National Bank.

It is now proposed to erect monuments to William and John Hunter, and a committee of physicians in Glasgow is soliciting subscriptions for that purpose.

It is probable that the two prizes offered by the Brazilian government and aggregating $220,000, for the discovery of the bacillus of yellow fever will be given to Dr. Sanarelli.

Dr. Karl Toldt, professor of anatomy at Vienna, has been elected rector magnificus of the Vienna University for the next year.

An attempt has been made by a member of the Italian Chamber of Deputies to introduce a bill to exclude English-speaking medical men from practicing in Italy. This will hardly become a law.

By the recent decision of the United States Court sustaining the receivers of the Baltimore and Ohio Railroad in its last lawsuit, the Johns Hopkins University suffered a curtailment of its annual income.

The young Emperor of China has shown himself a very progressive man by sending students from that once benighted country to the medical centers of Europe for an extended course of study.

Dr. William E. Moseley has been elected to succeed Dr. Thomas A. Ashby as professor of gynecology in the Baltimore Medical College. Dr. Moseley is well known as a graduate of Harvard University and one of the foremost specialists of Baltimore.

The Maryland General Hospital has just put into use a handsome and substantial new ambulance, which is a great credit to that progressive institution. It has also made an excellent move in providing a roof garden for its patients who are convalescing.

The State Board of Health at its last meeting especially commended Dr. John S. Fulton for his vigorous and well directed action in regard to enforcing sanitary laws at Cambridge, Maryland. The physicians of this locality also endorse Dr. Fulton's work.

The Executive Committee of the Mississippi Valley Medical Association, which will meet at Louisville, October 5, 6, 7, 8, 1897, met recently at Louisville, in conjunction with the local Committee of Arrangements, the following being present: Drs. Stucky, Grant, Mathews, Love, Holloway and Reynolds. It was determined to make the coming meeting the largest and best in the history of the Association and everything points to a fulfilment of this endeavor. The railroads will make a round-trip rate of one and a third fare, or probably one fare. The Address on Surgery will be delivered by Dr. J. B. Murphy, Chicago; the Address on Medicine by Dr. John V. Shoemaker, Philadelphia. Titles of papers should be sent to Dr. H. W. Loeb, Secretary, St. Louis, Mo.

Book Reviews.

OPHTHALMIC OPERATIONS AS PRACTICED ON ANIMALS' EYES. By Clarence A. Veasy, A. M., M. D. The Edwards & Docker Company, Philadelphia.

The author describes somewhat minutely common eye operations, prefacing his descriptions with a short account of the circumstances under which they are to be done. The book is well illustrated. Pigs' eyes are preferred to those of other animals, and directions are carefully given for the preparation and preservation of the eyes. The Vienna rubber operating mask is thought the best. Little, if any, fault can be found in either the indications for operation, as given, or in the technique. The latter is somewhat minute, but the book is written for special students. In speaking of the removal of foreign bodies from the cornea, the author mentions the danger of the removal of penetrating bodies injuring the lens. In such cases it may be necessary to introduce a keratome into the anterior chamber to furnish "support to the foreign body from behind while it is being extracted." It seems to us that this contingency is too remote to merit a place in such a book as this and the advice bad, to beginners, under any circumstances. In our opinion there is no eye instrument so hard to learn to use properly and so easy to do harm with as a keratome. We incline to the opinion that the lens would stand a better chance against the foreign body than against the keratome, unless in the hand of an experienced operator.

REPRINTS, ETC., RECEIVED.

Twelve Deaths. By Merrill Ricketts, Ph. B., M. D. Reprint from the *Cincinnati Lancet-Clinic.*

Bronchial Cysts. By Merrill Ricketts, Ph. B., M. D. Reprint from the *Cincinnati Lancet-Clinic.*

Should We Treat Pulmonary Tuberculosis as a Contagious or as a Communicable Disease? By S. A. Knopf, M. D. Reprint from the *Southern California Practitioner.*

The Hygienic, Educational and Symptomatic Treatment of Pulmonary Tuberculosis, with a Plea for Some Provision for the Poor. By S. A. Knopf, M. D. Reprint from the *Medical Record.*

Current Editorial Comment.

FREE PUBLIC BATHS.

Buffalo Medical Journal.

THE great value of free public baths as a sanitary measure in large cities is already admitted. The success that has attended their establishment in Buffalo is somewhat phenomenal when considered in the light of novelty and prejudice. It was not a trifle to overcome the latter. Ignorance is always the stronghold of prejudice, and novelty serves as a feeder to opposition. At any rate, there are many people in the world, and especially among the ignorant in the large cities, who do not brook improvement or welcome reform.

RABIES.

Medical News.

IT must be remembered, as has been said, that rabies in a dog is an extremely rare disease. Probably not one dog in a thousand which is thought to be mad is really afflicted with the malady. It is important that not only the profession but the laity should understand that all dogs perspire excessively through the glands of the mucous membrane of the mouth and tongue during the hot weather. If a dog has been running, this perspiration may even be lapped into froth, and the dog may be said to be "foaming at the mouth." This, however, does not constitute rabies.

HYSTERIA.

Boston Medical and Surgical Journal.

THERE is perhaps no subject in medicine about which so many hazy notions have grouped themselves as about hysteria, a disease which seems likely to enjoy its curious misnomer for many years to come. From its supposed association with the uterus it was quite natural that a popular conception should have gained ground that it was a disease peculiarly of women, an idea which is still deeply rooted, unfortunately, in the professional mind. Increasing knowledge, and the careful studies of the French school, have remodelled our ideas to a marked degree, until now we clearly recognize the existence of true hysteria, not only in men, but also in children, and, rarely, even in infants. Experience has amply justified such a widening of our views; but it should also have taught us a certain conservatism in our estimate of what constitutes hysteria, in its true sense.

PROGRESS IN MEDICAL SCIENCE.

Apioline in Neurotic Dysmenorrhea.—In the treatment of dysmenorrheal cases, where there is no tangible pelvic lesion demanding strictly local attention, or operative interference, I have of late come to rely on a single remedy : Apioline, the active principle of *petroselinum sativum*, introduced to the profession by Chapoteaut. The following cases are of the neurotic variety of dysmenorrhea and clearly demonstrate the value of the drug as a therapeutic agent : Case I.—Miss F., aged 20, anemic and poorly nourished. For two years she had suffered greatly from painful and scanty menstruation. At times the pain was so severe that the hypodermatic use of morphia was resorted to. An iron tonic was prescribed ; also Apioline at the menstrual periods, beginning three days before the flow was due. In three months the patient was much improved in general health and her menstruation was normal. Case II.—Mrs. R., aged 34, married ten years, three children, youngest two and a half years old. Had had painful and scanty menstruation off and on nearly four years. When I first saw her she had had four painful periods in succession. Apioline was ordered (one capsule three times a day) during the flow, beginning as usual two or three days in advance. The effect was immediate, pain being slight and the flow more copious. The second month there was no pain and flow was normal in quantity.—Dr. S. Maddox, M. D., in *Medical and Surgical Reporter*.

Eudoxine in Intestinal Affections.—Dr. T. Rosenheim recently read a paper before the Berlin Medical Society on the employment of Eudoxine in derangements of the digestive organs, giving the chemical history of the preparation and narrating his clinical experience in a number of cases. The results are substantially those obtained by English medical men in the treatment of stomachic and intestinal troubles with this remedy. Eudoxine is the bismuth compound of an iodine preparation, Nosophen, which develops its antiseptic effects without the liberation of any iodine in the organism. It is a reddish-brown powder, insoluble in water, and without odor or taste, and is taken willingly by patients of all ages. As it is only gradually decomposed into its constituents, Nosophen and bismuth carbonate, without any liberation of iodine, it does not disturb the stomach, and may be tolerated even in large doses of 15 grains thrice daily. On account of its freedom from toxic properties, it is specially indicated for internal use in stomachic and intestinal troubles. In cases of infantile or summer diarrhea it has been specially efficacious, whilst in typhoid it has also been strongly recommended.

The Walker-Green Pharmaceutical Co.—I have had an unusual influx of cases of late requiring your pharmaceutical preparations. Ihave used your Bromides for tinnitus aurium with excellent effect, by pushing it in double doses. I am using the Iodides on a man from Allen County, Kansas, with chronic trachoma and pannus. He is well broken out and says his sight is much clearer when most erupted ; also, on a case in this city of plastic iritis, with much effusion and haziness of the cornea—the Iodides have done wonders for the young man. He was totally blind for three months, but now sees to read, and is now serving as office boy for me. I am also giving the Iodides to a lady suffering from atrophic rhinitis. She says she feels a hundred per cent. better in every way since commencing it. The Elixir Six Iodides is worth its weight in gold.—Wm. Clarence Botelер, M. D., U. S. Indian Service ; Late Prof. of Diseases of the Eye and Ear, N. W. College, St. Joseph, Mo., and Prof. of Ophthalmology, College of Physicians and Surgeons, Kansas City, Kans.

INSTRUCTION IN ORIFICIAL SURGERY.

PROF. E. H. PRATT will hold his eleventh annual class for didactic and clinical instruction in Orificial Surgery during the week beginning September 6, 1897. The class will assemble in the amphitheatre of the Chicago Homeopathic Medical College, at the corner of Wood and York Streets, at 9 A. M.

The course of instruction will last during the week, occupying a four hours daily session.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVII.—NO. 19. BALTIMORE, AUGUST 28, 1897. WHOLE NO. 856

Original Articles.

SYPHILIS.

By Henry Alfred Robbins, M. D.,
Washington, D. C.

CLINICAL LECTURE DELIVERED AT THE SOUTH WASHINGTON (D. C.) FREE DISPENSARY ON MARCH 2, 1897.

ELEVENTH PAPER.

TODAY we will introduce to you this colored boy, who is twenty years old, and the possessor of a very rare and unique form of syphilis.

You may never again see a case of multiple chancres. He was here some time ago, and we placed him on a "placeboic" plan of treatment. That is, we intended to have this interesting case photographed, and we gave nothing that would retard the development of the eruption.

You notice located on the body of the penis and a long prepuce, three large sores, about the size of, and resembling in a marked degree, our one cent pieces. Nature abhors a straight line. If these three sores had been arranged one above the other, it would have looked as if the boy had been trying to button the organ up. It is very pendulous, and swings to and fro like the pendulum of a clock. Dr. Warfield of the Howard University, who kindly photographed the patient for us, had some difficulty in taking a picture on account of the vibratory motions. These chancres form a right angle triangle, the hypotenuse being in the median line.

Open the patient's mouth and you will observe in the buccal cavity back by the molar teeth two opaline mucous patches. You find induration of the sub-lingual, sub-maxillary, post-cervical and epitrochlear glands.

Pull up his shirt, and there you see on either side above Poupart's ligament a well-developed bubo, and all over his body an exquisite representation of the macular and maculo-papular syphiloderm.

These chancres are typical ones of the so-called "ulcus elevatum." The induration of each is so considerable as to raise the sores above the level of the surrounding skin. These chancres have been about six weeks in developing. The patient says they first appeared as pinhead pimples.

Fournier says that a true initial lesion, in its first appearance, is very trifling: "it is the smallest, the most superficial, the most benign, the most insignificant of all possible erosions."

As a rule, a chancre comes solitary and alone, and this is a very important point of diagnosis. Four times out of five, a true chancre is single; if multiple, it is so from the first, and comes from simultaneous inoculations at various points.

Of 456 chancres observed by Ricord in 1856, 341 were single, and 115 were multiple (*Lecous sur le Chancre*, 1857).

Clérc found in 267 men suffering from constitutional syphilis, the chancre, single in 224, and multiple in 43, or one-sixth.

Fournier gives the following statistics, relating, however, to women only. Of 203 patients observed, 134 had a single chancre; 52 had 2; 9 had 3; 4 had 4; 5 had 5, and 1 had 6 chancres. He also gives as extraordinary one case where 19 and another where 23 chancres occurred simultaneously.

You see in the patient before you to-day, the first multiple chancre that we have had in a period extending one year.

The most difficult form of chancre to diagnose is what is known as the "multiple herpetiform" chancre. I have known accomplished syphilologists wait until the development of a bubo and erythema, before they would positively state that an attack of herpes preputialis, where several crops of vesicles existed, with what appeared to be somewhat hardened tissues surrounding them, was the initial lesion of syphilis or not. I have furthermore seen them pronounced to be chancres when they were not, and *vice versa*.

My friend Dr. John H. Metzerott, in his article referred to in my last lecture, "A Popular Error in the Treatment of Syphilis," states: "We beheld three of the leading dermatologists (Finger, Neuman, Kaposi) baffled at a simple excoriation, not one of these learned gentlemen being able to assure their patients then and there that they did not have syphilis. Attempting to differentiate between different degrees of induration is a fallacy. Several of the greatest syphilologists have erred in this respect in attempting to differentiate between a chancre and a chancroid. It has been proved beyond any possible doubt through experimental investigation, by Prof. Finger, that a chancroid situated in the sulcus coronarius may be hard."

Last April a man consulted me who had a bubo in the right inguinal region, above Poupart's ligament, and his abdomen was covered with a macular erythema. He also complained of pains in his joints, and had night headaches, etc. I asked him if he was married, and he replied that he was, and was very indignent when I asked him if he had broken his marital vows. He told me that he had not come to me to be treated for syphilis, as he had been assured by a leading dermatologist that he had an attack of herpes preputialis, which had been cured.

I examined the patient carefully, and found a small cicatrix involving the frenum on the right side, and so diminutive as to almost escape detection.

I advised him to go elsewhere, if he desired any other treatment excepting that for syphilis.

The next day he returned, and admitted that he had "fallen from grace," but that his amorita was, like unto the wife of the Roman Emperor, "above suspicion."

That is always the case. A man's vanity "surpasses all understanding." Women sell themselves to the highest bidder, and their contempt is in proportion to the size of the fornicator's bank account.

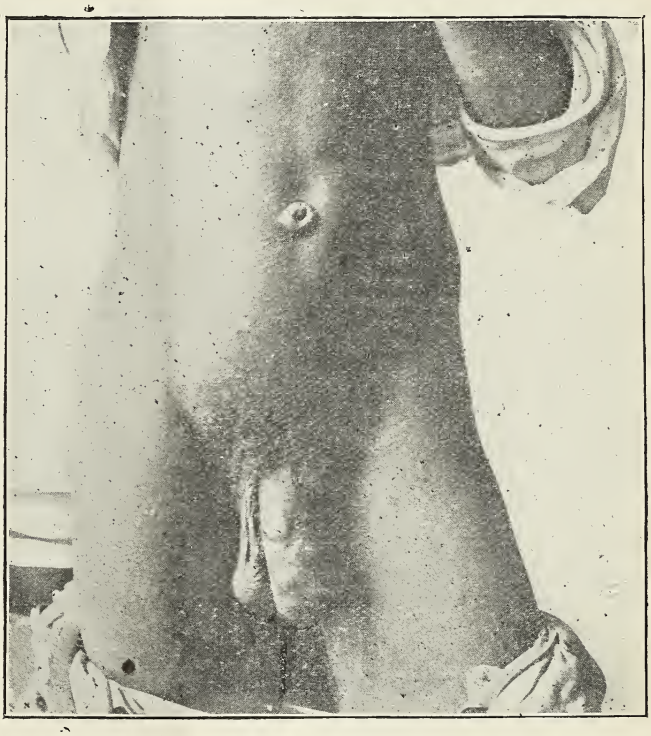
It is perhaps unnecessary to state that this man gave the disease to his wife, and another innocent victim was added to the long list of innocent syphilitics.

It is a most astonishing fact that in the last few months we have had 250 cases of syphilis, and I have been able to show you every form of the intial lesion, but we have not had a single case of the soft chancre or chancroid. Some years ago I was a regular attendant at another dispensary service, for a period extending over three years. There we had an abundance of chancroids, and the characteristic chancroidal buboes.

Everyone versed in venereal diseases coincides with Druitt in his statement that chancroid is the most common form of venereal ulcer, and is rarely met with except on the organs of generation. In man it is most common on the inner surface of the prepuce or in the furrow around the glans, and especially by the frenum; in woman, in the navicular fossa, just within the posterior commissure of the labia majora. It is most liable to attack some crack, excoriation,

or sebaceous or hair follicle, or moist mucous membrane; the poison is probably innocuous on dry cuticle. Hence the preservation derived from circumcision and uncovered glans. This ulcer has no period of incubation, and probably acts continuously from the moment when the poison first takes effect. It is often multiple; it is very contagious, and easily inoculable, spontaneously or by art, up to the time when it begins to heal.

The pus from the original sore, or from the center of a suppurating bubo, if inoculated, produces an ulcer. This inoculation used to be done by way of diagnosis; but it proves nothing as to the really syphilitic nature of the ulcer, and is a thing not to be advised.



You can not inoculate a chancre on one who has had syphilis. (Cases of reinfection are extremely rare.) They are immune.

Fournier inoculated the discharge of 99 chancres upon the patients themselves, and succeeded in but one instance, in which the experiment was performed within a very short period after infection.

Puché states, as the result of his experience, that auto-inoculation of the chancre is only successful in two per cent. of cases.

Poisson obtained like results in 52 cases, and Savoyénne was unsuccessful in every one of 19.

Chancroidal symptoms (Druitt): These may be studied when this sore is produced by inoculation. During the first twenty-four hours the puncture reddens; in the second and third days it swells slightly, and becomes a pimple, surrounded by a red areola; from the third to the fourth day, the cuticle is raised by a turbid fluid into a vesicle, which displays a black spot on its summit, consisting of the dried blood of the puncture; from the fourth to the fifth day, the morbid secretion increases and becomes purulent, and the vesicle becomes a pustule with a depressed summit. At this period the areola, which had increased, begins to fade, but the subjacent tissues become infiltrated. After the sixth day, if the cuticle and the dried pus, which adheres to it, be removed, there is found an ulcer; its depth equal to the whole thickness of the true skin; its edges seeming as if cleanly cut out with a punch; its surface covered with a grayish pultaceous matter. (Ricord: Traite des Maladies Vénériennes.)

The discharge is purulent; the sore is often painful, and attended with inflammatory swelling, which gradually fades into the sound tissues, and is not very hard unless caustic has been used. It is tedious, lasting from three weeks to three months, and attended with a

bubo; which doubtlessly arises from absorption of poisonous matter, and is sure to suppurate, and after suppuration to leave an ulcer with the characters of the original sore.

Phagedena not infrequently attacks chancroids, accompanied by sloughing which spreads rapidly, is very painful, with profuse sanious discharge, and some diphtheritic exudation. In these cases fuming nitric acid has to be applied and the gangrenous substances destroyed as quickly as possible. It has been a good many years since we cauterized either a chancre or a chancroid. We make use of mild antiseptic dressings.

The adenitis of syphilis very rarely results in suppuration. Basserau found only 16 cases of suppurating bubo in 383 cases of syphilis, while Fournier found but 2 in 265.

We have had only one case, and that occurred before we moved into our new dispensary, which makes about the same ratio as that of Fournier.

In dispensary service, the treatment of bubo is very unsatisfactory. I have seen them curetted in a most bloody and barbarous manner.

Dr. W. L. Schenk tells the following anecdote of the late Professor Reuben D. Mussey of Cincinnati. He was always kind to his students and patients, though sometimes decidedly brusque with those who had by improprieties brought themselves to grief. As an illustration, a man was placed on the table at the Commercial Hospital with a bubo in either groin. The Professor said: "Young gentlemen, we open these abscesses with a number of small punctures," suiting his action to the word. The patient's hand went involuntarily to the wound with the cry of "Oh, God! Oh, God!" The Professor bluntly said: "Turn over, sir; the way of the transgressor is hard; they that sow to the wind must reap the whirlwind. We open this, you see, in the same way."

With us we make an incision in a vertical direction, so as to avoid the formation of pockets of pus, to remain open and gaping when the thigh is bent. We then make use of carbolic acid dressings.

On some future occasion, you will be asked if you are a believer in the unity or duality of syphilis. To prevent your being taken by surprise, I will present both sides of the question.

Moritz Kaposi of Vienna, son-in-law of the late world-renowned Ferdinand Von Hebra, is the chief of those who believe in the theory of the unicists. They believe in the identity of the chancre and the chancroid, the hard and soft chancre; that is, either may produce a hard, indurated chancre, followed by a bubo, secondary eruption and so-forth; in other words, followed by constitutional syphilis.

The great majority of syphilographers of the present day are opposed to Kaposi and his followers; recognizing as they all do his great ability, and as being worthy of the mantle of his most illustrious father-in-law.

Those opposed to the unicists are the dualists, who claim the existence of dual poisons, one affecting the constitution, and the other causing only a local trouble. In other words, an inoculation from a true chancre, initial lesion, will produce a chancre followed by adenitis, roseola and other constitutional symptoms of syphilis.

To my mind it has been proved beyond question of doubt, that the substance taken from a so-called soft chancre, chancroid, has never been known to have been followed by genuine syphilis.

I must confess that, microscopically, I can find no difference between a chancre and a chancroid. I show you slides that I put up in the laboratory of Professor Schenk in Vienna, in 1878. They are marked preputial chancre, and I suppose they are; but if I were to rub the labels off, I do not think there is a microscopist who would positively say whether they are sections of chancres or chancroids.

Kaposi says, "It appears to me allowable, from a histological standpoint, to regard the hard chancre as different from the soft only in the intensity and suddenness of cell infiltration and cell degeneration, but not in their essence."

It is a very remarkable fact that when I am thinking of material that will prove of interest and instruction to you, that something entirely unexpected occurs, and I behold what I have ardently desired.

Only yesterday, I was thinking that no article relating to chancres would be complete without mentioning John Hunter, when a package was placed in my hands. It was the "Treatise on the Venereal Diseases," by John Hunter, presented to me by my friend Dr. Thomas C. Smith. This book was published in London in 1788, in old English type. This edition had been out of print very many years, and can only be purchased at the sale of an old doctor's library. This volume formerly belonged to Benjamin S. Bohrer, M. D., of the District of Columbia, and on the printed label is the following Latin quotation, "Miseris Succurrere Disu."

Not only was this valuable gift most heartily appreciated, but what makes it more valuable to me is the worth of the giver, for no doctor of medicine in this District or any other is more worthy of esteem than Dr. Smith.

Some time ago the Medical Society of the District of Columbia was honored by having this courteous gentleman for its president.

The word chancre is always associated with the name of the great pathologist, John Hunter, for it is generally believed that he was the first to describe graphically the indurated chancre. Hunter believed in the identity of gonorrhea and syphilis. He was chief of the identists, and continued to believe in his theory up to the time of his death; and for the following reasons: To prove his theory he experimented on himself.

I will make use of his own language, as it will give you an excellent idea of the evolution of syphilis, and how the first eruption is suppressed by the administration of mercury, resulting in doubt as to diagnosis, until the disease has taken a firm hold on the constitution.

"To ascertain several facts relative to the veneral disease, the following experiments were made. They were begun in May, 1767.

"Two punctures were made on the penis with a lancet dipped in venereal matter from a gonorrhea; one puncture was on the glans, the other on the prepuce.

"This was on a Friday. On the Sunday following there was a teasing itching in those parts which lasted till the Tuesday following. In the meantime, these parts being often examined, there seemed to be a greater redness and moisture than usual, which was imputed to the parts being rubbed. Upon the Tuesday morning, the parts of the prepuce where the puncture had been made were redder, thickened and had formed a speck; by the Tuesday following the speck had increased and discharged some matter and there seemed to be a little pouting of the lips of the urethra, also a sensation in it of making water, so that a discharge was expected from it. The speck was now touched with lunar caustic and afterwards dressed with calomel ointment. On Saturday morning the slough came off and it was again touched and another slough came off on the Monday following. The preceding night the glans had itched a good deal and on Tuesday a white speck was observed where the puncture had been made; this speck, when examined, was found to be a pimple full of yellowish matter. This was now touched with the caustic and dressed as the former. On Wednesday the sore on the prepuce was yellow and therefore was again touched with caustic. On Friday both sloughs came off and the sore on the prepuce looked red and its basis not so hard, but on Saturday it did not look quite so well and was touched again and, when that went off, it was allowed to heal, as also the other, which left a dent in the glans. This dent on the glans was filled up in some months, but for a considerable time it had a bluish cast.

"Four months afterwards the chancre on the prepuce broke out again and very stimulating applications were tried, but these seemed not to agree with it and nothing being applied it healed up. This it did several times afterwards, but always healed up without any ap-

plication to it. That on the glans never did break out and herein also it differed from the other.

"While the sores remained on the prepuce and glans, a swelling took place in one of the glands of the right groin. I had for some time conceived an idea that the most effectual way to put back a bubo was to rub in mercury on that leg and thigh that thus a current of mercury would pass through the inflamed gland. There was a good opportunity of making the experiment. I had often succeeded in this way, but now wanted to put it more critically to the test. (The practice in 1767 was to apply a mercurial plaster on the part or to rub in mercurial ointment on the part, which would hardly act by any other power than sympathy.) The sores upon the penis were healed before the reduction of the bubo was attempted. A few days after beginning the mercury in this method the gland subsided considerably. It was then left off; for the intention was not to cure it completely at present. The gland some time after began to swell again and as much mercury was rubbed in as appeared to be sufficient for the entire reduction of the gland, but it was meant to do no more than to cure the gland locally, without giving enough to prevent the constitution from being contaminated.

"About two months after the last attack of the bubo a little, sharp, pricking pain was felt in one of the tonsils in swallowing anything and, on inspection, a small ulcer was found which was allowed to go on until the nature of it was ascertained and then recourse was had to mercury. The mercury was thrown in by the same leg and thigh as before, to secure the gland more effectually, although that was not now probably necessary.

"As soon as the ulcer was skinned over the mercury was left off, it not being intended to destroy the poison, but to observe what parts it would next affect. About three months after, copper-colored blotches broke out on the skin and the former ulcer returned in the tonsil. Mercury was now applied the second time for those effects of the poison from the constitution, but still only with a view to palliate.

"It was left off a second time and attention was given to mark where it would break out next, but it returned again in the same parts. It not appearing that any further knowledge was to be procured by only palliating the disease, a fourth time in the tonsil and a third time in the skin mercury was now taken in a sufficient quantity and for a proper time to complete the cure.

"The time the experiments took up, from the first insertion to the complete cure, was about three years."

Hunter, speaking of the mercurial treatment, says: "It shows that parts may be contaminated and may have the poison kept dormant in them while under a course of mercury for other symptoms, but break out afterwards."

The experiment of trying to inoculate syphilis with gonorrheal pus has since been tried in vain. There is not the shadow of a doubt but that the great anatomist had the misfortune of finding a patient who had an urethral chancre and the pus from that infecting source was commingled with the gonorrheal discharge. Or the patient was suffering from constitutional syphilis at the time he had gonorrhea.

John Hunter was born on February 13, 1728, and died on October 16, 1792, in the sixty-fifth year of his age. As anatomist, naturalist, physiologist and surgeon combined, he stands unrivaled in the annals of medicine. Early in 1786 he published his Treatise on the Venereal Disease. Although certain views expressed regarding syphilis have been proven to be erroneous, the work is a valuable compendium of observation of cases.

I believe that I am the first to attribute the death of this great man to *lues venerea*—a disease inflicted on himself. Unwilling to endanger the life of another he experimented on himself. His former pupil and most intimate friend, Edward Jenner—the discoverer of vaccination—diagnosed his friend's disease to be angina pectoris, and so it was, but back of this stood the hydra-headed monster, syphilis.

I will describe the tragic death scene and comment on the post-mortem appearances.

While attending a board meeting at St. George's Hospital, Hunter had an acrimonious discussion with a colleague; suddenly he ceased speaking and hurried into an adjoining room, where he instantly fell lifeless into the arms of Dr. Robertson. His body was examined to ascertain the cause of death. "The carotid arteries and their branches within the skull were thickened and ossified," similar to the changes which have, in later years, been described by Heubner as characteristic of syphilis. "The coronary arteries and tricuspid and mitral valves were much ossified. The aortal valves were also thickened and rigid."

These arterial changes were, in my opinion, of syphilitic origin.

It is well to be familiar with topics which have commanded the attention of the medical world, even if they have been proven to be incorrect.

Syphilization was a fascinating idea to licentious men, for it proposed to do for the large- what Jenner had done for the smallpox. It is the term used to designate an operation which had the double object of eradicating syphilis already existing in the system and of securing permanent immunity from any future attacks by means of repeated inoculations of syphilitic poison. As long ago as the year 1844, a French physician, Auzias Turenne, and Sperino of Turin, about 1850, undertook a number of experiments with the view of testing whether John Hunter's view, that syphilis could not be communicated to the lower animals, was correct. Professor Boeck of Christiana was the most illustrious disciple of Auzias Turenne and he so imbued the King of Norway and Sweden with his views that His Majesty, at his own expense, sent him out as a missionary, as it were, to all the world and he made many converts in Europe and America.

I have shown you in this lecture that a chancre will not produce a chancre if inoculated, or rather implanted, on one who already has syphilis. A chancroid will produce a chancroid and nothing more. If you succeed (on a syphilitic) in getting or exciting inflammation the phenomena will simply be those of the chancroid.

Sturgis says: "I will state that a patient might be thoroughly syphilized, so far as it could be done, by the secretion from ordinary suppurating sores on the surface of the skin and yet be as liable as anyone else to be subsequently infected with the constitutional form of syphilis."

This lecture properly ought to have come among the first of the course, but a good object lesson did not put in an appearance.

At our last lecture we called your attention to syphilitic affections of the pharynx and larynx, etc. At our next lecture we will take the manifestations of the disease when it attacks the heart and lungs, and so on until you are familiar with all forms of syphilis, both external and internal, and also have become acquainted with every form of treatment that has been suggested.

INJECTIONS OF IODINE AND GUAIACOL IN SURGICAL TUBERCULOSIS.

Lo Re (*British Medical Journal*) records fifteen cases of surgical tuberculosis in which this treatment proved highly beneficial. Injections of iodine alone (Durante's method) are efficacious, but they have the great drawback of being very painful. But if guaiacol is added, the injections are very well borne and the lesions are cured in much less time. The treatment probably has no specific effect, but by its effect on the blood and tissues it increases the general and local resistance to disease. Cure so obtained is not always radical; relapses may occur, but these also yield to adequate treatment. Operative measures, when necessary, are not to be excluded, but may be used as an adjuvant to this modification of Durante's method of treatment.

THE SANITARY CONDITION OF THE PUBLIC SCHOOLS OF BALTIMORE CITY.

By Wm. Dulany Thomas, M. D.,
Baltimore.

It is not the purpose of this paper to suggest new or improved methods of school sanitation, but to bring to the notice of the members of this society defects in sanitation existing in the public schools of Baltimore city hazardous to the lives of the many children and adults who spend a large portion of each year within rooms improperly ventilated and under conditions of the most dangerous character.

Although I have said the purport of this paper was not to present new methods of sanitation, nevertheless it becomes necessary, in order that its contents may be properly appreciated, to refresh your memory along the line of old and tried methods.

How sewers may be best ventilated is a question yet *sub judice*. Many methods have been tried, only to be laid aside as imperfect. Foremost among the plans adopted may be mentioned the building of fires near the sewer outlets and the connection of drains with rain-spouts and chimneys. These latter methods, while perhaps theoretically correct, have practically proved a failure. After storms by which the sewers were filled with water, the gases therein contained were forced by way of the rain-spouts and chimneys into dwellings, there to be productive of much harm. It will be seen, then, that artificial methods of ventilating sewers have not been successful. Nature, however, in a measure corrects the evil, and through the diffusion of gases constantly changes, more or less, the atmosphere of these carriers of waste matter.

Sewer gas, being lighter than air, tends to seek through diffusion less confined boundaries. More than this, the temperature of gases contained in sewers, as compared with that composing the air we breathe, differs at all seasons of the year, and this inequality of temperature is, as we know, a great factor in aiding the diffusion of gases.

The temperature of the gases found in the London sewers as compared with that of the external air has been successfully tested by Mr. Wm. Hayward, the results of which are herewith appended :

Wm. Hayward—London Sewers—Fahr.

	Temperature of Ext. Air in Shade.			Temperature of Air in Sewers.		
	HIGHEST	LOWEST	MEAN	HIGHEST	LOWEST	MEAN
Summer	72	55	65	68	56	62
Winter	34	30	32.4	52	40	44
Spring	61	46	52.5	59	48	52.5
Fall	68	48	60	70	53	63

Hence the temperature of ordinary atmosphere and that of sewer air is shown to be never the same, and is sufficient to produce constant air currents. It will be observed from the table quoted that the temperature of sewer air is for the greater portion of the year above that of the outside air. Theoretically, from nature's laws it would appear that heat is an efficient means of ventilating sewers, but this has not proved as successful as at first sight might seem.

Like sewers, water-closets are constantly giving forth their deadening doses of impure air, and what is true of one is true of the other. Where the upward current from the vault connects with the soil pipe extended above the roofs of buildings, little ground for apprehension may be had, but *per contra*, this is not true.

But what is sewer gas ? With the decomposition of animal and vegetable matter in sewers is generated a gas commonly known as "sewer gas." This "effluvium," as it would be more prop-

erly called, differs somewhat from time to time in its composition, but generally speaking, consists by analysis of sulphuretted hydrogen, sulphide of ammonium, carburetted hydrogen, oxygen, nitrogen and carbon dioxide. Of these, sulphuretted hydrogen, sulphide of ammonium and organic matter are the most dangerous. One part of sulphuretted hydrogen in 200 parts of pure air will kill dogs and a mixture of one in 250 will cause the death of a horse. Breathed in small quantities by man it paves, to say the very least of it, the way to disease.

Did time permit, cases could be quoted in evidence of disease caused by the inhalation of sewer gas. Suffice it to mention one: "Two boys lost their ball down a catch-basin in the street. In their attempt to regain it they inserted their heads into the hole and remained in this position for some time. In a few days they were both attacked with diphtheria." In addition to this case attention is called to the report hereafter to be given of the condition of public school No. 16, Clement and Hull Sts., where the sanitary conditions are highly unfavorable. This school has very recently been visited by an epidemic of diphtheria, which resulted in the detention at home of half the pupils of the entire school, and the death, up to the time of the present writing, of six persons. Great care is given to prohibiting children from attending school while zymodic disease exists in a household, but the other side of the question is not considered. To what extent are the school and its environments responsible? And does detention from home eradicate the danger?

Referring now to the buildings occupied by the public schools of Baltimore it is a fact that with scarcely an exception the water-closets possess no covers for the seats. Such an addition, it may be said, is useless, where children of all classes run rampant. But we pride ourselves on school discipline, and why not apply it here? This portion of the boys' out-house is used but rarely as compared with the trough, and for the protection of its seats, etc., one teacher informed me that at one time he required each boy visiting the privy, which was kept locked, to write his name on the slate and to report any nuisance he might find committed. Each boy was thus responsible for the condition in which the closet was left. This plan succeeded as long as continued.

The troughs as used by the boys are indeed vile places. No effort whatever is made toward even disinfection and the surplus urine which does not find its way through the waste-pipe is allowed to evaporate. With little expense these troughs could be supplied with running water, thus mitigating in a measure the odor arising therefrom. In but one school visited was running water supplied.

Without doubt it seems to be that in the construction of a school building the situation and erection of the water-closets receive but little attention. Some place suitable for the deposit of effete matter is, of course, essential, but where this building shall be placed and how it shall be erected appears to be subordinate to all else. Whether from prejudice or otherwise upon my part, it has seemed to me that in most of the schools visited an effort has been made to build these out-houses as near the main structure as possible. With the purpose, no doubt, to save money, one building is made to serve for both males and females, with in some, if not all, instances, only a board partition between the two apartments. In one privy examined, an attempt had been made to cut through this partition with a purpose in view which I leave you to imagine. This presents to you the moral aspect of the subject, but as this paper is one confined to the lack of proper sanitation this phase of the subject can not receive our attention at this time.

In but few schools visited was there a proper apartment, or toilet-room for the use of the teachers. No matter how inclement the weather nor the annoyance of meeting scholars upon the same errand as their own, these teachers are obliged to use a far from sanitary apart-

ment in the yard. Without danger, through proper methods of sanitation, toilet rooms could be easily fitted up in all the schools, and serve a purpose which would meet with the hearty appreciation of those concerned.

The general method of ventilating the schoolrooms is a failure. In most cases inspected shafts were built in the outer wall, connecting with each room and opening into them by ventilator grates. Now it is a well-known fact that to produce a current of air through a shaft of this description, not only must its sides be perfectly smooth, but that it must contain air warmer than that of the outside atmosphere. As before stated, these shafts appear to be built into or connect with the outer wall, and hence contain air as cool if not cooler than the outside air.

Attention is called to the fact that the walls of the schoolrooms are in some instances but rarely cleaned, and painting more rarely done. Again, the janitress of each school is not required to scrub the floors more than three times a year, namely, during the summer months, the Christmas holidays and Easter. Think if you will of the host of germs tracked to and from the streets and their disturbance by the more or less constant walking over the floors. If this were all that an inspection of the schools revealed to me it would be sufficient to justify me for the time and attention expended.

Permit me now, if you will, to give in detail the results of my inspection as pertaining to each school.

Primary Colored School, No. 4, Biddle Street near Pennsylvania Avenue.—The location of this school is far from being salubrious, situated as it is between a sewer in front, and an unclean lot behind. The ventilation of the school is very imperfect. The attempt has been made by ventilators built, I take it, in the outer walls, to give exit to foul air, but from what has already been stated, it is not surprising that they fall short of their purpose. If this were all that made this school objectionable we might well believe its schoolrooms to be habitable.

Reference has been made to a lot in the rear of the building. This parcel of ground, I understand, is city property. In one corner stands a wooden structure which seems to be a storehouse for wood. Although not used as a stable, the city permits not only the dumping of horse manure, but the lodgment of garbage carts and, from time to time, of empty barrels, the property of some odorless excavating apparatus company. This odor, combined with that of horse manure, which has been spread broadcast to dry, renders the atmosphere so intensely disagreeable as to prevent the lowering of the windows for the purpose of ventilation. Complaint was made to one in authority one time regarding the objection and the only answer given by this official was to the effect that the smell of stables was healthy. He, of all men, would be the one to complain if his private residence was thus polluted, and shame be it that the city of Baltimore possesses one in authority who has so little thought for the welfare of others as to make so ignorant and brutal a remark, for such it amounts to.

The yard of the school lies some eight feet or more below the level of the lot above described and the adjoining property. Running back and forming a portion of the school fence are the yards of small houses situated on Stone Street. Frequently it is observed that the water-closet in the yard immediately adjoining overflows, causing the fluid to run down the school-wall. It is said that this privy has been emptied but once in the past five years.

But, in one sense, an equally bad, if not worse, state of affairs exists in the privy on the school property. The school building is so arranged that one corner of it comes almost in direct apposition with the privy used almost daily by hundreds of children. Between the windows of this particular class-room and the privy there is a distance, by actual measurement, of about ten feet, and of all odors which come from a cesspool, those which arise from this one seem to be of the worst. Besides this, the privy is surmounted by what is supposed to be a ventilator placed at a

height corresponding to the windows of the schoolroom and distant from them about fifteen feet. The closet has no covers for the seats and the diffusion of gases has free vent. You may say this is enough to condemn the building, but bear with me a while longer. For the use of the boys a long trough is employed. Although the waste-pipe from this trough, I am told, is a four-inch pipe, there is undoubtedly some defect either in the angle at which it empties into the vault, or in its general construction, which allows the urine to dam back and overflow the trough. This being the case, its only exit is down the sides of the trough, and it is not only a frequent, but a usual, occurrence to have this overflow course its way down the gutter of the school yard to the street. You, of course, understand that this overflow occurs while the yard contains nearly four hundred boys, who think little and care less of sanitation and who in their wild play tread often in this stream of urine, carrying it with them into the schoolroom.

This, like the dumping of manure, has been complained of, but as the smell of ammonia is healthy, no remedial course has been attempted.

Grammar School No. 5, Greenmount Avenue and Eager Street.— No special complaint can be given of this school so far as my inspection was carried. The rooms were last painted in 1889. Privies are without covers to the seats and without water in the troughs. Light is good and ventilation conducted upon the general principle of unheated shafts.

Grammar School No. 6, Division Street near Lafayette Avenue.— In some respects this school was in the best condition of any visited. Flush tank in teachers' toilet-room with ventilated soil-pipe. In portions of the building a very artistic display of colors is given on the walls which shine out behind a dirty face in a radiance of pea-green and purple. The walls generally are filthy and need renovating badly. The privy is placed very near the schoolbuilding; covers to the seats, but no water in the trough.

Grammar School, No. 8, Primary School, No. 30, Hollins Street, near Fulton Avenue.—Grammar School, No. 30, adjoining Grammar School No. 8, is a modern school and was built in 1890. The Smead system of ventilating and heating is employed and is said to be successful as long as the janitor uses brains with his fuel. No special complaint can be given of this school. Its neighbor, No. 8, however, compares very unfavorably with it. In the rear of the building are apartments used as cloak and toilet rooms. The stationary wash basin in one of these had apparently overflowed. This led me to make a more careful examination of it, together with its attachments, and a most deplorable piece of sanitary plumbing was revealed. Instead of running the waste-pipe from the basin to the yard where the water could be discharged, it was found connected with the privy vault, thus serving as an excellent ventilator to the vault, with nothing to prevent a ready entrance of gas to the adjoining schoolrooms. A short time previous to my visit to this school a basin in an adjoining room was in a similar condition. I am informed, and have reason to believe, that this was remedied, but the one of which I speak left to endanger the lives of many hundred pupils and a dozen or more teachers. This defective piece of sanitary plumbing may be seen in the branch of Female Primary School, No. 30.

Privies are without covers to the seats. In portions of this complex school building attempts have been made to ventilate the vaults, which have in a measure succeeded. This is the only school where water was employed to flush the urine troughs.

Grammar School, No. 16, Clement and Hull Streets.—This school, built in 1881, was only occupied as a male school until about six years ago, when the upper story was completed for the accommodation of female pupils. I am informed that since its occupancy the walls of the schoolrooms have been cleaned or painted but once. The ventilation is upon the system found almost universally, namely, that of a shaft placed

in the outer wall, not usually heated, and hence next to useless.

An examination of the water-closet in the yard revealed a direful state of affairs. The vault, a most primitive structure, is nothing more nor less than an excavation dug at a depth of about six feet, with a curved bottom and lined with brick or cement. At the time of my visit to the school I was informed that the vault contained about a foot of fecal matter and had been cleaned about three months before.

I asked the question as to how often the privy was excavated and was told "not until the fecal matter almost filled the vault." Surely this is a most deplorable state of affairs not to be remedied, I suppose, until some odorless excavating apparatus company offers a large share of its profits to some so-called respectable politician. May the curse surely earned rest where deserved!

Alongside this filthy hole run two troughs at right angles to each other, their combined length not exceeding ten feet, and this to serve a school consisting of 360 boys. The horrible odor which emanates from this trough, at which no attempt is made to flush or disinfect, is simply greater than I am able to express in writing.

Grammar School, No. 21, Gilmor and Presstman.—This school has been the source of much complaint for many years past owing to the impracticability of securing good ventilation in portions of the building. In the year 1886 or 1887, the school becoming overcrowded, it was proposed to build an annex for the purpose of accommodating the excess of pupils. The building is so constructed that the addition proposed could have been built on either of its four sides (but from stupidity or insanity, it is hard to tell which, so great is the blunder committed) the School Board conceived the idea of building two large rooms, each with a seating capacity of more than fifty, *directly over the out-building used as a closet.* Does the man exist who could formulate such a plan and be of sound mind? Is the construction of such a building not criminal and does it not deserve to be strongly condemned by those possessing intelligence? Not very many years ago complaint was made by a teacher concerning the horrible odor which proceeded from the vault and which prevented the room from being properly ventilated. Her plea was made to one who had power to act in the premises, but what, think you, was his reply? Like the brutal fellow whose remark was that "the smell of stables was healthy," this gentleman replied that it "was all airs on her part."

Since the construction of this annex ten years ago, no teacher has occupied this room who has not had one or more attacks of illness, more or less severe. This, you may say, was a mere coincidence, but upon their transfer to another portion of the building their health improved so markedly as to leave no doubt that the constant inhalation of the vile gases was a most decided menace to their health. Besides the facts just mentioned, it is claimed that the pupils occupying these rooms are drowsy and less capable of giving proper attention to their studies than the students in portions of the building remote from the vault. So pronounced is the effect upon the children that complaint is made to the teacher of the odor, more or less great, every time the attempt is made to ventilate by opening the windows.

An effort has been made to ventilate these rooms by ventilators connected with a shaft, at the bottom of which a fire is kept burning daily. This, no doubt, has to some extent remedied the evil.

As heretofore stated, complaints have been repeatedly made. (About a month ago I reported the school to the Commissioners, through the kindness of Dr. John T. King, who was at that time serving as a member of the new board recently discharged. Upon my visit to the school, May 4, I noticed workmen had commenced work that day toward improving the defect. But how? By moving the vault from the yard to the cellar where, unless proper methods of ventilation are constructed, not only will the two rooms referred to be invaded by

the unhealthy atmosphere, but the whole school as well.

German-English School, No. 1, Druid Hill Avenue, near Biddle Street.—This building has been occupied as a school for the past fifty years and a most primitive structure it is. No special system of ventilation is employed. The privy vault, as far as I could judge, is very shallow and at the time of the inspection presented the appearance of being well filled. No water, of course, is used to flush the trough and both privy and trough are very close to the school building proper. A gross piece of carelessness on the part of the inspector of buildings was observed in an apartment used by the teachers as a toilet room. During the early winter the supply water-pipe to the flush tank burst and was reported at once to the inspector of buildings, who has to this day allowed the damage to go without repair. But for the goodness of the janitress, who joined a piece of hose to a spigot and connected it with the water-closet, the catch-basin would have until now been without water to flush it. Tell me, is not this to be considered, together with other facts narrated, as criminal?

This comprises the full list of schools inspected. I regret that owing to my time being limited, the entire number of schools and annexes were not visited, but the facts above stated are sufficient to prove the carelessness displayed toward sanitation.

To summarize the conditions which appear to me to be grossly neglected and which need prompt attention, are—

1. A system of ventilation by which there will be a constant renewal of air contained in the schoolrooms.

2. Inside painting and renovating of walls.

3. A more cleanly condition of the floors.

4. The site of the privies and their use by both sexes.

5. The absence of covers to the seats.

6. The depth of privy vaults and the accumulation of fecal matter.

7. The dirty troughs used by boys.

8. The absence of toilet-rooms for teachers.

These defects would suggest to the mind—

1. The frequent renovating of walls and the, at least, monthly scrubbing of the floors.

2. The use of flush-tanks the building throughout, and thorough discipline to regulate their preservation.

3. The setting apart of properly fitted-up apartments for the use of teachers.

4. The appointment of a sanitary inspector charged with the special duty of maintaining a good sanitary condition in the public schools.

Finally, I wish to express my gratitude to the School Board for permission to visit the schools described, and especially to the teachers who so courteously received me and gave ready response to all questions asked.

Since my tour was noted in the daily press I am told that the public attention given to the article has not failed, in a measure, to awake a reform. The undesirable Smead system is to be abolished, electric fans are to be placed in the temporary male city college and other school buildings and defects in cesspools remedied. Flush-tanks, I believe, are also to be instituted and before long it is hoped that nothing derogatory shall be said in regard to the sanitary condition of our public schools.

SILK OR CATGUT IN ABDOMINAL SECTION?

RECLUS (*British Medical Journal*) insists that catgut is better for ligatures than silk, especially in total hysterectomy, where they are left hanging out into the vagina. Silk remains in place indefinitely, and is very liable to become infected. Reclus reports that in the west of France a woman who had undergone hysterectomy fifteen months previously, he himself being the operator, suffers still from suppuration due to a silk thread, which her doctor says has kept up a trifling but intractable suppuration.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, AUGUST 28, 1897.

Schoolhouse Inspection.

THE recent disagreement between the Mayor of Baltimore and the School Board of that city has brought more clearly to the public gaze the true condition of the schools of Baltimore. That the sanitary condition is poor, no one doubts, although the medical profession is represented on that board.

Recently Dr. W. Dulany Thomas made an inspection of some of the schools and his report, which is a disinterested document, appears in this issue. That there is something radically wrong in the city government is very certain, when glaring defects can go on unrighted, and young children and teachers suffer.

There is no excuse for building insanitary school buildings; nor even with the defective drainage system of Baltimore should cesspools and the toilet arrangements be so bad as Dr. Thomas shows them to be. There is an opportunity for the sanitary inspectors to show some zeal and treat the city school board as they would private individuals, by reporting at once the bad condition of the outhouses and the closets and inflicting the usual fine. Even with the most glaring exaggeration, which the writer of this report would have no object in making, the sanitary condition of many of these buildings can hardly be perfect.

Rather better would it be to limit the number of scholars and let some of the children go without the kind of education they do receive than to subject them to such dangers. It is hardly expected that any city can be managed as an individual, a firm or corporation would carry on a private business and it is natural that politicians should want and give places to their friends whether fit for these places or not, but when the health of children is concerned, the school board, the sanitary inspectors and the building inspectors should do their duty fearlessly and without hesitation.

The public school system of Baltimore is growing in magnitude and power, and had the new board been a legally constructed body many of the old defects would have been brought to light. It is hoped that in the desire for personal advancement and political aspirations, the health of the children will not be endangered more than necessary.

* * *

Traumatic Neurasthenia.

SUITS against transportation companies and corporations for alleged permanent disability from an accident are frequent enough to attract attention.

Many hysterical conditions, probably latent for a long period, are suddenly developed by an accident, and many hysterical persons can so clearly simulate a serious condition and really deceive themselves as to their true condition, that surgeons, and especially railroad and corporation surgeons, have to be most skilful to differentiate between the real and the apparent.

Dr. J. E. Walker makes a very interesting contribution on the subject of traumatic neurasthenia in the *International Journal of Surgery*, and on hysterical neurasthenia, from which he draws the following conclusions:

1. Due consideration should be given to the condition of the patient prior to the injury or fright, which was supposed to be the cause of the neurasthenia.

2. The majority of cases are complicated with hysteria, and among them are some neuromimetics, which should place the phy-

sician on his guard in rendering a diagnosis.

3. The disease is often of psychic origin, due to a fright neurosis, and is amenable to treatment. A certain number of cases recover rapidly upon the settlement of a claim for damages.

4. A careful and prolonged study of the case is often necessary in order to make a differential diagnosis between uncomplicated neurasthenia and sclerotic or organic changes in the nerve centers.

5. Traumatic neurasthenia does not differ in pathology or treatment from nervous exhaustion brought about by other causes.

* * *

Causation of Pneumonia.

Some years ago it was the custom to explain infectious diseases by the supposition that the microörganism associated with each particular illness had accidentally gained access to the body surfaces shortly before infection of the system occurred. Now it is becoming more and more evident that the microörganisms of many diseases are with us off and on during our lifetime and that they usually find the barriers of the internal or external surface tissues impassable.

This point is well brought out in the conclusions which Dr. Dürck of Munich draws (*Deutsches Archiv für Klinische Medicin*, Band 58, Heft 4) from an elaborate investigation of the pathological conditions and bacterial flora of pneumonia, especially in children. He finds that in primary, and in the most diverse forms of secondary pneumonia of childhood, there is present a more or less complicated mixture of bacteria, among which the diplococcus pneumonia takes the first place by virtue of its frequency.

The composition of this mixture of bacteria seems to have no appreciable influence whatever upon the histological structure of the pneumonic exudate! Nor can any histological distinction of the lobular or pseudolobular pneumonia from the lobar pneumonia be made. In fact, broncho-pneumonia is a term that can be properly applied only to an inflammation that has spread from the terminal branches of the bronchioles into the connective tissues of the lung which lie around and embrace the tiny bronchial branches.

Even the non-pneumonic lung of a child which has died from some other disease contains a mixture of bacteria whose components are substantially the same as in a pneumonic lung. Here too the diplococcus pneumonia is predominant. It is therefore evident that even the normal lung of healthy man is continually the host of a mixture of bacteria of varying sorts at different times. Their mere presence does not suffice to produce pneumonia. In order to have pneumonia there must be an irritation which enfeebles the lung tissue, and this irritation is in many cases an exposure to chilling which produces passive congestion of the lung passages and so renders possible the inflammation or infection.

* * *

Chelidonium Majus in Cancer.

The Chelidonium Majus, or tetterwort, is when given internally a drastic cathartic. Applied locally it is a strong irritant and has a reputation in the cure of warts and skin diseases. It has recently been tried in inoperable cancer of the uterus by certain German surgeons (who injected the extract into the cancer tissue with a syringe) and been rejected by them as useless.

In the *Centralblatt für Gynaekologie* of July 31, Dr. Frendenberg reports some not so unfavorable cases from the service of Dr. Landon. His method was to apply a fifty per cent. solution of the extractum chelidonii upon cotton wads, directly against the surface of the cancer mass or pressed into its hollows. This method had the advantage of being painless.

He denies that it checks the inward extension of the cancer or prevents metastasis. He observed, however, that when pressed thus gently with a tampon against the cauliflower masses it softened them down so that their sites were transformed into craters. Moreover, as a result of the applications, a very decided mitigation of the horrible odor was obtained. The hemorrhage from the cancer was also controlled by the application in some cases.

For dilution of the extract, use weak antiseptic solutions. If the tampons so wetted are pressed hard in for the control of hemorrhage or the compression of vigorously growing masses, they must be changed by the doctor daily; otherwise a string may be attached by which the patient removes them next day, coming to the physician every third or fourth day, and irrigating herself in the interval.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending August 21, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		3
Phthisis Pulmonalis		18
Measles	2	
Whooping Cough		1
Pseudo-membranous Croup and Diphtheria.	5	1
Mumps	1	
Scarlet fever	13	
Varioloid		
Varicella		
Typhoid fever	23	7

There are said to be 104,805 physicians in the United States.

Professor J. Mikulicz, when operating, wears cotton gloves.

The Home of the Friendless in Baltimore will have a new hospital soon.

Dr. E. H. Coumbe of Washington, D. C., was drowned near Cambridge last week.

It is said that with the subsidence of the floods along the Mississippi malaria appeared.

The Medico-Chirurgical College of Philadelphia now has a four years' course of study.

The Pathological Institute of the Berlin University will soon have a new fireproof building.

Dr. Florence Hunt of Illinois is the only woman delegate to the International Medical Congress at Moscow.

The Baltimore County Medical Association met at Towson last Thursday. The subject discussed was typhoid fever.

Paterson, New Jersey, now enforces very rigidly the pure ice law which forbids the cutting or use of ice from filthy water.

The forty-ninth annual meeting of the American Association for the Advancement of Science was held in Detroit last week.

The *New York Medical Record* makes the very original suggestion of the need of a home for convalescents. The idea is a good one and Lakelands, at Catonsville, Maryland, would be a very good model for that progressive city to take.

Mr. Christopher Heath of London will deliver the second course of Lane Medical Lectures at Cooper Medical College, San Francisco.

The trustees of the Columbian University, at Washington, have given the medical department a large building which will be remodeled for a hospital.

The Louisiana Board of Health has decided to clean and disinfect all sleeping cars entering New Orleans. Other State Boards might do likewise with great benefit.

The Medico-Chirurgical Hospital of Philadelphia has been granted by the State of Pennsylvania an appropriation amounting to the sum of one hundred and twenty thousand dollars.

In Germany it is against the law for a physician to recommend his patients to any especial pharmacist. At the same time the law limits the number of pharmacy shops in each district.

The latest point of interest in connection with public schools is the color of the walls, and in New York a commission of oculists has been selected to decide on a suitable color for the school walls.

Dr. George H. Kaufman of Kaufman Station, Pennsylvania, died last week, aged 57. Dr. Kaufman was a graduate of Jefferson Medical College and had a very extensive practice in Southern Pennsylvania and Maryland. He leaves a son, Dr. Leslie N. Kaufman.

Dr. J. J. Kinyoun, of the United States Marine Hospital Service, will represent this government at the International Exposition on Hygiene and Sanitary Service on Shipboard to be held at Brussels in September, and at the Leprosy Conference at Berlin in October.

At the last meeting of the Virginia State Medical Examining Board there were 6 applicants from the University of Maryland, of whom 4 were licensed, 1 rejected and 1 withdrew; College of Physicians and Surgeons, 4 applicants, 2 licensed, 1 rejected and 1 incomplete; Baltimore Medical College, 6 applicants, 5 licensed, 1 rejected; Baltimore University, 2 applicants, 1 licensed and 1 rejected; Columbian University, Washington, 1 applicant, licensed.

Book Reviews.

THE DISORDERS OF DIGESTION IN INFANCY AND CHILDHOOD. By W. Soltau Fenwick, M. D., B. S., Lond., Member of the Royal College of Physicians; Physician to Out-Patients at the Evelina Hospital for Sick Children. With Illustrations. London: H. K. Lewis. Philadelphia: J. B. Lippincott Co. 1897.

The practitioner who wishes to add to his library from time to time special works bringing each department up to date will do well to consider the purchase of this handy and attractive volume. It is based upon several years' study and on the analysis of five thousand cases of disordered digestion seen by the author at the Evelina hospital and elsewhere.

There are chapters on the physiology of infant digestion, on diet, on the primary and secondary dyspepsias and intestinal catarrhs, on feeble digestion in children; and in the appendix directions are given for the chemical analysis of stomach contents, with selected recipes for special conditions and some prescriptions.

There are many suggestions in the therapeutic line under each disease-heading, to some of which the reviewer must take exception, as will also most readers; and the author has fallen into the undesirable habit of suggesting remedies without giving dosage or details of administration. This does not detract seriously, however, from the value of the work as a study of indigestion conditions. The therapeutics of infantile indigestions must wait upon the more accurate study of the nature and course of these disorders.

REPRINTS, ETC., RECEIVED.

Fifteenth Annual Report of the Baltimore Eye, Ear and Throat Charity Hospital, for 1896.

A Case of Congenital Hernia. By Andrew J. McCosh, M. D. Reprint from the *New York Medical Journal.*

Psychical Hermaphroditism. By William Lee Howard, M. D., Baltimore. Reprint from the *Alienist and Neurologist.*

A Case of Perforating Gastric Ulcer; Operation; Recovery. By Andrew J. McCosh, M. D. Reprint from the *Medical News.*

The Action of Taka-Diastase in Various Gastric Disorders. By Julius Friedenwald, A. B., M. D., Baltimore. Reprint from the *New York Medical Journal.*

Current Editorial Comment.

UNMARRIED PHYSICIANS.

Richmond University Bulletin.

ALL things being equal, the unmarried man has many advantages over one who is married, and if possessed of equal health, industry, ability and opportunity, is the better doctor of the two. He is his own master; his mind is not occupied by domestic cares; his interest is not divided between his work and his family, and his time can be wholly devoted to the study of disease and the care of his patients. Matrimony will not increase confidence in professional ability, and until it proves itself a stimulus to mental development or a moral safeguard, it cannot possibly enter into the question. Certainly the history of medicine has not shown that the men who are married are either wiser or better than those who are single.

THE PHYSICIAN AND MORALS.

Medical Fortnightly.

A PHYSICIAN who cannot assimilate morals into his being can never expect to amount to much as a man. In other words, a physician as a man is measured by the depth of his moral nature, and not by the pretensions to professional greatness with which he would veneer his real self. It is for this reason that many men seemingly great are really small. They are out of harmony with true success, because they are out of harmony with their better selves. They play at greatness, for they cannot achieve it. They array themselves, as does a child, with the symbols of greatness—such as affixing to their names LL. D., Ph. G., etc., with the vain hope that the uninitiated may with reverence bow to their stupendous learning. They interview themselves in the daily press, present the vast array of their acquirements (largely imaginary), have themselves selected as surgeon-general to Cuba—all on paper, however—with the same vain hope that some layman may read and think them great. Such are a few of the methods of the vain pretenders, who never succeed, but are always posing before the public or the profession, as does the spider before the fly. There is a reason for failure here, and that is, because they are out of harmony with, and are not true to, themselves, for the mere making of money is not professional success.

PROGRESS IN MEDICAL SCIENCE.

MULFORD'S ANTITOXIN.— It is reported that in over 100,000 cases of diphtheria where Mulford's Antitoxin was employed there was a mortality of less than five per cent. Mulford's Antitoxin Serum is known to have withstood all comparative tests, and now ranks second to none for strength and reliability. A file of most recent literature on diphtheria treatment sent free by the H. K. Mulford Company, Philadelphia.

THE *New York Polyclinic* says of Phenalgin :—"A desideratum in analgesics and antipyretics is a remedy which is devoid of cardiac depressant effects and of the dangers of opium and morphine. It is a splendid volatile analgesic and antipyretic, is a positive stimulant to all the vital functions and is the only ammoniated coal-tar product made from chemically pure materials, therefore free from all toxic matter. Phenalgin ranks among the few remedies of its class that may be administered at all times with a feeling of safety."

MESSRS. JOHN CARLE & SONS, New York. *Gentlemen:*—It affords me pleasure to inform you of my high estimation of the value of Imperial Granum in a recent case of obstinate vomiting of pregnancy. For many days at a time my patient could retain practically nothing in the way of nourishment until the Imperial Granum was tried, when the stomach immediately became more tolerant and nutrition was rapidly regained—and at this writing, four weeks from the time she began its use, she is still relying almost exclusively on it for nourishment. It is safe for me to say that in the future I shall depend on the Imperial Granum when its use is indicated; and with best wishes for your success, I am,

Yours very truly, —— —— M. D.

SIR ASTLEY COOPER'S UNGUENTINE.—It would really seem that the Norwich Pharmacal Company has given to the profession in Unguentine an article of unusual merit. One of our earliest experiences with Unguentine was in the case of a member of our own family, an old lady of 78, who had been operated upon for strangulated hernia. The wound was dressed with Unguentine — and it was most edifying to see how beautifully clean and pure it kept, and how rapidly it healed. It must not be forgotten that this preparation was originally devised by Sir Astley Cooper, who, however, it is safe to assume, little realized how varied would become its applicability. We have not been paid for writing this little notice nor do we expect to be ; it expresses our honest convictions and it has been penned in accord with the spirit of the code that admonishes us to help one another. We have found Unguentine to be an extremely valuable article for local use, and we honestly and confidently commend it to our readers. Try it ; you will like it.—Editorial *Daily Lancet*, July 15, 1897.

A PAPER was recently read before the Section in Obstetrics and Gynecology of the New York Academy of Medicine and published in the *New York Medical Journal* on June 20, 1897, by C. A. Von Ramdohr, M. D., giving the results in the administration of iron after gynecological operations, and which is full of clinical interest. Dr. Von Ramdohr says: Some few months ago I had the misfortune of having a patient lose a comparatively large amount of blood after a trivial operation. In spite of the weakened condition of her stomach I tried iron, as the quickest acting tonic, to counteract her anemia. The results were so extraordinarily good and her general appearance improved so much that I decided to put all my patients on the use of the same preparation after any operation, and to carefully note the good or bad results of its administration. To further guard against making any allowance to my enthusiasm, I had the blood of some patients at the New York Post-Graduate Hospital tested by Dr. H. T. Brooks, the director of its pathological laboratory, and similar tests at St. Mark's Hospital made by the pathologist, Dr. George Lindenmeyr. Some cases were kindly loaned me for observation by Dr. H. J. Boldt, Dr. J. R. Nilsen and Dr. Carl Beck, to all of which gentlemen I hereby once more acknowledge my indebtedness. The preparation used in all cases was the peptonate of iron and maganese, made according to Dr. Gude's formula and known for short as "Pepto-Mangan Gude." The results as found have shown me and will convince you that it is not only possible but highly beneficial to feed a patient on such tonic immediately after an operation and during her convalescence, as a routine treatment.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVII.—No. 21. BALTIMORE, SEPTEMBER 4, 1897. WHOLE No. 858

Original Articles.

THE ALPHABET OF GYNECOLOGICAL DIAGNOSIS.

By W. S. Smith, M. D.,

Demonstrator of Gynecology at the Baltimore Medical College and Physician to the Baltimore Police Department.

READ BEFORE THE CLINICAL SOCIETY OF THE BALTIMORE MEDICAL COLLEGE, JUNE 15, 1897.

THE physician who begins his professional career without having given sufficient attention to gynecology is, to say the least, greatly handicapped in the race for honor and success.

To every practitioner of medicine there will come women suffering from various pelvic ailments and, unless he is prepared to treat them intelligently, he will often find himself not only in the occupancy of the most embarrassing positions, but he will be mortified and chagrined to see friends and patients leaving him whom he could otherwise retain. I should not be honest with myself nor frank with you, were I to withhold the fact that personal feeling and the sting of unpleasant memories play a not unimportant part in actuating me to present to you tonight these remarks upon the subject of gynecological examinations.

Prefatory Remarks.—There is, as we all know, in the graduating class of every medical college a large number of students who pay little or no attention to gynecology, looking upon it merely as a specialty in medical practice in which they are not interested and about which they do not need to be informed. Unfortunately for myself, I was one of such a number and I have never ceased to regret it. There is no reason why a graduate of the medical colleges of today should not be fully competent to master all the gynecological problems which may present themselves to him within his sphere as a general practitioner of medicine. Of course it is not to be expected that every physician shall be able to do the delicate and important work involved in major surgical operations upon the female pelvic organs, but it is surely possible for each of us by a little attention, a little study and a little care, to make an intelligent diagnosis of all the more common pelvic troubles, to do for ourselves the minor plastic operations upon the cervix, vagina and perineum, and to give a good account of our management of any patient whom we may have been treating and whom, for any reason, we find it expedient or necessary to send to a specialist.

I have chosen to refer to my subject as the "Alphabet of Gynecological Diagnosis," because it is obviously impossible in the limited time at my disposal to give more than essential and elementary facts, and because also it forms the framework upon and about which the whole fabric of sensible, scientific gynecology has been woven. I have no supposititious case of myo-fibroma, of ovarian cyst, or of pyosalpinx to discuss with you, but I shall attempt to describe with all the clearness and directness of

which I am capable the methods which should be employed in the diagnosis not only of the conditions which I have named, but of all utero-pelvic diseases and abnormalities. The disrepute and opprobrium which were formerly associated with this department of medical practice were largely due to the fact that physicians did not know, did not put into practice or would not call upon others who could put into practice the simple measures to which I shall refer. Fortunately for suffering females, the zeal, the ardor, the restless energy and the resistless skill of the devotees of gynecology have triumphed over all obstacles and it stands today impregnably fixed upon a sure foundation, proud of its successes in the past and promising even greater achievements in the future.

General considerations. — There is no branch of medicine in which habits of routine are of such value as in gynecology. It is, therefore, necessary in all cases before making a physical examination of the pelvic organs to elicit some information with reference to the history of the patient and the symptoms which she presents. And here a little care and thoughtfulness are necessary.

The mere perfunctory filling out of a schedule, the mere recording of answers to a certain series of questions, are worse than valueless unless the information thus obtained is accurate and reliable ; and to get such information we must always remember our personal as well as our professional relation to our patients. Our manner of questioning will of course be largely dependent upon the evident character and intelligence of those with whom we have to deal, but our demeanor must always be that of a gentleman in the highest and best acceptation of the term. We cannot but remember the delicacy of feeling and refinement of moral sense indissolubly associated with respectable womanhood, and we cannot but recognize the courage and confidence of a woman who has thrown aside her pre-entertained ideas of modesty and come to us ready to commit herself unreservedly to our professional care. Cognizant, then, of these facts, we will not allow indelicacy, undue haste, roughness or inattention to thwart our efforts at the very outset; but, considerate, patient and respectful, we will succeed in gaining the best possible information and bring out the most essential facts, which will enable us to get a clue as to the conditions which we may expect to find upon further physical investigation. Uniformity and correctness are the two factors which give value to the historical record of cases, and some simple system should be adopted and adhered to not only for its immediate advantage, but for purposes of convenience, reference and collaboration.

As far as my own experience is concerned, and I think it coincides with that of most general practitioners, the majority of our gynecological cases are obtained in the course of our visits to other members of the family to which the suffering woman belongs, or to which she is in some way related. She will perhaps tell us about some pelvic trouble with which she has suffered for a long time, or, as very often happens, she will refer to some of the prominent symptoms of utero-pelvic disease without going so far as to admit that her "womb is affected"; an admission, strange to say, which many women regard with a certain sense of humiliation. Here again is an opportunity, a demand, for tact and diplomacy. Once convinced that a pelvic exploration is necessary we should not hesitate, but suggest it as a matter of course. How often is the following language used, and used by those who would resent the suggestion that they were either ignorant or cowardly : "Mrs. B., I believe that your womb is 'affected.' If you think you can stand it, if you think you can raise enough courage to submit to it, I will examine you *sometime*, and *perhaps* I may be able to tell you something more about it." We should rather say : "Mrs. B., your description of your condition leads me to believe that there is something wrong about your womb and you should of course be examined. If you will appoint a day most convenient for yourself, I shall be glad to call and examine you, after which I will

give you some definite advice as to what should be done to relieve you of your suffering." This style of advice, if given in a firm, kind and polite manner, will rarely fail to gain a patient who will respect and confide in us. I may say here that it is always more desirable to examine unmarried and very nervous and hyperesthetic women under an anesthetic at their own homes. The thoroughness with which the pelvis can be explored when the abdominal muscles are relaxed will more than counterbalance any additional expenditure of time or trouble involved in such a procedure.

Preparation for examination.—In regard to the preparation for an examination there are a few points of practical importance. When an engagement has been made, it is well to instruct the patient to take a mild purgative upon the day previous to and an enema on the morning of our visit. She should have eaten little or no breakfast and the bladder should be emptied just before the time at which we are expected. In this way we will have a great advantage over those who disregard such preparation, especially in cases which prove to be at all obscure. Two obstacles will have been removed and two possible sources of error eliminated and we can begin our investigation with greater confidence in our ability to reach a correct diagnosis. Whenever it is convenient the patient should be placed upon a simple table, for it is important that the hips should rest upon a firm, unyielding surface in order that the parts may be more easily accessible. I have been embarassed more than once by attempting to examine the pelvic structures upon an ordinary bed or mattress. Many complicated and ingenious tables and chairs have been devised and as office ornaments are unqualifiedly successful, but for practical purposes they offer no advantages over the ordinary simple table. The methods of examination have been variously divided and subdivided by various authors. They all, however, cover the same ground and it is not necessary to adhere strictly to any given method. It is well, of course, to be informed in regard to all of the known diagnostic aids, but common sense, judgment and experience will not only materially limit the various steps to be taken in any particular case, but will also modify the order in which they are to be employed. Generally speaking, it is best to defer a thorough examination of the external parts until the vaginal and vagino-abdominal touch have been completed, unless the history points unmistakably to them. Broadly speaking, our gynecological examinations are instrumental and non-instrumental, and as the latter is by far the more important, I shall first consider it. Indeed, there are objections to many of the instruments used in gynecological diagnosis and the greater one's experience becomes, the less reliance does he place upon them.

You are, of course, familiar with the many postures which the patient may be called upon to occupy, but for practical purposes the dorsal recumbent and the latero-abdominal (Sims') will be sufficient. In fact, the dorsal position is the one almost invariably employed. And here again permit me to moralize. Be sure that you do not unnecessarily expose your patient. This is important, and in gynecology, at least, he will be most successful who does not simply regard those who may consult him as "cases," but who ever bears in mind that they are "patients" and human ones at that.

Inspection.—We are now ready to proceed with our examination, and we should first inspect the external genitals. This is usually done with great rapidity, but to be well and thoroughly done, the genitals should be taken up in order. The appearance of the mons veneris, the condition of the labia majora, the size and patency of the genital or vulvar cleft, the presence of complete procidentia, of a laceration of the perineum, of an inguinal hernia, all will be instantly appreciable. The appearance upon the external parts of blood, pus, or other discharges will of course suggest an inquiry as to their significance and source. Separate the labia and note the size, the color and the condition of the nymphae. The hymen will thus be exposed, and

we will observe whether it is intact, torn, or absent, its place being taken by the so-called myrtiform caruncles formerly supposed to represent it. An instant later and we are investigating another field — the vestibule. We note here particularly the condition of the meatus — whether there is a prolapse of the mucous membrane, a urethral caruncle or evidences of inflammatory trouble affecting the urethra or the bladder. The clitoris may be visible, and, if so, is it enlarged and why? The condition of the perineal body should be tested by passing the finger into the vulva along the posterior wall and pressing downward and backwards. This is a most valuable maneuvre and enables us at the same time to evert the rectum and expose fissures or hemorrhoids. In reference to the digital examination, the question is often raised as to the relative advantages of the right or left forefinger. This is not a matter of great importance. Physicians should, of course, be ambidextrous, but they generally are not, and that hand should be employed which is the more convenient, and with which the better practical work can be accomplished. Of greater moment is the prompt recognition of the condition of the vulvar outlet. If we are examining a woman whose introitus is small or whose hymen is intact it is by no means easy to effect an entrance into the vaginal canal. In such a case, it is necessary to be patient and careful. One hand should be occupied in separating the labia, while the tip of the forefinger of the other is gently insinuated into the opening. The finger should, I think, always approach the vaginal entrance from below — in other words, should glide up over the perineum and posterior commissure, and afterwards be turned with palmar surface against the anterior vaginal wall. This ofttimes will spare us the embarassment of fumbling about the vestibule, the rectum and the hairs covering the labia majora, much to our own annoyance and the discomfort of the patient.

Vaginal Touch.— We will now suppose that our finger is pressing against the anterior wall of the vagina. We have passed the hymen and in doing so we have noted the size and sensitiveness of that membrane. We have excluded congenital stenosis or atresia of the vagina, an imperforate hymen and the hyperesthetic condition known as vaginismus. These conditions would, of course, suggest the propriety of a rectal examination, or in the case of vaginismus an anesthetic in order to overcome the sensitiveness of the parts. Slight movements of the finger will now inform us as to the size of the vaginal outlet, the direction, size and depth of the vagina, and the condition of its walls. I would call your special attention to the direction and depth of the vagina, for I do not believe that sufficient stress is laid upon the subject in the textbooks. The vagina is subject to very great variations in size and direction within normal limits. The virgin, the nullipara and the multipara present many degrees of difference in this respect, even where no abnormal or pathological condition can reasonably be assumed to exist. The vaginal axis may coincide with that of the pelvis, it may dip downward or it may approach the perpendicular; it may be unusually deep or shallow; it may be narrowed either congenitally or from some accidental cause.

We now slowly and carefully pass the finger inwards and note the condition of the mucous membrane, its roughness or smoothness, the presence of painful points and lines, or simple hyperesthesia, the temperature, the presence of unusual secretions and the laxity or firmness of the anterior vaginal wall. Each of these has its special significance, and if present will of course be given due consideration. Passing to the posterior vaginal wall much the same conditions should be noted, with the addition of a lacerated perineum, a rectocele, cicatricial bands, recto-vaginal fistula and fecal impaction.

The examination of the uterus is naturally begun at its most accessible point — the cervix. This, the portal of entrance, the gateway to the utero-pelvic structures and the point beyond

which the sense of sight can no longer serve us, should be most carefully and deliberately explored. We should remember the physiological changes that are constantly taking place ; we should bear in mind the fact that the impress of age and social condition is seen here as well as in other parts of the human organism. Due allowance always being made for these, the size, position, sensitiveness, shape, direction, character of surface and that indescribable sense of resistance, known as the consistence of the cervix, should all be carefully studied, for they are of the greatest value in aiding us to arrive at a correct conclusion. Hard, unyielding cervical tissue is the result of traumatism of some kind, or is indicative of commencing malignant disease. Unusual softness may indicate eversion of the mucous membrane or awaken the suspicion of pregnancy. Small irregularities are either retention-cysts or hypertrophied papillae. The long conical cervix characteristic of sterility, the hypertrophic elongation as distinct from uterine prolapsus, the small projection in the vaginal vault denoting senility, the general hypertrophy or hyperplasia due to antecedent inflammatory action, are all instances of the practical and valuable deductions which may be drawn from the mere physical characteristics of the cervix. The os tincae may also be fruitful of suggestion. The "pin-hole" os is indicative of the sterile condition, the so-called "cicatricial plug" marks the site of an old laceration, the tough, tenacious mucus protruding from the cervical canal is indicative of endometritis, and the soft, highly-congested, globular or elliptical mass in a similar position denotes a mucous polypus. The anterior fornix, as we know, is that part of the vaginal vault in front of the cervix. This varies greatly in size and in its accessibility to the examining finger. Ordinarily, however, it can be easily reached, and through it the angle between the cervix and body, as well as the fundus of a normal uterus, can sometimes be felt. A distended bladder may also be palpated at this point, and gives the sensation of a cystic tumor. As far, however, as the vaginal touch is concerned, the anterior fornix is not a valuable avenue of diagnosis ; its great value as a diagnostic guide and landmark being realized only when conjoined manipulation is practiced through it.

Vesical Touch.—I may say here that the ideal route along which the structures in front of the uterus can be explored is through the bladder instead of the vaginal walls, constituting what is known as the vesical touch. This involves considerable dilatation of the urethra, but it is easy to conceive that by this method we can not only explore the interior of the bladder itself, but the anterior surface of the uterus and the broad ligaments ; and when we add to this the pulling down of the uterus by means of the volsellum or bullet forceps, and the introduction of another finger into the rectum, we can see how very instructive such a method of investigation can be made. Practically, however, it is very rarely used, for the danger of permanent injury to the urethra and the bladder, the possibility of infection and the time consumed outweigh by far the importance of the information it affords. I have said that among the things which may be felt through the anterior fornix is the fundus of the uterus ; this is true of some cases, but with the patient in the dorsal position, the fundus cannot easily be reached. If it is, we have good reason to believe that there is an anterior displacement. Of course, in cases of subinvolution, pregnancy and interstitial fibroids we may feel a marked prominence here, but further exploration will easily show that it is the lower segment and not the fundus with which we come in contact. I shall not consider the vaginal touch in its relation to the posterior or to the lateral fornices ; for, as I before intimated, I believe that in most cases its diagnostic value ceases at the cervix. As a matter of fact, the practical gynecologist pays little heed to the vaginal touch alone as far as the exploration of the uterus and the structures surrounding it is concerned. The forefinger of one hand is placed against the cervix and almost simultane-

ously the other hand is placed upon the abdominal wall, preparatory to beginning the bimanual palpation.

Bimanual Palpation.—This is by far the most valuable method of gynecological diagnosis, and the one upon which most reliance should be placed. Others are subsidiary; others are helpful; others are confirmatory; but by this means alone, under proper conditions, the most minute and exhaustive exploration can be made, not only of the uterus and its adnexa, but of all the pelvic structures. There are of course limitations and contra-indications to its use. The vagina must permit the ready penetration of the finger, its fornices must be more or less distensible, and the abdominal walls such as to allow considerable depression of the skin. Congenital abnormalities, developmental anomalies, inflammatory affections, as well as excessive deposits of fat about the buttocks, thighs and labia will often prohibit or render valueless the vaginal touch; whilst unusual thickness, sensitiveness or tension of the abdominal walls will oppose a barrier to the proper performance of abdominal manipulation. It is scarcely necessary to say that we would use the greatest care in practicing the bimanual method upon a woman known or thought to have any acute pelvic inflammation, pyosalpinx, hematosalpinx, hematometra or cystic tumor, for the reason that it would otherwise be attended with some danger. The possibilities of injury during the course of an examination are by far greater in this department of medicine than in any other, and the more skilled and experienced the examiner, the more carefully and gently will he proceed with the various steps involved in his investigation. The position best adapted for this examination, both from the standpoint of convenience and practical utility (not to speak of the esthetic aspect of the subject) is the dorsal. The buttocks of the patient should rest upon the edge of the table in order to allow the greatest freedom of movement to the arm, and the pelvis should be slighly elevated to overcome intra-abdominal pressure and to permit the intestines to gravitate backward out of the way. The thighs should be moderately, rather than extremely, flexed and abducted, for the reason that extreme flexion and abduction are not only inconvenient and at times painful for the patient, but less desirable for the examiner from a diagnostic standpoint. The extended hand is placed upon the abdomen and the tips of the fingers should be directed upward toward the xiphoid cartilage. The finger nails should always be closely cut and the pressure should be made with the balls of the fingers obliquely in the direction of the coccyx. To avoid disturbing the natural relation of the uterus to the parts surrounding it, I think that abdominal compression should begin, not at a point just above the symphysis, but about midway between the symphysis and umbilicus, and that the posterior portion of the pelvis should be examined first. By securing proper fixation of the uterus with the hand in the vagina, we can in this way often form a surprisingly accurate estimate as to its condition.

The lateral structures are examined in the same way, using the uterus as a landmark. In thin subjects it is not difficult to palpate the ovaries and even the Fallopian tubes and round ligaments; but the patients with whom we have to deal in the ordinary course of our work are not of such physical conformation as to permit of the nice approximation of the examining fingers and the delicacy of touch which are necessary to this end. In the great majority of instances, the lateral structures cannot be definitely outlined without the use of anesthesia, and where the question of operative treatment hinges upon the proper recognition of the condition of the ovaries and tubes, a thorough exploration under anesthesia should be made. As a rule, the approximation of the fingers in the anterior fornix is accomplished without difficulty, so that only the abdominal parietes, the vaginal wall and perhaps a little cellular tissue separate them. The detection, therefore, of abnormal conditions in this locality is usually easy. Not so much may be said of the posterior fornix, for here the approximation

of the fingers is far more difficult; indeed it is within this region that the gynecologist meets with the greatest obstacles and the most complicated problems in the whole range of physical exploration. It is true that the comparative inaccessibility of the parts may be to a great extent overcome by anesthesia and rectal examination; and it is also true that there is no scarcity of mere physical signs; but the great multiplicity of abnormal and pathological conditions which may be found here, and the similarity which is so often noticed, both in symptoms and impressions conveyed by the sense of touch, are such as ofttimes to make the question of differential diagnosis as puzzling as it is interesting. And no one realizes this fact more than the experienced gynecologist who, after years of careful study, has learned to master problems which at first seemed hopelessly obscure, and who, accomplished and skillful though he may be, will, if he is honest, confess that in the retro-uterine space there are always lessons for even him to learn. How often does it happen that no diagnosis can be made, and we are only able to reach a positive and definite conclusion after an exploratory incision. Thanks to the bacteriologist, evolving as he has done the principles of aseptic and antiseptic surgery, such incision is not now considered a serious procedure, and we can henceforth look upon an abdominal section, not only as the first step of cure, but also in many cases as the last step of diagnosis.

I do not mean to underestimate the value of the bimanual examination through the posterior fornix. The points to be determined by it are the existence or non-existence of some tumor within reach of the finger, whether it is fixed, movable or tender, and whether there is any indication of acute or chronic inflammation. If such an enlargement or tumor be firm and elastic, we of course think of a retro-displacement, a fibroid, or a semi-solid ovarian cyst. If it be soft, the probability of the presence of blood-effusion, pyosalpinx, hydrosalpinx or retro-uterine abscess suggests itself. If it be particularly sensitive, the existence of inflammatory exudation or a prolapsed ovary is more than likely. Our suspicions once aroused, we will of course study the case in the light of the history which it presents, and employ the instrumental aids to diagnosis at our command. In this way we will usually arrive at a fairly accurate conclusion, and will be able to outline a rational method of treatment. Most of the conditions found, however, are such as to require surgical intervention, and but little in the way of cure can be accomplished by medicinal means alone.

(CONCLUDED NEXT WEEK.)

Vomiting in Phthisis.—This annoying symptom, which is often accompanied by a distressing cough, is treated by Mathieu (as noted in *Medicine*) by the use of chloroform water diluted one-half, given in tablespoonful doses every ten minutes. This is combined with menthol suspended in mucilage of acacia, the latter being given after meals. A mixture of three grains in four ounces is prepared, and two to four teaspoonfuls are given after meals. He has found that small pieces of ice tend to relieve this condition. Ferrand regards this condition as often due to pharyngeal irritation, which he relieves by penciling the pharanx with a 10 or even 20 per cent. solution of bromide of potassium.

* * *

Bilateral Axillary Polymastia.—Hintze (*British Medical Journal*) found in a puerpera two mammary glands the size of a hen's egg in each axilla. They were quite separate from the normal mammae. They had the consistence of a puerperal breast, but had no indication of an areola or nipple. There was no lymphangitis or infected wound; and the diagnosis of enlarged axillary lymphatic glands was thus excluded in the case.

NOTES ON THE TREATMENT OF FAILING HEART.

By V. M. Reichard, M. D.,
Fair Play, Md.

READ BEFORE THE MEDICAL SOCIETY OF WASHINGTON COUNTY, APRIL 14, 1897.

I SHALL not attempt to bring anything new before you in this paper. I desire simply to state what seem to me certain cardinal principles and awaken such discussion as shall do us all good. I shall not attempt to deal with those protean manifestations which point toward the heart, but are due to an underlying neurosis. Only those conditions are included accompanying pathological lesions of the heart.

Forget for the moment all about cardiac murmurs. The only question to be met and settled is "Is the circulation being properly carried on?" Upon the proper answer to this question hangs the welfare of the patient. He may for years have cardiac murmurs and yet enjoy such robust health as never to need medical advice; or he may have a murmur so faint as almost to escape detection and yet be in the most imminent peril. The patient, as a whole, must be looked at and studied, and each organ and function investigated in detail to determine, if possible, whether the circulation is normal.

Decided in a given case that it is not, the next and the one which points directly to the heart is "Does the heart act normally? Is it weak or overacting?" Given a case of weak and failing heart, what are our therapeutic resources? In no class of cases in the whole range of disease can the careful, thoughtful and painstaking physician secure results more brilliant and gratifying.

When the heart is failing what shall be done?

First unload the portal circle. I think nothing will give so much indirect aid to a weak heart as to reduce the blood pressure by full but intelligent use of the hydragogue cathartics. The choice depends largely upon the preference of the attendant. Personally I am very fond of the compound jalap powder. This seems a crude and nauseous dose in these days of refined pharmacy, but it is a remedy which may be relied upon. Teaspoonful doses early in the morning will give decided relief. Bitter tonics, digestives, iron and good food will frequently meet every indication. We too often forget that the blood is the physiological heart stimulant. Hence the richer is the blood in its physiological elements and the more completely the abnormal are eliminated, the more thoroughly will it fill its role as the true heart tonic. Rich, normal blood has a two-fold tonic influence on the heart. It stimulates the intra-cardiac ganglia and at the same time builds up the structure of the heart muscle.

It must always be borne in mind that the heart is muscular tissue and is subject to waste, strain and repair. Though its action is involuntary, its structure does not differ materially from other striped muscular fiber of the body. If good blood and exercise will build up the biceps, it will do the same for the cardia.

This brings us to consider the question of exercise in cases of failing heart. In properly regulated exercise we have a resource big with promise of great good. Each case is a rule to itself, and will well repay careful study and advising. Each case which is at all able to be about should take a certain amount of exercise, gradually increasing in amount and in what for want of a better term we may call resistance. If they can take ten steps today without detriment, tomorrow they should take twelve, and so on. If they can walk on the level today tomorrow they should go up a very slight incline. Each day a certain and gradually increasing amount of exercise should be taken, the amount and kind to be regulated by the condition of the patient.

Just recently there comes from Germany a system of resisted calisthenics which S. Solis-Cohen of Philadelphia regards very highly. A crude but in every way beneficial mode of taking graduated exercise is walking up hills. The fresh air, pleasant out-of-doors sense of freedom, both tend to rouse every function of the patient.

A large blister applied over the heart, if allowed to draw freely, will in some cases serve a most useful purpose. It has never yet failed me, and I have had patients ask for its repeated use because of the great relief experienced.

As acting directly on the heart muscle and stimulating the nervous system, strychnia stands without a peer. It seems one of the curious things of medical practice that this drug should have been so long neglected. Only within the last ten years did it begin to take the position to which its value entitles it. For years we gave strychnia to tone up the involuntary muscle of the bowel and never apparently thought of its having the same action on the involuntary muscle, the heart.

In any acute or chronic case, accompanied by or threatened with a weak heart, I give strychnia sulphate in very decided doses. I have given an adult one-thirtieth grain every two hours for a week and to a child of three years one-thirtieth grain every three hours for seventy-two hours, with no toxic symptoms. The wider and more varied is my experience with the drug the more thoroughly I am convinced of its efficacy.

The most powerful and at the same time most dangerous of all drugs directed toward a weak heart is digitalis. If this drug could be controlled in every case and if it never disordered the stomach there would be little left to wish for as a cardiac stimulant. The great mistake is to expect digitalis to restore a weak heart. We must bear in mind that it only relieves a symptom, that it is not in any sense of the term a curative drug. By its use we relieve the urgency of the symptoms and gain time to restore the muscle by other means if such restoration be possible. If the heart is damaged past restoration and digitalis does not disorder the stomach, it is a most blessed boon to the sufferer, as there is no drug which can compare with it in steadying the heart, reducing its rate and giving force to its contraction. He must be a tyro, indeed, who has not seen the most happy results follow its use in afebrile cases. Its results, according to Hare's latest utterance, are widely different in febrile cases accompanied with failing heart, as here it does not produce its physiological effect.

Months and years of comparative comfort may be added to the life of the sufferer by the judicious use of digitalis, and they may, according to Wood, be enabled to use up all their vitality and at last die painlessly. Unfortunately, there are some cases which cannot take digitalis to its full effect without such distress as prevents its use. Extreme nausea will compel its abandonment before the system responds. It is in these cases that we must change off. Here a number of remedies present themselves. Convallaria, sparteine, cactus grandiflora, caffeine, all have their uses, but none of these can compare for a moment with digitalis when it agrees. Personally, I like caffeine dissolved with a small quantity of sodium salicylate. Convallaria and cactus are both remedies of some power, but can be considered only as makeshifts.

I beg you will indulge me a few minutes longer while I speak of a remedy in which I have the most unbounded confidence. I refer to that drug which is variously known as trinitrin, nitroglycerine and glonoin. After having so often seen it accomplish the most brilliant results it is difficult to restrain one's enthusiasm and to write and speak calmly about it.

The first indication for its use to which I would call your attention is the condition which we are perhaps warranted in calling fatty heart. Corded arteries, *Arcus Senilis*, pulse weak and perhaps above the normal rate, with weak muffled heart sounds, especially the first, should make one suspect fatty degeneration of the heart muscle. It is in these cases that nitroglycerine with

good food and graduated exercise will do what nothing else in the range of materia medica will. It dilates the arteries and arterioles and increases the number of contractions. This increases in a very decided way the amount of blood supplied to the heart wall in a given time through the coronary arteries. When we remember that these arteries are filled in the recoil of blood thrown into the aorta and that the amount of blood going to the heart wall depends upon the caliber of these arteries and the number of cardiac pulsations we readily see how nitroglycerine holds a unique place. Let now this blood be of the richest and most nourishing character and you have as nearly an ideal condition as can be secured.

In those formidable cases which the terrific pace of modern life seems to be making more numerous in which there is sudden failure of the heart with intense dyspnea tending rapidly to a fatal termination, no drug can compare in it for a moment in efficiency.

When there is intense dyspnea or a failing or irregular pulse with or without bloody expectoration, give nitroglycerine with a strong and bold hand. Failure to relieve is due, in my opinion, to the small dose. Give enough to produce full physiological effect and do not stop till this is accomplished. I begin with $\frac{1}{50}$ grain and double the dose every ten or twenty minutes until relief comes. The patient will express himself very readily and earnestly. I should not hesitate to give any dose necessary to secure the desired result, always watching for the flushing of the face and the headache.

In a marked case a few years ago a young lady did not get relief until she was taking fifteen drops of the one per cent. solution every ten minutes. One notable case of mine some years ago took forty drops of the same preparation four times daily for two months and it did her an immense amount of good.

Permit me in closing, gentlemen, to urge you, when patients apply to you for treatment presenting the symptoms which I have described, to push nitroglycerine to its full effects, for then only will you see its brilliant results.

Correspondence.

A CORRECTION.

BALTIMORE, August 14, 1897.

Editor MARYLAND MEDICAL JOURNAL.

Dear Sir:—In your issues of August 7 and 14 I find articles by Dr. A. K. Bond relative to the poisonous effects of the oleum chenopodii, in which he calls attention to the paucity of literature upon the subject.

I beg leave to refer you and him to a report by me in July, 1880, of "A Case of Poisoning by Wormseed Oil," which appeared in Volume VII, No. 5, page 109, of the MARYLAND MEDICAL JOURNAL.

The principal symptoms attending this case were restlessness, irritability, vomiting, great thirst, pains in the abdomen and head, staggering gait and deafness. The treatment was entirely symptomatic and the patient recovered.

Very respectfully,

A. C. POLE,
Professor of Anatomy,
Baltimore Medical College.

UNIVERSITY OF NEW MEXICO.

ALBUQUERQUE, NEW MEXICO,
July 12, 1897.

Editor MARYLAND MEDICAL JOURNAL.

Dear Sir:— In view of remarkable advantages presented by the climate of New Mexico, especially to persons of lowered vitality, the Territorial University has arranged to provide opportunities for young persons who, in the midst of their studies, discover a loss of vigor or pulmonary weakness, and need the tonic of a bracing climate and moderate altitude, yet who cannot afford to be interrupted in their college course.

It is believed that many valuable lives might be saved if a few years during the critical period of early manhood could be spent upon the plateau of New Mexico, where Albuquerque is the only truly modern city.

Accordingly correspondence is invited and every effort will be made to enable such students to continue their studies under competent instruction and with expert hygienic advice. The social and

intellectual atmosphere of the University is likewise excellent.

While it is the consensus of expert testimony that pulmonary diseases and asthma, in their early stage, generally improve in this climate, and ultimately disappear, yet persons with pronounced lung troubles are not advised to undertake serious school work.

For the present year several lines of research are open to such students as may be prepared to carry on advanced work in science. The attractive opportunity afforded by practically untrodden fields of natural science in this territory and the facilities of the President's private laboratory and library warrant the belief that a number of enthusiastic students may assemble for such investigation.

Yours very truly,
C. L. Herrick,
President of the University.

Medical Progress.

RECENT PROGRESS IN DERMATOLOGY.

By T. Caspar Gilchrist, M.R.C.S., L.S.A.,
Associate in Dermatology, Johns Hopkins University; Clinical Professor of Dermatology at the Baltimore Medical College and at the Woman's Medical College of Baltimore.

THE MICROBIAL ORIGIN OF BALDNESS.

At the last meeting of the International Congress of Dermatology (London, 1896), a French investigator, Dr. Sabourand, who has within the last few years been making very valuable discoveries with reference to ringworm of the scalp, presented a paper embodying some very interesting researches on seborrhea, alopecia areata, the falling out of hair and baldness. In the *British Medical Journal*, April 24, 1897, L. Wickham gives an abstract of Sabourand's recent works on the above subjects.

1. With reference to tinea tonsurans this French author, after an exhaustive study of this disease, mycologically and therapeutically, asserts that no antiseptic treatment is absolutely efficacious where the hair has been invaded by the fungus as far as the root; but the disease could be rapidly cured if epilation was carried out thoroughly and without breaking the hair.

2. This work led Sabourand on to investigate alopecia areata, in which disease, after patient research, he discovered a short bacillus, which was always found present in the upper part of the hair sac. This indefatigable worker, after many failures, discovered a medium on which the alopecia bacillus and only one other microörganism, which was a coccus, grew. By an exposure for ten minutes to a temperature of 65° C. the white coccus was killed and the alopecia bacillus remained alive. He then tried to reproduce alopecia areata in animals but his results as yet have not been sufficient to satisfy himself.

3. During his further investigations Sabourand found that his alopecia bacillus and Hodara's acne bacillus were identical and while studying this comparison in detail he was led on to demonstrate the microbial nature of baldness. He showed that the alopecia bacillus was the cause of seborrhea and that therefore the two diseases have a common origin. Sabourand then came to the conclusion that the disseminated loss of hair in seborrhea was the prelude of baldness. He asserts that the hair once shed is never renewed. He further made a cultivation of the bacillus in a liquid medium and having filtered it through porcelain, inoculated a rabbit hypodermically. Within forty days the rabbit became hairless.

The conclusions which Wickham has deduced from these valuable investigations are—

1. That the microbial origin of baldness is certain.

2. That the microörganism of baldness is the same as that of seborrhea.

3. That it is identical with that of the seborrhetic plugs of the orifices of the hair follicles in alopecia areata.

MALIGNANT SYPHILIS.

Under malignant syphilis, A. Neisser (Professor of Dermatology in the University of Breslau) has written an interesting article in the *British Journal of Dermatology*, January, 1897. He understands by the term "malignant syphilis"

a severe form of the disease, characterized by certain symptoms, differing rather in their nature than in their severity, from the usual forms of the malady. The author criticizes Tarnowsky's division of syphilis showing malignant characters into three groups, viz.:

1. Syphilis complicated by the inoculation of pyogenic microörganisms.

2. Syphilis praecox, with manifestations of a gummatous nature.

3. Syphilis rendered severe on account of its localization. Neisser believes that *syphilis maligna* can only be applied to the second division.

The fact of malignancy depends on a difference in the resistance of the individual, not merely on the quantity of the virus introduced. The characters of this variety consist of pronounced constitutional symptoms, extensive, irregularly distributed lesions, made up of large pustules and ulcers appearing within three to six months after infection and frequently recurring. The pleomorphic character of the cutaneous lesions is another distinguishing feature as well as the early development of ulceration at the time when one would expect the roseola to appear.

This author also asserts that malignant syphilis must be regarded as a secondary manifestation of the disease and that the early ulceration differs in type from that seen in the tertiary stage. Neisser believes that malignant syphilis may exist either in the acquired or the hereditary form. The view that the malignant phenomena are the result of a mixed infection due to pyogenic cocci is not supported by this author.

The explanation why there has been such a diminution of malignancy of syphilis during the last four centuries is probably explained by—

1. The general adoption of improved methods of mercurial treatment.

2. The use of antiseptics.

3. The greater care in the treatment of both the local and general manifestations.

4. The improvement in general sanitary conditions.

This author also expresses the view that the localization, nature and progress of the primary lesion (*e. g.*, extragenital) have not the slightest effect on determining an attack of malignant syphilis and that the appearance of phagedena in the primary sore is not the cause of the malignancy, but is in itself a symptom of it. Under treatment, Neisser asserts that patients suffering from this form of syphilis bear mercurial treatment badly and great precaution must be taken in giving the drug. The insoluble salts of mercury should not be used, but a fair amount of success follows the use of iodide of potassium. It often happens, he says, that if a course of antisyphilitic treatment is given for years no effect is produced in these cases and then tonics (arsenic, strychnine, iron, quinine and baths, especially sea baths) are only beneficial with the external application of sulphur, either as an ointment or as a bath.

Neisser has tried the anti-syphilitic serum, but without success, and he remarks that there is not as yet a single case on record which has attempted to show that the serum derived from syphilitic individuals has the power of conferring immunity on a patient. The prognosis, he concludes, of malignant syphilis is generally good in those cases where the skin is involved.

SERUM FOR LUPUS AND LEPROSY.

Dr. A. Carless exhibited before the Dermatological Society of London, held April 14 (*British Journal of Dermatology*, May, 1897), a severe case of lupus vulgaris in which he had used Coley's fluid. In Coley's last paper mention was made of the treatment of a case of lupus vulgaris and it was well known that an attack of erysipelas had often produced lasting and beneficial results in lupus. Dr. Carless injected gradually increasing doses into the diseased tissue and into the healthy tissues around. Very little reaction resulted and a well marked rigor only occurred twice. Only a slight reaction followed and the results were not entirely satisfactory. In another similar case where Coley's fluid was also used the results were even less marked.

In the same journal an abstract is given of Carrasquilla's serum treatment

of leprosy. This consists in obtaining serum from the blood of an adult leper and this is injected under the skin of a young and vigorous horse. This is repeated four times at intervals of ten days, but before the last injection the animal is bled. After an interval of twenty or thirty days serum is now obtained from the blood of the horse and is injected hypodermically into the lepers at intervals of three days. Carasquilla claims that the results have so far been very good and that after the first injection the effects of the bacilli leprae cease. An institute under M. Carrasquilla's direction has been established by the Colombian government.

REGIONAL ECZEMA.

In the *American Journal of the Medical Sciences*, April, 1897, Dr. L. A. Duhring contributes a valuable paper on "The Local Treatment of Regional Forms of Eczema." He says that eczema can be cured by local treatment alone, although internal treatment is very valuable. The variety and stage of the disease present should be borne in mind when treating the disease.

IN ECZEMA OF THE SCALP,

which is usually scaly (pustular in children) stimulating remedies are the best. Crusts should be removed by sweet oil, followed by soap and water and a mild salicylic acid salve. A mild tar mixture, fifteen to twenty minims to the ounce of water, or pix liquida in ointment, are useful in scaly patches in adults. Calomel and white precipitate (20 to 80 grains to ounce) are also recommended. In the more chronic moist forms a one to five per cent. silver nitrate solution followed by a soothing ointment is often efficacious.

IN ECZEMA OF THE FACE,

where the erythematous variety is more often seen, boric acid solutions act well, but when situated on the forehead and the skin is thickened, then a mixture of camphor ʒ ss, emplast. plumbi ʒ iii, petrolali ʒ iii, ol. olivae, ʒ i, is recommended. Lotions are very useful, such as zinc oxide with lead water, or with lime water. Lassar's paste with salicylic, resorcin or carbolic is much thought of by this author.

ECZEMA OF THE LIPS

is usually very rebellious, and lotions or strong stimulants (silver) may be applied, but hygiene must be attended to.

IN ECZEMA OF THE BEARD

mercury and sulphur in small quantities in the form of lotion, pastes, plasters and ointments are recommended.

ECZEMA OF THE EARS.

Lassar's paste with salicylic acid, tar or calomel is used and fissures should be touched with silver nitrate.

ECZEMA OF THE TRUNKS, THIGH AND ARMS.

The eruption tends to be symmetrical and diffuse. Lotions and powders are recommended for the acute stages, but later, when scaling, the pastes; tannic acid or weak sulphur paste is often efficacious for eczema beneath the breasts, in the groins or axillae.

ECZEMA OF THE GENITALS.

Pruritus and glycosuria must be excluded. In chronic scrotal disease strong applications, *e. g.*, tar ointment, ʒ i, calomel, ʒ i, acid carbolic, ♏ xv, are of value. Other remedies which are advised are tincture of tar and Vleminck's solution and they should be followed by soothing pastes or powders. Eczema of the genitals is often neurotic, so general treatment must be carried out.

ECZEMA OF THE ANUS.

A mixture of sulphur, gr. xl, naphthol, gr. xx, morphine, gr. ii, zinc carbonate, ʒ i, and cold cream, ʒ i, is highly recommended. In all cases piles, excoriations and fissures should be treated. A cure is obtained by the combination of internal, general and local treatment.

ECZEMA OF THE LEG.

In the weeping stage, black wash is good; the rubber bandage is often harmful.

ECZEMA OF THE HANDS.

Calomel salve applied three times a day is of much value. Tar and diachylon are also serviceable. Tar with comp. tinct. of benzoin or collodion is recommended as a continuous dressing.

ECZEMA OF THE PALMS AND SOLES.

Mercury, ichthyol, resorcin and sulphur act well and salicylic acid plasters are of much service when there is marked thickening.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, SEPTEMBER 4, 1897.

Theobromine as a Diuretic.

VARIOUS opinions are expressed in the text-books concerning this drug, which is obtained from the cacao bean and is closely allied in composition to caffeine, though not identical with it, caffeine being tri-methyl-xanthine and theobromine being di-methyl-xanthine. Some authors pass over theobromine with the statement that its therapeutic effects are the same as those of caffeine. Others writing more recently consider them similar to caffeine, but five times as intense. Theobromine is insoluble in water, but may conveniently be given in pill form. It is an ingredient in the much-advertised "Diuretin."

The therapeutic virtues of theobromine have of late been championed by M. Huchard, whose notes upon its action are found in a number of current French journals. He claims that it is a drug of very great value in the dropsy and retention-toxic states of cardiac and renal disease. He teaches that it produces a more abundant diuresis than caffeine and a more rapid diuresis than digitalis; that it does not set up albuminuria, though it increases it if already present; that its effects, which are not cumulative, are produced by an action upon the renal epithelium, without notable increase in arterial tension or direct action on the heart; that it is best given in courses of four days—fifty-six grains, in eight pills the first day; forty-two grains daily in six pills the second and third days; and, finally, twenty-eight grains in four pills the fourth day. He declares that it is not toxic, though in doses of more than forty-five grains it causes severe headache, excitement, nausea and vomiting. The diuresis, which appears on the first day, continues after withdrawal of the drug and may be then prolonged for several days by the use of digitaline. It sometimes succeeds where digitalis and caffeine fail. It acts specially well in cardiac cases with arterial and renal sclerosis, in all valvular diseases complicated with albuminuria and heart failure and in interstitial and parenchymatous nephritis. It is evident from M. Huchard's lessening of his earlier doses that he has had unpleasant results in some cases.

In the *Gazette des Hopitaux* of July 27, Dr. Baronaki highly recommends theobromine in the asystole of the aged. Here there is no hope of restoring tone to the myocardium or arterial walls, yet diuresis is of great value. Digitalis, strophanthus, caffeine and theobromine may all fail in these cases, but theobromine following several doses of digitalis succeeds. Under it the diuresis sets in abundantly the first evening or on the morrow, the dropsies vanish, the uremic phenomena disappear, the respiration improves and the patient is for the time out of danger. To get these results daily doses of forty-five grains are essential. As soon as the patient is improved by the diuresis, stop the theobromine and give iodides.

* * *

The Failing Heart.

THE most common idea of disease of the heart is centered in a valvular lesion or some very marked organic disorder. The failing heart is a condition which too often escapes notice until it reaches a point beyond which treatment is almost futile. It may be suspected from many of the symptoms and the general appearance of the patient may indicate that the heart is not up to its standard for hard work. It may grow weak from over-stimulation of the ganglionic centers which, whipped and goaded on by the

hard work of a busy life, grow weary and by over-excitement refuse to carry the increased burden. Again, the fatty heart, which so often goes hand in hand with an increase of fatty tissue over the whole body, frequently shows signs of weakness and failing work.

Dr. Reichard, in this issue, shows very clearly what are the most prominent signs and symptoms of failing heart, and his indications for treatment show that keen observation and a large practice have not been in vain. It is in just such vague and uncertain troubles as this when the symptoms are not pronounced that skill is needed. Often treatment must be applied and the results watched and noted before the correct diagnosis is made. No trouble when properly treated brings greater credit to the science of medicine and to the particular physician than this of failing heart. The expression "heart failure" is an unfortunate one, and yet it expresses exactly what is meant. It is a symptom of a more serious disorder and yet the laity, who always wish a definite, concrete and comprehensive explanation for every disorder, are responsible for this term.

Failing heart is one of the penalties of high pressure in modern life, and as it is always present in any large community, its treatment shonld be carefully studied; and any light that will help one to make the diagnosis clear should be thrown on this condition for the benefit of those not familiar with the subject.

* * *

THE history of any great institution is very closely linked with the names of the men who have made that institution and who by their work and attention have contributed their share towards the perfection of the whole plan.

Dr. William T. Howard.

For this reason the connection of Dr. William T. Howard with the University of Maryland is a matter of interest and a part of the history of that old foundation of learning. His resignation, which was presented last July and accepted with great reluctance and repeated refusals by the faculty of physic, has caused a change in the chair of diseases of women and children, which has continued for the past thirty years without a break.

When Dr. Howard first came to Baltimore from North Carolina, ~~his native State~~, he was made adjunct to the chair of physiology then held by the late Dr. Frank Donaldson, Sr. There was at that time but one student from this large southern State, but his influence was such that he brought eighteen from North Carolina and also eighteen from lower Virginia and this influence has been so strong and lasting that at a recent commencement there were forty-three graduates from North Carolina. There are perhaps few of the professors who showed not only such great power and influence in his teaching and his personality, but who so materially added to the strength of the University by gathering students from all points in the south as did Dr. Howard.

native of Cumberland Co. Va

After he had acted as assistant to Dr. Donaldson for some time he notified the faculty of his intention to resign, when Dr. George W. Miltenberger, then professor of obstetrics and also dean, urged the division of the chair of obstetrics and the appointment of Dr. Howard to a chair which he proposed to call gynecology and diseases of children. The late Dr. W. C. Van Bibber and Dr. Ferdinand Chatard, Jr., were both candidates for this place, but Dr. Howard received every vote and was on January 26, 1867, more than thirty years ago, elected to the chair which he has so lately vacated. This is also an interesting fact that this was the first distinct chair of its kind in any medical school in this country.

That Dr. Howard has always filled his position with untiring energy, ever giving the full number of lectures each session and teaching the students with that strong personality and wonderful memory, all his many students all over the State of Maryland and elsewhere will attest. His lectures were not vain repetitions from the text-books, but were made up almost exclusively of his own large experience and many facts and points given have never appeared in any book. His lectures were considered important enough by the students to be reported and printed in book form, but this book served only as a skeleton, for each year he revised his work and brought it up to date, so that the lectures delivered in the last session were more powerful and more valuable than those of any previous year.

The faculty, also, perhaps unintentionally, conferred an additional compliment on him when it chose three clever men to fill his vacant place and three who had all heard his lectures in time past.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending August 28, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		5
Phthisis Pulmonalis		17
Measles	1	
Whooping Cough	1	
Pseudo-membranous Croup and Diphtheria.	14	3
Mumps		
Scarlet fever	9	1
Varioloid		
Varicella		
Typhoid fever	10	9

New York is free from smallpox.

Paris has a ringworm hospital for children.

The mortality rate for June in Chicago was very low.

Milwaukee attributes its low death rate to the purity of its water.

Typhoid fever has broken out in one of the strikers' camps near Pittsburg.

The College of Physicians and Surgeons of Chicago now admits women students.

The French Academy of Sciences has elected Professor Virchow a foreign member.

The Fourth Congress for the Study of Tuberculosis will meet in Paris next year.

An exchange of chewing gum among children is said to be a fruitful cause of diphtheria.

Mr. George W. Vanderbilt denies that he proposes to build a hospital for consumptives at Asheville.

Dr. J. M. Da Costa has had the honorary degree of LL.D. conferred on him by Harvard University.

English ice cream has been found to contain myriads of organisms and other dangerous ingredients.

The *Medical News* says that the first quarantine in the harbor of New York was established in 1737.

Probably two hundred or more English members of the British Medical Association will come over from England.

Sir James Reid, physician-in-ordinary to Queen Victoria, has been created a baronet by his grateful patient.

The bubonic plague is said to have disappeared from Bombay. It has recently been reported in San Francisco.

The total registration of members and delegates at the Philadelphia meeting of the American Medical Association was 2,158.

The Medical and Chirurgical Faculty of Maryland will hold its next semi-annual meeting at Ocean City September 15 and 16, 1897.

The American Pharmaceutical Association, which has just closed its annual session at Minneapolis, will meet next year in Baltimore.

The Academy of Medicine of Paris has received a legacy of 15,000 francs ($3000) from Mme. Clarens for the foundation of an annual prize.

Dr. A. K. Bond has removed his office and residence from Park Avenue and Howard Street to 803 Park Avenue, one door north of Madison Street.

Cornell University has a State Veterinary College in which instruction in veterinary medicine and surgery will be given free to citizens of New York State.

Prof. W. P. Mason of Troy estimates that the loss to Philadelphia by typhoid fever amounts in value to an annual tax of $1,392,000. This loss, he claims, could be easily prevented.

There have been several cases of smallpox among the negroes of Birmingham, Alabama, but it is fast disappearing under the intelligent supervision of the United States Marine Hospital Service.

At the last meeting of the Baltimore County Medical Association, held at Towson, typhoid fever was discussed by Drs. W. J. Todd, H. Richardson, H. B. Stevenson, James H. Jarrett and R. C. Massenbury. Dr. Jackson Piper, the President, entertained the members at lunch.

Dr. Edward M. Hartwell, for so long director of physical training at the Johns Hopkins Hospital and later in a similar position in the Boston Public Schools, has resigned the latter place to accept an appointment as Secretary of the Board of Municipal Statistics lately established in Boston.

Book Reviews.

SURGERY OF THE RECTUM AND PELVIS. By Charles B. Kelsey, A. M., M. D., New York, Professor of Surgery at the New York Post-Graduate Medical School and Hospital; Member of the New York Academy of Medicine, etc. With 281 illustrations and half-tone plates. New York. Richard Kettles & Co., No. 129 Fifth Avenue. 1897.

Dr. Kelsey is well known as the author of an excellent work on Diseases of the Rectum, but in the present volume are added the diseases of the pelvis, thus giving a much larger field for study than is usual in a book treating of rectal diseases only. Dr. Kelsey, in commenting on this unusual combination of subjects, says: "In enlarging this work to include the surgical procedures necessary for the cure of these allied affections, the author has simply followed what experience has proved to be the natural course of his own practice." The author devotes Chapter II to general rules regarding diagnosis and very properly insists on the absolute necessity of a physical examination of every case presenting symptoms of rectal disease and says that a patient who is unwilling to submit to an examination should not receive any treatment, as sooner or later a mistake in diagnosis will occur which will be detrimental to both patient and surgeon. A very excellent resumé of the various malformations of the rectum is given in Chapter IV, and the appropriate surgical procedures for their relief are carefully explained. The subjects of fistula and hemorrhoids, which are so common, are dealt with in a conservative manner. Fistula is best treated by incision and curettement of the tract, internal piles by the clamp and cautery. The surgery of the rectum claims about 400 pages of the work and is considered in a very thorough and satisfactory manner and there is probably no American text-book which is as reliable a guide for the student or practitioner as this. The rest of the work is devoted to the diseases of the male and female genito-urinary pelvic organs and to appendicitis, and occupies about 160 pages. It can be readily understood that this portion of the book is not as thorough and satisfactory as the preceding and, moreover, it is a new role for the author. Nevertheless, the reader will find the various diseases of this region well described, though with some brevity. The work as a whole is an excellent one.

Current Editorial Comment.

SOMETHING FOR NOTHING.

Atlantic Medical Weekly.

IT would seem that where one's general welfare and bodily health were concerned, the mercantile instinct which impels the intending purchaser to seek the lowest market and the shopping fiend to travel to a dozen stores and waste as many half-hours to save a few cents, would not influence the patient in his choice of a physician. Rather should it be ability and experience which guides his selection, but unfortunately this is not always so.

THE PHYSICIANS' HOLIDAY.

Boston Medical and Surgical Journal.

THERE is a timely word about holidays. Every medical man, if possible, should have an out-door sport of some kind; golf and cycling are good, but perhaps the best is fly fishing. It takes one usually into a beautiful country, the exercise is gentle and varied, the interest absorbing, and it is better for the jaded practitioner than scampering half over Europe in a hurry in a second-class railway carriage in charge of a party of tourists. Much of the above is what judicious medical advisers are constantly telling their patients; but it is not amiss that somebody should tell it to the medical advisers themselves. The doctor is apt to have less attention paid him, whether he is sick or well, than anyone else.

DIET.

Modern Medicine.

THERE are in the insane asylums at the present time hundreds, and perhaps thousands, of persons suffering from melancholia who might be wholly relieved by a proper regulation of the dietary, combined with the employment of such simple rational measures of treatment as would result in a general improvement of nutrition, and thus of vital tone. A melancholiac is a neurasthenic of the most pronounced type. Neurasthenics are, in the great majority of cases, suffering simply from toxemia — not necessarily from uric acid poisoning, as has been suggested, but from poisons resulting from the retention of the products of tissue disintegration or of ptomaines developed in the alimentary canal which might be avoided by judicious remedies.

PROGRESS IN MEDICAL SCIENCE.

PROF. MUNDE says "Chronic leucorrhea can only be cured by the frequent use of astringents together with hot vaginal injections." As an astringent of great power in the treatment of leucorrhea, Micajah's Medicated Uterine Wafers have proven of inestimable value. Prof. Otto Juettner of Cincinnati reports that in the treatment of this disease Micajah's Wafers are a sovereign remedy—the first effect noticed within twelve hours after introducing a wafer is a powerful astringent and antiseptic action, with the secretion much diminished. Their great value is not alone on account of their use in the treatment of leucorrhea, but they have been successfully used with satisfactory results in the treatment of prolapse of the uterus, engorgement of the womb, etc., and are of much value in the treatment of diseases incidental to the menopause. Sufficient samples for a trial and booklet—Hints on the Treatment of Diseases of Women—will be sent gratis by mail on request to Micajah & Co., Warren, Pa.

RHEUMATISMS AND NEURALGIAS OF MALARIAL ORIGIN.—Whatever may be the first cause of the group of pathological conditions, which are usually classed under the head of malarial diseases, and in the treatment of which antipyretics play so important a part, there are certain sequelae of malaria for which all antipyretics are powerless, from quinine down to the latest products of German dye-works. Such are the rheumatisms and neuralgias accompanying or following attacks of malarial fever or coexisting with malarial cachexia. These must be treated *per se*. The experience of thousands of medical men goes to prove that rheumatism or neuralgia concurrent with or following malaria must be treated in exactly the same manner and by the same agents as is the case when these troubles arise from other causes. In such conditions there is particulary indicated the eliminative action of Tongaline, either Liquid or Tablets, or in the form of Tongaline and Lithia Tablets and Tongaline and Quinine Tablets.

COD LIVER OIL.—Frank Webster Jay, M. D., Instructor in Surgery, Rush Medical College, and Attending Surgeon Lakeside Hospital, Chicago, has a very interesting article in the April 3d issue of the *Journal of the American Medical Association*, entitled "Cod Liver Oil a Time-Tested Remedy." In concluding the paper he states as follows: "The best and purest oil should be obtained, since the inferior oils are offensive in odor and taste. I thoroughly approve of a good emulsion when the microscope shows that it contains the *entire oil* in finely divided globules, and when I am satisfied that the percentage of oil claimed by the maker is present in the emulsion. Emulsification, moreover, forms a necessary step in the digestion of the fat, and the ready-made emulsion reduces the burden of labor devolving on the enfeebled digestive organs. The product which has given entire satisfaction in my practice, and to which I pin my confidence, is the Egg Emulsion of Cod Liver Oil (P. D. & Co.). This product does not deteriorate, is most satisfactory in taste and flavor, and contains, by volume, full forty per cent. of the entire oil. The absence of gum arabic, Irish moss, or the other emulsifying agents commonly used, is assuredly not the least of its advantages."

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVII.—No. 22. BALTIMORE, SEPTEMBER 11, 1897. WHOLE No. 859

Original Articles.

FOREIGN BODIES.

By John Turner, Jr., M. D.,
Prosector in Anatomy, University of Maryland; and Physician to Children's Country Home, Catonsville, Md.

A FOREIGN body is a thing, hard or soft, dead or alive, which has gotten into the tissues, or has entered a cavity of our bodies by force or by accident.

When the warm, balmy days of spring come, not only children, but adults and hoary haired sages, delight in foraging through our lakes and beautiful suburbs, till well nigh exhausted. With the heat of our long days comes also a morbid desire to risk certain little imprudences which otherwise would not suggest themselves to us. Everything seems to change. Our desires even quicken. We plan adornment of self; outings, summer vacations, and especially how to while away pleasantly our idle time during the hot days. While thus occupied we usually become absent-minded, a bad state. Thus, half dazed with fickle thought and worry, children push all sorts of foreign bodies into their ears, noses, etc. And women, with their tired hands in their laps, and pins in their mouths, suddenly sigh, breathe a heavy draft of air and swallow them down. Sometimes a thimble is swallowed in the same manner. Men swallow foreign bodies very seldom indeed. They most frequently swallow fish bones and splinters from tooth picks, which stick in the throat and give considerable pain and annoyance. Habits of chewing tooth picks up to a pulp, and of eating too rapidly, cause these accidents.

Very briefly we will consider some of these foreign bodies and when and how they are gotten into the body. Some little importance should be given to this practical subject. We call them foreign, because of their non-approximate similarity to the structure of our vital organs and tissues in general. Trauma is the generally acknowledged cause of sudden foreign bodies gotten into the body by force.

Beans, bugs, buttons, sticks, gingerbread, hair, bacon rind, pencils, whistles, play-jacks, cherry and plum stones, rubber air bags, marbles, etc., are all simple bodies, yet in the different cavities of our structure become extremely annoying and painful, if not dangerous. Some children are sure to push these things into their noses or ears. Cotton or sponge accidentally left in a surgeon's wound becomes a vile foreign body. Bullets from rifles or pistols are usually aseptic bodies, because they enter when hot and we know that heat cleans any kind of matter. I once saw a man swallow twelve half-inch and six one-inch screws, one horse shoe nail, one knife blade, 1½ inches long, with a sharp edge and point, and two large pieces of lamp chimney chewed finely. These

seemingly caused no ill effects. When asked if he had taken some emulsion to protect the stomach, he declined to answer. A swallow of water was used at each performance.

Cinders in the eye come with or without sighs as the wind blows. Little folks as well as larger ones, when they get a particle of dirt, shaving, eyelash, emery, hay, shell, etc., into the eyes, at once begin to rub and thus greatly irritate them. The eye is the organ most frequently treated for foreign body. Windy days always indirectly send a number of these cases to eye specialists. Something is blown into the eye. No man can bear the pain long. It cuts like a knife. The sharp, pointed cutting edge always protrudes and the base, whatever it may be, embeds itself in the cornea usually. One prominent business man likened the sensation to a wheelbarrow turned upside down under his eyelid, the pain was so excruciating. These foreign bodies frequently cause ugly traumatic ulcers by the dirt they take into the lacerated part.

If an oyster shell is embedded into the cornea, the resulting ulcer is due to the juice or liquor and not to the shell itself, according to Dr. Robert Randolph of Baltimore. The ulcer from this is extremely rapid in development and burrows deeply, often completely through the cornea, thereby making possible a hernia of the iris and evacuation of the aqueous humor, causing a collapse of the anterior chamber. This latter feature, however, quickly regains its normal state. If loose, the foreign substance is most frequently found at the edge of or just beneath the cartilage of the lid. You can find these easily by simply everting the lid. Removal is easy. If fast in the cornea or sclerotic, use a few drops of a 4 per cent. solution of warm cocaine and remove with a small spade knife, by prying it out. Borax, grs. x to ʒ i water, three or four drops every three hours, is the usual after-treatment. If deep in the tissue, scraping too hard to remove the stain of cinder will often puncture the cornea, and leave the white scar, so plain to all. Emery particles are very difficult to find, because so near the color of the eye. Eyelashes sometimes catch in the puncta and give a great deal of annoyance. These cause epiphora in rare cases. When a body of any size enters the ciliary region of the eye, the prognosis is bad. You may deem it feasible to enucleate at once to save the other eye from sympathetic ophthalmia. Cataract is in some cases caused by a traumatic foreign body entering the capsule of the lens and starting the degeneration which results in opacity and blindness later.

The noses of school children are dumping grounds for beans, bacon-rinds, buttons, pencils, cheese skin, matches, hair, bugs, cotton, sponge, marbles, ginger-bread, cherry and plum stones, etc. It is natural, it seems, for them to push these bodies into the nasal orifices to make their playmates nervous and cause them some little anxiety as to the removal of the offending particle. Usually, when found, it is just over the middle turbinated bone of the nose, pushed up as far as possible, till suddenly it slips out of reach. Then the child begins to cry and becomes quite nervous. When the mother finds out the trouble, she, in her efforts to dislodge, pushes it farther back and probably starts a slight hemorrhage by her erratic picking and prying at the innocent body. The most simple treatment is, take a match stick or spoon probe, enter at the superior and anterior nasal fossa, pointing toward the eye till you get beyond the object, then slowly use the instrument as a lever and out comes the irritating pencil or bean. If the mother has irritated the mucous lining of the nose in her efforts to remove the body, order hot water and common table salt solution to bathe the nose with thoroughly. Frequently a polypus, having been cut off with a snare, is left within the post-nasal fossa and becomes a foreign body, thereby occluding the chamber of the nose. Later, it may be swallowed. No harm results from this unless the soft mass loosens and falls down during sleep and gets into or on the edge of the glottis. Instantly, this would cause partial strangulation. These do immense damage, however, when

pedunculated, by tickling the fauces and causing an exhaustive attack of asthma.

Cotton may be pushed into the nose or ear and stay some time before discovered. It absorbs the normal secretions of these organs and, being fixed, decomposes and starts an inflammation which is very difficult to cure. Beans and bacon rind will swell rapidly after they are pushed into the nose or ear, therefore it is bad treatment to blindly pick at these bodies. We may permanently injure the drum of the ear or cause local catarrh of the nose, otherwise not probable. The laity usually make matters worse for the child by their over-friendly zeal to relieve. Picking at anything is dangerous. Septicemia has been caused by picking a tiny pimple. Dr. Bryant well says that "blind zeal only hurts." This corresponds with surgery, for Dr. Tiffany tells us that "our patients are in danger when we allow the knife blade to get out of sight in operating."

The ear, like the nose, is the receptacle for various little foreign bodies named above, besides it manufactures some of its own. Ceruminous deposits with exfoliated epithelial cells mixed form hard, ugly masses which annoy us greatly at times and may cause deafness till removed, or a hole is made through to allow the air to reach the drum head. A slight film of wax may completely curtain the tympanum and cause deafness to a high degree and repeated efforts to dislodge are futile. The only treatment is to continue the syringing till it is removed; and hearing almost always returns.

Case I.—In November a young mulatto came to me with a very edematous lobe of the right ear. On close inspection the tip of an ear-screw could be seen. The parts were red, shiny, tense, swelled and extremely painful to touch; even the right side of the head and face pained severely at times. She said an ear-ring, setting, screw and all, were inside of the edematous lobe. The ear had been pierced with a hot needle and later a brass ear-bob had been put in and left till the present state of affairs. It took only a few minutes to remove the dirty mass and cleanse the parts thoroughly, after which a good recovery was the result. The setting of the ear-ring was glass.

Bugs, beans and a host of little things get into the ear and not infrequently cause an irritating cough, great expectoration, sneezing, giddiness, tickling in the throat, pain in the head and face, vomiting, anesthesia of the same side, epilepsy and a large number of ills known to the aurist. Should we not, therefore, pay more attention to foreign bodies ?

Case II.—Lillian, German girl, aged four, strong and healthy, swallowed a jack while playing on the steps. She began to cry and shortly afterward had two spasms from fright. The mother gave her syrup of ipecac ℥i twice in ten minutes, to no avail. Having then arrived, I administered a half drachm of subnitrate of bismuth and a glass of milk, then placed her in a tepid bath till the spasm was over. Later she was allowed nothing to eat but cooked rice, milk and white potato, cooked. Two hours passed quietly, then I administered a half drachm dose of syrup of figs and ordered hot cloths to her abdominal wall and kept her in bed. Result: In eight hours the jack was passed through the bowel completely rounded like a ball by the rice, potatoes, etc. The child did not have any pain or vomiting during the time following the bath. Purging is bad treatment, say most physicians, in these cases.

Case III.—James, man, aged 26, single, large and muscular. Five years ago, while loading a pistol, he accidentally shot himself, the ball lodging in his index finger, dorsal surface, midway of first phalanx. When in my office, six months ago, it had for the first time given him trouble. At that time, without apparent cause, it became edematous suddenly at night and pained his whole forearm with intenseness for three days. On examination I found that it had, during its stay in a fleshy bed, accommodated itself and become beautifully encysted. The sac was probably an inch in length, making the bullet freely movable. Not being allowed to operate

and excise it, cold applications and a saline purge were ordered. In two days the swelling and pain had disappeared.

CASE IV.—Nicholas, boy, aged 12, ruddy, healthy, tall. In March, 1897, he laughingly bet he could put a wooden, painted Easter egg in and out of his mouth five times in ten seconds. The egg slipped in easily but would not come out and in his fright and efforts to remove it he dislocated his inferior maxilla. It was reduced in the ordinary way by placing the boy firmly against the wall and making pressure downward and backward. This was a buccal foreign body.

Someone reported a case of a man who died recently, supposedly of consumption. At the autopsy a splinter an inch long, and painted on one side, was found in his pharynx. Thus, the man died of starvation caused by a foreign body. This splinter, the physician thought, had been cut from a painted rail fence surrounding his yard and used as a toothpick. One year elapsed from the time of the accident till death, which was heralded by rapid edema of the parts and apnea.

Chronic dyspeptics, through some reflex mental disturbance, often imagine foreign bodies to be in the stomach, usually a live one, such as a frog or snake. Pins swallowed are believed by many to work their way out through the body tissues to the skin. Teeth may easily be swallowed and cause esophageal foreign body. If allowed to operate the surgeon can, as a rule, save the patient. In one such case an operation was prohibited and the post-mortem showed the teeth perforating the esophagus, pericardium, and were imbedded in the heart muscle slightly. Idiots may swallow hair, sticks, dirt and cotton and the result is a ball formation in the stomach. This simulates the balls found in cows' and horses' stomachs, accumulated from time to time by licking their young. A farmer told me that crimson clover after blooming would cause almost the same result. This grass produces a hairy structure in its flower.

In former years foreign bodies were removed from the eye by the tip of the tongue, says Dr. Robbins of Washington, D. C. This was a filthy habit and soon fell, and justly, into ill-repute. We now use foreign bodies (such as cotton) in the ears to prevent sea-sickness. It is a well-known fact that deaf-mutes are never sea-sick. Cocaine or any drug to deafen us is said to prevent sea-sickness. Therefore, cotton in the ears deafens, and hence its preventative power on ocean voyages to obviate sea-sickness. Maggots are found sometimes in the external meatus of the ear and are very difficult to remove. They look like meal blown on, or whitish-grey dust finely spread over the surface. The microscope is the best and safest way to diagnose these parasites. Children most frequently swallow metal whistles and buttons. Adults usually swallow bones, keys and pins, sometimes sticks. Women are more apt to swallow pins or thimbles.

I remember having seen an account of a gentleman who swallowed a tiny live tortoise. He was playing with his children and, for fun, seemingly swallowed and reproduced it once too often. Tadpoles change to little frogs in our stomachs if at their change-era when drunk from a stream. Some are vomited. It is said that india-rubber air balloons which can he inflated by means of a small mouth-piece are the most dangerous toys when swallowed. They are easily drawn in by the breath, then each succeeding respiration inflates the bag and death after an awful struggle results. Dr. Robert Johnson recently exhibited a shawl pin four inches long which had been swallowed by a child. Gastrostomy was performed and the child recovered. A penny, according to Dr. Ward, was dislodged from the throat of a child in a fit of coughing, after having been there for eight months. Sharp bones swallowed which stick in the pharanx are quite painful and are most difficult to locate and to remove. We only do so by repeated attempts with the head mirror, light and reflected throat mirror. By removal of the offending body the irritation should cease.

A long fish bone or stickpin may be

swallowed and perforate the heart through the esophagus and pericardium, thereby causing almost instant death by hemorrhage. Flat pieces of meat caught in the rim glottidis may cause death by suffocation. Beans lodged in a bronchial tube are very dangerous. In these last two cases the symptoms must be appalling, as respiration is checked, and death seems imminent. If inverting and shaking do not dislodge the bodies, operate at once. That is the only chance for the patient's life. I once saw Dr. Herbert Harlan remove a stick (one inch long and about one-thirtieth of an inch thick, black and pyramidal shaped), from the lachrymal gland of a boy's eye that had been there over a year with slight incovenience till a few weeks before he was operated upon.

A decayed tooth, acting as a foreign body, I am told, will cause a cough of some little gravity. Hiccough has been induced by a bolus of food in the stomach acting as a foreign body. The Chinese, oddly enough, in ancient times, inserted a foreign body, as a large needle, through the tongue for the cure of acute dysentery. Persians call tears, in extreme grief, foreign bodies, as they almost choke the person; grief with them being spasmodic and deeply seated. From the sorest afflicted thus, these tears are collected on little sponges, bottled, and later they are used as a sure cure for grief and pain caused by nervousness. Indeed this somewhat apes our present much talked about theory of antitoxine treatment in preventing and curing diphtheria, etc. Centipedes, the terror of our summer evenings, are harmless in this country as foreign bodies in the ears. Those found in Australia are said to be quite large and very poisonous. These little pests are easily frightened and will not enter the ear so readily as we imagine. The sticky wax of the ear prevents most any insect from entering far.

Vesical foreign bodies are, excluding stone formations, rare. Most frequently you find broken old catheters, pins, pipe stems, pen holders, silver tooth picks, chalk, etc. Stilettos have been found, and especially in the female bladder. The only treatment for these accidents is to perform suprapubic cystotomy or open the bladder some other way and remove the offending body or bodies. Bottles, caps, corks, sticks and a number of things may be found in the vaginal orifice.

An embolism is the result of a foreign body found in the blood vessel. It is caused by some valvular disease of the heart, acute rheumatism, etc. In these cases an oily, fatty waste is broken loose from an atheromatous patch of the vessel and carried till checked by a small capillary ; thus, we may have gangrene, paralysis, or even a grave organic disease of the kidney or lung, resulting from an embolism, small but dangerous.

A rectal foreign body may be from within, coming down through the bowel, or may be introduced from without. Bones, bristles, pins and sticks usually cause rectal abscess. If large and very painful abscesses, a fistula or sinus results. When extremely hard and irregular bodies are found in the rectum an anesthetic should be given and great care taken to prevent a rupture of its walls. There are cases recorded in which a hard body impacted in the rectal valves has slipped through a rupture into the peritoneal cavity or even into the bladder. Without the utmost skill, then, you may do a most fatal damage to the patient.

This is probably a very simple and easy subject for some to treat; but are not the little things of medicine and surgery the important ones? In view of the everyday prominence in the physician's experience of this practical subject of foreign bodies, I ask your kind attention.

FRACTURES OF THE LOWER JAW.

Dr. Carl Lauenstein, in *Medicine*, treats fractures of the inferior maxilla by passing wires through holes bored through the alveolar process between the roots of the teeth. He claims fixation is much better than when the wires are simply passed around the teeth, as in the ordinary method.

THE ALPHABET OF GYNECOLOGICAL DIAGNOSIS.

By W. S. Smith, M. D.,
Demonstrator of Gynecology at the Baltimore Medical College and Physician to the Baltimore Police Department.

READ BEFORE THE CLINICAL SOCIETY OF THE BALTIMORE MEDICAL COLLEGE, JUNE 15, 1897.

(*Concluded from Last Week.*)

Instruments.—The instruments ordinarily employed in gynecological diagnosis are comparatively few. They comprise the speculum, sound, probe, depressor and tenaculum. Others which are accessory to these and are only used in special cases are the curette, aspirator, endoscope and microscope. I do not consider it either pertinent or necessary to describe these various instruments, and I shall assume that you are all sufficiently familiar with their appearance.

Speculum.—From the very earliest times the necessity of seeing more deeply into the vagina and of medicating certain portions of the genital tract led to the device and use of what were known as specula. But no proper conception of their value was had until the time of Récamier, who, by his demonstration of the practical uses of the speculum, forged for the medical profession the first link in the chain which has led to modern gynecology. I doubt if any of us would recognize the instrument originally used by Récamier, for it is said to have been similar to a foghorn or a grocer's funnel. It was made of tin, seven or eight inches in length, and the ocular end was two or three times as large as the other end. This fact, ludicrous as it may seem, does not lessen the importance of the original conception, and I have mentioned it merely to show how curiously crude were the efforts of medical men in the past to construct an instrument designed to fulfil such simple indications.

I shall not attempt to describe the various modifications at present on the market, knowing that it would be an almost hopeless undertaking, so great is their variety. It is usual for physicians to have two or three sizes of Sims' and one or two of the ordinary bivalves or trivalves. My own experience has taught me that it is well to have a very small double-bladed or triple-bladed instrument for use in the examination of virgins and nulliparous women. Since the object in using a speculum is to expose the cervix and vagina, while at the same time the relations of these parts are disturbed as little as possible, it is evident that the best instrument is the one which most easily accomplishes this result. It is of course essential that a digital or bimanual examination shall always first be made, for by it we get an idea as to the position of the cervix and are thus enabled to introduce the speculum properly and intelligently. Mindful of these facts, we must also remember that it is by no means necessary to use instruments in every case in which a manual examination has been made; for instance, if the bimanual examination reveals the presence of a prolapsed ovary, it would be obviously absurd to seek by the use of the speculum any additional information in regard to that condition. Again, in a nullipara, with an anteflexion and a conical cervix, nothing can be gained by the inspection of that cervix. Mechanical obstructions, such as rigid hymen, atresia and vaginismus, will at once be recognized. In regard to the relative advantages and disadvantages of the various specula, little need be said. The Fergusson was formerly very popular, for the reason that it gives a clear view, and at the same time protects the vaginal walls. Local applications to the cervix and endometrium were made through it. Its inapplicability to a virgin or nulliparous vagina, the fact that it does hide the vaginal walls, and that the exposure through it is so limited,

have so militated against it that it is now seldom employed in this country. Moreover, the strong topical applications that were in former times so much in vogue have yielded to the advances of the new pathologic era and fallen into disuse. The Sims' gives the best exposure and does not encroach upon the anterior vaginal wall. It is, therefore, preferably used in the various plastic operations, especially those upon the cervix. The bivalves are used chiefly for the reason that they give a good exposure and are self-retaining. The trivalves are particularly desirable in diseased conditions of the vaginal fornices, although, of course, less useful than the Sims. The speculum enables us to see the condition of the vagina ; the presence of fistulae, cicatricial tissue, acute inflammatory troubles, erosions, areas of ulcerations, or unusual protuberances, being at once recognizable. The condition of the cervix is also noted ; the appearance of the os externum, the character and depth of lacerations, the extent of eversions, the color of the parts, and the nature of any secretion which may be issuing from the cervical canal. In short, the speculum enables us to verify the diagnosis which has previously been made by the digital and conjoined manipulation.

Uterine Sound.—No part of the gynecological armamentarium has given rise to such widely divergent opinions as the uterine sound. Used at first for the measurement of the vagina, the introduction of the speculum laid before it a new field for exploration, and as is the case with all new devices, results were claimed for it utterly at variance with the laws of physics, as well as the suggestions of common sense. Indeed, it was regarded as the *sine qua non* of gynecological diagnosis, without which no examination of the female pelvic structures could be worthy of serious consideration. I shall not enumerate the various diagnostic and therapeutic uses to which it was formerly applied. It was employed for the diagnosis of pregnancy and for the recognition of most all other intra-uterine conditions. Professional prejudice, however, against its introduction into a pregnant uterus became so strong that we can freely pardon those gynecologists who, for the sake of impressing an important lesson upon their minds, and upon the minds of those about them, had the handle of their sounds made into the figure of a fetus. Notwithstanding all this and the unreasoning and almost unlimited reliance once placed upon the instrument, it still has certain absolute and positive indications which cannot be met by any other means of exploration. The statement, therefore, of certain gynecologists that it should rarely or never be used, will scarcely stand the test of extended observation, and the reaction against it has been unnecessarily and unjustly severe. It should not be used in a case of known or suspected pregnancy. It should not be used to test the mobility of the uterus. It should not be used in the presence of pelvic inflammation or malignant disease. It should not be used during menstruation. It should be used when it is desirable to know the length and direction of the uterine cavity and the size and patency of the external or internal os. It may very properly be employed to determine the presence of intra-uterine inflammation or to aid in the diagnosis of morbid growths. The sound should not be grasped, but held lightly between the thumb and finger. In this way the condition of the endometrium, the presence of fungosities, polypi, submucous fibroids, etc., will be far more easily recognized. A practical point in reference to the instrument is this : If the patient complains of pain when the tip of the sound touches the fundus uteri, or if blood escapes on its withdrawal, it is likely that there is some disease of the endometrium. The normal mucous membrane of the uterus is not noticeably sensitive, nor does it bleed readily from mere contact of the sound.

Probe.— The probe does not require any extended description. It is very flexible, bends on meeting the slightest obstruction, so that it is not possible to do injury with it. As a matter of fact, it is rarely used, as there are few cases

in which the sound may not take its place. Its function is solely to determine the length and direction of the uterine cavity.

Depressor.— The depressor is essentially a spatula used to depress the vaginal walls and to prevent their projection into the vaginal canal, so that the best possible view may be obtained. It is particularly valuable in the examination of multiparae with voluminous vaginae. It is made in many shapes and with many names attached to it. Sims' and Hunter's depressors are the ones in common use; the former is a double wire loop and the latter a double spoon, which when well polished acts as a reflector as well as a depressor. A practical hint may be given in reference to the introduction of the instrument. In a large vagina, or in the presence of a cystocele, the blade should be placed well up in front of the cervix before the wall is depressed; in this way we will avoid the folds of vaginal wall which invariably intervene between the end of the instrument and the cervix, and often completely conceal it from view.

Tenaculum.— The tenaculum is a delicate hook of steel used to steady the uterus or to depress it. It is boldly plunged into the lip of the cervix which, as we know, is comparatively insensitive. Once there, it is of very great assistance, not only in many operative procedures upon the cervix and within the uterus, but also for diagnostic purposes in facilitating the introduction of the sound, the curette and intra-cervical or intra-uterine tampons. It is sometimes necessary to pull the uterus down to determine as far as possible its relation to pelvic and abdominal tumors, and for this purpose the tenaculum or bullet-forceps answers well. Care, however, is always necessary in this manœuvre, as adhesions about the tubes and ovaries might easily be torn.

Curette.— You are doubtless familiar with the appearance of the curette and its great value in the treatment of diseases of the endometrium. It is not less valuable as a means of diagnosis. The ordinary indication for its use is the presence of persistent hemorrhage. This, as we know, may be due to a retained placenta, to a morbid growth, or to fungous endometritis. In any case the introduction of the curette and the withdrawal of a portion of the diseased tissue will clear up the difficulty. In cases where the uterus is enlarged, as for instance in subinvolution or after an abortion, no dilatation is necessary, but in others, where the cervical canal is small and not easily distensible, some of the branched steel dilators have to be employed. An ordinary curettement for diagnostic purposes is not a serious procedure. Indeed, the pain is so insignificant and the resulting hemorrhage so easily controlled, that there is no reason why the method should not be practiced in one's office.

Aspirator.—A few words in regard to the aspirator. This instrument is not now used so much as formerly, particularly since an aseptic surgical technique has made an exploratory laparotomy a comparatively safe procedure and since, also, accidents have happened from a failure to discriminate properly between tense abdominal cysts and those small intra-pelvic cysts whose puncture is usually unattended with risk. There are still, however, instances in which a small amount of fluid may be very appropriately drawn from a suspected tumor and submitted to chemical and microscopical tests with the result of completely clearing up a provisional or conditional diagnosis. The presence of paralbumin and metalbumin in a suspected fluid was formerly thought to be indicative of an ovarian cyst. Absolute reliance, however, is not now placed upon it, since these substances have been demonstrated in other fluids. The careful examination of the sediment obtained by allowing the fluid to stand for several hours in a conical glass, or by the use of the centrifuge, is always interesting and, at times, positive, in its results. The various forms of cells, crystals, etc., should all be studiously observed. In this connection I may say that I have lately seen a case of a cystic tumor in the right iliac region which, by all the ordinary methods, could not be definitely diagnosed. No aspiration of the

suspected fluid was made, but I have no doubt that if it had been made the presence of renal elements would have completely cleared up the diagnosis. Only after an abdominal section was the presence of hydro-nephrosis discovered.

Endoscope. — The term endoscope means simply any tube which can be passed into the channels or canals of the viscera in order to allow them to be inspected. From a gynecological point of view the instrument is used almost exclusively for the purpose of examining the urethra and the bladder. Efforts have been made to utilize it in the study of the uterine cavity, but the results have not been attended with any considerable measure of success.

Microscope. — In no department of medicine is the microscope of so much value as in gynecology. To attempt to elucidate its various uses would be to offer a résume of modern gynecology itself, so intimately interwoven is it with the great advances which have marked the last decade. Heretofore, however, it has chiefly been employed for confirmatory purposes; in other words, it has been used to verify diagnoses previously deduced from clinical data. The examination of cyst contents, the differentiation of the various forms of tumor, the isolation and recognition of the pathogenic and pyogenic organisms—these are instances of the functions it has been accustomed to fulfil. At the present day its most important sphere, at least from a diagnostic standpoint, is in the examination of scrapings from the mucous membrane of the uterus. The value of the deductions regarding pathological conditions within the uterus based upon a microscopic study of these scrapings is no longer open to discussion. These conclusions are of course not invariably absolute and positive, but in many instances they are unquestionable; and taken in connection with a careful analysis of symptoms and a thorough physical examination, they furnish an almost unerring guide, not only in reaching an accurate diagnosis, but in outlining a rational and timely treatment. While, from the examination of these specimens, one often finds chorionic villi, decidual cells and evidences of mucous polypi and endometritis fungosa and is thus enabled satisfactorily to explain the cause of persistent hemorrhage, it is chiefly in the early recognition of malignant disease that it finds its most useful application. Cases not infrequently occur in which the first section shows the presence of undoubted sarcoma or carcinoma, when not only are the clinical phenomena entirely insufficient to point to a diagnosis, but when there are scarcely any clinical manifestations at all. These remarks apply particularly to those cases of adeno-carcinoma originating in the cervical canal in which the morbid process spreads so insidiously and in which metastases are so likely to occur. The microscopic examination of uterine scrapings, therefore, while it constitutes a comparatively new method of scientific research, is sure to prove of the greatest practical importance.

Now I think I may safely say that among the things which characterize the present age is the greatly increased prevalence of malignant growths, and, while the highest thought and best research are being given to the study of their origin and nature, it is a cause for gratulation that the microscope gives us the key to their prompt recognition and successful treatment.

Abdominal hysterectomy is the ultimatum and the cure, and it will be the province of the abdominal surgeon, aided and fortified by the methods to which I have referred, to thwart and destroy upon the threshold of its activity the stealthiest and most relentless enemy to human life, whose later stages are well-nigh hopeless.

THUMB OF INSANITY.

It is alleged that movements of the thumb accompany all conversation of sane persons; and that their absence betokens insanity, lunatics seldom using the thumb in writing, drawing or saluting.

Society Reports.

BALTIMORE MEDICAL ASSOCIATION.

MEETING HELD MARCH 22, 1897.

THE President, Dr. Jas. E. Gibbons, in the chair.

The Committee of Honor reported favorably upon the names of Drs. H. Young Westbrook and T. C. Gilchrist, who were then unanimously elected.

Dr. Jas. E. Gibbons proposed for membership Dr. Edward E. Gibbons, 1102 Lafayette Avenue, and Dr. C. Urban Smith proposed Dr. Wm. S. Love, 572 Presstman Street.

Dr. Joseph T. Smith read a paper on CHROMIDROSIS.

Dr. C. Urban Smith: Some observers claim that these troubles are hysterical and are associated with disorders of the menses and with uterine affections.

Dr. J. W. Chambers made some remarks on a few cases of EMPYEMA. Empyema means an abscess in the pleura and as such it belongs to surgery and should be so dealt with. It is rarely primary, nearly always secondary. The French go so far as to say that all cases should be looked upon as suspicious of tuberculosis. It sometimes commences abruptly, with little or no indications of being anything else than ordinary pleuritis, except that the hypodermic syringe shows pus. Sometimes it begins insidiously. The physical signs are the same as of ordinary pleurisy. Some symptoms may make it probable that empyema exists. It is frequently secondary to cancer, especially of the breast. In children the differential diagnosis between empyema and pneumonitis is not easy. Tubular breathing may be heard in empyema in children. He recalls but one case of pulsating empyema. Empyema may result in resolution. Sometimes it opens into the bronchial tubes. Sometimes it perforates through the chest. Sometimes it opens into the pericardium, which condition is very dangerous. Many sudden deaths occur from empyema, for which no satisfactory explanation has been given.

Treatment: Deal with it like any other abscess. Open and drain. Usually operate some distance above the floor of this abscess. Many operate in the axillary line about the sixth intercostal space. Open between the ribs or remove a portion of the rib. It is better to do the latter, as it gives free drainage. Occasionally hemorrhage occurs after evacuating the pus, but this is not serious. There is less danger from rapidly evacuating the pleural cavity than from aspiration. Do not break up adhesions between the visceral and the parietal layer of the pleura. Do not wash out the chest unless there is some special reason for it. He advises exercises to expand the chest. He related a case of double empyema in a child. Both cavities were opened at the same time. The child recovered. Involvement of the lung is not as dangerous from its extent as from the rapidity with which it takes place.

Dr. E. Dorsey Ellis related the case of a woman about 30 years old, who had what he believed to be empyema, which was cured spontaneously. The only treatment was restriction in the ingestion of liquids and the administration of bitartrate of potassium.

Dr. Morris C. Robins thinks that it would be better to aspirate in children and even in adults when the symptoms are mild.

Dr. John D. Blake: His experience has been that simply cutting between the ribs has not been satisfactory. He prefers resection about one inch and a half behind the axillary line. He does not favor aspiration. He never washes out the pleural sac at first. Later he sometimes washes it out with a weak bichloride solution. Not much absorption can take place. He washes it out under low pressure. He thinks that Dr. Ellis' case was one of simple pleuritic effusion, not empyema. There is very little danger of infection after aspiration if proper antiseptic precautions be taken.

Dr. Chambers agrees with Dr. Blake that Dr. Ellis' case was one of simple pleuritic effusion.

Dr. Thomas Chew Worthington agrees

with Dr. Chambers as to the advisability of opening the chest. He spoke of the advances made in recent years in thoracic surgery.

Dr. Joseph T. Smith related a case of Aortic Regurgitation. The patient had ascites. She died before paracentesis abdominis could be performed. Had she died after the operation, it would have been blamed for the sad result.

The Association then adjourned.

Eugene Lee Crutchfield, M. D.,
Recording and Reporting Secretary.

Medical Progress.

Expulsion of Lizards and Worms.—Dr. G. W. H. Frew of Paradise, Pa., writes that he had a rather unique case in which worms and lizards were passed by the bowels. There were eight lizards and quite a number of worms and none were vomited. "The young man," says Dr. Frew, "was 24 years old and had been suffering for six or seven months with all symptoms peculiar to dyspepsia, intestinal catarrh, etc., and had been treated for same, all to no avail. I treated him myself for the same trouble for one month. His appetite at times was good, and again poor, always a weight and a colicky pain after eating and often nausea and vomiting, sometimes diarrhea, and again constipation, headache, vertigo, and greatly emaciated, losing at least twenty pounds in three or four weeks. The colicky pains would come on him at any time and would be quite severe at times. I came to the conclusion that there might be something foreign there and gave him anthelmintics only as an experiment and in less than six hours passed three or four lizards and during the day passed the rest and quite a number of worms. I kept him on anthelmintics for one week, but only a few came from him. He is improving very rapidly."

* * *

Obesity and Gigantism in a Child of Four.—Capitan and Croizier (*British Medical Journal*) record the case of a boy, aged four years, who measured 108 cm. (instead of 92 cm.) in height, and weighed 51 kilogrammes (instead of the normal 14 kilogrammes). He was in other respects quite normal, showed no signs of myxedema, and had no arthritic heredity. Before his birth his mother had had a child that died in a few months from congenital weakness. At his birth he weighed 10 pounds, in four months 18 pounds, and during a year he increased in weight at the rate of 4 pounds a month. Latterly he has gained 2 pounds a month. The authors regarded it as an instance of gigantism with precocious obesity.

* * *

The Specific Action of Quinine in Malaria.—Dr. E. C. Register, editor of the *Charlotte Medical Journal*, read a paper with this title before the North Carolina Medical Society. After many years of study, both clinical and microscopical, he arrives at the following conclusion in reference to the specific action of quinine in the continued forms of malarial fever. He says a malarial fever without complications will subside after the plasmodia of malaria disappears from the blood; that we have in quinine the means to completely eradicate malarial poison from the body; that malarial fever occurring in a previously healthy subject, and in the central United States, if at once recognized and properly treated, never ends in death; that it is speedily curable, never continues, provided the nature of the disease be recognized and appropriate treatment employed.

Dr. Register has made microscopical examinations of the blood of several hundred patients suffering with remittent malarial fever, and has studied closely and thoroughly the crescentic and ring-shaped bodies which he says are the forms of the parasite which is responsible for the continued types of this fever, and he finds that the reason quinine does not always effect these irregular forms of the poison is on account of the usual defects in its administration. He contends that the drug is very imperfectly absorbed when given by the stomach, and when the patient has a temperature of over 102°. He says that in cases of continued malarial

fever, if distinct and well marked intermissions of the fever are produced artificially by the use of antipyrine, antifebrine and phenacetine, the crescentic and ring-shaped bodies will disappear after the administration of quinine, as quickly as the spherical bodies that are found in an ordinary case of intermittent fever. In reference to the belief that the forms of the parasite that inhabit the blood cells are not acted on by quinine, he says: "There is no doubt in my mind that this belief is not erroneous. Besides my own observations, I have been able to collect the opinions of thirty-two authors touching upon this point, and twenty-eight out of the thirty-two believe that the endo-globular or intra-corpuscular forms are not, on this account, the cause of an uncontrollable fever, and that its proximity to the blood cell does not, in any way, protect it from the action of quinine."

* * *

Tuberculosis of the Mesenteric Lymph Gland.—The importance of tuberculous diseases in the mesenteric lymph-glands as a causative factor of other forms of tuberculosis is the subject of an elaborate paper by Dr. Reuben Peterson in the *Medical News*. The following is a summary:

1. Primary tuberculous mesenteric glandular disease is by no means uncommon.

2. While it may be, it is not, as a rule, secondary to intestinal tuberculosis.

3. The tubercle bacilli may pass to the mesenteric glands through the intestinal mucous membrane without leaving any visible lesions.

4. Tuberculous mesenteric glandular disease may be congenital, and the tubercle bacilli may remain latent in these organs during long periods of time.

5. Under favorable conditions, beginning tuberculous disease of the mesenteric glands can be diagnosticated without the presence of palpable tumors.

6. These glandular enlargements may result in caseation or calcification.

7. In cases of caseation, the danger of extension of the tuberculous process to the peritoneum is considerable.

8. When taken in season tuberculosis is not necessarily a fatal disease if, in any way, "increased resistance" of the tissues can be obtained.

9. Abdominal section produces powerful physiologic changes in the peritoneum.

10. It has been shown that all varieties of tuberculous peritonitis, the dry as well as the ascitic, are susceptible to cure by celiotomy. Hence, the theories which fail to explain the cure resulting in the granular variety are faulty.

11. The true explanation of the cure of tuberculous peritonitis resulting from celiotomy is to be found in the phagocytic action of the embryonic cells, together with the formation of new vessels and connective tissue.

12. This new tissue may remain as fibrous nodules or it may be entirely absorbed by the peritoneum.

13. From the position of the peritoneum, lying as it does upon a bed of lymphatics for which the mesenteric glands act as filters, there is every reason to believe that the same changes produced by celiotomy on peritoneal tuberculosis will occur in the tuberculous mesenteric glands.

14. Abdominal section should be advised in tuberculous mesenteric disease as soon as the abdominal symptoms make the diagnosis reasonably certain.

* * *

Picric Acid in Eczema.—Gaucher (*British Medical Journal*) has had very good results in acute vesicular eczema using picric acid. He applies a one per cent. solution every other day, and covers the surface with cotton wool soaked in this solution. The dressing is left in place for two days. The acute inflammation subsides rapidly, and itching is relieved. This treatment would probably be useful in other acute skin diseases such as pemphigus, but is useless in chronic eczema, where the conditions of the skin and the indications to be met are different.

* * *

Formaldehyde.—The use of formaldehyde as a powerful and effective disinfectant has been brought rather prom-

inently forward of late. The *Medical Review of Reviews*, in quoting from the *Pharmaceutical Journal* the work of F. J. C. Bird, says that one part of a formaldehyde in this table represents one and one-half parts of the full strength, or 40 per cent. solution of commerce. A solution of formaldehyde :

1:125,000 kills anthrax bacilli.

1:50,000 prevents the development of typhus bacilli, etc.

1:32,000 preserves milk for several days.

1:25,000 forms a useful injection in leucorrhea, etc.

1:20,000 preserves wines, weak alcoholic liquors and beer, also milk for several days.

1:4000 is recommended for moistening paper used to cover jam, etc.

1:3200 for rinsing dairy vessels, etc. 1:2500 destroys the most resistant microörganism in one hour.

1:2000 for rinsing casks and vessels intended for liquids liable to fermentation.

1:500 for the irrigation of catheters, etc., and as a mouth-wash.

1:250 to 200 is a general disinfectant solution for washing hands, instruments, etc., in surgery, spraying in sick-rooms and as a deodorant.

1:160 to 100 hardens microscopic tissues, which should be immersed for a considerable time to give the best results.

1:100 in lupus, psoriasis and skin diseases.

1:50 to 25 sterilizes surgical catgut, silk, etc., by steeping.

1:25 for quickly hardening and preserving for microscopical sections; longer immersion in a weaker solution gives better results.

1:10 for hardening very fine tissues in pathological and histological works.

1:15 for hardening firm tissues in such work.

1:2½ for hardening soft tissues for this same purpose.

The fact that water absorbs it readily to the extent of 40 per cent. solution renders it easy of application as a disinfectant and it is in this aqueous solution that it is found in the market and is thus miscible with water to form any degree of strength desirable.

* * *

Chloroform in Obstetrics.—In an address delivered in Boston and published in the *Boston Medical and Surgical Journal*, Dr. Edward P. Davis sounds the praises of chloroform in labor and its advantages over other anesthetics. In concluding, he advances the following propositions :

1. The most recent experimental study indicates that the evil effects of chloroform result from vasomotor paralysis, causing the accumulation of blood in the abdominal viscera especially and bringing about partial or complete cessation of function in the nervous centers from acute anemia.

2. Pregnancy increases vasomotor tension and thereby renders the pregnant woman less liable to the injurious effects of chloroform.

3. In normal labor, the actual expulsion of the child may be safely rendered painless, dilatation of the birth-canal furthered and laceration diminished, by light and transient narcosis from chloroform.

4. In tetanus of the uterus, eclamptic convulsions and manual labor, chloroform is to be preferred to ether and is most useful.

5. Profound narcosis from chloroform is seldom, if ever, necessary in obstetric practice and, like this condition under ether, is attended with risk.

* * *

Iodide of Potassium and Lactation.—G. Fieux (*British Medical Journal*) has tested the effect of iodide of potassium on nursing women. He finds from six observations that the coming of milk after labor is not delayed, that the course of the lactation is not interfered with and that the infant does not suffer, as is shown by the increase in weight during the administration of the iodide. There is no reason, therefore, to fear that the administration of iodide of potassium to a syphilitic mother will interfere in any way with her functions as the nurse of her own child. The fears that it will do so are imaginary.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, SEPTEMBER 11, 1897.

Illegal Practitioners.

UNLICENSED and illegal practitioners of medicine in the State of Maryland are not wanted, and all good, loyal physicians should help to purge the State of such undesirable material and keep out those driven from other States.

The Board of Medical Examiners, whose duty it is primarily to examine candidates and license such as are fit to practice, has always kept an eye on those practicing illegally and has always done its duty, but it must be remembered that the Board cannot be over the whole State and therefore physicians themselves should take sufficient interest in the welfare of the profession in Maryland and take steps to have all quacks and persons practicing not in accordance with the laws fined, imprisoned and driven out.

Someone must procure evidence and prosecute and if any physician knows of cases deserving notice and will communicate with the Board through Dr. J. McPherson Scott at Hagerstown he will receive help and instruction how to act. Physicians, as well as pretenders, would do well to note the accompanying instance sent to the JOURNAL and see that the Board is ever active and watchful to do its full duty:

An itinerant vendor of drugs, who increased the sale of his nostrums by pretending to be a physician registered in Baltimore, was brought to grief not long since in Caroline County. Upon information having been given the Board of Medical Examiners by a physician of a neighboring county a warrant was issued for his arrest as an illegal practitioner. He was tried in Denton and on the witness stand admitted that he was not a graduate of any medical college, neither was he a registered physician of Baltimore or elsewhere. His conviction promptly followed with fine and costs.

This incident only shows how easily the medical law could be enforced and the community be rid of quacks and unprofessionals. Physicians are the men of all others interested in the suppression of the pretender. The identity of the individual and knowledge of the facts necessary for prosecution come to them without search, and with this information properly used some of the good results contemplated by the medical law would be quickly secured. There are numerous violators of the law going "unwhipt of justice" and the Caroline County case ought to have many imitators.

* * *

Unfair Rivalry.

WHEN the city physician lays down his winter work and goes off in the summer to seek rest and renewed vigor, he is too often called on to see some sick person who, tired of the local practitioner, is attracted by the city physician. The visiting physician should be most careful in taking any case from his country colleague and robbing the latter of his bread. It is perhaps in part the result of such acts that States passed laws preventing physicians in one State from practicing in another.

There is always a certain amount of courtesy to be shown in every calling of life and the city physician should always be most careful to refuse to take any step which will cast reflection on his country colleague or cause invidious comparisons to be made. Unless the city physician goes away with the avowed object of making all he can, it is a little better for him to refuse all cases while

on his trip or to see no cases supposed to belong to the local doctor without the latter's permission.

The laity thinks there is an unnecessary amount of etiquette between physicians but the only real rule to govern physicians is the golden rule, which is plain and simple. If physicians will do to each other as they would be done by and behave as gentlemen (and ladies) in any other calling, they need consult no work on medical etiquette.

If the visiting physician spends his summer in some rural district or near some small town or village with the intent to practice, it is always well to become acquainted with the local physicians and let it be known that he has come to practice and act openly and fairly towards his professional colleagues.

One point the city physician should bear well in mind, and that is that the country physician is usually a better informed man in general medicine and surgery than he is usually given credit for being. The city physician relies on specialists and consultations to help him out of difficulty, but the country practitioner has no help but his own wits and brains and he straightway sets out to use and develop what the city physician has too often allowed to degenerate.

There should always be good feeling between the local and the visiting physician, and that courtesy which is due every gentleman should not be forgotten.

* * *

The Faculty Meeting.

The semi-annual meeting of the Medical and Chirurgical Faculty which will be held at Ocean City this month should attract a large number of physicians, for it comes at a time when the summer holiday is just at an end, when the fall work has not yet begun, and in a place where there is so much to offer. Never in the history of this venerable body has its prosperity been so assured and the outlook for an extinction of all indebtedness at its centennial meeting been so bright.

The programme of the coming meeting has not yet been announced, but there will certainly be sufficient to bring together a large number and the pleasures of such a gathering should not be forgotten. It is now several years since a meeting has been held in this part of the State and never has the Faculty met in this immediate locality.

The invitation is especially extended to the physicians of the various counties who enjoy such meetings, and who do not come to the annual session in Baltimore as they should. The invitation is also broad and hearty, and all physicians whether belonging to the Faculty or not should attend this meeting and make it the success it deserves.

* * *

The Medical Schools.

It is at this time that the various medical schools throughout the country are making ready for their fall work and some of them have already begun to enroll students for the new year's work. Attention should be called to the especially good facilities which Baltimore offers as a center of medical education. Every small place calls itself a center of something, but Baltimore, which is the only very large city on the borderland between the north and south, has for years been increasing its educational facilities and in the training of medical students it is certainly not behind other places.

The schools here number many hundred students and the hospitals are accessible and full of good material for study and observation. The medical department of the Johns Hopkins University, which sent out last summer its first class of medical graduates, is attracting students of both sexes from all parts of the country, and its first place in medical education in this land is now more and more appreciated. The other schools which are ready for the work are all in excellent condition, some with new halls, new laboratories, or new hospitals, ever eager to keep abreast with the times and offer sufficient inducements to the would-be physician and give an equivalent for the fees demanded.

Aside from these facilities Baltimore is socially an enviable place for a home. It is large enough to be called a large city and yet small enough to receive with hospitality and cordiality worthy students and good citizens from other cities and States. Also with the best markets it offers every variety of food and comfortable living proportionately cheaper than any other large city in this country.

Young men and women about to take up the study of medicine would do well to send for the circulars of the various medical schools in Baltimore and come to a place with so many varied advantages.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending September 4, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		5
Phthisis Pulmonalis		14
Measles		
Whooping Cough	8	1
Pseudo-membranous Croup and Diphtheria.	17	11
Mumps		
Scarlet fever	16	1
Varioloid		
Varicella		
Typhoid fever	19	7

The inhabitants of Great Britain are said to consume 4,000,000 pills a week.

The *Medical Record* says that the town of North Bergen, New Jersey, has no physician.

A sanitarium for rheumatism and lung troubles has been established near Cairo, in Egypt.

Columbus, Ohio, has 100,000 inhabitants, 1300 physicians and two large free dispensaries.

Accident and life insurance companies do not care for risks in unsettled countries like Alaska.

There are 8,232 medical students in the 21 German universities, a decrease in number over last year.

Rapidly driven ambulances in New York have been the cause of serious accidents on crowded streets.

Dr. R. H. Edwards of Leesburg, Virginia, died recently, aged 84. He was a prominent surgeon in the war.

Sanarelli, the discoverer of the yellow fever organism, is receiving honors and rewards for his excellent work.

At the last examination of the Pennsylvania State Medical Board 445 candidates appeared, of whom 83 failed and 4 were expelled for copying.

Dr. Charles E. Brack has succeeded Dr. Edwin Geer, resigned, as Chief of the City Hospital Dispensary in Baltimore.

Dr. Lucy C. Bement has succeeded Dr. May F. Jones as resident physician at the Good Samaritan Hospital.

Cocaine cannot now be bought in Colorado without a written prescription from a properly licensed physician or dentist.

Typhoid fever is quite prevalent in Baltimore at present, but most cases have been contracted outside of the city.

The United States Government has added to its quarantine regulations the use of formaldehyde gas in disinfection.

England wants a Department of Public Health, to be under the charge of a responsible minister, with a seat in Parliament.

The State of Pennsylvania has granted an appropriation of $25,000 for the maintenance of the Polyclinic Hospital at Philadelphia.

The Pennsylvania and Maryland Union Medical Association held a very successful meeting at Highland Park, near York, Pa.

Dr. Juan J. Ullóa, who is a graduate of a New York medical school and a frequent visitor to the United States, is now Secretary of the Interior of Costa Rica.

A French surgeon was fined and imprisoned for causing the death of a patient in doing a laparotomy and for leaving a pair of forgotten forceps in the abdominal cavity.

The Hahnemann Hospital College of San Francisco has petitioned the regents of the University of California for admission to affiliation with that body. This step has naturally caused much opposition.

The Union Protestant Infirmary on Division Street, Baltimore, has been closed most of the summer to allow of certain improvements and additions which are now about completed. This institution has ward facilities and excellent private rooms at moderate rates for those needing treatment by their own physician. Dr. Daniel L. Dunott is the resident physician, with a corps of visiting physicians. There is also excellent nursing by trained graduates. The Infirmary is an especially favorable hospital, being situated on a quiet street and not connected with any medical school; the patients are not subjected to frequent examinations by unskilled students. There is a limited number of free beds in the public wards for desirable patients.

Book Reviews.

THE first number of the *Georgia Journal of Medicine and Surgery* has made its appearance at Savannah and it is a publication giving great credit to its founders, editors and large corps of collaborators. Drs. J. B. Graham, D. E. Dudley and W. E. Felch are the editors, with about fifty collaborators, among whom are Dr. W. M. Polk of New York, Dr. Hunter McGuire of Richmond, Drs. Frank Dyer Sanger, Wm. S. Gardner, John Ruhräh, Edwin Geer of Baltimore and a host of others. The first number gives great promise of success. It is published once a month at $2 a year.

THE Medical Gazette Publishing Co., of Cleveland, Ohio, announces a small volume soon to be issued with the title "About Children." The author is Dr. Samuel W. Kelley of the Cleveland College of Physicians and Surgeons. The book will contain six lectures filled with information for nurses, medical practitioners, students and all who have the care of children. Advance orders will be filled in September.

MR. CHARLES WELLS MOULTON, publisher, announces "The Doctor's Window; Poems by the Doctor, for the Doctor and about the Doctor." Edited by Ira Russell Warren, with an introduction by William Pepper, M. D., L.L. D.

REPRINTS, ETC., RECEIVED.

Cooper Medical College. San Francisco, 1897.

Indiana's New Medical Law. The *Medical Free Press*.

Artificial Feeding. By L. Emmett Holt, A. M., M. D.

Cyclone-Neuroses and Psychoses. By Dr. Ludwig Bremer, St. Louis.

Re-Infection in Consumption. By Joseph Muir, M. D. Reprint from the *Journal*.

Intra-Bronchial Medication. By Joseph Muir, M. D. Reprint from the *American Medico-Surgical Bulletin*.

The Importance of a Systematic Microscopical Examination of Uterine Scrapings and of Excised Pieces as an Aid to Diagnosis, based upon the Analysis of One Hundred Cases. By Hunter Robb, M. D. Reprint from the *American Journal of the Medical Sciences*.

Current Editorial Comment.

PREMATURE BURIAL.

Medical News.

DURING the past year this subject has been widely discussed on the continent of Europe and in the English press, and has engaged public attention to an unsual degree. This has resulted in the formation of societies whose avowed purpose is the prevention of premature burial. Cases of *live* sepulture are certainly rare in all civilized countries; nevertheless, no experience can be more horrible than that of being buried alive, and the occurrence of a single case in a generation is sufficient to stimulate the most scientific research into preventive methods.

MEDICAL JOURNALS.

American Gynecological and Obstetrical Journal.

LET it be remembered always that a journal belongs to the *individual subscriber*. As he is, as he performs his duty of encouragement, as he pays with promptness or otherwise his subscription, so will the journal be; so will it improve, stand still, or retrograde. No medical journal can flourish, can constantly develop to its highest capacity without the willing and efficient financial support of its subscribers. It must feel that it depends alone upon them for its life; otherwise, no matter what financial backing it may receive from outside sources, it will ever remain, essentially, if not in name, merely a "trade journal," in which professional needs will and must always be subordinate to the exigencies of trade.

DO DOCTORS CURE DISEASE?

Modern Medicine.

THE public should be educated up to the idea that disease is not altogether an evil; that it is simply a manifestation of morbid conditions present; and that if these are removed at all, it must be, as a rule, by the efforts of nature, through the natural forces of the body—the *vis medicatrix naturae*. To check these efforts without removing the cause of the difficulty is to interfere with the natural process and to make the patient worse rather than better. Physicians should continually instruct their patients that nature is the great physician and that if they are cured at all it must be by the recuperative powers of their own bodies, the duty of the physician being simply to aid nature in accomplishing this.

PROGRESS IN MEDICAL SCIENCE.

DESTROY SPUTUM GERMS.—Beside tuberculous bacilli there are many organisms—staphylococci and streptococci, for instance—that are pathogenic when deposited on a receptive soil. Destroy all sputum germs by keeping Platt's Chlorides in the cuspidors.

"ROBINSON'S LIME JUICE AND PEPSIN" is an excellent remedy in the gastric derangements particularly prevalent at this season. It is superior as a digestive agent to many other similar goods, and the preparations of "Pepsin," made by Robinson-Pettet Co., are endorsed by many prominent physicians.

THE BEST SYSTEM for the manufacture of artificial limbs.—From Hon. Wade Hampton, Ex-United States Senator, S. C., General C. S. C., New York, July 18, 1897:

J. E. HANGER, ESQ.—*Dear Sir:* I have used the leg you made for me about ten years ago and it has proved entirely salisfactory. The system you have invented for fitting the leg is the best I have seen, for it insures a perfect fit. Wishing you success, I am,

Yours truly, WADE HAMPTON.

FROM Prof. Joseph Adolphus.—"It gives me pleasure to testify to the good results obtained from Daniel's Concentrated Tincture Passiflora; none other is worth anything in my hands in the treatment of paralysis, epilepsy, St. Vitus' dance, chloral and tobacco habits, sleeplessness, nerve exhaustion, neuralgia, alcoholism, painful and deficient menstruation, headache, hysteria, convulsions, prostration from fainting, and the convalescent stage of acute diseases."—JOSEPH ADOLPHUS, M. D., South Atlanta, Ga.

W. C. FREDERICK, M. D., Lono, Ark., says: I have used S. H. Kennedy's Extract of Pinus Canadensis (Dark), one to three of water, in sore throat from cold, with splendid results, and have now under treatment a little boy, three years old, suffering from strumous diathesis, who had been afflicted over a year with otorrhea. Have been using an injection two drachms of S. H. Kennedy's Extract of Pinus Canadensis to four drachms of water, three to five drops, two or three times a day, the ear previously cleansed with Castile soap. The little fellow commenced to improve from the very start and is rapidly improving daily; the discharge has almost ceased. He has been on this treatment for about two weeks.

OF GENERAL INTEREST. — Messrs. H. K. Mulford & Company have prepared an interesting 8-page pamphlet containing questions and answers and covering many points of interest in relation to the antitoxine treatment of diphtheria. The questions are those frequently asked by physicians who have not had the opportunity to study the great volume of literature now available upon the subject. They embrace nearly every conceivable phase of the antitoxine treatment and the nature and production of the remedy. It will be found to materially widen and deepen the average physician's conception of the value of the antitoxine treatment. Copies will be sent free, upon receipt of request. Mention this JOURNAL.

UNGUENTINE FOR BURNS.— Dr. A. F. Beddoe, physician to the Buchner Orphan's Home near Dallas, Texas, recently read a paper with the above title before the Dallas Medical and Surgical Association in which he reports eight cases, most of them burns of the third degree, successfully treated with Unguentine; no other dressing was used, and in all cases the healing was rapid, and in some no scar, while in others the scar was less than one-half the size that would be expected. Case 2 was that from giant powder, and the patient presented the appearance of a rabbit with its skin removed from the body. The wounds were cleansed with carbolized water and Unguentine applied upon strips. No scar was left on face or hands and a new soft growth of beard has appeared. Cases Nos. 7 and 8 were two boys among the twelve that were burned while escaping from the burning building of the boy's house of Buckner Orphan's Home, which was burned down January 15, 1897.—Condensed from the *Texas Courier-Record of Medicine.*

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVII.—NO. 23. BALTIMORE, SEPTEMBER 18, 1897. WHOLE NO. 860

Original Articles.

CARE OF THE CRIMINAL.

By E. Tracy Bishop, M. D.,
Smithsburg, Md.

READ BEFORE THE WASHINGTON COUNTY MEDICAL ASSOCIATION, APRIL 14, 1897.

ACCORDING to the lawyer, a criminal is an individual who violates certain legal statutes. According to the preacher, he is an embodiment of moral depravity or a person who has strayed from the paths of moral rectitude. According to the alienist, he is a person who is in an abnormal mental condition. The important question is as to whether the alienist is right. For although the lawyer and the preacher may both be right, their treatment of the patient is all wrong, if the alienist is right. They "cannot minister to a mind diseased or raze out the written troubles of the brain" with their methods.

Neither argument nor illustration are necessary to convince the public mind of the fact that mental deformity or deficiency or disease is the condition of most of our criminals, since in a majority of important cases a plea of insanity is the defence offered, with its deplorable array of alienist experts pro and con.

There are three principal sources of supply of criminals, viz.: Education, heredity and disease.

Diseases of the meninges or of the brain tissue are quite often responsible for criminal deeds such as theft or homicide and are often, I believe, quite as easily demonstrable by post-mortem analysis as was the famous case of Guiteau. It would have been interesting to have held a post-mortem upon some of the Government's experts in that case, for they showed as eager a desire to kill Guiteau with their testimony as he did to kill the President with his pistol. Indeed, they not only slew him but sacrificed at the same time the reputation of the medical profession of this country for either fair or scientific practice.

The mental condition, however, of many criminals is so plain that the general public quite easily recognizes it, though it may sneer at the fact that the kleptomaniac in court is a person of means. All of which is true, because it is so easy to recognize an act as insane that is without a rational motive. Albeit the person without means is quite as often an irresponsible, as indeed are most criminals.

As to the effect of heredity in the production, we are all of us familiar with families whose histories are the records of criminals of one kind or another and with family names which condemn unheard the bearer.

Then as to the history of the race. It is not a thousand years since theft and robbery and kindred crimes were legitimately practiced for untold generations past and the law of the survival of the fittest gave our less remote ancestors quite a degree of aptitude as well

as of appetite for those sorts of crimes. And thorough, indeed, must have been the application of those legal remedies, the gibbet and the gallows, to have so greatly changed our race habits and natures in so brief a time. Those cases of atavism where worthy parents beget unworthy children are other indications of its hereditary origin.

It is interesting to note as still further establishing the effect of heredity that most crimes, especially daring ones, are committed by youths and that many persons, when quite young, commit crimes which they abandon and abhor when grown to maturity.

I had the opportunity many years ago of studying a case in point. The child of unwholesome parents was adopted by a gentleman of my acquaintance who had no children of his own and who grew very fond of the little boy, who was an incorrigible thief, though taken from his parents in infancy. The gentleman, who was something of a philosopher, applied the usual as well as unusual remedies. One of his plans was to give the boy whatever he seemed most inclined to steal. He kept him supplied with money, which he fancied greatly, although he had no opportunity to spend it, and also with such toys as he wanted, yet he would steal. He was always treated with unvarying kindness after punitive treatment had failed. Finally he abandoned the habit without apparent reason and became entirely trustworthy. Unfortunately, he died before reaching maturity, of meningeal tuberculosis, supposedly a second attack. I forgot to say that moral suasion was not tried; the gentleman did not have any.

Perhaps some of us can recall an uncontrollable propensity to steal in the days of our childhood, if it was only forbidden fruit. All this is in close accord with a well-known zoölogical law. Take the seal, for instance. It is a land animal exclusively in calfhood because its remote ancestors were land animals.

Another thing which still further proves and at the same time illustrates the effect of heredity on crime is the fact that different races are prone to different kinds of crime. The negro, for instance, is especially addicted to petty larceny. The Italians, among whom remained longest the bandit, furnish the largest per cent. of criminals, according to the criminal statistics of New York City. Although the statistics do not designate the kinds of crime, it is pretty safe to assume that crimes of violence are the more frequent among them. The same statistics give the Irish the next highest per cent. and it would be interesting to know what crimes are the more frequent among them because the race is a good deal tinctured with Spanish blood.

The study of crime among animals discovers further proof of the effects of heredity and also of education and disease. Buchner, in his "Psychic Life of Animals," tells of thieving bees that finally formed colonies of marauders that lived by robbing and murdering honest colonies. The most curious part of his statement was that he could produce such criminals at will by feeding them upon a mixture of brandy and honey. The bees would become irritable and ill disposed and, losing all inclination to work, would, when they became hungry, rob others of their stores.

Signor Christiani, director of the Lucea Lunatic Asylum, found that he could breed criminal dogs from criminal parents and that when not criminal they possessed other abnormal mental traits. In elephants criminal propensities are produced by solitary or isolated living. Ostracized from society he wanders alone. Becoming melancholy and morose, he develops murderous propensities almost human in their viciousness.

Perhaps the most prolific source of supply of ordinary criminals is education. Given a rudimentary condition or hereditary taint, and education by association and actual training does the rest. Certain quarters of cities or of localities in the country are looked to for criminals, just as schools and colleges are looked to for scholars.

Now as to prognosis. Can the criminal be cured? The status is this, a case of actual demonstrable disease of the brain tissue. A case of deformity of the brain by accident of birth or by hered-

ity, a case of deformity of the brain by education and heredity. Is there any doubt but that training will produce a more or less permanent change of brain, just as athletics produce changes of muscular tissue?

It ought to be possible by counter training to reform the criminal who is such by education. The criminal from disease might, and does sometimes, get well. The hereditary criminal is probably the most hopeless of all these unpromising conditions. What shall the treatment be? Whatever it may be, it will necessarily be largely experimental. We have no past treatment to guide us. The most successful of the cures hitherto employed were the gallows and the gibbet. These are hardly to be called cures, though. Those other methods, solitary confinement, or continued confinement, are more suggestive of revenge than of human or intelligent care and are successful accordingly.

As to treatment, the first indication of course would be prevention. It ought to be, as it is really a crime to marry a criminal and the guilty party ought to be quarantined in some secure asylum until all danger of a spread of the disease is past. Next the criminal ought to have the same scientific care and supervision as those who are mentally diseased or defective otherwise. Diseased conditions ought to be treated and mental athletics ought to be employed to correct mental deformities when possible. Those who are incurable ought to have continuous care. If any can be set free without inconvenience to the public they ought to be set at large under surveillance and to be recalled whenever it is found necessary. Those whom it is not safe to set at large ought to have all sanitary surroundings, proper quarters and wholesome exercise. If possible let him earn his own living by following some industrial pursuit suitable to his condition and necessary to his welfare. To say that he is competing with honest labor is not putting the case correctly. The necessity for employment is just as great as the necessity for food or air, and it is just as absurd to talk about honest labor as it would be to talk about honest air or honest food. The person who is deprived of either is deprived of one of the necessaries of an honest life which he must have.

The care of the criminal is, however, one of the duties of the State and when it can be managed they ought to be employed upon what are known as public works, such as erecting public buildings, making and repairing roads and waterways, and so on. Another large and increasing class of mental incompetents are the tramps, and they ought to receive the same care as the rest. Who should be put in charge of all these various and varying delinquents? Certainly none others than those who are especially and thoroughly qualified by education and experience to understand the mental delinquents. It will surely require as much scientific acumen to classify and treat them as it does other morbid mental conditions. They ought to be selected for the place either by competitive examination or upon the recommendation of some medical association fully qualified.

The curious thing is that we keep right on with the old method without regard to results, until this winter it ended in a farce, when with overflowing prisons we had to pardon out some of the inmates in spite of themselves in order to relieve the congestion. That is the State's plan. The church has a different plan. They have that of conversion and of reformation. It has not seemed to work well except with the criminal who shrewdly gets religion to get his liberty. The pardon he hopes for is from the Governor.

The history of the effect of religion in the prevention of crime discovers some curious results. Take for instance the Italians, who furnish the largest comparative per cent. of criminals of New York and the Irish who come next. They are both Catholic people and yet we know that the Catholic of all other churches has the closest supervision of its members. On the other hand, the Chinese, who are regarded as heathen, notwithstanding their older civilization, have almost the lowest percentage of

criminals. Then the Jew, the original Christian, so to speak, hardly figures at all in criminal statistics. Religion seems to be a by-product of civilization rather than an active or positive principal. Hence the failure to secure concert of action and harmony, of effort among its professors.

If it were a leading or compelling force, the elimination of crime, producing conditions would be both prompt and easy or may be they would never have existed. Saloon and slum would not occur in Webster's Unabridged Dictionary. To be sure, Mahomedanism has prevented the saloon among its followers but reasoning by comparison with Christianity, sobriety may be merely an accompaniment of that civilization. The statistics, as reported in a recent paper by Helen F. Clark on the Chinese of New York, gives the Italian criminal as 11.9 per cent. of their numbers, the Irish 11 per cent., the English 7 per cent., the Americans 4.5 per cent., the Chinese 4.3 per cent.

In marked contrast are the criminal records of our country as kindly compiled by Clerk Oswald: $\frac{1}{200}$ of 1 per cent. of the whites and $\frac{8}{63}$ of 1 per cent. of the negroes only are proven to be thieves. Taking for granted that criminal acts are the result of a certain mental condition, the question for the jury to decide would be, not whether the accused was guilty of a specified crime as is now done, but whether he is a criminal, just as in a case de lunatico inquirendo. And the jury ought to be composed of well-informed experts and not such a heterogenous hash as is now served from our jury boxes to the Goddess of Justice.

Farmers, merchants and mechanics may be good men and true but they are not qualified to solve neurotic problems.

THE CARE OF THE CRIMINAL.

REMARKS MADE ON THE PAPER OF DR. E. TRACY BISHOP OF SMITHSBURG, MD., AT THE MEETING OF THE WASHINGTON COUNTY MEDICAL ASSOCIATION, APRIL 14, 1897.

By V. M. Reichard, M. D.,
Fair Play, Md.

I AGREE with the president that this is one of the burning questions. The criminal is such as the result of heredity, education or disease, or all combined.

That there are hereditary criminals no one who has given any study to the question can for a moment doubt. Numbers of unfortunates are "damned into the world" instead of being born. With a criminal ancestry through several generations, the type becomes almost fixed. At least the moral sense become so blunted or perverted that the wonder is that some of these people do live right.

Of 623 convicts received at the Eastern Penitentiary of Pennsylvania in 1896 50 had relatives in prison. This gives but a faint idea of the real part played by heredity. Many relatives of convicts live for years on the border-land of crime, too cowardly or shrewd, or, both, to be caught. Add to these the congenital neurotics who are abnormals and you make out a strong case for the part played by heredity. Repeated convictions, apparent inability to restrain the criminal impulse, seem to point most clearly to criminal inheritance.

In 1896, there were received, in the Eastern Penitentary of Pennsylvania, 126 convicts who had previously served one or more terms in that prison. The detailed histories show what seems to be an uncontrollable impulse; 60 of these 126 were serving the third term and upward, one being in for the eighth time. The large majority of these 60 habitual criminals were under 35 years.

A case in point: A boy of 20 years who had spent 3 years of his life in the house of refuge was convicted and sen-

tenced for one year. Within nineteen months of his release on commutation of sentence, convicted and sentenced again. After being always released on commutation of sentence for good behavior while in prison he was never again outside the prison for a year at a time. He had had five years at school. He served eight terms in prison from 1880 to 1896. He had a brother who served a term of eighteen months and an uncle who was sentenced fifteen times and the aggregate of whose prison life was forty-six years and four months.

What shall be done with such people? Confine them, most certainly. Phrenologists are not finally settled among themselves on the question of solitary confinement, but this seems the most promising ; certainly it prevents indulgence in those harmful unnatural practices to which male convicts are prone when aggregated. Anyone who has had any association with ex-convicts must know something of the truth about these practices.

Education is all that promises a remedy in remedial cases. I do not mean teach them to read and write, for this may only be aiding the criminal to future successes in crime by adding to his shrewdness and ability. An educated scoundrel is more dangerous than an ignorant one. I mean education in the true root meaning of the word, *educere*, to draw out. Taking hold of what we want to develop and by virtue of its ductility bringing it into prominence. Develop in the criminal higher ideals, aims and aspirations by associations, surroundings and training. Book training has been an entire failure. Mechanical training promises something. But that kind of training which leaves the higher moral and physical nature untouched must always fail.

Herein lies the only hope of making an honest man of the criminal ; to create a new inside environment, as it were, for the real man. Heredity and environment are the two forces which we believe determine types and species. If you would modify the criminal's inheritance you must create such an environment as will overcome it. This can be done only by touching the very fountain head of his thoughts and aspirations. When this can be done your criminal is cured. Then secure for him such associations as will hold him up to the high ideal you have created and the problem is solved for those cases in which it can be solved; for I believe there will always be some who will disappoint every hope and effort and constantly relapse into crime. All that remains for these is permanent confinement in a home for incurables. Kind and humane and pitying treatment these should receive above all others, for they are more to be pitied than blamed.

I do not wish to seem to indulge in maudlin sentimentalism and cant, but if there be anything which approaches a panacea for the cure of the criminal it is the " Gospel of Jesus " thoroughly applied. Not the expression of belief in a dogma, but the principles of the Sermon on the Mount reduced to active practice, surrounding the criminal so completely as to raise his ideals to conform with that highest type of manhood which the life and teachings of Jesus exemplified. Of course there will be hypocrites and pretenders among the criminals, as among the non-criminal classes, but thesem ust be studied and met.

Just now one of the means in vogue is the so-called ticket-of-leave for first offenders. The principle aimed at is correct, namely, not to put young first offenders in contact with older, harder and vicious criminals; but to convict a boy, lecture him in open court, humiliating him before all his acquaintances and then turn him loose among his former associates with every honest face apparently averted and every honest household barred against him is not, it seems to me, a hopeful outlook. The industrial reformatories at Elmira, New York, and Huntingdon, Pennsylvania, come nearer the mark, but the term of residence in them is much too short. They are sent to the latter place for a maximum of one year. No man can acquire any useful trade or develop any permanent trait of character in so short a time.

Spaniards coming here from South America to acquire the English language arrange to stay five years. If they go back sooner they are liable among all Spanish surroundings to lose their English. If such time is required to ingrain a language into one's nature, how much more important is this question of time when we attempt to ingrain virtue, morality and right living into the nature of a criminal. No convict should be sent out from prison until he shows a distinct and positive desire to do better, to be trusted and has become a finished mechanic in some hand-craft.

Statistics given by the Eastern Penitentiary of Pennsylvania, and running through a number of years, show that those possessing manual trades are least liable to become criminals. The only objection to be urged is the matter of expense. Things that are desirable are frequently costly and true economy consists in doing a thing thoroughly when it is first done, even at the cost of considerable self-denial.

A SUSPECTED CASE OF CHROMIDROSIS.

READ BEFORE THE BALTIMORE MEDICAL ASSOCIATION, MARCH 22, 1897.

By Joseph T. Smith, M. D.,
Professor of Materia Medica and Clinical Medicine in the Woman's Medical College, Baltimore.

CROKER, in his article on Chromidrosis, says: "The first case of this very rare and curious affection was published by Yonge of Plymouth in 1709." Duhring says in a single sentence, "The disease is rare." It is because the affection is both rare and curious that it has been thought worthy of your attention this evening.

A colored something on the surface of the skin or as a stain upon the undergarments does not of necessity signify chromidrosis (colored sweat), and it is needful that other conditions which might be mistaken for it be excluded. As the disease is a curious one and easy of imitation, it may be assumed by some for the notoriety it will give them or for other reasons; so true is this, that many are skeptical even as to its existence; imposture then is the first source of error to be guarded against.

Hematidrosis may be confounded with the affection, and while it has been asserted by some that nothing resembles chromidrosis, still the fact that mistakes in this direction have occurred should lead us to investigate any case before us rather than to reach a hasty conclusion from the gross appearances. In hematidrosis there is an extravasation of blood into the coils and ducts of the sweat glands which appears mixed with the sweat on the unbroken skin at the glandular orifices; the blood thus may undergo changes in character which may render its gross appearance deceptive.

Coloration again may be due to the presence of ingested chemical agents, as copper, iron, etc., which give rise to the green, blue or greenish-blue sweat; and how are you to know without an analysis and history of the case whether or not such agents exist?

But possibly mistake is most likely to occur, and it was the chief diagnostic difficulty in the case about to be related, in those colorations due to the presence of micro-organisms; these develop upon the hairs in the hot, moist parts of the body and give rise to the condition known as leptothrix. Such are usually reddish, though they may be blue or yellow, producing rusty colored, blue or yellow sweat.

Instead of being mixed with the sweat, the coloring matter may be mixed with the secretions from the sebaceous glands; if such is the case, the substance is mostly found in flakes or granules on the skin surface.

As the following case outlines the conditions present in chromidrosis it will suffice as a description:

The patient is a young lady of about

thirty, unmarried, who while not robust, has always enjoyed a fair measure of health, able to attend to her duties and secure many of the pleasures of life as well ; she is slender, has a fair appetite and digestion, usually. She came to see me a couple of months ago in regard to a constant rusty staining of her undergarments, which staining was washed out with difficulty, especially if old; this, while not occasioning any discomfort at present, led her to fear lest it would come through and stain her dresses in the summer, and she desired its stoppage.

The difficulty was chiefly in front of and for a distance within the axilla of the left side, though there was at times a much darker staining in the same situation on the right side, and nowhere else about the body. That was all she had to tell me ; she had had no itching, there was no redness of the skin; in fact, except for the staining, she would not have known there was anything amiss. Examination of the skin with a lens revealed nothing abnormal.

The diagnosis was to be made first of all. That she was not an impostor I know; she can have no motive in the matter; she is not subject to hysterical fancies which might lead her to feign such a condition and her whole character is opposed to any such view ; her interests are not in accordance with its existence and her anxiety to be rid of it is genuine. Hematidrosis was strongly suspected, for though the discoloration did not present the appearance of blood, nevertheless the patient had some purpuric spots about her arms and neck and it seemed not unlikely that hemorrhages might have taken place in the sweat glands. A portion of the stained undergarment, while fresh, was kept in cold distilled water for 24 hours without in the least degree coloring the fluid; blood was therefore excluded. She had taken no copper, iron or other chemicals or drugs for a long time and all such had to be excluded. Next, was it a case of leptothrix, were micro-organisms present ? Some of the hairs were cut by myself from the axilla (one of which I show you); they were found to be strong, not brittle, they were pulled out with difficulty and, as you see, upon being held up to the light, the borders are found smooth, not rough and jagged; and they are not lustreless and limp, but shining and stiff ; the microscope revealed no lobed concretion, no splitting up of the hair and no nodules.

The skin was carefully scraped with a sterilized knife, the scrapings put at once into a sterilized test tube and Dr. C. O. Miller of the University of Maryland kindly made cultures but could find no color-producing micro-organisms; micro-organisms were, therefore, excluded. The negative results confirmed me in my first suspicion, that it was a case of chromidrosis ; the negatives were chosen first because I did not want to question the young lady in regard to her bodily condition if a cause could be found without.

Upon inquiry, I found that her menses were scant in amount, lasting usually two days, of a dark color and recurring not oftener than once in four weeks, sometimes, though, as late as five or six; much pain was experienced before and during her sickness, to be almost or entirely gone in the intervals. The staining she has had at odd times for two or more years, but within the past four months it has been constant, except during menstruation, when it has improved decidedly or has altogether ceased. Excessive sweating in the summer months has not made any difference in the amount unless it has been to diminish it. She suffers much from constipation, which is only kept in abeyance by the use of Lady Webster dinner pills. Though not what might be termed a neurotic (she nursed her father with me through tedious and trying spell of sickness and did it well and thoroughly and without any after-effects) still she is keenly alive to all that is going on around her and is of a deeply sympathetic and interested nature, thus causing her more anxiety than would fall to the lot of a sterner nature.

With such a history, with negative results returned from investigations elsewhere and the fact of the disease occur-

ring in an unmarried woman during the menstrual period, we are justified in looking upon the condition as a chromidrosis.

As to the pathology but little is known. Is the constipation to bear the blame for it all, does the pigment come from the indol of the feces to be changed by oxidation into indican, is it a neurosis, or both? That it is not due to constipation alone would seem to be strongly contra-indicated by its great frequency and the rarity of the colored sweat; but may it not be possible that constipation existing, the neurotic element will come in and in some way, much as it influences the cell activity and disposal of coloring matter in other parts of the body, influence the absorption and deposition of a coloring matter which would not be found except for the presence of the indol?

The prognosis is good for an ultimate recovery.

The local treatment amounts to nothing, but the alteration in the functional activities of the uterus, the most scrupulous attention to the action of the intestines and the putting of the nervous system into a more resistant state by quinine and strychnia, together with iron and extract of bone marrow in anemia, will accomplish much for us.

Such is the plan pursued in the case noted but it is too soon to speak of results.

STRANGE CASE OF DR. JEKYL AND A MRS.' HIDE; AN ANOMALOUS DERMATOSIS.

READ BFORE THE WASHINGTON COUNTY MEDICAL SOCIETY, APRIL 14, 1897.

By S. S. Davis, M. D.,
Boonsboro, Md.

On the evening of June 22, 1896, I was consulted by John H., a farmer, near town, concerning a peculiar skin discoloration that had appeared suddenly upon the face of his eldest daughter. She had been in her usual health, and without any premonitory symptoms whatever, there had appeared, within the course of an hour, a diffused and uninterrupted redness covering the entire face, the continuity alone relieved by pallid zones encircling the mouth and orbit. The appearance was that of the inflammatory blush of erysipelas without any of the characteristic fever, tension, swelling or constitutional disturbances that usher in that disease.

It seemed to me to be an unusually well-defined case of erythema, and as such, I dismissed consultant and paterfamilias with a few alterative powders, coupled with the usual request to call again if not relieved. Next evening the father appeared alone, with the information that the redness was extending over the neck and on to the body and assuming a different hue, alarming the household and consternating the neighborhood, and with a request from the victim herself to send her some wash, to at least modify, if not entirely suppress, her piquant blossoming. I ordered a continuation of the calomel and and soda in broken doses as previously prescribed, and, more as a placebo than as a remedy from which I expected any positive results, I gave the father a vial of witch hazel ext., to be applied p. r. n. in such a mode and manner as the exigences of the case might demand.

In a few days — the fourth from the appearance of the trouble — the father returned for more of the liquid, with the information that the lotion removed the discoloration, but only temporarily, as it would return in a little while. As the case seemed to be transgressing all the known laws of diagnostic decency and was not a little embarrassing to my professional acumen — to accomplish more from a placebo than rational treatment, I called to examine the case more critically and found the following: The face, four days previous, of a dark

red, had brightened to a scarlet hue of such intensity as to produce a picture that was really startling. It appeared as if the whole face was covered with a scarlet mask, abruptly terminating on the forehead and neck at the hair line, and beneath the chin and on the neck behind shading off to a delicate pink as it disappeared beneath the bodice. In the background the eyes shone with an unusual luster, intensified by the white rings that encircled the orbits and oral cavity. There was no extension of the discoloration into or upon the mucous membranes, nor was any part of the scalp covered by hair penetrated.

The body, as far as the waist, was traversed, but the intensity of the discoloration was lessened beneath the clothing. On applying witch hazel, or even water, but more especially tepid alkalinated water, the discoloration was removed, staining the cloth a pink color and leaving a track of normal or slightly pallid skin, where the cloth was applied. This track would become filled with the exudation, if I may so term it, after a few moments, but repeated applications would remove it entirely. On inquiry, I ascertained the young lady's age to be nineteen, previous health good, married two months, catamenia suppressed since marriage, and the eruption or discoloration had occurred at the time of her expectancy. The treatment as began was continued with alkalinated baths and in ten days, on the restoration of the catamenia, the skin had regained its normal color.

Several weeks later, September 16, 1896, the same phenomena recurred, running the same course and terminating as before in ten days. In this attack on the sixth day a perfect picture of a man and a heart were outlined in pink on the right limb, about midway between the knee and ankle, on the outer side, no other part of the limb being discolored. As before, the menses were suppressed (but only for a week) and reëstablished.

Four months later, January 10, 1897, another attack occurred. This time there were slight premonitory symptoms, general malaise, headache, and an itching or creeping sensation beneath the skin. The same train of symptoms as in the former cases were observed and the same results obtained from the treatment. In this attack the menses were overdue only a few days and appeared on the decline of the discoloration. Strange to say, each of the three attacks commenced on Saturday. As regards the diagnosis, was it a skin affection at all? Is not the title of my paper misleading? It seemed to me to be rather an infiltration into and an exudation through the pores of the dermal tissues, than an affection of the skin itself. Possibly erysipelas, erythema, blood jaundice and an atopomenorrhea might alone be considered in differentiating a diagnosis. The absence of constitutional symptoms, of the definitely marginal, swollen and inflammatory skin, would debar the consideration of erysipelas. Erythema is negatived by the exudative phenomena.

Blood jaundice (which, by the way, is nominally a contradiction, as jaundice signifies yellow) claims some consideration. This disease, properly called hematogenous or hemoglobinemic jaundice, is produced by or due to the presence of free blood pigment in the blood and in its course we may observe the red discoloration of the skin or even the elimination of the pigment through the skin, as the icteric sweating of jaundice. An atopomenorrhea or vicarious menstruation of itself would hardly produce the symptoms observed. When the overcharged or congested genitalia compel nature to open her valves in some other part of the body—conservative processes to relieve dangerous cerebral or other congestions—we may have hemorrhages beneath the skin, or more frequently from the mucous membranes, as from the conjunctiva, nose, lungs, stomach, or even the kidneys or bladder, a true ectopicon, but the stain on the handkerchief, which I produce, does not of itself suggest a sanguineous discharge.

The causation of blood jaundice is obscure, but it might be possible that the catamenia, suppressed, may have, on each occasion, in our patient, pro-

duced such functional disturbances as to have deranged the normal constituency of the blood and at the same time been causative of the vicarious phenomena observed.

I cannot offer any explanation of the variegated shadings in the case, nor have I been able to find a similar case on record in all the literature within my reach. It might be well to add that the young lady in question belonged to that "caste" in which cosmetics or face powders are unknown and I am satisfied that no imposition was practiced. Even if that were possible, the figures on the limb in the second attack would have required an artist of some adroitness to trace and I am sure she lacked skill and aptitude in that line. She is now advanced to the sixth month in pregnancy and has had no recurrence since January.

Ventilation and Warming of Churches.—The ventilation of churches in which the worshippers are packed with an irreducible minimum of floor space, which no excess of height can compensate, says the *Lancet*, is notoriously defective and, indeed, is worse in proportion to the thoroughness of the heating, since the higher the temperature within the building the more carefully are cold draughts excluded; and were congregations generally composed of the class of persons who throng the police and county courts the state of the atmosphere at the close of the service would be well-nigh intolerably offensive. We, therefore, have read with interest the description of a new departure in the system of combined warming and ventilation introduced by Professor H. Fischer, the well-known heating engineer, in the new memorial church at Berlin, which in its general plan resembles St. Paul's cathedral in London, though of smaller dimensions, the height of the nave and transepts being 82 feet and of the dome 237 feet, the corresponding measurements in St. Paul's being 100 feet and 360 feet respectively. To the height of 80 feet from the floor the walls are traversed by hot air chambers, so that from the ground to the galleries, 22 feet above, there is no perceptible difference of temperature, the air being kept constantly at 15° C. (60° F.). The aim of the engineer has been the removal from the space occupied by the congregation of the paths followed by the currents of air conveying the warmth from the sources of heat to the radiating surfaces by placing the heating apparatus high up in the neighborhood of the cooling surfaces, maintaining, in reversal of the usual procedure, a higher temperature in the upper portion of the building and intercepting and re-heating the cooled air in its descent towards the lower part occupied by the congregation. There are, thus, four strata of air of different temperatures. On the ground floor and in the galleries there are very few coils, but along the first entablature, at a height of 95 feet, they are sufficiently numerous to counteract the loss of heat through the walls, which are there no longer traversed by hot-air channels, and to maintain from this level to that of the second entablature—at a height of 145 feet, or 50 feet above the first—a temperature a few degrees Centigrade higher than that in the parts below. Other coils are fixed above the second entablature and in the lantern of the dome. To avoid the dangerously chilling draughts that would follow the opening of the doors in the intense cold of a Prussian winter the entrances are provided with double swing doors and coils placed in the intervening passage. Professor Fischer maintains that the system of heating the upper more than the lower regions of the air is the only proper course in such lofty buildings as churches, for, whereas with the ordinary method the air heated on or below the ground level is cooled on reaching the roof and, fouled by the products of respiration, descends again on to the heads of the congregation, unless withdrawn by some such exhausting arrangements as is carried out in our Houses of Parliament, in his system the fresh air is warmed to an agreeable temperature.

Medical Progress.

PROFESSIONAL HINTS.—Dr. George W. Griffith gives some very practical hints in the *Louisville Medical Monthly* as follows :

It is a bad idea to have office, residence and stable in different portions of the city.

It is a bad idea to be too prompt with the hypodermic syringe. It is like a gun, dangerous without lock, stock or barrel.

It is a bad idea to have a small slate in your office. It indicates small business.

It is a bad idea to neglect your office hours. "Take care of your office and your office will take care of you."

It is a bad idea to turn professional visits into social business.

It is a bad idea for the young doctor to live in single blessedness too long.

It is a bad idea not to send out your bills for professional service promptly at the end of each quarter, making no exceptions.

It is a bad idea to turn aside from the Standard U. S. Dispensatory to follow false gods.

It is a bad idea to encourage your patients to put off sending for you until unseasonable hours.

It is a bad idea to make your business secondary to anything else.

It is a bad idea not to stand by your respectable professional brother. Curses like boomerangs come home to base.

It is a bad idea for the professional man to dress and look like a jockey.

It is a bad idea not to have your sign give your full name. Some other "McGregors" may come in and get the benefit of your reputation.

It is a bad idea not to belong to a first-class medical society, and attend regularly all its meetings.

It is a bad idea not to have "Office Practice Cash" prominently displayed in your office. It often prevents the transient "Thank you."

It is a bad idea not to have a good sign that every one can see.

It is a bad idea to have the office hours on front of office where the public can see them. You may be (very often) in your office outside of your office hours.

* * *

CONGENITAL CONSTIPATION.—As Dr. Jacobi has shown, the descending colon in the new-born and young infant is proportionately very long ; the space to which it is confined being too narrow, folds and curvatures result ; the progress onward of the intestinal contents is more or less retarded in its passage through the reduplicated divisions of the canal, the absorption of the fluids is facilitated and the feces consequently become hard and dry, and thus give rise to the physiological obstruction incidental to this early period of life.

In one of Jacobi's cases the colon turned three times upon itself, these flexures covering one another in such a manner that the subjacent one was always about half an inch longer than the one above it.

The pathological condition having been recognized, the diagnosis is not difficult and the treatment is simple.

The principal indication is to relieve the obstruction. This is best accomplished by distending the lower bowel with fluid. By this means the reduplications are gradually unfolded from below and the patency of the canal is restored.

High rectal injections must be employed and the treatment must be persisted in for years — until the pelvis increases in size and the proper relation has been established between the colon and the sigmoid flexure.

At times the fecal contents are under considerable pressure, and as soon as the lower portion of the gut is distended and the obstruction is overcome, the alvine discharges are frequently projected a distance of several feet.

After a number of fruitless attempts, the unfolding begins and the obstruction finally yields, large quantities of feces escaping. Small and repeated doses of calomel, gr. $\frac{1}{20}$, dry upon the tongue, are required every two hours ; oatmeal water, ℥j doses, every few moments, and the breast once in four hours.

Cautery Cautions.—A number of valuable hints on the use of the cautery, especially in nasal work, are given by Dr. Clark of Buffalo, in a recent issue of the *Medical Record*:

The cautery should be sparingly and cautiously used upon the septum. Incised wounds of the septum heal with surprising rapidity, but I have seen many cases of obstinate erosion caused by the ill-advised use of the cautery on this part. If there is undue bleeding from a cutting operation upon the septum, it is better to stop it in some other way than with the cautery. An operator will take great pains to grease or otherwise protect the face of an acid applicator which might touch the septum, and yet he will force the cautery electrode into a space so narrow as to burn the septum as well, thereby producing an agglutination between the parts, only aggravating the condition he sought to reduce.

It is well to avoid using the cautery in the presence of a tuberculous or syphilitic diathesis. I recently saw a case in which a simple erosion upon the cartilaginous septum was transformed, by excessive irritation with the cautery, into a syphilitic ulcer; that is to say, the disease, having a predilection for the septum, manifested itself at a weakened portion. The erosion was caused by picking with the finger, crusts having adhered in the hollow of a slight undulation. The cautery had been used in the hope of forming scar tissue.

Aside from precautions to be taken in the subsequent care of a cauterized surface within the nose, the appearance of excessive dryness, especially upon the throat, should be considered as a contraindication to the further use of the cautery.

The use of the cautery in the nasopharynx or larynx should never be attempted by untrained hands. An effort to reduce enlargements of the posterior ends of the inferior turbinated bodies by introducing an electrode anteriorly is to be interdicted as a step in the dark. I have seen many instances of damage to the cushion of the Eustachian tube as a result. The tip of an electrode must always be kept in plain sight. The hand holding the instrument must not be required to balance it, or be otherwise than perfectly free. For the latter reason the Shech handle is superior to any other with which I am familiar. It does not interrupt the line of light, as the straight handles do.

Referring to the subsequent treatment of cauterized surfaces within the nose, it may be laid down as a general principle that such tissue should be allowed to take care of itself as far as possible. Accumulated secretion should be cleared away, as well for surgical reasons as for the patient's comfort; but rest is an essential factor in cautery results. When a crust has nearly separated, or is acting as a flap to obstruct free drainage, it is best removed with the electrode. The flat surface of the cold electrode is firmly laid against the crust, a dull red heat is turned on and shut off at once. The crust then comes away on the electrode to which it sticks.

When a cauterized part is in close proximity to another part, the two should be mechanically separated to avoid union by adhesion. As a wedge in the lower nares I use a section of a thick rubber strap, single or double, as required. For the space between the middle turbinated bodies and the septum I insert a section of suitable length of the rubber band used upon ordinary preserve jars, with the convexity upward. The bands should be kept in strong carbolic solution. They should be washed in sterilized (or "crystal") water and dipped in an antiseptic oily preparation before being inserted.

* * *

Gastric Catarrh.—The diagnosis and treatment of gastric catarrh depends now more on careful laboratory methods rather than on the examination of the tongue. An offhand opinion is worth nothing at the present day. Dr. Frank H. Murdoch relates in the *New York Medical Journal* several cases of gastric catarrh, from which he draws the following conclusions:

1. We can not diagnosticate chronic gastric catarrh without making an examination of the stomach contents.

2. It is often necessary to make more than one examination.

3. Appropriate treatment will in very many cases arrest the disease and restore the glands to a healthy condition.

4. The most important factors in the treatment are diet, the bitter tonics, electricity and lavage.

* * *

Ether versus Chloroform in Obstetrics.— In a paper on "Some Things I was not Taught in Obstetrics," E. S. Boland (*Boston Medical and Surgical Journal*, March 18, 1897) says a few words in praise of chloroform in midwifery practice. Chloroform he uses hundreds of times to once of ether. Boston, he says, justly proud of her great discovery of that great general anesthetic, ether, has not been fair to chloroform. He has not found that it predisposes to hemorrhage. As a routine practice he examines the heart before giving it, and under these restrictions he regards it as an ideal anesthetic during the latter part of the first stage and during all of the second stage of labor; it is seldom necessary during delivery of the after-birth or for suturing a perineal tear.

* * *

Weak Heart. — At a meeting of the British Medical Association, Dr. Grainger Stewart (*Medical Record*) discussed this subject. He considers rest most important, especially rest from manual labor. The element of hope ranks next, then diet. The quantity and quality of food should be carefully adjusted to the needs of the body, and there should be great moderation in the use of liquids. Any excess in the use of alcohol should be strongly deprecated. The use of tobacco should be discontinued, and tea and coffee should be used sparingly. Massage, in the great majority of cardiac cases, diminishes the area of cardiac dulness. Repeated applications bring about a permanent diminution of the area of dulness. The saline bath (three pounds of sodium chloride with eight ounces of calcium chloride in forty gallons of water), in which carbon dioxide is liberated, produces a most striking diminution of cardiac dulness. Dr. Stewart considers digitalis as the most valuable heart tonic. It possesses greater power of contracting the arterioles than any other medicine of the group to which it belongs. Any gastro-intestinal disturbance caused by this drug may be obviated by giving it in another form. Next to digitalis he places strophanthus. Strophanthus is of greater service in an emergency than digitalis, as it acts more quickly. Caffeine has sometimes been serviceable, though it acts more directly upon the kidney than upon the heart. The author finds nux vomica and strychnine of great benefit when the other remedies are not well borne, and in all instances they may be given as adjuvants. Another group of cardiac remedies acts by dilating the arterioles, and this implies easier circulation, and less work for the cardiac muscles. For rapid action nitrite of amyl is valuable, while for prolonged effect the author gives the first place to sodium nitrite and nitroglycerine. These drugs give the best results in sclerosis of the bloodvessels and diseases of the aorta and aortic valves. If diuretics fail to relieve dropsy, it must be done by mechanical means. Attention should be directed to functional or structural changes in other organs. The alimentary system, the liver, the hemo-portal system, may require special treatment. The lungs should be watched carefully for indications of edema. We should endeavor to overcome this by rubefacients, and sometimes by stronger measures. The urinary system should be watched for albuminuria due to backward pressure, and in case it appears one should use diuretics which are non-irritating, rush cardiac treatment, and counter-irritate over the kidneys. The nervous system often requires attention. In administering hypnotics, opium, morphine, paraldehyde, sulphonal and trional have given the writer the best results. In advancing inflammatory conditions Dr. Stewart prefers to avoid tonics and exercise entirely, and prescribes arsenic and the iodide of potassium, often with the carbonate of ammonium.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, SEPTEMBER 18, 1897.

THIS little muscle, named from the anatomist who made the first minute study of it, and otherwise called "the compressor of the lips," lies in the thickness of each lip all along its free edges; and is so disposed that its fibers, running between the skin and the mucous membrane, approximate when in contraction these two coverings and so render the lip more thin.

The Muscle of Klein.

Luschka believed that it is concerned in sucking, being well-developed in the newly born. It was thought that after the child has seized the nipple by aid of the orbicular muscle, the muscle of Klein flattens the mucous surface of the lip against the nipple and makes the sealing of the contact more complete. In *La Clinique*, of August 5, Dr. Wilmart, of the anatomical staff of the University of Brussels, expresses somewhat different views. He thinks it evident the muscle of Klein can have, from its course, little to do with suction. This anatomical deduction is strengthened by the observation that it has not been found in the young of certain higher mammals which are reared by suckling.

Dr. Wilmart thinks that the muscle aids in the formation of the labial consonants (b, f, p, m, v), thinning by its contraction the tense lip masses. It would thus, too, play an important part in whistling. Of these accomplishments the mammals have no need.

His interest in the muscle has been intensified by the memory of two surgical operations which he did upon the lower lip. He found that a tendency to increased deformity of the remnant of the lips could be obviated by splitting its mass along the edge to the depth of about one-third of an inch in depth, sliding the halves along and suturing them, not in their old places. He now knows that the success of this empirical measure was due to the severance of the fibers of the muscle of Klein, so that they could not contract the healing tissues into ugly deformity.

* * *

THE literature upon the newer methods of treatment is so extensive and so confusing that a summary from time to time in clear, concise terms of the progress made in particular departments of observation is very welcome. Such a summary is presented by Dr. F. P. Kinnicutt in the July issue of the *American Journal of the Medical Sciences*.

Ductless Gland Therapy to Date.

The pituitary body has been given with considerable success in acromegalia.

The thymus gland seems to have no specific action upon ophthalmic goiter, as was at first alleged, but is believed to aid recovery somewhat by improving the general nutrition. It has benefited some cases of goiter where the thyroid gland failed. In phthisis it simply advances nutrition.

The adrenals (supra-renal capsules) have been used with some very striking curative results in Addison's disease. Among 48 cases on record, 2 were made worse, 18 were unimproved, 22 were improved (though in some the improvement was but temporary and death soon occurred), and 6 recovered. Among these six, in one instance the patient was well after a year, in another after four months; and in a third, after the treatment had been continued eighteen weeks, the pigmentation disappeared and the patient returned to work. After eighteen months he was still well. The hope is expressed that with differentiation of the conditions now grouped under "Addison's disease" and with

the exclusion of those cases complicated by hopeless phthisis, better records even may be obtained from adrenal medication.

The thyroid gland is beneficial in the mild goiter of adolescents. It reduces somewhat the other forms of goiter with a few exceptions. It never causes the enlargement wholly to disappear in goiter, and its use must be kept up occasionally in order to maintain the reduction. In cretins, if begun in early life and kept up systematically, there is "great promise of the child's development into a healthy adult." (This would certainly be a famous therapeutic triumph!) Very young idiots (not cretin) likewise improve, but not so much. It is a question whether in ophthalmic goiter the improvements reported are not to be ascribed to the natural fluctuations of this disease. In insanity it is considered a powerful brain stimulant, dangerous, but useful in selected cases. In climacteric nervousness it is said to do good. It at times reduces obesity, but must be kept up. In phthisis and skin diseases it is uncertain.

* * *

ANHYDROSIS, or deficiency of water elements in the body, is not simple thirst, but a condition far beyond this, which in its worst forms involves insufficient fluid to fill the blood vessels and stimulate the reflex activity of the heart, and in its milder forms embraces a state of tissue thirst where the cells of the body lack the moisture essential to their proper activities, and the slackness of blood tension delays their needed supplies.

Anhydrosis.

This milder degree of anhydrosis, says Dr. Lambotte in *La Clinique* of July 8, has received far too slight attention from bedside physicians. The body suffering from anhydrosis is a ready prey to bacterial invasion, with all the disease processes which the invading hordes excite. This is not a theoretical statement, but one based on actual laboratory experiments on the living animal. It is therefore the duty of the clinician to recognize anhydrosis and to know how to relieve it promptly before infection can occur.

A typical case of anhydrosis is presented by many a patient after operation of an hour or two. He has lost fluid by hemorrhage, fluid by sweat, fluid by expiration; he has been subjected to chloroform intoxication. These are enough to set up extreme moisture-craving. Put to bed, vomiting deprives him of the liquid which may be effused into his stomach and prevents him perhaps for days from taking in liquid; and if it be a case of abdominal section, he may lose considerable fluid from the wound sites.

In general, anhydrosis may be distributed into two forms, sometimes interblended. The anhydrosis from deficient supply, seen in painful mouth and throat troubles; in stenosis of gullet, pylorus or intestine; in strangulated hernia; in all coma or insensibility states; intensified perhaps by negligence of attendants. Second, the anhydrosis from waste, as in hemorrhages, excessive emesis, severe diarrheas, profuse sweats, and in suppuration.

The treatment is to supply fluid to the tissues. This may be done by enemata of water at hourly intervals. They are sometimes taken up by the bowel as if it were parched with a great thirst, and should be repeated in such a case as fast as they are drank up. The irrigation of the peritoneum practiced by surgeons meets somewhat the same needs. Fluid (best a weak salt solution) may also be thrown by a syringe under the skin, or, in desperate cases, into the veins. Is not the benefit of the various serum-cure injections, as well as of typhoid bathing, partly from this source? There is reason to believe that even after bacteria have gained entrance to the tissues in anhydrosis, injections of water may check their progress.

In burns, injections aid in overcoming the poisons admitted; and in uremia and diabetic coma injections dilute the plasma and better the toxic state.

* * *

IT is a shame that one of the most careful and conscientious medical workers of Baltimore should have been last week compelled to defend himself from a groundless charge of malpractice, of killing a helpless patient, made abroad and quoted in the daily press of this city.

That Thyroid Extract.

It is right that in hopeless diseases, accompanied by mental anguish and by the loss of everything which raises man above the brute, remedies known to be at times dangerous should be cautiously administered, if there is a reasonable possibility of success in even a small percentage of cases. He who denies this would check in their inception the most beneficial operations of modern surgery.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending September 11, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		8
Phthisis Pulmonalis		18
Measles		
Whooping Cough	3	1
Pseudo-membranous Croup and Diphtheria	28	8
Mumps		
Scarlet fever	15	1
Varioloid		
Varicella		
Typhoid fever	18	14

Asiatic cholera is very prevalent in Bombay.

Texas fever is alarming the cattlemen in Iowa.

Smallpox is said to be causing some excitement in Montreal.

Smallpox has about disappeared from Birmingham, Alabama.

The Baltimore City Jail is said to be in a good sanitary condition.

Hog cholera is reported to be prevalent in some parts of Maryland.

There are said to be many cases of typhoid fever around Lisbon, Maryland.

A Roman Catholic priest was fined for practicing prayer cure in New Orleans.

The American Academy of Railway Surgeons will meet in Chicago, October 6, 7 and 8, 1897.

Dr. Giles A. Miller, aged 85, and Dr. Robert Pulliam, aged 66, both died last week at Richmond.

Mr. William M. Warren has succeeded to the business of Mr. George S. Davis, medical publisher, of Detroit.

The McKean County (Pa.) Medical Asssociation not only does good and careful work, but has driven out illegal practitioners from that State.

The Hotel Dieu is said to be the oldest hospital in America, having been opened at Montreal soon after the founding of that city in 1642.

A convalescing typhoid patient in London who walked out of the hospital without leave was fined by the municipal authorities.

The reported outbreak of yellow fever near Ocean Springs, Louisiana, is being thoroughly investigated by the United States Marine Hospital Service.

Dr. W. H. Loeb announces that all preparations are completed for a successful meeting of the Mississippi Valley Medical Association at Louisville, October 5, 6, 7 and 8.

The new officers of the Canadian Medical Association are: President, Dr. J. M. Beausoleil, Quebec; Vice-Presidents, Drs. A. McPhedran, Toronto; C. S. Parke, Quebec; R. A. McKean, Glace Bay; P. R. Tuch, St. John; R. McNeil, Stanley Bridge; J. R. Jones, Winnipeg; F. C. McWheen, Lethbridge; and J. Tunstall, Vancouver; General Secretary, Dr. F. N. G. Starr, Toronto; Treasurer, Dr. H. B. Small, Ottawa.

The American Association of Obstetricians and Gynecologists, at their meeting at Niagara Falls, elected the following officers for the ensuing year: President, Dr. Charles A. L. Reed of Cincinnati, Ohio; Vice-Presidents, Dr. Richard Douglas, Nashville, Tennessee, and Dr. Walter B. Dorsett, St. Louis, Missouri; Secretary, Dr. Wm. Warren Potter of Buffalo, New York; Treasurer, Dr. X. O. Werder of Pittsburg, Pennsylvania. Place of meeting, Pittsburg, Pennsylvania, September 20, 21 and 22, 1898.

The American Pediatric Society is making a Collective Investigation of Infantile Scurvy as occurring in North America and earnestly requests the coöperation of physicians, through their sending of reports of cases, whether these have already been published or not. No case will be used in such a way as to interfere with its subsequent publication by the observer. Blanks containing questions to be filled out will be furnished on application to any one of the committee. A final printed report of the investigation will be sent to those furnishing cases. The committee consists of J. P. Crozer Griffith, M. D., Chairman, 123 South 18th Street, Philadelphia; William D. Booker, M. D., 853 Park Avenue, Baltimore; Charles G. Jennings, M. D., 457 Jefferson Avenue, Detroit; Augustus Caille, M. D., 753 Madison Avenue, New York City, and J. Lovett Morse, M. D., 317 Marlboro Street, Boston.

Book Reviews.

TWENTIETH CENTURY PRACTICE. Edited by Thomas L. Stedman, M. D. Volume VIII. Diseases of the Digestive Organs. Wm. Wood & Co., New York, 1896.

The volume contains monographs by B. F. Curtis and M. Einhorn of New York, R. H. Fitz of Boston, J. M. French of Cincinnati, T. C. Huber, W. Kimmel, H. Leo and J. Mikulicz of Wemmingen, Breslau, Bonn and Breslau respectively. The diseases of the mouth, esophagus, stomach, pancreas and peritoneum, as well as the animal parasites found in the digestive tract, the diseases caused by their presence and their treatment, are considered in the order indicated.

That portion of the volume which is of the greatest interest to the general practitioner, viz., the section devoted to the diseases of the stomach, is unfortunately the least satisfactory. Professor Einhorn should certainly have exercised more care in its preparation. Numerous inaccuracies have found their way into the text, serious omissions have occurred and the language is very often not well chosen. On page 141, under 2, he speaks of "a weak one-per-cent. solution."

Boas' test, page 142, is said to be less delicate than that of Günzburg, sub. 4; it is recommended to titrate until a "slightly red color arises," although this point does not indicate the end of the reaction. Einhorn's statement that lactic acid, when present in considerable quantity, "may" give a positive reaction with Töpfer's reagent is scarcely correct. On page 148 it is stated that Günzburg employs rubber bags in his test for the presence of free hydrochloric acid. The rubber bags were used by Sahlis. Günzburg employs rubber tubing, folded into little packages. Boas' test for lactic acid is not mentioned. The Boas-Oppler bacillus is likewise not considered. The statement that the method of Martius and Lültke is not exact requires some modification.

Boas does not employ barley soup, but oatmeal soup, in his test meal. Page 142, fourth line from bottom, should read "neutralize" instead of "saturate." On page 144 Einhorn says: "Boil 10 cc. of the filtrate for half an hour"! The statement that peptonuria always indicates that there is absorption from an ulcerated area (neoplasm) within the digestive tract (page 255) is incorrect. In some places the metric system is employed, in others the English. "Microscopic" and "microscopical" both occur. Einhorn's nomenclature of course is unique; achylia gastrica, ischochymia, prochoresis, anakinesis, etc., are terms which will scarcely become popular. Dietetic questions are not sufficiently considered. The index referring to the diseases of the stomach is most incomplete.

The other sections of the work, with the exception of that of Leo on diseases of the pancreas, which likewise shows lack of care in its preparation and which is very poorly translated, are more satisfactory. Most excellent is the one relating to the animal parasites and the diseases caused by their presence, by Huber. It might not have been out of place, however, to include the protozoa found in the intestinal tract, at least, in this chapter. On page 594, third line from the bottom, reference is made to a chart on the "opposite" page. This chart is opposite page 605.

The illustrations of the entire volume are on the whole fair and the typography excellent.

ONE of the most important books of the season has just been announced by Messrs. P. Blakiston, Son & Co., of Philadelphia. It is Diseases of the Stomach, by Dr. John C. Hemmeter of Baltimore. Dr. Hemmeter, who has been working for years on his subject and who has gathered a large experience in diseases of the stomach, has put his work into shape and it will be issued in the near future. The work will be in one volume and contain many plain and colored illustrations, many of which are original. It is divided into two parts, each part containing many chapters. A critical review of this work will appear later in these columns.

REPRINTS, ETC., RECEIVED.

The Surgical Treatment of Appendicitis. By Andrew J. McCosh, M. D., and Forbes Hawkes, M. D. Reprint from the *American Journal of the Medical Sciences.*

The Treatment of General Septic Peritonitis. By Andrew J. McCosh, M. D. Reprint from the *Annals of Surgery.*

Harvey Medical College of Chicago. Mid-Summer Announcement of the Session of 1896-1897.

Current Editorial Comment.

NATIONAL EXAMINING BOARD.

Medical Summary.

No competent practitioner objects to repeated examinations as a test of proper qualification, but there are serious annoyances connected with them to which he should not be subjected after he has given satisfactory evidence of his acquirements and standing in the medical profession. When he has demonstrated his fitness and ability before one board to practice medicine, the certificate issued to him should entitle him to pursue his profession in all States of the Union ; and the fact that he is registered in one State should answer for all the States.

RECIPROCITY IN PRACTICE.

Medical Record.

Why should not the doctors of one State follow the example set them by the native medical men in Italy in their present crusade against foreign physicians, and induce their legislatures to debar others from practicing medicine in their States unless they can be allowed the same facilities in New York or in the other cities from which the visiting doctors may come ? Of course the inequality in the standards in the different States is the chief obstacle in the way of reciprocity, and until a uniform course and a uniform method of conducting examinations are introduced, it would seem that the difficulties are almost insuperable. However, after all, the solution of the problem lies in State legislation, and that is where the remedy should be sought.

EXPERIMENTAL THERAPEUTICS.

Medical Brief.

Drug medication is the great stronghold of the medical profession. It has directed against it two forces — from without, State medicine; from within, skepticism. With the passing of drugs, the individual doctor must go, too, and the sick fall to the care of the State, that is, to quarantine and inoculation. Skepticism is the natural fruit of ignorance and serves a useful purpose when it leads to experimental work. In passive natures, however, instead of setting the mind to work to find out what is the truth, it degenerates into a snarling pessimism. There are too many doubting Thomases in therapeutics — too many who are discouraged at short notice. Men who give one or two doses of a drug and, not getting an instantaneous effect, discard it, and thereafter doubt all other drugs.

PROGRESS IN MEDICAL SCIENCE.

Autumnal fevers now prevail. The liberal use of "Platt's Chlorides" for disinfecting the discharges, deodorizing and refreshing the disease-laden atmosphere of the sick-room, is recommended by the most eminent physicians. For disinfecting dejecta, dilute with 4 parts water. For sprinkling floors, dilute with 10 parts water. For moistening towels or cloths, dilute with 10 parts water.

Mulford's Antitoxin.— It is reported that in over 100,000 cases of diphtheria where Mulford's Antitoxin was employed there was a mortality of less than 5 per cent. Mulford's Antitoxine Serum is known to have withstood all comparative tests, and now ranks second to none for strength and reliability. A file of most recent literature on diphtheria treatment sent free by the H. K. Mulford Company, Philadelphia.

Anemia Following Diarrhea.—In the *Archives of Pediatrics* for August, 1897, Dr. Henry A. Johnston of Brooklyn relates a number of interesting cases in which he used Pepto-Mangan successfully. The doctor observes: The anemia which sometimes follows the diarrheal diseases is often very difficult to cure. After the diarrhea has ceased the digestion seems to be weakened and the child does not gain, but remains thin and very pale and anemic. Its appetite is poor and capricious. Digestion is imperfect and the child does not seem to assimilate what little it does take. Such children are sometimes given cod liver oil and iron but still fail to gain and the treatment seems useless. They clearly need iron, but most preparations of iron either disagree with the stomach or seem to do no good. In many cases of this kind no tonic will accomplish much unless the state of the digestion is also looked after. By observing two points in these cases I have been successful in relieving anemia that had before proved obstinate. These two points are to aid the digestion and give a form of iron that is active, but also easily digested and assimilated. In all the cases treated the patients were unusually anemic, but the results of treatment were so good as to lead him to report them.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVII.—No. 24. BALTIMORE, SEPTEMBER 25, 1897. WHOLE No. 861

Original Articles.

COMMITMENT OF THE INSANE IN OUR LARGE CITIES.

By Charles M. Emmons, M. D.,
Professor of Mental Diseases, Howard University; House Physician, Hammond Sanitarium.

A COMPARISON of the methods employed by the various States upon this important subject will certainly result in much good. Unless the practitioner is brought frequently in contact with this branch of his profession, he seldom considers or attempts to criticise the defects or advantages of the methods in vogue in the locality where he is in active work.

The legal aspect of insanity was fully considered at an early date in the Roman jurisprudence, and the provision and terminology of that system have largely affected the subsequent legal treatment of the subject.

Insanity may operate in law :

1. By excluding responsibility for crime.

2. By invalidating legal acts.

3. By affording ground for depriving the insane person by a legal process of the control of his person and property ; or fourth, by affording ground for putting him under restraint.

The subject of placing insane persons under personal restraint is that which at this time entertains our attention most. At common law this power is limited to cases where the insane person is dangerous to himself or others, but in practice it is frequently exercised with little discretion and often with great barbarity.

In England the supervision of the insane is vested in a body called the Commissioners of Lunacy, and this body exercises the right of observation, examination, commitment and discharge of all cases of lunacy, whether in private or public institutions. In Scotland the system is the same.

Let us investigate the methods for the immediate care of the indigent insane in the different large cities of the United States.

In Philadelphia, all such cases are cared for by the Department of Charities, and according to Rule 5 of the Joint Rules of the department all cases of insanity found by the police are sent for examination and detention to the Philadelphia Hospital upon a certificate furnished by the District Surgeons, stating fully all the details of the case. To state that the patient is in need of hospital care by reason of insanity or dementia is not sufficient. Cases of alcoholism with complications are also received by the above method. These cases after observation if found insane are then sent to the asylum at Norristown.

In St. Louis, cases of lunacy are immediately sent to the City Dispensary, an institution located in the heart of the city, where the person is examined by competent physicians, and if justi-

fied by the facts, forwarded at once to the City Hospital for observation, there being a ward set aside for this purpose. If it develops after several days' treatment that the person is incurably insane, he or she, as the case may be, is sent to the insane asylum; if only a temporary case of derangement, treatment follows until the patient is discharged as cured.

In Pittsburg, the cases come under the Superintendent of Charities. A certificate is issued immediately by two physicians and the case is committed by a magistrate to an asylum. By this method they claim they have the unfortunate in the asylum in a few hours; this method is one that should invoke the sharpest criticism from every lover of justice.

In Baltimore, the indigent insane are under the charge of the Health Department. Cases are first taken to the police station, two physicians immediately make an examination, and upon a certificate of insanity issued by them, the lunatic is sent to the almshouse for observation.

In Cincinnati, indigent insane are conveyed to the Probate Court, where they are duly examined by a physician appointed for that purpose, and if found fit subjects, are sent to the lunatic asylum. The examinations are made twice a week, and during that interval should any person be charged with insanity he or she will be confined in the county jail upon a commitment made by the Judge of the Probate Court.

In Boston, the cases under consideration are taken immediately from the station house to the Tombs, a place of detention where they can be properly taken care of and receive medical treatment until examined by the physician appointed for that purpose, and if found to be insane their cases are submitted to the Court and jury, and upon their order sent to an asylum.

In New York, all such cases are taken to the nearest police magistrate and by him committed to the Commissioners of Charities, who detain them at the detention ward of Bellevue Hospital until observed and examined by two physicians; the case is then heard by a city judge, who commits the prisoner to the Insane Asylum on Ward's Island.

In Chicago cases of insanity found by the police are committed immediately from the police station to the Detention Hospital upon a warrant issued by the County Court. The Detention Hospital is an institution in which the insane are confined previous to their cases being definitely passed upon by a jury, which in this city occurs each Thursday. An expert in mental diseases has charge of the Detention Hospital.

In the State of Virginia these cases are committed directly by the Justice of the Peace.

In the District of Columbia such cases are held at the police station, and are there examined by two members of the Board of Police Surgeons, and upon their certificates are sent to the Government Asylum for the Insane by order of the Secretary of the Interior Department. A Marshal's jury is then called and after about ten days' confinement in the asylum the case is heard. The method in this city is very poor and should be corrected at once. Frequently cases are detained for days in a police station with no facilities for their care or comfort, and very little if any medical observation. Should such a case be arrested upon a Saturday it will not usually reach the asylum until Monday; during that time the unfortunate is subjected to the above inconveniences.

Many lunatics refuse to take food, and therefore require to have it administered to them by force. This necessitates a delicate operation and often one requiring great skill and patience. It should by law or regulation be required to be performed by a medical officer, or at least in his presence. Permanent injury has, as I know of my own knowledge, resulted from a disregard of this obviously humane provision. Then again cases sent to the asylum with acute mental disorders have recovered from their affliction by the time the Marshal's jury has assembled and the District fails to commit the case and has added additional expense for the taxpayer to liquidate.

The need of a detention hospital in charge of a competent physician for the temporary care and detention of cases of lunacy, acute alcoholic mania and morphia habituates in the District of Columbia has been most strongly demonstrated of late by a number of very unfortunate cases.

Such a method as is now observed in Chicago should be adopted by the District of Columbia and other cities that have no such provision for the humane detention of their indigent insane. We learn by a study of the reports of the various asylums that out of an average of 1000 admissions, 15 admitted were found not insane, 20 cases opium eaters, and 30 per cent. were due to alcoholism. When we appreciate that these cases should have immediate attention, as thus only can we hope to see them recover, little time will be lost in providing municipal care for the insane in our large cities.

A CASE OF LEPROSY, WITH EXHIBITION OF PATIENT.

By Wm. Osler, M. D.,
Professor of the Principles and Practice of Medicine, Johns Hopkins University.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, MAY 28, 1897.

ONE of the most striking differences between diseases of this continent and those of Asia or Africa is the absence of leprosy. The disease does not exist in the United States but in limited regions. Probably the largest number of cases at present is in Louisiana and the next largest in California, through the importation of the Chinese. A considerable number of lepers came with the Norwegians who settled in Wisconsin, and for 25 years there has been a colony in New Brunswick, so those are the only four districts on this continent where leprosy is endemic. The cases seen occasionally here in the coast cities are without exception imported. They are very rare and there have only been a few in Baltimore, none for several years, and the advent of a case of this sort is of some interest.

The history of the patient is as follows: She is now 29 years old. She was born in Baltimore of French-German parents; her father was a native Frenchman who came here when young, served in the army, has always been very healthy; had no skin eruption and died at the age of 50; the mother died at the age of 40 and appears to have always been a healthy woman.

The patient left here when 16 years old to visit an uncle on the island of Demarara. The uncle is at present in Baltimore, and so far as she knows none of his family have any special skin trouble. She returned to this country and with the exception of one year in Norfolk she has spent the last five in this State, mostly in Alleghany County. She came here early in April.

Her personal history is as follows: She was healthy as a young girl, was married at 20, had one child at 23, which died shortly after birth, and she has had one miscarriage since. Her present illness began 6 years ago. Here is a photograph taken two years prior to the onset of the trouble. The first thing she noticed was two brown spots over the elbow, and then several spots on the wrist. She had at the time a little fever and slight indisposition; she was pregnant at the time. These spots remained stationary until after confinement, when they increased in size and became nodular. The disease spread rapidly, the feet being attacked next, beginning on the ankles nearly five years ago, and there has been a steady appearance of lumps and nodules on the skin of the legs and arms ever since. Only during the past year have they appeared above the elbows, on the arms. Two years ago she lost the eyebrows and lashes, but the hair of the head is not falling out. The voice began to get hoarse a few months

ago and it is about 8 months since she noticed the formation of scabs in the nose.

Her condition at present is characteristic. She looks very much older than her age ; the swollen appearance of the eyebrows and cheeks, the rounded outline of the nose and of the ears, the absence of eye-lashes and by daylight the brownish pigmented discoloration give the picture that is perfectly characteristic. There is no other cutaneous disease that gives a picture of the same nature. The neck is only slightly involved, there are a few pigmented areas, the hands, feet and legs are very much involved; the hands showing areas of erosion and ulceration, the finger-nails are not attacked, but in the left hand there are fresh punched out ulcers. On the arm are two or three very deep areas of loss of substance; so here about the face and hands she shows the third stage, that of necrosis and ulceration. On the upper arms she shows the earlier stage ; the brownish discoloration, the skin looks raised and infiltrated, and on palpation you can feel that beneath the skin there is a nodular infiltration. The infiltration of the forehead is not in tubercles, but it is entirely uniform. I may say she has little or no disturbance of sensation, she feels touch everywhere, and feels pain.

This case is a typical illustration of the common form of leprosy, the tuberculous, which is much more common than the anesthetic variety and is much more easy recognized. The interesting question at once arises, where did this patient get leprosy ? Of course, leprosy is an infectious disease; the bacillus is known, though it fulfils only one of Koch's postulates. It is always present in all the lesions, but the germ has never been cultivated nor, one may say, has the disease ever been successfully inoculated. The inoculation experiments made upon animals have been negative. The numerous experiments made in man are none without doubt. In the most satisfactory case, that of Arnold, though it developed at the end of two years the local sore and became leprous, it turned out subsequently that his cousin and another relative were lepers, so that is not a satisfactory case. Daniel inoculated himself and a number of students and they all proved negative, yet there can be but little doubt that the disease is propagated through the germ.

Now it is an interesting point that in every single instance of the cases reported in this country and England the patients have lived elsewhere at some time, in countries where leprosy prevails. This patient resided in Demarara, which has a leper district; it prevails, in fact, in all the West India Islands. True, it is now 14 years since she left there ; it was 8 years before the first appearance of the disease and yet that is not at all against the view that she obtained the germs in that island, for the period of latency is anywhere from a few months to a period extending as late as 25, 30 or even 40 years; so I think one can reasonably say that in some way or other this woman obtained the germs of her disease when visiting Demarara.

How the germs obtain access to the system is not known. It is well known that even the most intimate contact, as between husband and wife, may continue for many years without the healthy individual becoming affected. If one looks over the the cases published, the existence of infection among doctors, nurses and priests is found to be exceptionally rare. There are instances, one father in Louisiana, one in West India and one sister in Trinidad hospital. The risk of infection is infinitely less than in tuberculosis or syphilis. At the settlements in New Brunswick the sisters have acted as nurses for forty years and not one has contracted the disease ; in fact, there is a sort of bitter irony in their case, for all the sisters have died of tuberculosis, the first cousin of this disease. The germs are abundant in this form and have been found even in the urine in this case, and they occur in the secretion from all the sores. In the anesthetic form there is little or no risk ; the germs are entirely in the nerves.

There is a very remarkable illustra-

tion of anesthetic leprosy on this continent. The gentleman is dead now, and as I have heard others speak of the case I think I may now mention it without a breach of professional confidence. The patient was a preacher and when about 40 years old began to have anesthesia in the hands. He burnt his hands once while stirring the fire for his wife and did not know it until she told him. He consulted physicians in this country and London and received no satisfaction until he consulted Brown-Séquard. He went over the case carefully and finally asked where he came from. On being told he said there is no question of your disease, it is anesthetic leprosy. His hands became contracted, the nerve trunks thickened and about eight years before his death he developed small nodules on the cornea, had panophthalmitis and lost both eyes, leprous keratitis. Nobody really knew about his case except Brown-Séquard, Drs. Hutchinson, Buller, Howard and myself; his case was kept very quiet. He was a well-known orator and I have often thought how astonishing it would have been to the audience to know they were being addressed by a leper, not as white as snow, but one of forty years' standing.

The question comes up what would be the influence of segregation. Undoubtedly in New Brunswick it has diminished very materially the prevalence of the disease. Fifteen or twenty years ago there were more than 100 cases in the Lazaretto, now there are only 15 or 20. I do not think in any other part of this country, so far as I know, any attempt has been made to segregate them. They have been segregated in one of the Sandwich Islands and the disease is stated to have diminished very materially, but still leprosy prevails there to a great extent. Several of the native American cases have come from their having lived in the Sandwich Islands.

MICROSCOPIC PICTURE OF LEPROSY.

By Simon Flexner, M. D.,
Associate Professor of Pathology, Johns Hopkins University.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, MAY 28, 1897.

In the few remarks I shall make I will confine myself to the microscopic picture of the disease and its distribution in the skin and mucous membranes of the body. The chief interest in the lesions and nodules centers about their differences in structure from the nodules produced by the bacillus of tuberculosis. In both of these conditions we have a new formed tissue and the chief origin of the cells that compose this tissue seems to be the ordinary connective tissue cells of the tissue in which they develop. The tubercle, as you know, has a very definite structure; composed of these connective tissue cells, with some giant cells, and a peculiar form and small number of cells believed to come from the tissues or the blood, the leucocytes. These nodules are without vascular supply. In these nodules we also find the tubercle bacilli, but they are for the most part present in small numbers and they tend to indicate certain characteristic degenerations, the chief of which is caseation.

Now as compared with this the leprous nodule has a somewhat different structure; the cells are derived from the pre-existing cells of the part and giant cells are not wanting; as a matter of fact, the number of giant cells may be greater than those of the tuberculous nodule. They are a different form, however, and can be distinguished under the microscope. The leprous bacilli are present within the nodules and there is no other condition in which such large numbers of bacilli are discovered in pathological nodules; they are present

in prodigious numbers. In contradistinction to the ordinary tubercles the unique degeneration changes are but little alike, and it is believed by many that all of the subsequent changes associated with the breaking down of these nodules are brought about, not by the action of the bacilli themselves, but through other organisms, the chief ones being pus organisms. Fatty degeneration of the cells is present in the leprous nodules, but not to an extent approaching that of the caseation of tuberculosis.

We find in the nodules another form of cell change, and it is the presence of this change that gives one of the striking characteristics of the leprous nodule. We have small cells containing a single nucleus and much larger cells containing a large number of nuclei and in both of these cells what appear to be vacuoles taking up the greater part of the cell not occupied by the nuclei. These are the leprosy cells. Many of the nodules appear to be made up of these cells but they also contain the bacilli and they are present chiefly in the spaces of the protoplasm between the vacuoles. Now the main characteristics that would enable you to distinguish them would be the comparative sizes, the forms of the cells, the presence in one of blood and the absence in the other, and the relative tendencies to unique changes of a degenerative nature.

As Dr. Osler has said, these bacilli have probably never been successfully cultivated. One of the difficulties has been that with such profuse masses of the bacilli it is easy to transfer large numbers of them and hence difficult to prove that they grew in the media. All of these appearances are represented under the microscopes here. (Exhibiting specimen.)

Now a word about the distribution of the lesions. They have been found in the internal organs, and most of these organs have in one way or another been the seat of invasion by the bacilli. They exist not only in the cells of the nodules but they are found in the blood vessels, in the adventitia coat, in the media and even in the lumen of the vessels, partly enclosed within white blood corpuscles and partly within endothelial cells shed from the walls of the vessels. Sometimes cells containing the organisms are found in parts of the organs in which no disease exists. In the male they have been found in the testicles, the kidneys and the liver and in the nervous system, in the ganglion cells, in the spinal cord. There has always been an interesting question as to whether there is primary leprosy of the lungs. Most of those who have studied it have denied that there is such a condition. Most of the cases described have proven to be cases of tuberculosis, but you have already seen how easy it would be to make such a mistake. The internal organs then may generally become invaded and that invasion is for the most part a production of the characteristic lesions comparable to those found on the surface of the body and the mucous membrane.

In the last number of *Virchow's Archiv* there is a case, the only indigenous one which has developed in Germany. The case was in Neisser's clinic and came to autopsy there. The case was reported by Spark and I have here an account of the case with drawings showing the lesions of the disease as they appeared in the liver, and as they reproduce the appearances you will see under the microscope, I will pass them around.

The Treatment of Diarrhea by Dermatol.—Dr. Clemthal of Helsingfors has experimented upon the action of dermatol in sixty cases of diarrhea (related in the *Therapeutic Gazette*) dependent upon different causes, and in all of them obtained equally good results with those obtained by the use of opium and subnitrate of bismuth. The doses which he gave varied from four to seven grains, four to six times in twenty-four hours. In no case did he observe that the prolonged use of dermatol produced any inconvenient result.

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD MAY 28, 1897.

THE meeting was called to order by the Secretary, in the absence of the President and Vice-President, and Dr. I. E. Atkinson was elected President *pro tem.*

The minutes of the last two meetings were read and approved.

Dr. T. S. Cullen exhibited some patients to show a new suture: I just wish to say a few words in regard to a new method of abdominal suture. At the Johns Hopkins Hospital we have been using the silver wire on the surgical side, and on the gynecological side, the peritoneal catgut, then the silver wire suture and bringing the fat together by interrupted catgut. We have had some trouble with breaking down of the wound at times. If we have a thickened wall, putting in a catgut suture restricts the tissues which have a poor blood supply. We have tried to avoid that, but if we used just one strand the whole wound would gap open in case of a break. Dr. Houston of Troy suggested the use of silkworm-gut for subcutaneous sutures and we have adopted it. There has been no retraction and the blood supply is not diminished. So then we use now a continuous suture for the peritoneum, an interrupted silver wire suture catching the muscles, and then a subcutaneous suture of silkworm-gut. It is very pliable and holds the parts in good condition for twenty-five days or more. The first one I know of to use this was Dr. Houston, about two years ago. It may have been used by others, but surely was not in general use.

Dr. J. Whitridge Williams: I have been using silk-gut in this way for a year and a half and have had good results with it, but did not publish it because I did not think it was worth it and thought many others were using it. I have had good results with it.

Dr. Cullen: In regard to not thinking it worthy of publication ; I think it is a very valuable thing and am sorry I did not hear of it from Dr. Williams before. As you have seen from these cases the union is all that could be desired.

Dr. William Osler read a paper entitled A CASE OF LEPROSY, WITH EXHIBITION OF PATIENT. (See page 417.)

Dr. F. T. Miles: I saw two cases of this disease in my early life, before I was a student of medicine, in fact. One was the last of the historic family of Mutrie. He presented all the symptoms you have seen tonight, the brown skin, the loss of eyelashes, the massiveness of the brows and face which gives the animal-like expression. The other case presented the same appearance. I was not a medical man then and did not look upon them with the same interest I would now. I remember now that he would amuse us by showing that he could thrust a pin into the skin without any pain, so it was anesthetic to some extent at least. In those two cases it seemed impossible that the cause was contamination. Mutrie had never been away from the country. So far as I know there was not the slightest attempt to prevent contact with these patients.

Dr. I. E. Atkinson: I would like to say a few words in regard to a case I saw a few years ago. It would hardly be profitable to occupy the time of the Society on the points of history or diagnosis, but it might be more interesting to say a few words about the cause. It occurred in a woman who had never been outside of the State. She was born here, had gone to the Eastern Shore, married at the age of 16, and lived in Baltimore all the rest of her life. It was in 1880 that I saw her, when she came to the Dispensary of the Maryland University Hospital and she was in the advanced stage of tuberculous leprosy ; there was no question of the diagnosis. This woman had been the neighbor of a man named Brown, who had been in Cuba many years previously, as a carpenter, and after his return to Baltimore had developed leprosy. I had seen the man. In 1872 they lived in the same street and subsequently became next

door neighbors and the families had visited more or less.

Their relations, so far as I can ascertain, have not been more than those of intimate friends. They lived as neighbors for several years and the woman, in 1875, three years after the earliest possible contamination, began to have the prodromal stage of leprosy. It was not until two years previous to the time I saw her, according to her own account, that the nodules began to make their appearance. At the time I saw her it was extremely characteristic. The brown macules on various parts of the body, the face peculiarly brown with the characteristic appearance as if the skin was varnished, and the nodulations of the ears were so great that they stood out from the face.

When I saw her she was six months advanced in pregnancy and she had previously borne a child after the appearance of the nodules. Between that time and delivery ulcers made their appearance all over the body. After that period these rapidly healed and for a time she appeared to get very much better. About that time Neisser had written about the bacillus of leprosy and for purpose of examination I snipped off the lobe of the ear and had the specimens prepared by Isidor Neumann, and I believe that was the first exhibition of the bacillus in this country. I lost sight of her after that, for she grew a little suspicious of me and moved away. I heard that she died about three years afterwards and I also heard that none of her family had developed the disease.

Now it seems to me that this case is one that almost conclusively proves that the disease is contagious. No one ever heard of a case developing in Maryland in a patient who had not been outside of the State and it would seem somewhat more than a coincidence that this woman had been living close to a leper. This I think is interesting because the question of the contagiousness of leprosy must be worked out in countries where it does not prevail. A person is inoculated, years after he develops leprosy, and then we learn that he has been almost certainly exposed to the dangers of contagion previously, so I think cases of this kind are the ones that must give us our demonstrations of its contagiousness.

I am aware of one other case, but I forget by whom it was reported. It was a case in which a British soldier had returned from the tropics a leper. He slept with his brother for a number of years after his return and the brother not only slept in the same bed with him but wore his clothing, and that brother subsequently became a leper. That case is, I think, absolutely convincing. The close relations of this case could not be brought out in mine.

Dr. Simon Flexner read a paper on the MICROSCOPIC PICTURE OF LEPROSY. (See page 419.)

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

Medical Progress.

TYPHOID FEVER. — Dr. Edward Anderson, in discussing typhoid fever, says: Sir Thomas Watson says decomposing animal or vegetable matter is incapable of producing fever of any kind, and he is right. The late Dr. G. B. Wood of Philadelphia says the predisposition to typhoid fever is as strongly inherited as that of tubercular consumption and he is right. I say the fever from which we suffer is produced solely by germs arising from our clay soil after it has been thoroughly dried by the sun's rays when the temperature is high and I hope to prove that I am right.

Each plant has a butterfly peculiar to itself, so also has each soil a fever germ peculiar to itself. Ours is a stiff clay soil which throws off the typhoid germ. Sandy soils throw off the germ of intermittent fever, a disease much less dangerous to life than typhoid, but much more difficult to eradicate. I do not expect to make you think as I do upon this subject, but if I can induce you to investigate this matter for yourselves, I will feel amply repaid. The idea has so long possessed the medical mind that typhoid fever was never taken

into the system except through drinking water, that it is hard to remove it—the idea that the germs had to be cornered, as it were, before they could affect us, by being driven into wells and water-courses.

I do not deny that the disease might be taken into our bodies in the water we drink, for the germs might be washed into wells and other receptacles of drinking water. One reason for believing that the disease is due to the drying of earth near our dwellings is that we never contract it until a portion of that earth has been converted into dust; another is that though they all drink the same water, only those who are exposed to the dust contract the disease. I have never seen a case of typhoid fever in the county unless excavations had been made, lands cultivated, or earth exposed near a dwelling in some other way; if these things are done, a dry season is apt to affect every susceptible inmate. This fever prevails most in mountainous regions, and as ours is a rolling country with a stiff clay soil, we have our share. Many persons attribute the fever in Rockville to imperfect drainage, but the more perfect the drainage, the more fever we have.

Our town is built for the most part on three streets, running east and west; the central or main street, upon which most of the houses are built, is well drained, paved with broken flint stone overlaid by a few inches of earth which is thoroughly dried by a few hours of sunshine; the other two streets are unpaved; the northern one, commonly called the back lane, is the receptacle of a great part of the sewage and filth of the town, yet it is free from fever because it is never thoroughly dry. Fever is confined almost exclusively to the main street and I believe nearly every death from this cause has been upon it. Nature is constantly trying to shield us from harm by throwing out her protecting arms in the shape of tree branches and by covering the earth with sod, and if we do but allow her full sway, we are safe. Where the earth cannot be protected from the sun's rays by trees, or grass cannot be made to grow, fever germs should be kept down by pavement and no earth should be allowed upon it.

* * *

Pruritus Ani.—Mathews says that pruritus ani is the most intractable of all the diseases of the anus or rectum, and deserving of our earnest consideration and attention, and I am sure that those of you who have seen this disease will most heartily concur in that statement. It is absolutely necessary to remove the exciting cause or causes in these cases to make a permanent cure. We grant in the outset that this can not always be accomplished, but these are decidedly the exceptions rather than the rule. Among the exciting causes that are local we will mention pediculi, eczema, erythema (in fat people), thread worms (which are to be found in the radiating folds at the margin of the anus), lack of cleanliness, the disease known as eczema marginatum (which is most easily cured by rubbing well into the parts night and morning for a week or so an ointment containing from ten to thirty grains of chrysophanic acid to the ounce of vaseline), hemorrhoids, fistula, fissures, etc. Some other causes that we would consider as reflex or constitutional are stone in the bladder, chronic inflammation of the deep urethra, stricture of the urethra, pelvic tumors, uterine derangements, functional disorders of the liver, diabetes, constipation, and lastly, but not least, gastro-intestinal disorders, especially that form that is so commonly known as atonic dyspepsia superinduced by smoking, drinking, irregular eating, irregular sleeping; in fact, you might say irregularity in all the walks of life. The treatment which tends to the best results is a light breakfast, no luncheon, a good dinner, plenty of hot water an hour before and between meals, and following the homely road of correct habits. Many and innumerable are the local and constitutional remedies we have for the relief of this affection, none of which will I burden you with, but refer you to the text-books on the subject. We do not wish to be thrown out upon the broad field of empiricism or be known as a routinist when we suggest one method which is

conducive to the best results in all these cases where no exciting cause or causes remain, that of stretching the rectum under anesthesia for from three to five minutes. After this take a sharp curette and simply remove every vestige of the thickened and parchment-like membrane. When this will have been done you will have a complete change in the condition of the parts ; you will have converted a chronic inflammation into that of an acute, whose tendency is always to recovery. You will have removed the contraction of the sphincter muscle, which will admit of a freer circulation of blood through the parts, and taken off entirely the pressure on the terminal filaments of the nerves.

* * *

Doctors and Hospitals.—Most of the hospitals in our country, and especially in the large cities, says the *International Journal of Surgery*, belong to a class that may be termed semi-private. That is to say, they take patients with and without remuneration for the care that is bestowed upon them. Free hospital treatment is a necessity for the poor. For people of slender means the paying wards are a great boon, enabling them to receive, for a moderate sum of money, attendance which they could not otherwise obtain. For the rich the hospital might really be termed a luxury, a place where the surroundings are often of great elegance, where nursing and treatment are had in great perfection. Hospitals vie with one another in their efforts to reach a high standard of comfort and luxury for those who can afford to pay liberally for them. If the attending physician or surgeon sends the patient to the hospital, he usually receives payment from the patient for his services. If, on the other hand, the patient applies directly to the hospital, he is given a room, and the doctor is expected to treat him without charge. To this there are so few exceptions that they are hardly worth noticing. The authorities need the income derived from such patients, and, as usual, the doctors do the work and exceptionally are rewarded with thanks. The dispensary evil is greater, bearing more directly upon the poorer practitioners, and therefore has received more attention. Yet why should the attending physician or surgeon be asked to do more than to give his best care to the poor? Why is the doctor forever expected to give alms to those who are often better off than himself?

* * *

Efficiency of the Digitalis Preparations.—Each preparation of digitalis has an effect of its own. Dr. H. A. Hare, who has for years carefully studied the various preparations of digitalis, says in the *Therapeutic Gazette* that the reason that the infusion acts efficiently in some cases as a diuretic probably depends upon the fact that as it does not contain so much digitalin it is less apt to cause spasm of the renal vessels, but if the heart is feeble and there is renal stasis, the tincture is probably the better preparation to overcome this state, because it both aids the heart and by contracting the renal vessels overcomes the stasis. The use of digitalin is inadvisable unless we are sure that we get that made according to the process of Schmiedeberg, for the other digitalins usually sold are very uncertain. The infusion is far more apt to disorder the stomach than the fluid extract or tincture.

* * *

The Curability of Deaf-Mutism. —Verdos (*Therapeutic Gazette*) would ascribe deaf-mutism to the otopathy acquired in infancy consecutive to acute rhinitis. From neglect there follows atrophy of the acoustic nerves. Verdos believes that these cases would be curable if the nerves could be stimulated to proper development by vibrations carried through the cranial vault. He states he has cured a dozen deaf-mutes, but sometimes it has required several years. The naso-pharynx received particular attention, the drum was mobilized by means of Politzer's inflator and by the apparatus of Delstanche, and the patients received oral instructions. He would earnestly call the attention of doctors to the cases of acute rhinitis in children, which should be energetically treated.

THE USE OF MEDICINE.—A late fad in medicine, says the *Medical and Surgical Reporter*, seems to be the decrying of the use of drugs, and it is really somewhat unusual in this day to find a practitioner of large experience proclaiming boldly his belief in the efficacy of drugs, since this may lay him open to the charge of not being fully up with the developments of modern medical science. Dr. William Gowers of London, in a recent article in the *Medical Record*, calls attention to the fact that a great many of the non-medicinal measures for combating human ills, which are now so frequently recommended, cannot readily be used by the every-day practitioner. The patients whom he serves cannot afford to take rest, to travel, to spend two months at some "cure," to inhale oxygen, to undergo massage or elaborate methods of hydrotherapeutics or of mechanical therapeutics. They cannot afford even, in many cases, the dietaries which are often so highly approved; and, on account of their daily work, almost the only means of help outside of surgery is, in many instances, some medicine. The point made by Dr. Gowers is that the average practitioner does do a good deal with his drugs, and that they really have efficacy in lessening the severity and the mortality from disease.

* * *

SPECIAL PRACTICE.—Dr. J. W. Kelley, in writing to the *New Orleans Medical and Surgical Journal*, says: I always take in hand seriously the undergraduate who expresses his intention of paying particular attention to a certain branch with a view to making it a specialty when he shall have graduated. It is this specialist who, as much as the advertising quack, has brought the very word into disrepute. I tell my young friend that it will be time enough when he has thoroughly grounded himself in the general principles and practice of his profession and has had ten or fifteen years of experience, to think of devoting his time in greater part to some one line more than others. I would not discourage any young practitioner from endeavoring to increase his knowledge and perfect his skill in certain particular lines or line, according as he may have talent, taste or opportunity to study in that direction, for the field has become too wide for one to become expert in everything, and with quaint old Norris, "I think a little plot of ground thick sown better than a great field, which, for the most part, lies fallow." If by and by a man becomes wise or skilful beyond his fellows in a certain line of work and they keep him so busy therein that he has no time for anything else, I can see no objection to his doing that work, whether he be called a specialist or whether he is called an expert in that line. And if all specialists were made in this way there would be no cause of complaint from anybody.

* * *

WHAT OUGHT MIDWIVES TO BE TAUGHT?—In the *American Journal of the Medical Sciences*, Herman answers this question briefly as follows: The duties of a midwife are to attend a patient during and after a normal labor. She must understand antisepsis. She must know the causes of hemorrhage and how to control them. She must be able to recognize malpresentations and pelvic disproportion. She must also understand the normal forces of labor and learn to recognize a variation in them. She must take precautions against ophthalmia and be able, if necessary, to resuscitate a child. Her knowledge must also include the early symptoms of disease in young infants. A thorough acquaintance with the normal puerperal state should be included in her equipment and she must be able to diagnosticate puerperal disease. The amount of knowledge which the midwife is thus expected to have is certainly far in excess of that possessed by many. She must, however, be looked upon as an evil which cannot be wholly avoided. She is dangerous because she is rarely able to recognize the first symptoms of a serious complication and such are so sudden in obstetric practice that the life of mother or child may be lost before she can summon one competent to deal with the emergency. While it is desirable, if midwives must exist, that they be as

intelligent as possible, it is certainly far better to extend the outpatient work of maternity hospitals with graduate instruction, so that the field for the midwife can be limited as much as possible.

* * *

LABOR AND PLACENTAL ANOMALIES.—Peters (*British Medical Journal*) attended a case of placenta previa lateralis. After twelve hours' labor, as the os was beginning to dilate, he diagnosed a large umbilical vein, almost presenting, yet there was no artery to be felt. The membranes were ruptured when dilatation was nearly complete, and on expression a full-term fetus was delivered; the brow presented. The child was not asphyxiated. The puzzling condition above noted was due to placenta fenestrata, with bifurcation of the umbilical vein. In a case of breech presentation a well-formed child was delivered with difficulty, and was quite asphyxiated at birth, but was revived. The placenta bore but a single umbilical artery.

* * *

A SPICE POULTICE.—Dr. G. D. Hersey gives the following directions in *Nursing World* how to make a spice poultice: Take one teaspoonful each of mustard, ginger, black pepper, cinnamon, cloves, nutmeg, allspice — or as many ground spices as you may find in the kitchen — and mix them in a dry bowl. Unless this is done the mustard will lump when hot water is added. Having mixed the dry powdered spices as described, add boiling water, little by little, with constant stirring, until the mass is of the consistency of soft putty. Too much water will cause the poultice to run through the meshes of the cloth; too little leaves the poultice so dry that it fails to hold together and the spices soon separate and rattle out. After thorough mixing put the poultice, steaming hot, into the middle of a thin handkerchief or similar square piece of cloth and spread out the fragrant mass to about the size of your open hand; fold over it one side of the cloth, then the other side, and finally the two ends. It is now ready for use and may be left in place all night without danger of blistering. The efficacy of this soothing poultice depends on the essential oils in the spices and these are brought out only by using scalding water. Cold or lukewarm water fails utterly to bring out the peculiar anodyne quality of a spice poultice.

* * *

APPENDICITIS. — Duplay (*American Journal of the Medical Sciences*), in speaking of the treatment of different forms of appendicitis, says that in an acute attack one should wait for resolution to take place and then operate during the period between the attacks. If, on the contrary, suppuration takes place, the abscess should be opened immediately. If the appendix is found, it should be ligated at its base and removed. If, however, it is not found in the cavity, shut off by the adhesions and false membranes from the general peritoneal cavity, it should not be sought for; these adhesions should be respected, and one should be content to drain the abscess-cavity by inserting iodoform gauze.

* * *

ACQUIRED IMMUNITY.—In a closely-reasoned article on this important subject, Dr. Reid (*Lancet*, September 11) says: Apparently, acquired immunity consists essentially of an acquired power of tolerance, by virtue of which the cells concerned are able to perform their functions in spite of the presence of toxins. In the case of the cells specially concerned in zymotic diseases—*i. e.*, those concerned in the destruction and removal of the pathogenic micro-organisms and their toxins—this acquired power enables them the more readily to produce the two or more digestive bodies inimical to the ferments and their toxins. But if an animal which has not acquired immunity (in the case of diseases against which permanent immunity may be acquired), or which has lapsed its acquired immunity (in the case of diseases against which permanent immunity cannot be acquired), be infected, then the cells concerned being poisoned may not react at all—*i. e.*, may fail to produce their digestive bodies, when the proliferation of the invading microbes and the elaboration of their

toxins will continue unchecked and the animal will perish ; on the other hand, in an animal which has not acquired immunity, or which has lapsed its immunity, the inborn powers of resistance of the cells may be, and is, as regards most animals in relation to most diseases, so great that they are able to produce the digestive bodies to some extent from the first in spite of the presence of the toxins, and therefore most animals are capable of recovering from most of the diseases to which they are liable. Digestion—*i. e.*, attenuation—of the toxins then occurs, till in time there are present in the animal's blood toxins in all stages of digestion, from virulent toxins newly produced and hardly affected by the enzymes, to toxins long produced and so enfeebled as scarcely to deserve the name ; and, as reasoning by analogy we may suppose, *up that graduated scale it is probable the cells of the animal react till complete immunity is attained*, just as the cells of an animal affected by rabies and anthrax react when treated to the less finely graduated toxins provided by Pasteur's treatment.

Moreover, if the blood serum of such an animal be removed and injected into a susceptible subject, either one not yet infected, or if infected, one the cells of which are not poisoned beyond the power of reaction, this second animal also will thereby be provided with a means of achieving immunity. If he be not infected the altered toxins will provide him with a scale of graduated poisons up which his cells may react towards complete immunity, the completeness of the immunity acquired by him being proportionate to the virulence of the toxins at the more poisonous or least digested end of the scale. If he be already infected, not only will the injection provide him with a scale of graduated toxins, but it will also provide him with digestive bodies wherewith to attenuate the toxins which are then being elaborated by the microörganisms infecting him. But of course the blood serum of an animal which has been infected and is recovering from the disease will be infinitely inferior in curative and immunizing power to the serum of an animal into which the large quantities of toxin (elaborated in an artificial medium) have been injected in oft-repeated doses extending over a length of time, since in the latter case the quantity of attenuated toxins and digestive bodies will naturally be much greater than in the former. It further follows that, if we mix toxins with fresh antitoxic serum *in vitro* at a suitable temperature and for a sufficient length of time, the digestive bodies present in the latter will attenuate the former, and therefore, that much larger doses of toxins can be administered without death in this way to a susceptible animal than in any other. Professor Fraser contends that, since antitoxic serum when mixed with toxins *in vitro* "neutralizes" the latter more effectually after twenty minutes' contact than after contact of five minutes, proof is thereby supplied or a probability raised that such a neutralization is a chemical one in the sense meant when we say that an acid is neutralized by a base; but surely when we remember the comparative rapidity of chemical and the comparative slowness of physiological reaction the probability is that we have here to deal with a digestive process rather than a mere chemical combination, a probability immensely strengthened by the consideration already dwelt upon that it is hardly likely that the animal body is a magic bottle producing at need the right toxins on the right occasion.

Various other consideratisons add strength to the belief that acquired immunity against any disease depends essentially on a gradual habituation to its toxins, or an increased power of physiological resistance, as a result of which cells are enabled to perform their functions in spite of the presence of the toxins (which indeed do then but stimulate the cells specially concerned—*i. e.*, those which produce the digestive bodies), not on the production of chemically antagonistic substances; and further that the persistence of immunity depends on the persistence of this power, not on the continued persistence within the system of antidotal substances, whether chemical (in the narrow sense) or digestive.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, SEPTEMBER 25, 1897.

THE appearance of yellow fever in the southern part of this country so soon after the announced discovery of the germ of that disease has aroused more than ordinary interest at this time. It is hardly likely with the modern methods of the Marine Hospital Service that the disease will gain much headway, and the new cases will give opportunity for a further study of this disease here.

Yellow Fever.

Sanarelli's supposed discovery of the bacillus icteroides has been received with confidence by many and he has even been voted a sum of money, if reports be true, in recognition of his work. It might be interesting to note that while his work bears the stamp of certainty, it hardly convinces all. That this line of investigation is original no one will doubt, but it seems strange that the efforts of Havelburg which have also been published should have not been taken into more account, and also that Sternberg's excellent work should have been almost entirely ignored.

By a comparison of the papers of Sanarelli and Sternberg and their publications many points of similarity will be observed. There are many weak links in the chain of Sanarelli's reasoning, and while he believes he is the discoverer of the specific germ of yellow fever, it is extremely interesting to compare his statements and his results with the careful work of Sternberg, who has gone almost over the same ground and whose bacillus x may be identical with Sanarelli's bacillus icteroides. The fact that Sternberg found his organism in about one-half of his cases and Sanarelli in about the same number would lead one to believe that either the true organism has not yet been discovered or that Sternberg should claim the priority, but with all the glory surrounding Sanarelli's name, Sternberg, ever cautious and honest to a fault, should not be forgotten and his extensive work and satisfying results should not be cast into the shade by the more brilliant and perhaps less reliable work of another who lets his work appear many years after Sternberg published the results of his investigations.

These cases in this country at this time will give other investigators an opportunity to complete what these two men have apparently left unfinished, and due credit should be given to both as well as to the others who have prepared the way for the final discovery.

* * *

THE false hopes which were based on certain newspaper statements that the Roentgen rays would make the blind to see have caused a sad disappointment to the many afflicted with loss of sight.

X Rays and the Blind.

Drs. H. L. Hilgartner and E. F. Northrup, in the *Journal of Eye, Ear and Throat Diseases*, say that even now physicists do not know what these rays are. It has been found that when the mechanism of the retina has been destroyed, leaving the optic nerve in a useless or atrophic condition, no x rays are perceived; when the mechanism of the eye is intact and the optic nerve deranged, some visual conception may be obtained by these rays.

Taking all in all the x rays have no practical use, as far as present knowledge of them exists, to give the blind sight. Indeed, the authors say that even though others may think they find the x rays may, in some subjects, excite light sensation, the x rays can serve no useful purpose to the blind. The

x rays not being refracted, they never give images of subjects, and if blind persons should be found whose retinas may be excited by them they would only distinguish different degrees of homogeneous brightness. It is not impossible that x rays falling on a diseased retina might exert, by repeated application, a curative influence, though there is no reason supported by facts to encourage such a belief. To their minds, it is highly absurd to suppose that the x rays can stimulate a diseased or destroyed eye to light sensation when they have absolutely no effect upon a normal eye. The author would not have thought the above negative results worthy of record if the matter had not been taken up by scientists of eminence and the newspapers filled with trashy and misleading myths.

* * *

The Ocean City Semi-Annual.

THE helpfulness of the Autumn Faculty session in quickening the professional life of each county, and furnishing a common bond to all the medical men of whatever section of the State, has so impressed those who direct the affairs of the Faculty that the scenic attractions of the location chosen for each session have been considered of secondary importance.

In the earlier gathering of last week, at Ocean City, it became evident that the membership of the Faculty were keenly alive to the added charm of the sea. As many as fifty physicians were present at the opening session on Wednesday, and during the two days of meeting at least seventy-five were found at times in attendance.

For leisure hours sailing, fishing and bathing, with other recreations, were at hand. In the evening, social gatherings were in order; and far into the night the members lingered upon the beach, finding rest and refreshment in the music of the breakers and the play of the moonlight upon the waves farther out. Even the most work-worn practitioner finds irresistible diversion of thought in such surroundings.

Many members brought their wives to the convention, glad to have an excuse for a seaside jaunt that was not wholly selfish. It may be predicted that when the ocean-shore of Maryland claims another Semi-Annual the delegates will be numbered by the hundred.

The literary excellence of the work presented was beyond question, as the readers of the JOURNAL will soon be able to judge for themselves from its pages. An estimate of the comparative worth of the papers would be invidious, and necessarily biased by the friendships of the critic. It is evident that there is gathering in Maryland a very strong force of earnest workers and clinical observers, both medical and surgical, well acquainted with the recent advances of the profession, and determined to keep this State abreast of her sisters in every department of practice.

* * *

The Heart of Cyclers and Wrestlers.

OPINIONS vary as to the safety with which women may indulge in violent exercises in view of the possible injury to the pelvic organs; and concerning the possible harm to prostatic parts which may befall men in cycling. As far as the heart is concerned, however, there has been but one opinion, namely, that the heart accustomed to a quiet life may be dangerously and permanently crippled by excessive strain in these sports. Experience in medical practice teaches that the patient with compensated heart leak or other enfeebling disease must be extremely cautious in his exercises.

The demonstration of a dilatation of the healthy heart under sudden violent exhausting effort in these lines comes somewhat as a surprise. Yet there seems to be no doubt that it does occur. A number of clinical observers in Germany, England and elsewhere have detected by percussion and observation of the change in the point of apex beat that both ventricles of the heart dilate under these circumstances and remain dilated for a longer or shorter time after the exercise is over.

In the *Deutsche Medicinische Wochenschrift* of July 29, Dr. Schott of Bad Nauheim brings to the aid of the diagnostician the Roentgen ray, affording ocular proof of the enlargement in the dimensions of the ventricles. He shows by such photographs that the shadow image of the dilated right ventricle first returns to normal dimensions as respiration becomes natural. The bulging left ventricle, however, which may reach so far to the left that its apex beats outside the nipple, has been found still dilated eighteen minutes after cessation of effort. This shows the need of caution by 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 September 18, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		7
Phthisis Pulmonalis		22
Measles		
Whooping Cough		
Pseudo-membranous Croup and Diphtheria.	11	4
Mumps	1	
Scarlet fever	16	1
Varioloid		
Varicella		
Typhoid fever	18	6

Dawson City, in Alaska, is said to have an outbreak of typhoid fever.

New Jersey has given $3000 for a bacteriological laboratory at Princeton.

Dr. Edward Storck, a prominent German physician, died at Buffalo recently, aged 66 years.

The new addition to the gynecological department of the Johns Hopkins Hospital is now in use.

The American Electro-Therapeutic Association has just finished its annual session at Harrisburg.

Dr. Jules Bernard Luys, the eminent French alienist physician, died suddenly last month, in his sixty-sixth year.

The Ninth International Congress of Hygiene and Demography will be held in Madrid, April 10 to 17, 1898.

The two chairs of Practice of Medicine and Physiology in the medical department of the University of Texas are vacant.

In Washington, D. C., Drs. John W. Shaw and Rosier Middleton have been appointed alternate physicians to the poor.

Dr. Smith Leathers of Charlottesville, Virginia, has been elected to the Chair of Biology in Columbia College, South Carolina.

The death is announced in England of Dr. John Braxton Hicks at the age of 72. Dr. Hicks was a pioneer in England in obstetrics and diseases of women.

Dr. Henry C. Coe of New York is Professor of Gynecology in the Bellevue Medical School and Attending Gynecologist to the hospital, to succeed the late Dr. Wm. T. Lusk.

The last number of the *Bulletin of the Johns Hopkins Hospital* contains an especially interesting collection of historical papers; one of the best being on Long, discoverer of anesthesia, by Dr. Hugh H. Young.

The 54th Annual Report of the Mount Hope Retreat shows that institution to be in a very flourishing condition. Of 919 persons treated during the year, 240 were discharged cured. Dr. Charles G. Hill is the Physician in Charge and Dr. Frank J. Flannery the Assistant Physician.

Several alumni of the College of Physicians and Surgeons of Baltimore have had painted the portrait of Dr. Abram B. Arnold, formerly Professor of Clinical Medicine and Nervous Diseases in that institution. The portrait will be presented to the Medical and Chirurgical Faculty.

The *Medical Record* states that the constitution of the British Medical Association prevents any but British subjects from enjoying the privilege of membership. This can hardly be true, as at least two more American born physicians now living in Baltimore are members of that association.

Dr. Bedford Brown, the well-known physician of Alexandria, Virginia, died suddenly at his home last week, aged 72, as the result of an operation. Dr. Brown was born in North Carolina and after a school education he began the study of medicine at Lexington, Kentucky, under Dr. B. W. Dudley. He then studied at the old Transylvania University and later at Jefferson Medical School, graduating in 1854. After serving in the war he settled at Alexandria.

The new wing of St. Joseph's Hospital, Baltimore, has been completed and the new dispensary is now open daily from 12 to 2, except Sunday. The dispensary is under the charge of Dr. Claude Van Bibber, who also looks after the department of surgery and diseases of the rectum, with Drs. Joseph L. Spruill and B. W. Bird as assistants. Dr. Carey B. Gamble, Jr., will be chief of the Department of General Medicine and Diseases of Children and Dr. L. E. Neale of the Department of Diseases of Women.

WASHINGTON NOTES.

Dr. Max Bahr succeeds Dr. Turner as chief resident at the Emergency; Dr. Juenmann is male senior resident and Dr. Fife junior resident.

Dr. Hart is acting resident physician at the children's hospital this month, his place at the Eastern being filled by Dr. Norris.

Dr. Whitson enters upon his duties at the Washington Asylum Hospital, filling the place of Dr. James, who goes to Garfield Hospital.

"Doctor" William Newman has been arrested, tried and is now imprisoned for practicing medicine without a license.

Physicians here attended the Ocean City meeting of the Maryland Medical and Chirurgical Faculty, September 15 and 16.

The late mad dog scares have excited the authorities to action, and last month over a thousand dogs paid the penalty by not having the licenses to live.

An examination will be held October 2, 1897, by the Civil Service Commission to establish a register for the position of hospital steward in the U. S. Marine Hospital Service. From this register a selection will be made to fill a vacancy at San Francisco, Cal., at a salary of $480 per annum.

Prof. Hird is conducting the annual investigation into the purity of sugars and other foods adulterated with starch, such as honey, molasses and candies. Fully 90 per cent. of the prepared mustard has been found adulterated. The Health Department is determined to break up the practice of selling impure articles and will institute prosecutions against all dealers found to be selling adulterated food. The penality is $50 first, and $100 second offence.

The case of diphtheria in Anacostia, which died on Saturday and was reported to the Health office after three o'clock, did not receive attention until Monday.

This clearly demonstrates the fact that the Health office should be open at all times or at least not closed for from forty to fifty hours at any one time. In this case no warning sign was displayed, and the funeral was conducted without especial care of contagion and the house was cared for only to the extent of carrying the cot into the back yard to let the wind carry the disease to the neighbors.

Book Reviews.

A Guide to Physical Diagnosis. By E. Magruder, M. D., Instructor in Physical Diagnosis, University of Virginia.

In this "Guide" the author, without making any claim to originality, has systematized and condensed what we know on the subject of physical diagnosis. The opening chapter is on regional anatomy concerned with physical diagnosis. After this comes a section on physical diagnosis, as applied to the healthy and diseased human subject. While the section is rather encyclopedic in character it is very comprehensive, and nothing of importance is omitted.

Dr. Magruder's book will serve as a faithful guide to the hospital student following cases through the ward, and is a very handy companion at the bedside. It is a pity that there are so few illustrations and the binding is rather light for constant use, but these are minor objections. Copies of the book may be obtained by applying to Dr. Magruder at the University of Virginia.

Exercises in Practical Physiology. By Augustus D. Waller, M. D., F. R. S., Lecturer on Physiology to St. Mary's Hospital Medical School. Part III. Physiology of the Nervous System. Electrical Physiology. Longmans, Green and Co., New York and Bombay. 1897.

This little work on physiology is intended to facilitate the class work of the laboratory and is evidently arranged for students very far advanced. It is fully illustrated.

REPRINTS, ETC., RECEIVED.

The Dennis Fluorometer; A Surgical Adjunct of x rays.

The Fifty-Third Annual Announcement of the Eclectic Medical Institute of Cincinnati, Ohio.

Pederasty; Prostitution. A few Historic Notes. By William Lee Howard, M. D. Reprint from the *Journal.*

Sterilized Gauze in Pelvic Surgery. By Thomas H. Hawkins, A. M., M. D. Reprint from the *Medical Mirror.*

A Case of Pyosalpinx in a Young Girl, with Specimens and Remarks on Special Surgical Technique. By Henry L. E. Johnson, M. D., Washington, D. C., etc. Reprint from the *Journal.*

Current Editorial Comment.

THE DIAGNOSIS.

Philadelphia Polyclinic.

If a case is accepted, sufficient time to examine the patient thoroughly and by every means known to science must be taken; or the physician is morally responsible for any evil consequence of his neglect. If he do his best, and err notwithstanding, as all of us have done and may do again, at all events he has done his best, and no more can be required of him.

CHRISTIAN SCIENCE.

Medical News.

Christian science is one of the most insidious enemies with which legal medicine has to contend. Ordinary laws regulating the practice of medicine can scarcely be construed to apply to those who declare publicly that they are most distinctly not giving medicinal or even medical treatment. With specious claims to literal truthfulness, the Christian scientists can claim that they are carrying into practice what every member of any Christian sect and of many other religious bodies accepts as dogmatically correct.

BLACKMAILING.

Lancet.

Charges are constantly made against medical men which are most easy to bring and equally hard to refute, so that the matter is usually fought out in court. At first sight it might often seem worth while for a medical man to submit to blackmail; legal proceedings are very long, always expensive, and in cases of this sort not particularly pleasant for the defending side. Small wonder, then, if the busy practitioner is sometimes tempted to buy silence at the price demanded. It is a temptation, however, to which he rarely yields, for he knows very well that the blackmailer is a very vampire who returns time after time until he has drained his victim dry, so that unless he is met and fought at the outset he becomes more and more difficult to shake off. Everyone should remember this point and medical men of all others, for their honor is their existence; and if they have not time, or think that they have not, or are too poor to battle single-handed, there is an easy way out of that difficulty — namely, by joining one of the societies organized for medical defence.

PROGRESS IN MEDICAL SCIENCE.

H. C. Reemsnyder, A. M., M. D., of Philadelphia, in a recent article says that whenever there is unnecessary pain in labor he administers ten grains of Antikamnia, repeated in two hours, if necessary. In this way the pain which annoys the woman without helping her is relieved, while the uterine contractions become more firm and labor is accelerated.

"My patient began to improve almost from the first injection, and continued to improve, until now she is in better health than in years; in fact well, and the cure can be attributed to nothing but Aseptolin."—Extract from letter of Dr. W. T. Burdick, Tolesboro, Ky.

"Some time ago I used Aseptolin in a case of hip joint disease with great success. I have also used it in one case of blood poisoning with success."—Extract from letter of Dr. J. H. Brewster, Elmira, N. Y.

The Heart of Barley.— The heart of the barley grain was long ago discovered to be rich in all the elements that go to make blood, bone and muscle, and only the fact that every preparation of the nutritious grain contained much that was indigestible prevented its being generally used. Messrs. Farwell & Rhines of Watertown, N. Y., have put in operation a process by which the nutritious part alone of barley is put in attractive form to tempt alike the appetites of the sick and the well—Barley Crystals.

Sleeplessness After Abdominal Operations.— The frequent occurrence of sleeplessness after abdominal operations compels the surgeon often to resort to the use of hypnotics. Opium and its preparations are commonly employed to produce sleep in these conditions, but on account of their constipating effect, their tendency to derange the stomach, which is already disturbed from the administration of the anesthetic, and their disagreeable after-effects, they should be reserved for cases in which the insomnia is due to the presence of severe bodily pains. If, however, the sleeplessness be due simply to nervous excitement, Sulfonal will be found far preferable to morphine. It will afford prolonged sleep, from which the patient awakens refreshed and invigorated.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVII.—No. 25. BALTIMORE, OCTOBER 2, 1897. WHOLE No. 862

Original Articles.

YELLOW FEVER.

By A. K. Bond, M. D.,
Clinical Professor Diseases of Children, Baltimore Medical College.

EVERY-DAY diseases are kept constantly before the thought of the practitioner so that he can usually recognize them without difficulty and at once direct wise treatment for them. Those which, on the other hand, occur but infrequently at intervals of many years, may at the outset baffle diagnosis and find the physician ill-acquainted with the best and safest remedial measures. The epidemic of yellow fever which has prevailed during some weeks past in our Gulf States seems to have presented unusual difficulty of diagnosis; and had any persons arriving from those centers of infection been taken by it in northern seaports or railroad towns the local practitioners would in all probability have mistaken it for something else and not only treated it wrongly, but neglected due sanitary precautions against its spread. A brief review of salient points in the disease, of recent theories of causation and treatment and of the course of the present epidemic is not, therefore, out of place at this time.

A minute description of yellow fever is given in all standard text-books of practice. Its limits of latitude include practically the whole of the United States; although regions of great altitude are but sporadically visited, the seacoast suffering most. It seems to be introduced at the beginning of the epidemic in every instance from countries to the south of the United States. The natives of the regions frequently visited are well known to possess a certain immunity to the disease, arising, it is conjectured, either from a previous attack, perhaps not diagnosed, or from an obscure attack in childhood, at which period of life many of the great febrile diseases are ill-marked.

A TYPICAL CASE.

The typically developed case of yellow fever can hardly be mistaken for anything else. About four days perhaps after exposure to infection, days which may be filled in with digestive disturbances, headache and other pains, the patient is taken with a chill. (In the height of epidemics persons apparently healthy may be struck down as by a blow upon the back and pass at once into collapse and fatal coma.) After the chill the fever appears, reaching its greatest height, 103° to 105°, on the evening of its first or second day; declining then by lysis to a decided remission on the second to sixth day, according to the severity of the disease. This ends the first stage of the disease, and if we may judge from analogy with enteric fever, corresponds to the poisoning due properly to the specific poison of the disease. If convalescence does not now begin we may suppose that, as in enteric fever, the second onset of fever beginning after a few days of moderate temperature corresponds to bodily self-infection with the secondary invasion of common septic or other

products from organs or surfaces left crippled in the wake of the first invasion.

During this first stadium of fever, after the initial chill, the patient is in a more or less alarming state (according to the intensity of the epidemic and the wisdom and minuteness of the treatment, perhaps also to the sanitation of his abode) due apparently to the effect of the special poison of yellow fever upon the system. Whether this be a single chemical substance or several substances, whether it be due to one or to more than one germ agent, it seems to enter from the upper digestive tract into the blood, to be swept along with the blood current through the body, and to be cast out speedily through the kidneys, and perhaps by the other excretory parts. By this supposition the clinician can best harmonize the phenomena of the "first stage" of the disease; the violent local irritation of the upper digestive tract, as shown in the congested tongue and throat, the irritable, tender stomach, rejecting even the ice water which at first pleasantly cools it, the bilious vomit, the usual constipation, but occasional diarrhea or pasty stools; the high initial fever suggesting either a severe struggle of the blood and tissues for the mastery or the irritation of the heat center by polluted blood; the harassing pains over the body and in the head; the restlessness and delirium indicating poisoning of the nerves and nerve-centers by matters carried to them by the blood; the pains over the kidney, the excessive bile-pigment and sometimes albumen in the urine.

The second stage, that of "remission" or "the stage of calm," lasts from one to four days. The other symptoms may all subside with the temperature or they may persist and even become worse.

If convalescence is not now established the "third stage" sets in, with a rise of temperature on the second day to 104°, and a fall thereafter, either suddenly to the normal in favorable cases, or gradually with a slow decline till the normal is reached or till death sets in. During this third stage the digestive symptoms become worse, delirium more intense; and jaundice with hemorrhagic outbreaks from any or all the mucous surfaces and the skin, which in the early stages were but slightly developed, now manifest the greatest intensity. Yellow deepens to mahogany. Blood flows from nose and gums, is vomited in "chocolate flakes" or "coffee grounds" as the "bad vomit" or "black vomit," is mixed with the stools, escapes as blood-pigment by the kidneys. The urine becomes scanty, even suppressed; its urea disappears; albumen increases in it. The symptoms of uremia follow — somnolence, convulsions, Cheyne-Stokes, coma. The patient, when not delirious, is indifferent as to his peril. He suffers from atrocious cramps in his legs. His pulse becomes feeble. If convalescence comes in this stage the temperature falls to normal, vomiting stops, food is taken, the kidneys act freely, the heart becomes stronger and full health is very slowly regained. If death occurs early in the disease the jaundice may appear after death.

This third stage seems to be due to blood pollution, and finally disorganization, by septic materials, perhaps taken from the digestive tract, and to uremic conditions. Some hold that the yellow fever specific poison has now taken new hold on the system, but all admit that there is added sepsis from other than the specific poison.

The mortality in hospitals is stated at from twenty to fifty per cent. for the unacclimatized. In private life twenty per cent. is a high death rate. The patient is apt either to die or to enter convalescence within a week from the onset of the disease.

VARIATIONS FROM THE TYPE.

The patient's bodily condition and surroundings at the time of the attack modify the disease considerably. Fear, debility, lack of food, misery, bad sanitary surroundings are likely to produce an *algid form* with cold surfaces, to intensify the *hemorrhagic* conditions, or to leave a slow state of *typhous* depression. Vigorous patients may present the *sthenic form*, with much nervous excitation.

Severity of epidemic, the liquor habit, and crippling in any of the great organs or functions would make the outlook less favorable.

DIAGNOSIS.

That the diagnosis is by no means easy in some cases is shown by the disputes between the expert physicians summoned to determine the nature of the present epidemic in the South. The Marine Hospital Service reported, for instance, in its issue of September 17, a death ascribed to "whiskey," which gave plain pathological and microscopical evidence of yellow fever; numbers of cases ascribed to dengue which were evidently yellow fever; a case diagnosed "yellow fever," the blood from which gave the organism of quartan malaria. In fact, it is still doubtful whether yellow fever stole unawares with its cases into an epidemic of dengue at Ocean Springs, Mississippi, or whether the whole epidemic was yellow fever slowly increasing in intensity. There seems no doubt at present that there is a widely-scattered, though as yet mild, epidemic of the genuine disease in the Gulf States which, were the summer but slightly advanced, would sweep over that whole region, carrying death and panic in its train. The frosts of October do more to limit the progress of the disease in a community than any human agency.

The personal chagrin and loss of reputation which befell a young Eastern Shore physician some years ago in consequence of a ventured diagnosis of "yellow fever" in a suspicious illness should teach practitioners in northern regions never to utter a suspicion of such a possibility in their practice without the advice of other doctors in whom also the community trusts.

TREATMENT.

The popular opinion sometimes finds utterance, that under good nursing yellow fever patients come through all right; that the nursing is the main point. There must be some foundation for this belief. It is easy to accept if "good nursing" includes strict confinement to bed; protection from worry of all sorts; bright, wholesome surroundings; simple, patient efforts after nourishment; warm applications, mustard, etc., over the distressed regions; maintenance of the urine flow by simple diuretic agencies; and thorough cleansing of the digestive tract at the outset, a process which the intelligent housewife holds to with grim tenacity in spite of all the pooh-poohing of alleged science. If the doctor is one who understands nursing (not all do) and who will take the necessary trouble (not all care to), the "nursing" will give still better results under his supervision.

A somewhat similar opinion to the above was given by Dr. Porcher of Charleston before the Pan-American Congress when he asserted that in temperate people an ordinary case taken early presents no violent third stage, no black vomit, no albuminuria, no suppression of urine. That (and this is likewise the experience of Dr. Belot of Havana) out of one hundred fair cases seen early, ninety-five may be cured. That the best treatment is as follows: Keep the head, hands and arms continually sponged with ice-cold water at the very beginning of the attack; and whenever the temperature begins to climb sponge again in the same way. Give at the beginning of the case twenty grains of calomel with twenty-five grains of quinine and after a time give sulphate of magnesia to complete the cleaning out. Apply mustard plasters over the whole abdomen, with frequent mustard foot baths. After the salts have acted give every two or three hours a dessertspoonful of a mixture containing, in six ounces of water, one grain of morphia and one or two drachms each of potassium citrate and acetate. He holds that no other treatment is necessary. The housewife would use castor oil, enemata, hot teas and "niter" with somewhat the same effect; but calomel stays down better than castor oil, unless a great excess of the latter is given.

If the above statement of the mortality is correct, there must be some dreadfully fatal doctoring or neglect of nursing in our Southern epidemics. Perhaps, as when hydrophobia is raging in the

newspapers, the doctors suffer from acute panic with violent therapeutic delirium or paralysis.

Turning now to standard text-books we find the same general ideas of treatment as above, more or less pronounced; and, beyond this, divergencies which savor of theorizing and an effort to suggest something out-of-the-way and striking. It is just as well to leave the practitioner free to apply according to the emergency the particular remedies which he has learned to trust in similar conditions of more familiar diseases. The hemorrhages seem difficult to control, but the stomach can be somewhat soothed by ordinary remedies; and alkaline diuretics are helpful to the acid-irritated kidneys. Conditions of depression are to be met by the usual means, and coldness by artificial heat. There must be very cautious dietary control in convalescence.

Isolation is imperative. None, save those whom duty compels, should stay in an infected district. Careful cleanliness and disinfection of excreta should be maintained, although we are taught that the poison is spread rather by clothing and furnishings, letters, etc., than by the person of the patient. Consuming fire is the best disinfectant for such articles. Nurses and physicians should avoid overfatigue, indigestion and neglect of open-air privileges. Unacclimatized persons should be forbidden to enter the infected districts.

THE YELLOW FEVER GERM.

A priori, this elusive germ-agent ought to be found on the surfaces or in the tissues most intensely disturbed in the disease, either in the acutely inflamed stomach or bowel walls, or in the disordered liver or kidneys; disseminated throughout the whole body; or hiding in the blood masses which lie upon the hemorrhagic surfaces. Sternberg of Washington, *American Journal of the Medical Sciences*, September; Sanarelli of Montevideo, South America, *British Medical Journal*, July 3; and Havelberg of Rio de Janeiro, *Berliner Klinische Wochenschrift*, Nos. 23 to 26, have all recently labored with great devotion upon this problem, and if Sternberg's "bacillus x" is identical with Sanarelli's "bacillus icteroides" the germ of yellow fever may have been discovered. Sanarelli's statement, however, that his bacillus is found in the blood and connective tissues, but that it is never in any instance found in the gastro-intestinal contents, and his theory that the gastro-intestinal lesions are secondary results of the growth of the bacillus in the blood seem opposed to the teachings of common pathological observation, which would indicate that the specific poison is generated on the absorbing surface most violently inflamed at the beginning and throughout the disease. Havelberg's very thorough re-study of the whole pathology of yellow fever on living and dead, and his claims concerning a bacillus he has found, are worthy of consideration.

Sanarelli's discovery of the stimulating influence of the proximity of growing moulds of any sort upon his bacillus colonies seems to throw a great flood of light upon the well-known association of certain infectious or epidemic diseases with filth, darkness and dampness. He says that when his bacilli would not grow well after being sowed upon a gelatine culture-plate he had but to deposit a few mould-spores near them on the plate and, as soon as the mould began to produce its mycelium, a circlet of little colonies of the bacillus at once appeared about the mould. He thinks the mould somehow prepares from nutrient media, no doubt as a by-product of its own nourishment, substances necessary to the development of the bacilli. Thus the damp, dark house or ship-hold with its flourishing mould-growths is just the place for the germs of disease to find nutriment in and grow apace.

Whatever may be the fate of Sanarelli's supposed yellow fever germ discovery, he has by his observations on this "commensalism" of bacteria with moulds opened up a great new field of research the eager study of which by microscopic workers the world over will probably lead to great additional knowledge of the origin of infectious diseases.

INDICATIONS FOR MASSAGE AND SWEDISH MOVEMENT TREATMENT.

A BRIEF EXPLANATION.

By Maurice Steinberg,
Late Assistant to Dr. Mezger of Amsterdam.

EVERY branch of, and auxiliary to, medicine must rest upon two foundations: a theory framed by scientific reasoning and the practice gained by experience. Everyone admits that the Swedish Movement Treatment and Massage, jointly or separately, are so supported.

Numerous physicians, American and European, have made a thorough study of mechanical therapeutics in general, and especially massage, using both very extensively in their practice. It is therefore possible to discourse on this mode of treatment without hesitation, and in the following pages a brief account will be found of the general use and advantages of this method.

For invalids or enfeebled persons the movement treatment with passive motions and massage is of especial import, being a natural means for the improvement of the organic functions. In cases of this kind the expediency of the treatment depends on the fact that the invalid, without the least exertion, is enabled to obtain the exercise necessary to the improvement of his condition. It is not the superficial organs of motion exclusively that come within the extent of the manual applications. The organs of respiration, circulation, digestion, etc., are not less beneficially acted upon by a complex of easy motions, manipulations and massage.

As a result of the treatment the muscles will be stronger, the capacity of the lungs increased, the circulation regulated and the digestion improved. It is evident that elderly people, or those of a sedentary occupation, are in no small degree benefited by resorting to this remedy. The Swedish movement treatment and massage as an auxiliary to medicine and surgery are especially employed in the following disorders:

Diseases in Muscles, Tendons, Synovial Sheaths and Fasciae.—To this class belong the so-called muscular rheumatism of acute or chronic nature, lumbago, myositis of various kinds, muscular rupture, (strains), etc. In regard to chronic rheumatism, German pathologists have by positive proof, microscopical and chemical, demonstrated that this disease is a lymphostasis, that the engorgement of the lymph channels causes exudations that by time are changed into fibrous adhesions, gluing fasciae and ligaments together. It is therefore indispensable to break up the new formations and accelerate the lymphatic current by massage and systematic exercise so as to restore locomotion and bring the affected parts to a normal state. The same treatment ought to be used for inflammation of the synovial sheaths, especially those of the fingers being most commonly affected.

Diseases of the Nervous System, including Diseases of the Brain, Spinal Cord and Functional Nervous Disorders. —Neuralgia is a symptom indicative of direct injury to, or altered nutrition of, a nerve. Some of the most common forms of neuralgia are that of the trifacial nerve, called tic douloureux, sciatica (a neuralgic affection of the sciatic nerve) and intercostal neuralgia, of the anterior dorsal nerves along the ribs. In all these, and similar disorders, no more successful remedy can be employed than a systematic movement treatment, including massage, and in the case of sciatica, the stretching of the nerve, now accomplished without a surgical operation.

Massage is also successfully employed in paralysis of sensory nerves, or anesthesia. In other cases of paralysis that are amenable to treatment, massage and passive motions serve to stimulate the

action of the paralyzed nerves and muscles, incite muscular contraction and promote the functions of the diseased organs.

Congestion of the brain in its less severe forms requires the movement treatment with passive motions and massage in order to reduce the blood pressure and regulate the circulation.

In muscular atrophy, or a wasting or loss of power of some muscle or group of muscles, resulting from trophic changes due to a central nerve-lesion, massage is an auxiliary of great importance. In many disorders resulting from overwork, for instance, writers' cramp, musician's cramp, "lawn tennis elbow," etc., massage is admitted to be almost the only remedial agent.

Diseases of the Joints.—The articulations of the body are exposed to manifold disorders, the proper classification of which is difficult, and besides, does not lie within the purpose of these lines. In those which result from traumatic causes, massage can hardly be dispensed with. The effect of massage on sprains and contusions cannot be over-estimated, and this method has universally taken the place of bandages and immobilization. After luxations, when the reposition is made by the physician or surgeon, the work of the masseur is most useful, in order to restore the parts to their normal function.

In synovitis, massage is the most expedient means to remove the excess of the synovial fluid. It is not seldom that diseases of the joints terminate in a false anchylosis. Such being the case, the only possible remedy (saving an operation) is the movement treatment and massage.

Diseases of the Digestive System.—As an auxiliary to medical and dietetic treatment, the Swedish movement method with massage and vibrations is advantageously employed in various disorders of the digestive system. In his valuable essay on Massage and Swedish Movements (published in "A System of Practical Therapeutics," edited by H. A. Hare, M. D.) Benjamin Lee, M. D., A. M., Ph.D., of Philadelphia, makes the following statement: "It is probably in its effect upon derangements of digestion, taking the term in its widest sense, that the medical profession has been inclined to place the most faith in employment of massage and movements, and not without reason."

Amongst the diseases of this class, we note especially dyspepsia in its various manifestations, constipation, chronic catarrhs of the stomach and bowels, engorgement of the liver, dilatation of the stomach, etc. In the majority of instances constipation is due to a weakness of the abdominal muscles and a deficiency in the peristalsis of the large intestine. It very often results from the same habit and mode of life which cause dyspepsia, and is a frequent accompaniment of it.

In constipation it is, as a rule, of great import to strengthen the abdominal muscles by diverse exercises, and to advance the contents of the intestine by abdominal massage. Habitual constipation, a sedentary mode of life, and many other causes, either singly or combined, may produce passive congestion of the liver. For this very common derangement, the mechanical mode of treatment is of great value. In disorders of this kind, a carefully and regularly administered abdominal massage will effectually help to increase the secretion of the mucous membrane of the stomach and intestines, promote the absorption, eliminate waste products, and facilitate the proper "mixing" of the food in its various stages of digestion, with the juices secreted in the digestive tract.

Deformities.—Every modern physician knows the importance of the Swedish movement system in the practice of orthopedics. The treatment of deformities depends no longer solely on braces, stays and bandages. It is well-known that in spinal curvatures, depending on muscular weakness, and in cases of stooping shoulders and a "bad carrying of the body" in general, which is commonly observed amongst young people of both sexes, the only method of succeeding to a normal state is by muscular effort. This sounds very simple, but it is necessary, however, to make a care-

ful study of every individual case, and by complex exercises, difficult to describe briefly, encourage and fortify such groups of muscles that are in a relaxed or weakened condition.

Massage is indicated when the object is to stimulate the normal physiological transactions of the organism, to increase the absorption, and to reduce congestion and inflammation. It is the best means for the resorption of such pathological products (exudations, infiltrations) which can be brought back into the circulation without injury to the system.

Massage is contraindicated in most diseases of the skin, in morbid growths, in all parasitic and infectious diseases, in all conditions in which system, and finally, when the pathologico-anatomical condition of the malady is an obstacle to a favorable result.

In this connection it ought to be observed that the method of massage of a professionally educated masseur or specialist in Mechanical Therapeutics entirely differs from so-called "rubbing," an exotic variety of massage, administered without a settled aim or purpose.

A CASE OF ERYSIPELAS MIGRANS.

By Thomas Chew Worthington, M. D.

READ BEFORE THE BALTIMORE MEDICAL ASSOCIATION, APRIL 12, 1897.

I WISH to report a case of erysipelas migrans. The patient, a lad aged 19, of good habits and presumably in best of health, occupation candy-maker, on the evening of January 15, 1897, upon retiring felt well, except a sense of stiffness and fatigue across the front of both thighs. He passed a restless night and I saw him the following morning. His temperature was 104½°; he complained of general soreness and pain, which caused extreme discomfort, and I expected an acute influenza.

On the morning of the 18th my attention was called to a tenderness and slight swelling on the inner side of the right ankle, about the malleolus. From that time the case progressed until the leg was involved from the toes to the body, first the lymphatics, then the skin, until the blush reached the buttock and hip-joint. Excepting the right groin, the most painful point was a dash of red diagonally across the patella, and which did not fade in the slightest until all other discoloration had nearly disappeared.

The case passed through the usual routine of hopes and disappointments and, except for the cold bath, misery for the patient.

The highest temperature reached under the tongue was 105¾°, as you will find on the chart, which may be of interest. He had occasional bloody discharges from the nose and sore throat, with very slight involvement of the cervical glands. The urine was decidedly albuminous.

There is nothing remarkable about the treatment, which was supporting and included tincture of ferric chloride, anodynes as required, and what afforded the greatest comfort, the cold bath every third or fourth hour as needed.

For the first few days the local treatment consisted of cold applications, which relieved but did not control the skin trouble. On the eighth day of the disease, dating from the first visit, and when the redness was just above the knee, I used a salicylic acid ointment, five grains to the drachm. Within twelve hours there was decided diminution in redness and swelling, except over the foot and ankle, which held out to the last, not including the red line across the knee. The progression above was steady and while the ointment seemed unable to prevent the appearance and advance, it would in from eight to twelve hours modify the local symptoms very decidedly. On the eighteenth day and after convalescence

seemed established, three abscesses appeared, one on the original site of the disease and just behind the inner malleolus, one on the outer side of the instep and one on the crest of the tibia, about the middle third, all of which were of course opened and recovery ensued.

It may be of interest to know that the boy suffered from sweating feet and as a result, for some weeks previous to his sickness, the second toe of the right foot had been abraded and quite sore at the end, which, I have no doubt, was the place of the entrance of the germ causing the disease.

Society Reports.

THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

MEETING HELD AT OCEAN CITY, MARYLAND, SEPTEMBER 15, 1897.

THE Semi-Annual Meeting was called to order by the President, Dr. C. M. Ellis, at 10.15 A. M.

The Secretary, Dr. Lord, presented a letter from Dr. Taneyhill, requesting the adoption of the following resolutions: 1. To strike out the word "lost" on page 14 of the minutes of 1896-7, after Dr. Taneyhill's motion about the appointment of a committee to revise the constitution, and, 2. Resolved that, at the request of the Chairman, the consideration of the report of the committee to revise and codify the Constitution and By-Laws be referred to a special meeting to be held in Baltimore to be called by the President upon notice by the committee of the completion of their work.

Both resolutions were adopted.

The Secretary then presented a letter from the Maryland State Pharmaceutical Association, and upon motion the delegates from that Society were received and accorded the privileges of the floor.

Dr. Julius Friedenwald read a paper entitled "Some Interesting Cases of Dilatation of the Stomach, with Exhibitions of Specimens."

Dr. J. C. Hemmeter: These are very interesting specimens and very rare, and supported as they are by very exact chemical and clinical observations and satisfactory autopsies they are of great value. When one looks at the progress that cancer of the stomach is making in the lists of mortality it becomes quite a cause for anxiety. In England the mortality from 1875 to 1885 was 1¾ per cent., from 1885 to 1895, 4½ per cent., and in New York City a similar increase has been observed; this is quite an alarming progress in the percentage of mortality. Being a disease whose etiology is obscure, any light thrown upon the subject is of value, and that is the way in which I look upon the report of Dr. Friedenwald. One of the causes of cancer of the stomach is the change occurring in ordinary peptic ulcer; about 6 per cent., according to Rosenheim, make this change. This may seem a large percentage. There are, in the entire literature of the subject, as compiled by Dr. Ames and myself, and to be found in the *New York Medical Record* of last Saturday, only twenty-six cases of ulcers changing to carcinoma, and therefore to have had two to occur in Baltimore is a thing of importance.

Dr. J. D. Blake: There is one point I would like to call attention to, from the surgical aspect of the case reported, and that is the use of the Murphy button in conditions of the stomach similar to the one in which this was used. This patient died about the eighth or ninth day, which is sufficient time for us to have quite decided union between the two peritoneal surfaces. Dr. Friedenwald says there was a considerable extent of adherence but it was not very firm, and that brings out the question as to the propriety of using the Murphy button in these cases as compared with the ordinary means of anastomosis with suture. I have seen the button used in some cases and twice seen it act as in this case. So far as statistics show a little more than two per cent. act in this way. It is largely due to alteration in the blood supply of the walls of the stomach and on account of the very narrow limit of the surfaces brought into contact, and consequently I believe it is

better surgery not to use the button in these cases unless the condition of the patient is such as to justify only a hasty operation. It would be better where possible to bring the mucous surfaces together by a Lembert suture.

Dr. T. A. Ashby read a paper entitled "The Importance of Early Diagnosis in Malignant Disease of the Uterus."

I have been very much impressed by the fact that malignant diseases of the uterus are to a great extent overlooked in early diagnosis. I have had over one hundred cases in my own work and less than ten per cent. of those came under my care at a time when a radical operation was possible ; the disease had extended so that removal of the growth was impossible. In the cases where I have been able to remove the uterus and appendages I have had no mortalities up to the present time, and I am consequently impressed with the importance of an early diagnosis. These cases are overlooked by the physician and sometimes by the patient. I am inclined to think the latter frequently to blame for the trouble, although physicians sometimes fail to make a diagnosis. I have had several cases where the patients were treated for uterine hemorrhages and no investigation had been made to determine the cause, and when they came under my care they had reached such a condition that no operation was possible. I think we have now arrived at the point where every physician should investigate every hemorrhage of the uterus in order to learn its cause. When a woman bleeds between her periods the case requires investigation ; it may be due to polypoid growths, etc., but most frequently it is of malignant character.

Of malignant diseases carcinomas are the most common. They are of two kinds, the adeno-carcinoma and the epithelioma ; the first attacks the body of the uterus, while the latter is found upon the cervix. One form of the disease, the epithelioma, can be detected by the eye, while the other requires the aid of the microscope. If the debris is subjected to the test we can make the diagnosis very early.

I simply wish in this brief way to impress upon you the importance of investigation in cases of hemorrhage from the uterus, not only hemorrhages about the time of the menopause, but those occurring in young women. Two of my cases occurred in cases of young women who had not borne children. The oldest case I have observed was 73 and the youngest about 19 years of age. About the time of the change of life uterine hemorrhage is very common and it is very important to determine the cause, for only in this way can we hope to treat the case properly. Hysterectomy performed in the early stages of the disease will eliminate the trouble. My observation has been that the disease occurs most frequently in the child-bearing woman. A local lesion, I think, is responsible for the trouble usually ; that is the most common cause for the epithelioma certainly. Carcinoma, I believe, extends by direct continuity of tissue and not by metastases; and if we can take the disease early, while confined to the mucous surfaces, or even going somewhat into the muscular wall, we can prevent its further extension. If the pelvic glands are involved then hysterectomy promises only fairly good results. The proper time to attack the disease is before it has extended beyond the mucous surfaces. Dr. Cullen, who is to follow me, will throw some light upon the pathology of the subject and do it much better than I can.

Dr. T. S. Cullen read a paper entitled "The Early Recognition of Carcinoma of the Uterus from a Histological Standpoint."

Before taking up carcinoma in general I will briefly run over the general pathology. This chart (exhibiting chart) represents the inner surface of the uterine cavity. The cavity is devided into three portions and the character of the epithelium differs in each. At the vaginal surface we have squamous epithelium resembling that of the skin, but not horny because it is not exposed to the air ; from the internal os you have racemose glands and the surfaces covered by epithelial cells, which secrete abundant mucus ; commencing

at the internal os and occupying the rest of the cavity we have epithelium and stroma and the surfaces are covered by one layer of cylindrical cells while opening into the cavity are a number of tubular glands. We have then three distinct kinds of mucosa in the uterus, and in examining carcinoma cases we find three chief varieties, the epithelioma, the glandular growth and the adeno-carcinoma of the body; three distinct types arising from three distinct varieties of mucosa.

In the early diagnosis we want to get at the carcinoma before it has extended into the vaginal vault or laterally into the tissues surrounding the uterus. Epithelioma of the cervix is due to nothing more than increase of the squamous epithelium; you have first a little, tree-like outgrowth from the surface, which gradually increases until it becomes a large cauliflower-like mass, then the epithelium projects into the tissues, which are eaten away as the case progresses and you have an area of ulceration. If we examine the small capillary outgrowths we find them to consist of a small central blood vessel with a little stroma about it and a large mass of squamous epithelium. This epithelium is very friable, and, being easily broken off, the lumen of the vessel is opened and there is free bleeding. Dr. Ashby spoke of the extension by continuity, that is the usual way in the uterus, but in the breast we have extension by the lymph glands of the axilla. In the uterus it is only when the growth has extended to the larger lymph glands that metastasis is carried on, because the cells are here very large and the lymph channels small; in the breast the cells are smaller and the lymph channels larger.

Now, in the next variety, the adeno-carcinoma of the cervix, the growth will arise from the epithelium between the external and internal os. If it begin high it will make considerable advance laterally before it projects downward far enough to be discovered. At first you would find little papillary outgrowths upon the surface, but occasionally it commences in the glands, which multiply themselves very rapidly. In these glands you find cells varying a great deal in size and scarcely any two of them alike.

In the adeno-carcinoma of the body of the uterus again it may develop from the surface epithelium, or from the glands of the stroma. The growth not only fills the lumen of the canal, but grows into the tissue at the same time. The microscopical adeno-carcinoma is just a reduplication of irregular gland formation arising from the glands of the uterus. They can not be confused with normal glands.

Dr. B. B. Browne: This is a very important subject and I do not think there is any class of operations in which a woman's life is so prolonged by an early diagnosis, or any class in which death is more apt to follow neglect of this. In the year 1891 I first began to operate as soon as the disease was recognized and I have ever since continued on that line. If the uterus is removed in the early stage there is no likelihood of the growth returning. In the single woman the fundus is more likely to be attacked than it is in women who have borne children. The uterus is always enlarged, there is a great deal of bleeding and if the uterus is curetted the bleeding returns, possibly more profuse than before. When we have such a case to deal with why should we wait for a microscopical examination when we know from the appearances that it is almost certain to develop an epithelioma?

Dr. L. E. Neale: I am sorry that Dr. Cullen did not have time to give the methods of diagnosis, for that is the practical part of the whole subject. The time is past for stopping at the curetting of the uterus; particularly is that so in regard to hospitals. The positive diagnosis I believe can be made in about fifteen minutes and I wish Dr. Cullen would refer to that point in closing the discussion.

Dr. T. A. Ashby: I would add just one word in regard to Dr. Neale's remarks. I think the practitioner should learn to recognize the disease early from the clinical standpoint. Men practicing in the country, for instance, have

not the facilities for microscopical examination, but they can recognize the trouble by its clinical aspects. Where you have hemorrhages that do not respond to treatment by curetting you have a case that demands investigation. Dr. Cullen has prepared a method by which scrapings can be removed from the uterus and sent to the pathologist. This method was published in the *Johns Hopkins Bulletin*. I would like to insist upon the fact that uterine hemorrhage is a condition that should be investigated no matter from what cause it proceeds and not investigated simply by touch, but by every means we know. To treat such cases by astringents, as I have known men to do for years, is at this time, I think, criminal practice.

Dr. T. S. Cullen: If one suspects carcinoma a small wedge-shaped piece can be cut out of the uterus, placed in a bottle of formaline and sent to the pathologist. In the hospital we prepare the case the same as for abdominal section. A piece of the uterus is removed and within ten or fifteen minutes the diagnosis can be made. The patient is all ready for operation if it be carcinoma; the uterus can be removed at once if necessary; we have avoided the repetition of the anesthetic and the patient is treated promptly.

THE BALTIMORE MEDICAL ASSOCIATION.

MEETING HELD APRIL 12, 1897.

THE President, Dr. James E. Gibbons, in the chair.

The Committee of Honor reported favorably on the names of Drs. Edward E. Gibbons and Wm. S. Love, who were then unanimously elected to membership.

Dr. E. G. Welch proposed Dr. B. T. Leonard, 105 Jackson Place. Dr. C. Urban Smith proposed Dr. James A. Zepp, 9th Street and North Avenue, Walbrook. Dr. Edwin Geer proposed Drs. W. W. Requardt, 1937 Eutaw Place, F. E. Wagner, 411 Hanover Street, John Briscoe, Madison Street near Howard.

Dr. Morris C. Robins gave some remarks on "Pernicious Anemia" and related a peculiar case. There is hardly an organ that has not been assigned as a causative factor. The trouble is nearly always found in the bone marrow, which approaches the embryonic character. Sex has no predisposing influence; neither has climate. The muscles show a peculiar reddish tinge likened by some to horseflesh. The most marked changes are found in the blood. There is a marked diminution of the red blood corpuscles. Leucocytes present no symptoms. Leucocytosis is not a feature of this disease. The hemoglobin is relatively increased. The lemon tint of the skin is an important symptom. Patients are not emaciated, although greatly prostrated. The symptoms are various and manifold. The prognosis is bad. Treatment: Arsenic, iron, bone marrow, and the preparations of manganese. Arsenic is the most important remedy.

Dr. E. G. Welch: The symptoms in Dr. Robins' case were too acute for pernicious anemia. This is a rare disease in this country when primary. It is more probable that Dr. Robins' case was one of sepsis.

Dr. Thomas Chew Worthington thinks that it was pernicious anemia. This disease is probably more common than we suppose.

Dr. C. Urban Smith: Could we not have a septic infection in connection with pernicious anemia?

Dr. E. G. Waters asked what was the maximum dose of Fowler's solution in this case. Dr. Robins replied "Not over fifteen drops."

Dr. C. U. Smith: The absence of hydrochloric acid signifies very little. It is very easily accounted for in pernicious anemia by the atrophy preventing proper blood supply.

Dr. Robins: Pernicious anemia is not a rare disease in this country. Osler has seen 27 cases. Only the rare cases of this trouble are investigated. Primary pernicious anemia is extremely rare. Sepsis might have been a predisposing cause in his case. High temperature is not uncommon in this affection. He rather agrees with Dr. C. U. Smith, only true sepsis would have either

killed the patient or prostrated her for some time.

Dr. Thomas Chew Worthington reported a case of "Erysipelas Migrans." (See page 439.)

Dr. John Neff reported a case of "Erysipelas in Connection with Anemia," whether of the pernicious type or not he is unable to say. The anemia still exists. He has never before seen erysipelas occur in a patient of this nature.

Dr. E. G. Welch has two cases of erysipelas in which though the face is enormously swollen, there is an absence of inflammatory redness. The feces are abnormally white. He gives very large doses of tr. ferri chloridi.

Dr. C. U. Smith: In seven cases of erysipelas recently seen in his practice he has noticed that internal treatment is of very little utility. Pain may be relieved by external applications.

Dr. E. G. Waters: He has found tincture of ferri chlor. useless. The gravity of the disease depends upon the local expression of it. If this is promply met, the constitutional symptoms are not so severe. When a student he saw cases treated by Professor N. R. Smith result in bad abscesses. In his own practice he has not had this to occur. He uses lead and opium externally. He believes in the early use of blisters He related cases illustrating the good effects of blisters. After a blister has been removed, he follows it with a hot yeast poultice applied every two or three hours. He gives supporting treatment, principally quinine and wine; in conjunction with these local measures. He leaves the blisters on for six or eight hours until they draw well. Blisters give complete relief from the pain caused by distension of the capillaries. At one time it was customary to make incisions, but he does not believe in this mode of treatment.

Dr. J. E. Gibbons: How do Drs. Neff and Welch know that these were cases of erysipelas if no inflammatory evidence existed?

Dr. Neff: No other condition than erysipelas behaves as his case did.

Dr. Welch: His experience coincides with that of Dr. Neff. From his observation he must give the credit to tincture ferri chlor. Give large doses of iron in this disease.

Dr. C. U. Smith: Only a small quantity of the iron, when administered in large doses, is absorbed. His experience with one patient who had erysipelas three times in eighteen months shows that iron does not cut short the affection.

Dr. J. E. Gibbons: He doubts the accuracy of the diagnosis of cases of erysipelas without the characteristic redness.

Dr. Welch: Redness is not the only symptom of inflammation. In his cases all the other symptoms of the disease were present.

Dr. Worthington: Dr. Waters' suggestion of using blisters is worth trying. His experience with tincture of iron is that at times it does good and at other times it does not.

Dr. W. F. A. Kemp reported a case of "Diabetes Mellitus of Fifteen Years' Standing." For the past six years there has been evidence of contracted kidney. Gangrene of the foot came on and amputation was performed twelve days ago. No trouble has ensued. The patient is 64 years old. Under diabetic regimen the sugar has been kept down. The alkaloids of opium in this case produce nausea. She does better under the use of strychnine. At times the polyuria is enormous; at others it is but little marked. The specific gravity varies between 1028 and 1036. Not long ago he examined the urine of a man which had a specific gravity of 1038. A most careful examination failed to detect sugar, but he found over three per cent. of urea. In his diabetic case there was no trouble with the eyes, but the patient was very much emaciated.

Dr. J. E. Gibbons: Two years ago he saw a case of gangrene of the great toe. He advised going to a hospital. At neither the University of Maryland nor the Johns Hopkins would they amputate. There was no diabetes nor kidney trouble. It was simply a case of dry gangrene, which has now mummified.

EUGENE LEE CRUTCHFIELD, M. D.,
Recording and Reporting Secretary.

Medical Progress.

Constipation in the Puerperium. —Hubert (*British Medical Journal*) writes on alarming symptoms in childbed, which depend entirely on constipation and disappear when the bowels are opened. No doubt the bowels are naturally slow to act after delivery. Sometimes the retention of fecal matter simulates metro-peritonitis. Not only is there loss of appetite with foul tongue and breath, but tympanitic distension of the abdomen sets in with rigors and temperature occasionally as high as 104°. When a purge succeeds all these symptoms vanish. If the constipation be neglected true peritonitis may undoubtedly set in. This complication is not the peritonitis of puerperal infection due to the streptococcus, but a peritonitis of stercoral infection where the offending germ is the bacillus coli, which passing through the intestine infects the serous coat. There is also a later form of constipation in the puerperium, accompanied with hemorrhages, hemorrhoids and great pelvic congestion.

* * *

The Absorption of Mercury.—In an article in the *Therapeutic Gazette* of September 15, Dr. H. A. Hare, the well-known therapeutic authority, speaks thus of mercury:

The rapidity of absorption and elimination of mercury depends to a very great extent on the variety of it which is given. The drug in some forms is so soluble, in others so insoluble, that very great delay in its elimination must often ensue because it is slowly absorbed. It will be futile in this brief paper to discuss the form in which mercury is absorbed. It is usually taught in France that the theory of Miahl is correct ; this is that the mercurial preparations are transformed in the stomach and intestine into the bichloride, which in turn unites with the sodium chloride in the blood and circulates as a double chloride of mercury and sodium. In Germany it is taught that it forms an albuminate of mercury and so circulates (Henoch's theory), or that it forms a chloro-albuminate (Voit's theory). All theories as to the form of its absorption are open to grave criticism. As to the elimination of mercury, it is known to escape by every avenue of exit from the body — the urine, feces, sweat, tears, milk and saliva. After a single dose the drug begins to be eliminated in about two hours, according to Byasson, and is entirely gotten rid of in twenty-four hours. If, however, the doses are persisted in it gradually accumulates in the body and is so slowly eliminated as to remain for almost indefinite periods of time, and is found deposited in all the organs. In other words, the doses of mercury ordinarily given are always large enough to produce cumulative effects. Thus while Balzer and Klumpke agree with Byasson as to the rapidity of elimination of a single dose, they find from an experimental study that the amount of mercury which can be eliminated by the kidneys for many weeks when the body is saturated with the drug is only one-sixteenth of a grain a day. It is evident therefore that after a full mercurial effect is produced it is well to decrease, as do most syphilographers, the dose of mercury and only give enough to maintain the effect. It is also evident that their plan of using iodide of potassium every now and again to aid in the elimination of the residual mercury is advisable.

* * *

Keloid Scar from Iodine —In the *Therapeutic Gazette* there is a case reported to the Society of Dermatology by Thibierge in which a young girl of fifteen had applied to the skin of the anterior portion of the thorax a considerable quantity of tincture of iodine, which was repeated once, the idea being to relieve an attack of bronchitis. Seven months afterwards a scar was present with distinct keloid manifestations.

* * *

The Treatment of Typhoid Fever by Guaiacol.—In the *Therapeutic Gazette* Ketcher records brilliant results which he claims to have obtained in twenty-nine cases of typhoid fever by the use of guaiacol. In all these instances he believes that the course of the disease was considerably modified.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, OCTOBER 2, 1897.

A Sewer System for Baltimore.

THE Sewerage Commission which was appointed by the City Council of Baltimore to draft plans for a complete sewer system has at last made its report, and if the plans laid down are followed the city will have in the next thirty years one of the most complete systems in the world of disposing of storm water and harmful sewage.

The work of the special commission was to look into the various methods now in use and select the one most adaptable to the needs, the situation and the finances of Baltimore. They advocated a separate system for ordinary rain water and sewage proper and as there are already many rain water sewers of recent and approved construction in use now, the storm water side of the question can be easily disposed of, but the removing of domestic sewage, and especially of the water-closet refuse, is a more serious problem.

Ever since the foundation of Baltimore, the cesspool system has been in vogue; and while apparently a great menace to public health, there is in fact a low rate of mortality and morbidity in a city so primitively built. Of the three systems proposed, that by filtration through the sands of Anne Arundel County seems to have met with the most general approval. During the past three years 92,568 loads of filth were reported as having been removed from cesspools within the city limits. This removing is carried on by various persons more or less reliable, who dump their filth, as a rule, at the city dumping ground, but who too often drop it at some convenient point away from fear of detection.

The great objection to any proposed system will naturally be the danger to health from a general upheaval of all the city streets and a method of excavating as carried on by city laborers, who are proverbially slow. The need of a proper system of disposing of the sewage far outweighs any objection, and the sooner such work is begun and completed the better for the health of the people.

* * *

Chronic Nephritis in Children.

AMONG the papers read at the recent congress in Moscow was one by Dr. Heubner on the above subject, in which he endeavored to show that there is a very slowly progressing nephritis of even very young children which has not yet been carefully defined in literature and which will not fit into any of the ordinary classifications of nephritis. In fact, it is so obscure in its symptoms and so unalarming in its effect upon the health, that its presence is often overlooked entirely.

One variety of this disorder, of which Dr. Heubner has observed fourteen cases, might with propriety be called "prolonged scarlatinous nephritis." In the course of a scarlatina, an acute or subacute albuminuria sets in which becomes chronic in spite of the most faithful treatment; and after five or ten months of care there are still in the urine albumen, sometimes intermittently, not usually more than one part to a thousand, a few hyaline casts and sometimes waxy cylinders, never granular nor epithelial casts. The quantity of urine is normal, about a liter in twenty-four hours. The specific gravity is medium, the color normal, the reaction always acid. There is never dropsy, retinitis, nor heart hypertrophy with increased blood tension. Headache, depression of spirits, insomnia, emesis, tendency to diarrhea, are rarely seen. In fact, the body seems to have

accommodated itself with much success to the renal deficiency. The symptoms which are to be found, and even they are likely to be overlooked, are anemia, pallor of skin and mucous membranes, muscular feebleness, rapid fatigue, all indicating a lack of body-tone.

The disorder follows most frequently scarlatina, but it may be a sequel of diphtheria, measles, influenza, angina and perhaps of certain drug poisons, as styrax.

In many cases there seems to be a hereditary predisposition to it, as in the case of a little girl (after scarlatina) whose two brothers had likewise albumen in the urine for a long while after scarlatina. In another case the elder brother of the little patient, also, had a chronic nephritis dating from scarlatina. In a third case the father of the little patient died of a nephritis dating from childhood.

This nephritis is found most often between six and fourteen years, but even sucklings may suffer from it, as in the case of a boy of ten years with chronic nephritis, whose albuminuria began at eighteen months during an ill-determined eruptive disease and who at his seventh year passed through an attack of scarlatina which increased the albumen and set up an acute nephritis.

The prognosis is bad. The disease has been known to continue from one to nine years without the least modification. Drugs do no good. In a few cases it has been known to heal spontaneously, sometimes at puberty, after many years' duration. Senator holds that even then the kidney continues especially vulnerable. Rest in bed, diet, change of life-habits are useless. About all that can be done is to avoid chilling. Mud-baths and southern residence might help.

In this form of nephritis the albuminuria seems sometimes cyclic, but in the author's experience regular cyclic albuminuria of children always got well, while of thirty of these chronic cases, only two were found to recover.

* * *

Bronchial Dilatation in Children.

THE course of dilatation of the bronchi in the adult is too well known to need especial comment. In the child, however, it is a comparatively infrequent disorder, and for this reason its phenomena have not been so thoroughly studied by medical investigators.

It may occur as the resnlt of repeated attacks of bronchitis or bronco-pneumonia, themselves the sequence of whooping cough, measles, influenza, etc. It may also be set up after prolonged residence of a foreign body in a bronchial tube; its course and prognosis being in all these forms much the same. When from a foreign body, it does not follow closely on the lodgment, but some time after tolerance (if there is tolerance) has been established.

The lesions which attend bronchial dilatation in the child are (as Dr. Sotiroff shows in the *Gazette des Hopitaux* of August 7) usually limited to one lung; and in the very rare bilateral cases are more pronounced on one side. It is a disorder often very difficult to diagnose, since it may be confounded with chronic pleurisy (which is often confusing in the child), with pulmonary gangrene, and with bursting abscess of the lung.

Its differential diagnosis from phthisical cavity is particularly difficult, each disorder presenting nearly the same physical conditions and signs. Dilatation will not furnish tubercle bacilli. Moreover, the patient with a large dilatation cavern may have fair general health, while the tubercular patient with a cavity so large would show serious debilitation.

The medical treatment is on general lines. The heretofore unsatisfactory results of surgical interference, in cases where the contents of the cavity have become septic, tainting breath and sputum, are perhaps due to imperfect clinical location of the cavern and to deficient knowledge of the physical conditions to be met. It may be that recent methods for lighting up body cavities will remove this difficulty.

Bronchial dilatation in children may not only be ameliorated so as to give years of comparative comfort, but it seems that it is sometimes medically curable.

* * *

Sunless Damp Places.

THE alleged discovery by Sanarelli (referred to by Dr. Bond in his article on yellow fever of this issue) of the aid which the fungous growths of moist, unsunned cellar wells, and other such places, give to the bacilli of infectious fevers would explain the well-known fact that diphtheria and like diseases haunt damp, ill-sewered premises.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending September 25, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		24
Phthisis Pulmonalis		8
Measles	1	
Whooping Cough	5	
Pseudo-membranous Croup and Diphtheria.	22	7
Mumps		
Scarlet fever	9	1
Varioloid		
Varicella		
Typhoid fever	17	6

A homeopathic physician is President of the Oklahoma Board of Health.

Yellow fever still continues in the South, but it is now well under control.

The *Alabama Medical and Surgical Age* is now published at Birmingham, Alabama.

The National Sanitarium for Consumptives has been opened in Ontario, with 100 beds.

Some philanthropic visitors at Bar Harbor, Maine, desire to establish a free hospital there.

St. Luke's Hospital at Jacksonville, Florida, is considering a tax of fifty cents on each patient admitted.

The *Medical Record* with its usual enterprise published promptly and fully a special cable report of the Moscow Congress.

The fourth annual meeting of the American Academy of Railway Surgeons will be held at Chicago, October 6, 7 and 8, 1897.

John A. Creighton, the millionaire of Nebraska, has just presented a new building to the medical school that bears his name at Omaha.

By the death of Mrs. W. S. P. Field of Philadelphia, the trustees of the University of Pennsylvania will receive $80,000 for beds in the hospital.

A meat tagging law has been passed by the New Orleans City Council. It is intended to enforce a systematic inspection of meats for the protection of the consumer.

Two cases of leprosy are reported from Bismarck, North Dakota.

Warmed and ventilated incubators for sickly babies can now be hired in Berlin, on a request signed by a medical man, at from eight to fifteen dollars per month.

Dr. W. W. White, formerly physician to the Baltimore City Jail, has been appointed on the staff of the Presbyterian Eye, Ear and Throat Charity Hospital of Baltimore.

The death is announced from Fort Smith, Arkansas, of Dr. J. H. Caruthers, a leading citizen and prominent physician of that place and father of Dr. Fred. Caruthers of Baltimore.

The State Board of Health of Kentucky has pursued a relentless war against all forms of irregular medicine in that State, and has thoroughly purged the State of all crooked practitioners.

F. E. Stewart, M. D., Ph. G., whose titles allow him to think both ways, advocates in the *American Druggist and Pharmaceutical Record* a medical degree for druggists with intelligent counter prescribing.

Dr. John G. Van Marter, Jr., a graduate of the University of Maryland and for some time a resident of Rome, Italy, has settled in Savannah and is one of the editors of the *Georgia Journal of Medicine and Surgery*.

At the meeting of the Medical Society of Virginia at Hot Springs, prizes were awarded for essays on Virginia medical history as follows: Dr. Jordan of Richmond, $450; Drs. Hugh Cummings of Philadelphia, Hugh McGuire of Alexandria, Jacob Ewell of Richmond and W. T. Walker of Lynchburg, respectively, $100, $75, $50 and $25.

Dr. Wm. Rickert, a well-known physician of West Baltimore, died September 21, of apoplexy, at his residence on Pennsylvania Avenue. Dr. Rickert was born in Carroll County, Maryland, in 1855 and came to Baltimore in early manhood. Having received his degree from the College of Physicians and Surgeons, he settled in Baltimore and soon established a large practice and a reputation as a surgeon. In 1892 he volunteered as physician to Jacksonville, then the center of a yellow fever epidemic. In his brief illness at the end of a day's practice he was attended by Drs. Lewis and Branham.

Book Reviews.

THE JOHNS HOPKINS HOSPITAL REPORTS. Volume VI. The Johns Hopkins Press, Baltimore. 1897.

This volume of the Johns Hopkins Hospital Reports consists of two parts, a report in neurology and a report in pathology.

In the report in neurology, Dr. Henry J. Berkley gives the results of his studies on the lesions produced by the action of certain poisons on the cortical nerve cell. These poisons were by alcohol, serum, ricin, the toxine of experimental rabies and alcohol and ricin together.

The most extensive paper in the report on pathology is on the pathology of toxalbumin intoxication by Dr. Simon Flexner; while, perhaps, the paper most interesting at the warm season is on the summer diarrhea of infants by Dr. William D. Booker.

The whole volume is a valuable addition to medical literature and is characteristic of the magnificent work which is done at the Johns Hopkins Hospital.

REPRINTS, ETC., RECEIVED.

Rheumatism. By E. B. Borland, M. D., of Pittsburg. Report from the *Pennsylvania Medical Journal.*

The Nature of the Leucocytosis Produced by Nucleinic Acid. A Preliminary Study. By Delano Ames, A. B., M. D., and A. A. Huntley, M. D., of Baltimore. Reprint from the *Journal of the American Medical Association.*

Ventral Hernia Resulting after Abdominal Section, and its Treatment. By Andrew F. Currier, M. D., of New York. Reprint from the *Annals of Gynecology and Pediatry.*

A Clinical and Histological Study of a Case of Epithelioma of the Corneo-Scleral Junction. By Charles A. Oliver, A. M., M. D. Reprint from the *Archives of Ophthalmology.*

Clinical History of a Series of Operative Procedures for the Cure of Cicatricial Ectropium from Antral Disease. By Charles A. Oliver, A. M., M. D. Reprint from the *University Medical Magazine.*

Clinical Notes of a Case of Injury Producing as the most Prominent Symptom Luxation of the Eyeball into the Orbit. (So-called Traumatic Enophthalmos.) By Charles A. Oliver, A. M., M. D. Reprint from the *Ophthalmic Record.*

Current Editorial Comment.

SUCCESS.

International Journal of Surgery.

WHAT are the chances of success in the career that opens before every recent graduate in medicine? The question is one that is hard to answer, the more especially since ideas as to what constitutes success are apt to vary within very large limits. To one man success represents the achievement of a modest competency, another feels that wealth alone can satisfy the cravings of his ambition, while a third dreams only of scientific research rewarded by a reputation that may carry a new name to posterity.

MEDICAL EXAMINERS.

The Medical Examiner.

IF companies would correspond more freely with examiners and explain to them without reserve their wishes and their methods of doing business, the reason why such and such action has been taken, the bearing of a medical fact from an insurance point of view, and when a case has been turned down why it has been declined or postponed, and if accepted, notwithstanding the disapproval of the local examiner — for that occasionally happens — why it is accepted, it seems to us that there would be a closer affiliation between the examiner and the company, and the examiner would be gradually led up to an understanding of a subject which is and is likely to be rather an unknown quantity to many medical men.

ANESTHESIA IN HOSPITALS.

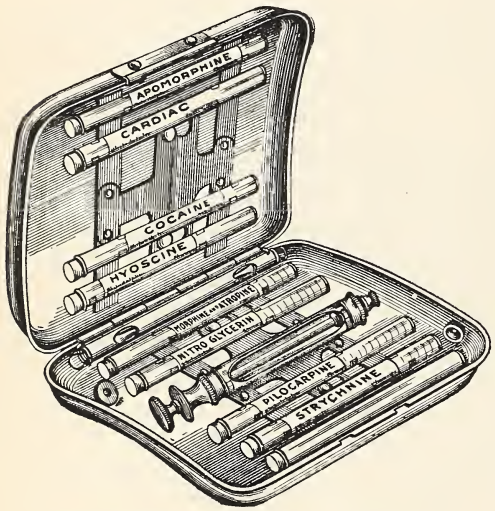
American Gynecological and Obstetrical Journal.

SO IMPORTANT a part of every operation and one with such far-reaching effect should, in our opinion, be delegated only to an experienced physician or, better still, to an expert. It is always so in private practice; why, then, should the lives of hospital patients be unnecessarily put in jeopardy by an entirely green and inexperienced hand? In London there are physicians experts in this branch of practice, who devote their entire time to it and who, moreover, find that it pays them well. They go from hospital to hospital and from private operation to private operation, assuming the entire responsibility of the anesthesia with a consequent amount of comfort to the operator and of immunity to the patient which so thorough an experience alone can produce.

PROGRESS IN MEDICAL SCIENCE.

IMPROVED HYPODERMIC SYRINGE.

THE accompanying illustration shows the newest improvement in hypodermic syringes. The instrument is unique from the fact that it embodies all the best features in both the syringe and case, and is the outcome of many years' experience in this line. The case is made of aluminum, and is curved to conform to the body when carried in the vest pocket.



IMPROVED HYPODERMIC SYRINGE.

It permits of sterilization by boiling. The syringe packing and method of speedy adjustment are the same as in Mulford's Improved Antitoxin Syringe—namely, improved vulcanized rubber, so disposed that by simply turning the piston head to the right the packing is quickly adjusted at any point in the barrel. No lubricant is needed, the fluid to be injected furnishing all that is required. This is found of immense advantage. The packing does not shred, as does asbestos, or become hard and unyielding, as does leather. On the other hand, when it is found necessary to renew the packing, the physician need not send the syringe to the manufacturer for repairs, since he can remove the old packing and insert a new washer by following written directions. The syringe is sold by H. K. Mulford Company, Philadelphia, and is supplied with two extra re-enforced needles and eight tubes of select hypodermics.

TAKA-DIASTASE.—This has become the main reliance of the profession as a remedy in indigestion, inasmuch as farinaceous foods constitute the bulk of all dietaries, and this corrects difficult or impaired digestion of starchy substances.—*Medical Review.*

Aye, and it will do more than that; it corrects difficult or impaired digestion of the proteids as well. It will do what pancreatin and pepsin are purported to accomplish, and with a great deal more certainty. It is not, however, a remedy that can be prescribed in miscellaneous, slip-shod fashion; the physician must study his case and must arrange the quantity and time for dose accordingly.—*Medical Age.*

Dated NEW YORK, October, 1897.

TO THE MEDICAL PROFESSION:—It has recently been brought to my attention that several manufacturers have placed on the market certain preparations as substitutes for Aseptolin, which have manifestly not been made strictly in accordance with my published formula, as analysis fully proves. These defective solutions have not only failed in accomplishing the relief or cure of the patient, but in many instances have caused abscesses and other harmful results. I must not be held accountable for these evils which directly result from the defective compounding of the preparation. The only preparation compounded strictly in accordance with my formula is "Aseptolin-Edson," prepared by the Asepta Chemical Company, under my personal supervision.

(Signed) CYRUS EDSON.

THE superiority of sugar-coated pills, "Warner," is demonstrated by a wealth of evidence. There is accumulated evidence of perfect results obtained by the medical profession which has used them for over forty years. There is evidence in the award granted by the Columbian Exposition, 1893, upon the following grounds: "The pills are of uniform size, the coating is perfect and protects the pills indefinitely, samples twenty-seven years old being shown readily soluble in hot or cold water." A soft pill mass protected indefinitely from atmospheric conditions is certainly the perfection of pill making. There is evidence to be found every day by suspending a Warner pill on a mosquito netting in water from 98° to 100° and watching it dissolve.—*Monthly Retrospect of Medicine.*

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXVII.—No. 26. BALTIMORE, OCTOBER 9, 1897. Whole No. 863

Original Articles.

UTERINE HEMORRHAGE.

By T. Chalmers Peebles, M. D., L. R. C. P. I. and L. R. C. S. I.,
Lutherville, Md.

READ BEFORE THE BALTIMORE COUNTY MEDICAL ASSOCIATION, AT ELECTRIC PARK, ARLINGTON, MD., SEPTEMBER 23, 1897.

The causes of uterine hemorrhage are so many that to enumerate them all would nearly cover the whole field of gynecology. We learn the following facts from a table given by Dr. Snegui-reff of Moscow. By far the most frequent cause of hemorrhage from the uterus is cancer, constituting twenty-five per cent., or a quarter of all the cases we meet with.

The next most common cause is fibroids, nineteen per cent.; then metritis, ten per cent.; endo-metritis, eight per cent.; abortions and subinvolution, five per cent.; and twenty-two other less frequet causes, ranging from three per cent. to one per cent. each.

A second table gives the relative frequency of the different causes of uterine hemorrhage at the different ages. From this we see that nearly ninety per cent. of cases of hemorrhage from cancer occur in women over thirty-five years of age and fifty-eight per cent. in those over forty-five; that nearly fifty per cent. of cases of hemorrhage from fibroids are in women over thirty-five; and twenty-five per cent. in those over forty-five; showing that nearly half of all cases of metrorrhagia occur in the year about the menopause, and are due to the two grave affections, cancer and fibroids. The only other causes which are frequent enough to be considered important are chronic inflammatory affections of the uterus, namely: Metritis, endometritis, subinvolution and abortion.

I shall now relate as briefly as possible three cases which have occurred in my practice.

Case No. 1.—Menorrhagia. S. Robinson, a colored girl aged 17 years. This woman suffered from excessive hemorrhage at her monthly periods. It was most difficult to estimate the exact amount of the flow. Some writers tell us to gauge the amount by the number of the napkins soiled at each period, including, of course, the number and size of the clots of blood. In this case I should say the napkins frequently covered six panels of a picket fence and in fact made as great a display as a respectable sized family wash. The patient was employed in my family for eleven years and her trouble continued more or less at intervals, all that time.

With regard to the treatment in the case, almost everything recommended in the books was tried with very unsatisfactory results. I very soon found that I had to deal with a case of hematophilia. Her family history showed that her mother had been a bleeder, also her sister and her brother died of epistaxis. All cuts or wounds on the surface,

or tooth extractions, were followed with an unusual loss of blood. There was one feature in this case which limited experimentation with drugs—namely, the patient had a very irritable stomach. Ergot, iron, mineral acids and all vegetable astringents brought on nausea or vomiting. The remedies which seemed to control the hemorrhage to some extent were internally, two-grain doses of pyrogallic acid, given four to six times a day, and hot water (115° F.) vaginal douches, twice or three times daily. For the anemia in the intermenstrual periods, she took large doses of Fowler's solution of arsenic and a highly nutritious diet. At twenty-eight years of age she married a man a great deal older than herself. She has had no children, but her catamenia has been normal ever since.

CASE II.—Mrs. McD., aged about 50 years. I was called to this patient in a hurry and found her lying in bed in a large pool of blood; the matting by the bedside was also covered with blood and clots. She said that she had been losing a little blood at intervals of about two weeks for at least a year, but thought it was only "change of life." She had had two husbands and twelve children and thought "she could stand a little bleeding without complaining or calling in a doctor."

The patient was very pale and weak from the hemorrhage, so I gave a strong stimulant and then a copious vaginal douche of hot water. When the flow was arrested I made a vaginal examination and found extreme hardness of the cervix; the uterus was fixed and immovable; around the os was a mass of ulceration, the discharge from which had a sickening, fetid odor. I had no hesitation in pronouncing it a far advanced case of cancer. She was only a visitor in our village, so she wanted to return to the city in a few days. I gave her tincture of cannabis indica, fifteen drops every third hour. She had no more bleeding during the few days she remained in the country and the medicine seemed to keep her free from pain. Later she fell into the hands of Dr. B. B. Browne, who said "it was too late to operate, in his opinion, and only palliative measures could be used." More hemorrhages followed and she died within two months.

CASE III.—Mrs. S., aged about 46. Twice married, but no children. This patient had been a sufferer for years with three fibroid tumors of the uterus. She complained of excessive pain and flooding monthly. She had been curetted several times by the late Dr. Christopher Johnston and Dr. W. T. Howard. On the last occasion she was told that the walls of the womb had been scraped so thin that they would not dare to repeat the operation. The following summer I was called to see this patient with an unusually large hemorrhage. Just previous to this time I had read an article by Dr. Thomas Oliver, in the *Lancet*, in which he speaks of hydrastis canadensis and its wonderful control over uterine hemorrhage. So I thought I would try it in this case. Accordingly I ordered fluid extract of hydrastis m. xv, with m. x of fluid extract of ergot every third hour, also copious hot water douches, adding to the last pint of each injection thirty drops of hydrastis and the same amount of witch hazel. This treatment was only to be carried on while the hemorrhage lasted. During the interval the hydrastis alone was to be taken internally.

Under this treatment the patient improved wonderfully. In the fall of the year, she went to Europe. I recommended her to consult Apostoli in Paris, thinking that his electrical application might remove the fibroids. However she took a good supply of her medicine with her and did not consult Apostoli. Next year she went down to Louisiana and telegraphed to me for the renewal of her prescriptions. Since then, she has made a complete recovery and now is a picture of robust health and good spirits.

Recently Gottschalk records the results of the use of stypticin in forty-seven cases of bleeding from the uterus. Stypticin is the hydrochloride of cotarnin, one of the oxidation products of the opium alkaloid, narcotin. In chemical

structure it is closely allied to hydrastinin. It can be given subcutaneously, or more conveniently in powder. Dose, one grain, four to six times a day. Its advantage over hydrastis is its sedative action. It is useful in those cases where the patient objects to curetting. I have not touched on the subject of uterine hemorrhage during pregnancy, fearing to make my paper too long, and I have only thrown out these few cases as a "skirmishing line" before this Association. Now let us hear from the artillery!

FIVE CASES OF CANCER.

By John Turner, Jr., M. D.,
Prosector in Anatomy, University of Maryland, and Physician to Children's Country Hospital, Catonsville, Md.

In looking over the history of carcinoma, it is surprising to note the large number of deaths from this almost fatal disease. The different salves, the internal medications, and even the knife, judiciously used by expert surgeons, have incidentally failed to cure numerous of the so-called cancer patients. Of late, this grave disease has drawn quite a marked attention. How many cases each year do we hear of and read of as past a cure, the remainder of life to be lived in dread; and to feel that you are a victim of a disease which is now slowly eating and gnawing toward your vital organs?

There are different kinds of cancer. The hard or scirrhous, and the soft or medullary, often called brain cancer, are the important diseases. Frequently they are still farther separated into skin cancer, stone cancer, bone cancer, etc. The cases to which I ask your attention are of the skin, mammary and internal variety.

Case I.— H., aged 65. He was from Salisbury, Md., a strong, healthy, white man, married and had no history of hereditary cancer. Shoemaking was his occupation. For three years he had noticed a tiny red, glossy pimple on his lower right eyelid near the inner canthus. When he called at my office in May, 1893, a slight elevation of the skin, with red, angry-looking blood vessels extending out in different directions from it, intense itching and pain, presented a typical picture of skin cancer of the epitheliomatous variety. The pain in the area was sharp and shooting in character. From irritating with his finger nails, the inner part of the glossy pimple was slightly ulcerated and was discharging a yellow, aqueous fluid. No lymphatic glands seemed to be involved. Discomfort was evident from the man's expression of anxiety and fear. I insisted upon his having it cut out at once, but to no avail. He would agree to nothing but, as he termed it, internal treatment; and cutting or burning was torture, as he expressed it. The result was, he returned to his home. In six months, I learned (from his son who brought the case to me) that some doctor in the country had burned the rapidly growing cancer with bad results.

Shortly afterward, the patient was brought to me again, with a most horrible ulcerating cancer, which had eaten his lower lid almost completely away and likewise his upper lid, the eyeball was encroached upon and the sclerotic coat eaten through, with the skin and tissues of the upper part of the nose all destroyed. The bones of the orbit and of the nose in the immediate vicinity were burrowed through like a honeycomb. Worse still, on close inspection with a magnifying glass I could plainly see the cavity was alive with numerous tiny maggots, which resembled corn meal spread over the surface. At this stage of the disease, I refused to operate. A letter from his son five weeks later informed me of his terrible death. This no doubt was a rodent epitheliomatous cancer from its scaly, glossy, infiltrating and ulcerating character of its prog-

ress. The cells, however, were not found to be smaller than ordinarily found in any epithelioma. This man could have been saved if an operation had been allowed at his first visit.

Case II.—A man, aged 52, married, an active merchant and a very hearty eater; and had never been sick since childhood. June 10, 1895, he came to my office and complained of headache and a very heavy feeling about his stomach. While talking he belched, and a number of pieces of meat and tomato came up into his hand. I then washed his stomach out and corn, lobster salad and numerous vegetables eaten the previous day were washed out. He suffered little pain, but belched up large pieces of meat, etc., regularly as clockwork about one hour to three after each meal. A marked jaundiced appearance was noticable, especially about the face and eyes. His business was continued daily, although he felt hungry and weak every day, and, as he expressed it, a grinding or twisting sensation was felt in the pit of his stomach after each meal. His spine at times gave him great annoyance and pain. Twice during the three months that I attended him, he vomited frothy and black material like coffee grounds. The loss of flesh was very evident, as well as the increased jaundice. I could discover no hardness over the gastric region.

The case continuing to grow worse, I diagnosed it carcinoma of the stomach and referred him to Drs. I. E. Atkinson and Wm. Osler of this city. They both confirmed the diagnosis of carcinoma of the stomach, as his son related, and had him under treatment for some time. The patient got violently angry when I told him of the gravity of his case and would not moderate his mode of eating, contending that it was his liver which troubled him and not his stomach. He gradually grew worse, and while in Boston, having gone there by sea for his health, died suddenly after eating a heavy meal. His son had an autopsy performed in that city and the pathologist found an enormous perforating cancer on the posterior wall of the stomach reaching to the pylorus. He had reduced in weight from 170 pounds to 85 pounds during the fourteen months he was sick. An intesto-gastrostomy was not entertained at all by the family or by himself.

Case III.—A woman, aged 44, during the month of March, 1894, applied to me, through Dr. Fawcett, for an examination of a lump recently discovered as painful, on her right mammary gland. She was white, seemingly healthy, and had had successfully four healthy children without any breast complications whatever. Her complaint was of a nervous character, as she almost always felt faint and nervous whenever any pressure was made upon her breast by a corset or by a child's weight. This she kept secretly from her husband for one year before disclosing to him the state of affairs. While sweeping her room one morning she accidentally struck the part with the broomstick and pain never ceased from that moment till the tumor was removed, which was only three days after I had been called to see the case by Dr. F. C. Fawcett. The tumor was not adherent to the ribs, nor was there any family history of interest. The axillary glands were slightly enlarged and therefore were removed. Her arm and hand remained stiff, shiny and painful for eight months after the operation and it was fourteen months before she could use her hand freely enough to dress her hair completely. Result, recovery.

Case IV.—June 20, 1896, a white man, single, thin and pale, aged 50, called to ask me about a "stye" which had been on his left lower eyelid for some months. He had been born with a slightly red spot on the lid in the same location. A few months previously this spot began to scale, swell and pain. Itching, too, accompanied these symptoms. It now having become hard, shiny and nodulated, his mother mistook it for an ordinary stye and pulled three or four eyelashes out and later she picked it with a small needle. Still it slowly enlarged; and finally it began to pain considerably. When he applied to me the vessels were angry-looking, tortuous and the lump had changed to a

discharging ulcer which was rapidly infiltrating and eating the edge of the lid slowly away. Every appearance was typically epitheliomatous in character. An operation was advised at once, to which he consented. The usual V-shaped piece of the lid was removed and the cut edges were gently brought in apposition and carefully sewed in that position with eight split threads of silk. Bandaging was kept up for ten days ; at the end of which time the stitches were removed. The tension was quite five weeks before accommodation of the lid ensued. About six weeks ago he was in my office and had had not the slightest recurrence of the trouble. His grandfather died of cancer of the tongue two years before. Examination of the growth proved it to be epitheliomatous in character.

CASE V.—A woman, aged 42, with the same disease of one of her eyelids, the following week was treated likewise and with similar results.

The pathological symptoms of cancer vary so in different cases that we look specially at present for our diagnosis to the microscope and to the old clinical history of infiltration, nodulation, pain, loss of function, with or without ulceration. It occurs in late life most frequently and usually takes its origin from some seat of friction, irritation, or from a scar or bruise. Generally speaking, the young, under 35 years, have the soft or medullary variety, while the old, or those over 40 years, have the hard or scirrhous variety. It is, say most surgeons, an extremely difficult task to tell accurately the different types of cancer. The cells and nuclei in this class of tumor resemble more closely the epithelial cells. A glandular and lymphatic enlargement is secondarily characteristic of carcinoma, other symptoms being present. Cancer moves by metastasis, travels through the lymph channels, hence the enlargement of the lymph glands nearest to the seat of the disease. Then, too, cancer so often recurs.

The etiology is most obscure. Persistent local irritation is doubtless the most constant cause. Local injury and degenerating organs, such as the uterus, mamma, stomach and tongue, are the points of special attack. We invariably link cancers with adults only, but children, and some authorities say even the child in utero, may be the center of attack. Hereditary influences occur to mar our prognosis about once in every five cases. If cancer attack an organ in full vigor of its functional activity, it equally becomes active and runs its course with marvellous rapidity, soon causing death. Cancer grows like a parasite, at the expense of the tissue into which it lies, be it bone, muscle or what-not. Alcoholic stimulants used in excess may thus indirectly by weakening some organ cause a cancerous growth. The cancer germ, which can be preserved indefinitely, is extremely prolific and virulent, and is one of the most sure causes of death which enters the human system. We are supposed to take them into the body by breathing, by certain food and drink, by contact with some other cancerous part, by kissing and inoculation of the germs into a comparatively healthy and healing wound. The weak part of the body suffers first from these germs. Tobacco smoking, which results in friction of the lips or tongue by the pipe stem, will cause cancer in some instances. Bruises, irritation of any kind, such as the suspender chafing our shoulder, etc., and it has been claimed that narcotics, pork and tomatoes (one of our best blood purifiers) cause cancer. The Jews are frequently sufferers of cancer, yet they supposedly do not eat pork. Anything, it seems, which has a tendency to weaken our vitality may predispose to the development of the cancer germ in our system.

Treatment.—General and local are the two divisions. General treatment consists in giving fresh air, moderate exercise, the best of nutritious food and tonics, such as iron, arsenic, strychnia or quinia in small doses. Looking after the skin, kidneys and digestive apparatus to see that they are functioning properly and having the diseased part protected with cotton wool are important factors in the general treatment.

Local treatment means in good sur-

gery to cut all the growth away, a complete removal. Hot poultices are injurious. Any kind of heat is apt to stimulate its growth. Iodine has been used, but of late it has been dropped from the list of drugs employed. Iodide of lead and opium ointment also fell in disuse some years past. Pain has been allayed by a belladonna and opium plaster spread on leather, in a few cases recorded. Cotton wool is supposed to be the best protective agent. Caustic removal is only used when cutting is absolutely refused and it has proved unsatisfactory, except when used for a cutaneous epitheliomatous growth or for an open ulcerating cancerous tumor. Acids and pastes are likewise counted of little avail and at times are dangerous, when they irritate the part. The electro- or thermo-cautery is good for the skin or ulcerating variety. Treatment by injection of fluids in the tumors has not yet proved satisfactory and efficient. Fatty tumors, it is claimed, may be destroyed by the introduction into their substance of a few drops of deliquescent chloride of zinc, but cancerous growths do not seem to be amenable to a like treatment. Pressure treatment has not been used of late years. Some advocate an injection of twenty drops of a solution of bromine dissolved in spirit (m v to ʒj of spirit).

Society Reports.

THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

MEETING HELD AT OCEAN CITY, MARYLAND, SEPTEMBER 15, 1897.

(Continued.)

Dr. Herbert Harlan read a paper on "A Case of Diphtheria of the Conjunctiva and Pharynx Occurring in a Patient with a Chronic Pseudo-Membranous Conjunctivitis."

The case reported was that of a child 10 years of age, who for six yers had suffered with a chronic membranous conjunctivitis and no matter what treatment was used, the membrane promptly returned.

An examination of this membrane was made but no diphtheria bacilli were found. Dr. Harlan made an application of jequirity, which acted in the usual manner, but in a few days the child developed a true diphtheria both of the eye and the throat. The case was treated with antitoxine. The patient returned home with the eye still covered with membrane. The diphtheria developing after the use of jequirity was of special interest, as the child had been in the Hospital and not exposed to any known case of the disease.

Dr. H. O. Reik: This is a very interesting case and fortunately belongs to a class that is very rare. I remember to have seen one somewhat similar, which was exhibited by Dr. Howe of Buffalo at the last meeting of the American Ophthalmological Society. I do not remember whether or not Dr. Howe found the diphtheria bacillus in his case. Dr. Standish of Boston, who has studied a large number of cases of diphtheritic conjunctivitis, reports that it is not uncommon to find the bacilli present in the early stage of the disease but absent at examinations made somewhat later and yet within a few days the patient developed true diphtheria. In view of this fact I should be inclined to think that the diphtheria bacilli were probably present before these examinations were made but were so few in number as to be overlooked by the bacteriologist.

Dr. W. R. Stokes: A word in regard to the presence of the bacilli; whether they were introduced accidentally after the action of the jequirity or whether a few were present previously. Of course one cannot answer the question positively but the organisms may have been introduced at some unknown time and remained there until the jequirity was administered when the great inflammation produced formed a favorable culture medium for their development.

Dr. Harlan: I have had a feeling that there was some latent diphtheria in the membrane of the eye, notwithstanding that repeated efforts were made to discover bacteriological evidence of diphtheria. The examinations were made by careful men, but, as Dr. Reik has

said, evidences of diphtheria may be found both before and after tests which show no trace of the organisms. It seems to me that diphtheria was present all the time and possibly developed under the action of the jequirity inflammation.

Drs. W. R. Stokes and *W. J. Messick* gave a "Demonstration of Specimens from a Case of Human Glanders." The patient was a young colored man of about 25 years of age with a history of about a week's sickness but he could not answer questions intelligently. There were hard lumps in each parotid region, flat nodules on the face, arms and thorax, and he seemed to be profoundly septic. Examination showed signs of a cavity in the right apex and a diagnosis of mixed infection was made, probably tuberculosis and glanders ; he died after about 48 hours in the hospital. On post-mortem, the apices of both lungs were found infiltrated with small nodules and there was a good-sized cavity in the right lung containing a moderate amount of pus. The spleen, liver and mediastinal glands were all enlarged and contained nodules.

Cover slips taken from the local nodules on the forehead showed many pus cells and large granular detritus. Specimens stained for tubercle bacilli were negative but those stained with methylene blue showed a few short, rather thick, bacilli. Cover slips were made from the material scraped from the walls of the lung cavity and stained for tubercle bacilli, also with negative results. Microscopic examination of the caseous nodules from the different organs showed them to consist of poorly-staining necrotic masses surrounded by a capsule of young connective tissue, containing variously shaped connective tissue cells. Inoculations were made upon the male guinea pig and the animal died in three weeks. Both epididymes showed extensive semi-caseous degeneration and there were numerous local areas of necrosis in the omentum but the organs showed no typical nodules such as those caused by the tubercle bacilli. A pure culture of an organism was obtained from the epididymis and the local nodules of the omentum which proved to be the bacillus of glanders. There was also present a general infection with the streptococcus pyogenes.

Dr. C. M. Ellis : This disease is certainly a very rare one in America. I have seen one case, but Dr. Duhring told me that he had been looking for the disease for many years and had never found a case.

Dr. J. S. Fulton : This is the first case I have ever seen. We made the diagnosis in the wards of a mixed infection and I was quite sure of a tubercular infection. I confess that the last note of Dr. Messick's paper was an interpolation, as actinomycosis was not an ante-mortem record. When the man came to the hospital he was too stupid to answer questions. He had a discharge from his nose when he quit work and very likely had glanders at that time. While the bacteriologists carefully avoid telling me that the man did not have tuberculosis they delicately say that they scraped the walls of the chest and could not find the tubercle bacillus. I will withdraw my diagnosis of tuberculosis if they can say positively that he did not have it, but I am still inclined to believe that it was a double infection of tuberculosis and glanders. Human glanders is quite rare in this country. It has probably occurred more frequently in France than elsewhere because the disease exists more commonly there among the horses. It is important in burying the animals so that the bacteria of the ground can act upon them. The law of this State requires that they should be buried at three feet.

Dr. William Osler : It sems to me this is one of those remarkable cases of chronic infection. Glanders may last from two days to ten years. The chronic form with which Prof. Buller suffered existed for many years but he did recover. The interest in this case is in the finding of the glanders cavity in the lung. With due respect to Dr. Fulton, I do not think his diagnosis will rest a moment in view of these findings. I have never seen a case of chronic glanders in man nor do I remember a case

recorded in which the clinical features so closely simulated tuberculosis.

Dr. C. F. Bevan read a paper entitled "Extra-Genital Lesions of Syphilis." In this paper Dr. Bevan dwelt upon the diagnostic points for the recognition of the sore and gave as the characteristic features glandular enlargement, both local and general, more or less induration of the sore and the ulceration. Histories of seventeen cases in all were reported, of which one was located about the anus, one on the cheek, two digital, five on the upper lip, two on the lower lip, one on the hard palate, two on the nipple, two on the tongue and one on the thigh. A consideration of these cases seemed to show that the innocent are more largely than any other class the sufferers from external genital lesions and the question is at once raised as to the duty of the physician as to their protection. The author thinks it should be the duty of the physician to make known to the laity the essential facts pertaining to the infectious nature of syphilitic and other venereal poisons. He considers wise legislation licensing and regulating prostitution as necessary and quotes from the report of Surgeon-General Gihon and Assistant Surgeon Crandall of the United States Navy to show the beneficial effects of such laws both in parts of this country and England.

Dr. William Osler: I can not let this question pass without calling attention of the profession to the great liability of infection in many instances. I have at present under my care the thirteenth physician who has had syphilis in connection with his practice. I know of one faculty of medicine in which the professor of surgery, of medicine and of medical jurisprudence all had syphilis from the result of their practice. It is I think very much more common than we suppose, and I believe that we very often do not take sufficient care to guard against it. Most of these cases were in connection with the practice of midwifery.

Dr. C. G. Hill: Another phase of the question is the infection from dentistry. I know of one case in which a lady was infected by dental instruments. I do not believe that dentists are as careful as other surgeons in the cleaning of their instruments.

Dr. Theodore Cooke, Jr., exhibited some beautiful skiagraphs.

Dr. J. B. R. Purnell made a "Report of Medical and Surgical Cases."

The meeting then adjourned.

SUMMARY OF THE EXAMINATION HELD BY THE BOARD OF MEDICAL EXAMINERS OF MARYLAND, NOVEMBER 5, 6, 7, 1896.

No.	Graduate of	Pathology.	Practice of Medicine.	Hygiene.	Chemistry.	Jurisprudence.	Anatomy.	Physiology.	Materia Medica.	Therapeutics.	Obstetrics.	Gynecology.	Surgery.	Total.	Average.
1	Balto. Med. College.	86	90	80	85	90	90	100	98	100	90	82	80	1071	89¼
2	Jefferson Med. Col.	75	70	75	95	80	85	80	100	96	84	87	75	1102	91 10-12
3	University of Md.	83	87	50	90	75	73	60	96	100	84	84	80	962	80 1-6
4	Balto. Med. College.	83	90	50	75	75	69	75	90	75	90	90	50	912	76
5	Phys. & Surg., Balto.	88	84	60	90	90	85	80	81	93	90	90	60	991	82 7-12
6	University of Md.	82	95	60	95	95	84	85	95	93	85	90	75	1034	86 1-6
7	Jefferson Med. Col.	80	96	85	85	75	100	100	100	100	85	85	80	1071	89 3-12
8	Phys. & Surg., Balto.	63	76	60	90	75	96	90	95	100	90	87	60	982	81 10-12
9	Hampton Institute.	50	67	90	85	75	83	100	88	100	77	75	75	965	80 5-12
10	University of Va.	95	95	90	100	100	95	78	93	100	90	90	80	1103	91 11-12
11		33	69	60	20	30	10	75	89	100	75	86	40	687	57¼
12	University of Ohio.	44	12	85	60	33	25	30	79	94	57	75	60	654	54½
13		40	10	30	70	33	78	75	65	39	65	30	40	575	47½
14	Balto. Med. College.	83	82	60	75	80	50	60	62	73	85	87	60	862	71 10-12
15	Phys. & Surg., Balto.	46	37	20	10	10	16	87	68	89	55	78	30	546	45½

A general average of 75 being required, it will be seen from the above table that of fifteen applicants five failed to reach that average.

SUMMARY OF THE EXAMINATION HELD BY THE BOARD OF MEDICAL EXAMINERS OF MARYLAND, MAY 12, 13, 14, 1897.

No.	Graduate of	Pathology.	Practice of Medicine.	Hygiene.	Chemistry.	Jurisprudence.	Anatomy.	Physiology.	Materia Medica.	Therapeutics.	Obstetrics.	Gynecology.	Surgery.	Total.	Average.
1	University of Md.	96	73	80	70	65	70	100	78	77	90	75	95	969	80¾
*2	Balto. Med. College.			can	celle	d for	viola	tion	of pl	edge					
3	" " "	75	64	85	0	15	97	85	82	78	75	65	90	813	67¾
4	Balto. University.	65	50	40	50	60	92	91	73	72	73	67	80	813	67¾
5	" "	64	74	80	20	20	75	89	80	80	81	81	90	834	69½
6	" "	70	31	50	60	45	78	80	75	75	65	63	65	757	63 1-12
7	Balto. Med. College.	88	80	100	85	80	88	100	77	81	87	78	90	1034	86 1-6
8	Howard University.	43	72	70	70	50	75	75	85	78	76	63	70	827	68 1-12
9	University of Md.	83	76	90	80	83	83	80	79	80	80	83	90	987	82¼
10	" " "	81	84	75	80	75	80	85	79	80	93	84	90	986	82 1-6
11	Phys. & Surg., Balto.	65	85	75	40	75	84	100	90	92	90	84	60	930	77½
*12	" " "			can	celle	d for	viola	tion	of pl	edge					
13	Balto. Med. College.	82	63	95	50	60	97	100	76	74	82	81	95	955	79 7-12
14	Rush M. C., Chicago.	75	67	85	70	75	78	85	77	78	82	82	90	944	78¾
15	University of Md.	98	100	100	95	90	82	82	80	81	100	100	95	1103	91 11-12
16	Balto. Med. College.	78	60	75	100	50	75	80	77	72	69	81	75	892	74½
17	" " "	73	68	75	25	15	70	80	80	80	68	46	80	760	63⅓
18	" " "	46	77	60	20	15	50	70	74	74	42	30	60	618	51½
19	" " "	94	58	60	76	50	75	78	80	80	71	50	80	852	71
20	" " "	58	80	80	60	70	92	82	84	77	79	62	80	904	75½
*21	" " "	80	61	80	65	50	81	75	80	80	84	82	75	893	74 5-12
22	University of Md.	71	72	75	67	75	71	75	93	93	81	84	85	942	78½
*23	Balto. Med. College.	75	77	80	20	25	75	75	70	64	82	59	80	782	65 1-6
*24	" " "			can	celle	d for	viola	tion	of pl	edge					
25	" " "	75	95	90	75	70	86	100	82	77	75	82	90	997	83 1-12
26	Phys. & Surg., N. Y.	81	75	90	65	78	78	93	76	88	80	87	90	981	81¾
27	Balto. Med. College.	100	78	100	90	78	75	75	76	78	100	100	95	1045	87 1-12
*28	" " "	45	58	75	85	50	80	80	76	74	76	78	75	852	71
29	" " "	81	87	90	75	80	92	83	80	77	92	87	85	1009	84 1-12
30	University of W.Va.	67	45	75	40	40	100	75	73	77	82	73	80	827	68 11-12
31	Balto. Med. College.	98	98	95	85	90	96	80	78	84	87	82	85	1058	88⅓
32	" " "	98	89	75	85	80	100	100	75	74	84	78	95	1033	86 1-12
33	University of Md.	61	85	80	78	70	90	100	76	80	87	82	85	974	81 1-6
34	" " "	79	75	75	95	75	100	100	78	81	96	87	80	1081	90 1-12
35	Phys. & Surg., Balto.	77	76	85	82	79	100	100	76	76	82	84	85	1002	83½
36	Balto. Med. College.	77	75	70	45	65	75	89	75	74	75	62	80	862	71 10-12
37	University of Md.	77	94	90	60	33½	95	90	85	90	85	84	95	978	81 1-12
38	Balto. Med. College.	58	50	95	60	75	78	88	78	75	82	81	95	916	76½
39	University of Md.	70	70	75	75	70	55	82	77	75	80	80	80	889	74 1-12
*40	Phys. & Surg., Balto.			can	celle	d for	viola	tion	of pl	edge					
41	University of Md.	70	75	75	60	65	83	80	86	79	64	71	75	883	73 7-12
*42	Phys. & Surg., Balto.			can	celle	d for	viola	tion	of pl	edge					
*43	" " "			can	celle	d for	viola	tion	of pl	edge					
44	University of Md.	79	91	85	85	75	86	86	76	75	90	87	85	1000	83⅓
45	Phys. & Surg., Balto.	89	87	85	75	90	80	78	75	80	100	100	80	1019	84 11-12
46	" " "	100	93	90	80	90	91	92	82	86	92	84	90	1070	89¼
47	University of Md.	70	70	70	40	40	80	84	76	72	90	87	75	854	71 1-6
48	" " "	79	84	80	75	65	80	94	78	80	87	84	85	971	80 1-12
49	" " "	77	89	90	78	70	83	80	75	77	81	78	90	968	80⅔
50	" " "	75	80	90	60	50	90	84	80	78	82	78	80	927	77¼
51	" " "	49	70	90	50	60	78	78	79	80	90	72	85	881	73 5-12
52	Louisville Med. Col.	50	85	100	80	75	75	78	78	81	57	76	95	930	77½
53	University of Md.	81	78	75	67	75	51	85	88	80	79	49	80	888	74
54	" " "	82	74	95	75	75	90	100	78	90	85	81	95	1020	85
55	" " "	100	100	90	95	100	95	100	85	90	100	100	90	1145	95 5-12
56	Balto. Med. College.	75	78	75	20	25	80	70	75	78	81	62	75	794	66½
57	" " "	48	60	60	20	10	67	50	78	75	52	40	60	620	51 10-12
*58	" " "	57	65	60	0	0	75	90	76	75	74	54	60	686	57 1-6
*59	" " "			can	celle	d for	viola	tion	of pl	edge					
60	" " "	71	75	80	40	40	90	76	80	76	82	79	80	869	72½
61	Phys. & Surg., Balto.	58	74	75	85	80	84	83	81	76	75	67	80	918	76 1-6
62	" " "	100	100	90	95	90	100	100	90	94	100	95	95	1149	95¾
63	University of Md.	76	84	90	96	90	77	84	80	79	79	78	90	1003	83 7-12
64	" " "	78	100	100	85	85	97	100	81	90	87	90	100	1093	91 1-12
65	" " "	61	61	60	25	20	80	75	82	79	55	54	60	712	59⅓
66	" " "	75	68	65	75	80	90	80	81	80	87	80	80	941	78 5-12
*67	" " "	75	75	80	35	40	80	83	80	79	87	61	80	835	71¼
*68	" " "			can	celle	d for	viola	tion	of pl	edge					
69	Balto. Med. College.	77	86	85	90	85	75	97	78	81	80	83	90	1007	83 11-12
70	University of Md.	73	98	100	75	60	75	90	78	77	80	65	95	966	80½
*71	Balto. Med. College.			can	celle	d for	viola	tion	of pl	edge					
*72	" " "	65	47	75	35	15	75	75	92	70	84	71	65	763	63 7-12
73	" " "	100	90	90	85	80	100	100	92	70	90	87	90	1074	89½
74	University of Md.	54	70	95	75	76	10	100	80	79	90	84	90	993	82¾
*75	" " "	70	78	95	0	0	97	84	75	75	75	73	85	807	67½
76	" " "	75	80	90	45	50	83	100	79	80	84	75	85	926	77 1-6
*77	" " "			can	celle	d for	viola	tion	of pl	edge					
*78	Phys. & Surg., Balto.	84	80	85	20	45	70	92	81	80	72	71	60	840	70
79	" " "	70	65	80	70	70	75	91	78	79	80	75	80	913	76 1-12

*A general average of 75 being required, it will be seen from the above table that of ninety-seven applicants thirty-seven failed to reach that average and that the papers of thirteen were cancelled for violation of pledge made by all, that assistance was neither given nor received during examination. Those marked with an asterisk * were guilty of violation of this pledge.*

SUMMARY OF EXAMINATIONS HELD MAY 12, 13, 14, 1897 (CONCLUDED).

No.	Graduate of	Pathology.	Practice of Medicine.	Hygiene.	Chemistry.	Jurisprudence.	Anatomy.	Physiology.	Materia Medica.	Therapeutics.	Obstetrics.	Gynecology.	Surgery.	Total.	Average.
80	Balto. Med. College.	71	67	75	40	45	80	70	77	80	88	83	75	851	70 11-12
*81	Phys. & Surg., Balto.			can	celle	d for	viola	tion	of pl	edge					
82	Balto. Med. College.	80	84	90	95	90	84	91	79	76	90	81	95	1035	86¼
*83	" " "	64	61	90	45	40	83	84	79	80	66	69	85	846	70½
84	" " "	85	81	80	90	60	80	70	78	78	77	58	90	927	77¼
*85	Phys. & Surg., Balto.			can	celle	d for	viola	tion	of pl	edge					
86	Balto. Med. College.	81	84	90	95	90	80	92	79	79	89	85	75	1019	84¼
87	" " "	49	57	50	10	0	60	70	78	77	64	71	70	656	54⅔
88	University of Md.	75	54	80	50	45	75	80	76	80	56	65	85	821	68 5-12
89	Balto. Med. College.	94	89	90	33⅓	60	80	95	82	81	84	80	80	948	79
90	Phys. & Surg., Balto.	78	84	80	80	75	100	100	78	80	84	79	75	993	82¾
*91	" " "	54	72	80	78	75	75	80	79	79	79	58	80	878	73 1-6
92	Balto. Med. College.	55	72	70	45	35	75	75	78	78	62	62	80	787	65 7-12
*93	Phys. & Surg., Balto.	60	70	80	35	65	80	83	77	76	73	54	85	838	69 10-12
*94	" " "			can	celle	d for	viola	tion	of pl	edge					
95	" " "	56	78	80	40	76	83	75	80	78	75	69	90	880	73⅓
96	University of Md.	80	64	60	65	40	66	84	85	90	69	73	60	836	69⅔
97	Phys. & Surg., Balto.	96	83	75	85	80	87	100	79	79	95	81	90	1030	85 10-12

ANATOMY.

1. What bones contribute to the formation of the orbital cavities?
2. Name the branches of the internal carotid artery.
3. Describe the superior vena cava.
4. In amputating a leg midway between the knee and ankle, name the arteries you would expect to ligate and give their anatomical relations.
5. Describe the appendix vermiformis and give its anatomical relations.
6. Where does the axillary artery arise and where does it end? Name its branches.

PHYSIOLOGY.

1. What are the conditions that hasten and what are the conditions that retard the coagulation of the blood?
2. What are the conditions of the vascular system in asphyxia?
3. What forces are concerned in the absorption of digested food?
4. State how food is acted upon from the time it is received into the mouth until it reaches the large intestine.
5. By what methods is urine excreted?
6. Give the physiology of the red blood corpuscle.

MATERIA MEDICA.

1. Name three drugs belonging to each of the following classes: Tonics, nervines, purgatives.
2. From what source is arsenic obtained? What are its most important preparations?
3. Give the chemical names and doses of blue vitriol, sugar of lead and lunar caustic.

SUMMARY OF EXAMINATION HELD MAY 12, 13, 14, 1897.

	Passed.	Failed.	Violated Pledge.	Total.
University of Maryland.	20	8	4	32
Physicians and Surgeons, Baltimore.	9	2	10	21
Baltimore Medical College.	15	11	10	36
Baltimore University School of Medicine.		3		3
Howard University, Washington, D. C.		1		1
Rush Medical College, Chicago.	1			1
Physicians and Surgeons, New York.	1			1
University of West Virginia.		1		1
Louisville Medical College.	1			1

4. What are the principal medicinal preparations of mercury?

5. What preparations of iodine are employed in medicine? How are they used and in what doses?

6. What preparations of zinc are employed in medicine? How are they used and in what doses?

7. To what class of medicines does nitroglycerine belong? What is the usual dose? How is it best administered?

8. Name the principal counter-irritants and conditions under which they are used.

THERAPEUTICS.

1. What is the usual dose of codeia, of tinct. gelseminum, of nitrite of amyl and of hydrate of chloral?

2. How is antitoxine obtained? How does it act therapeutically and what is its method of administration?

3. Mention conditions which would contraindicate the use of chloroform in obstetrical practice.

4. Write a prescription containing at least three ingredients, stating for what conditions it ought to be used.

5. To what class of remedies do the following belong: Asafetida, hyoscyamus, veratrum viride, colchicum, conium? Name the most efficient preparations of the same with doses of each.

6. By what indications would you know when aconite, chloroform or strychnia were beginning to produce their toxic effects?

CHEMISTRY.

1. Explain the terms: (*a*) Amorphous. (*b*) Alkali. (*c*) Water of crystallization. (*d*) Amalgam. (*e*) Nascent state.

2. How was salicylic acid originally derived? How is it now manufactured? What are its properties?

3. What are the properties and uses of glucose?

4. What are the chemical names of (*a*) borax. (*b*) Plaster of Paris. (*c*) Marble. (*d*) Blue vitriol. (*e*) Saltpeter?

5. What is the test for the presence of silver? of mercury? of lead?

REPORT OF THE STATE MEDICAL EXAMINING BOARD OF MARYLAND.

Tabulated Statement of Examinations from the Organization of the Board, June, 1892, to May 12, 13, 14, 1897.

School of Medicine from which Applicants Graduated.	Number of Applicants.	Number of Licenses issued on First Examination.	Failed at First Examination.	Withdrawn.	Number of Applicants Second Examination.	Number of Licenses issued after Second Examination.	Violated Pledge.
University of Maryland.	150	128	17	1	1	1	4
College of Physicians and Surgeons, Baltimore.	83	58	15		2	1	10
Baltimore Medical College.	88	58	29		2	2	10
Baltimore University School of Medicine.	17	5	12		1	1	
Woman's Medical College of Baltimore.	5	4	1				
Howard University, Washington, D. C.	5		5		1		
Georgetown Medical College.	1	1					
Columbian University, Washington, D. C.	1	1					
University of Pennsylvania.	14	11	3		1	1	
Jefferson Medical College.	5	3	2			1	
Physicians and Surgeons of New York.	7	6	1		1	1	
University of the City of New York.	2	2				1	
Bellevue Hospital Medical College.	1	1					
University of Virginia.	2	2					
Medical College of Virginia.	1		1				
University College of Medicine, Richmond.	1	1					
Harvard Medical School.	1	1					
Medical College of Alabama.	1	1					
University of Louisville.	1		1				
University of California.	1	1					
Medical Faculty of the City of Mexico.	1		1				
Phys. & Surg. of New York and Baltimore Univ.	1	1					
Baltimore Medical College and University of Md.	1	1					
Baltimore University and University of Md.	1	1					
University of Md. and Phys. & Surg., Baltimore.	1	1					
Rush Medical College, Chicago.	1	1					
University of West Virginia.	1		1				
Louisville Medical College.	1	1					
Hampton Institute.	1	1					
University of Ohio.	1		1				
Non-Graduates.	2		2				
Total,	409	291	92	1	9	9	24

6. How is an excess of urates determined in a sample of urine?

7. What is an anesthetic? Give the formula and properties of any *one* anesthetic with which you are familiar?

8. Describe the method of preparing H by the action of Na on H_2O. Write the formula for the reaction and find how many grams of H 82 grams of Na would make by this process (the atomic weight of H is 1; of O, 16; of Na, 23).

MEDICAL JURISPRUDENCE.

1. What is rigor mortis? (*a*) What conditions may accelerate its appearance? (*b*) Distinguish between ecchymosis and hypostasis.

2. Define the four great classes of wounds. Distinguish between those inflicted before and after death.

3. You hold a post-mortem and determine starvation as cause of death. Give your reasons.

4. What is the poisonous ingredient, with its appropriate antidote, in rough on rats, Dover's powder and Goulard's lotion?

5. Give the symptoms, post-mortem appearances and treatment of poisoning by oxalic acid.

6. A person alleges he was assaulted; you examine the wounds, and from their nature decide they were self-inflicted. Give your reasons.

PRACTICE.

1. How would you treat acute dysentery in the adult?

2. Give briefly the differential diagnosis of scarlatina, rubeola and rötheln.

3. Give the physical and rational signs of pericarditis, before and after effusion.

4. What cardiac lesions accompany or follow acute articular rheumatism? How would you recognize them?

5. Differentiate between intermittent and hectic fevers.

6. How would you distinguish cardiac sounds of anemic origin from those due to organic lesion?

7. Give diagnosis and treatment of uremic coma.

8. Give the physical signs and differential diagnosis of pulmonary emphysema.

SURGERY.

1. What is the difference between an inguinal and a femoral hernia?

2. Name the four chief forms of talipes, with a description of each.

3. What are the symptoms of intestinal obstruction? State the commonest cause of intestinal obstruction and the treatment you would recommend in each case.

4. Describe in detail a case of hip-joint disease. (*a*) Etiology. (*b*) Diagnosis. (*c*) Treatment.

5. Stricture of the urethra: (*a*) Etiology. (*b*) Diagnosis. (*c*) Treatment.

6. Compound depressed fracture of the skull: (*a*) Diagnosis. (*b*) Prognosis. (*c*) Treatment, in detail.

HYGIENE.

1. What is meant by sterilization of milk, water, etc.?

2. What parasites may be transmitted to man from imperfectly cooked meat, and to what degree of temperature must it be raised in order to destroy them?

3. What measures would you advise to limit the spread of an epidemic of scarlet fever in a city?

4. Give two simple methods for the purification of drinking water.

5. Suggest a good disinfectant for cesspools.

6. How would you disinfect a house which had contained a case of smallpox?

PATHOLOGY.

1. Describe the naked eye appearances in acute lobar pneumonia.

2. Describe the lesions found in acute and chronic enteritis.

3. Give the principal pathological characters of scirrhus, epithelioma and sarcoma.

4. Describe the lesions found in acute endocarditis.

5. State the pathological changes in ulcerative appendicitis.

6. Describe the morbid changes in acute peritonitis.

OBSTETRICS.

1. What is *ophthalmia neonatorum* and how would you treat it?

2. What treatment would you adopt for irregular uterine contractions and unyielding os?

3. Define abortion, miscarriage and premature labor, and give your treatment of these accidents.

4. How would you diagnose and treat a shoulder presentation?

5. Name and describe the various stages of the mechanism of labor in a left occipito-anterior position.

6. Describe your management of a case of placenta previa centralis.

GYNECOLOGY.

1. Name four indications of the existence of corporeal endometritis obtainable by the uterine sound.

2. What are the physical signs of subinvolution of the uterus?

3. Name not more than three differential signs between large ovarian tumor and ascites.

4. Describe the broad ligament.

5. How would you diagnose, replace and maintain in position a retroflexed uterus?

6. Give the diagnosis of fibroid tumors of the uterus?

Medical Progress.

Chemical Analysis of a Calcified Area in the Aorta.—Dr. G. W. Lehmann, chemist to the Board of Health of Baltimore, writes as follows:

By invitation of Dr. Wm. R. Stokes and Dr. Arthur Wegefarth, I assisted at an autopsy on the body of a man 72 years of age who had died of arterio-sclerosis. In addition to general disease of the arteries there was well-marked chronic diffuse nephritis of the granular variety. The aorta showed various stages of chronic endarteritis. A large placque, which had apparently undergone complete calcareous degeneration, was selected for chemical examination. This piece was obtained from the arch of the aorta above the opening of the aortic valve. From this piece, which weighed about ten grammes, I removed all adhering material, rinsed it in water and after pressing it between filter paper, left it in ordinary room temperature for an hour before proceeding with the analysis.

Analysis:

Moisture at 100° C.	69.16	per cent.
Dry substance.	30.84	"
Dry substance:		
Organic and volatile matter.	63.75	"
Mineral residue (ash)	36.25	"
Ash:		
Lime (CaO)	52.87	"
Phosphoric acid (P_2O_5)	39.77	"
Carbon dioxide (CO_2)	4.57	"
Silica and undetermined by difference.	2.79	"
In other words:		
Lime phosphate (3 basic)	86.82	"
Lime carbonate.	10.39	"

* * *

Operation for Tubal Pregnancy; Death.—Blanc (*British Medical Journal*) reports an abdominal section performed by Blum on a multipara, where a fetal sac of the left tube had ruptured, pelvic inflammation existing for some time. The right tube was full of blood and it was thought right to remove it as well as the gestation sac. Free intestinal adhesions were detected and liberated. The pregnancy had lasted about two months; the patient had not suffered from melena, vomiting, or other sign of disease in the gastro-intestinal tract. On the fourth day tympanites set in and on the ninth the patient died with symptoms of acute peritonitis. A large perforating ulcer was found at the back of the small intestine at the junction of the duodenum and jejunum. It was a typical duodenal ulcer, but unusually wide, the perforation itself measuring nearly one inch in its widest diameter.

* * *

Paralysis After Chloroform.—Tasse has recorded in the *Therapeutic Gazette* two cases personally observed by him, in which paralysis followed chloroform narcosis. He believes that such paralysis arises from several causes: First, from the position in which the patient is lying, whereby pressure is exercised upon a supplying nerve, or as a result of tractions on the arm or leg of a violent nature. Second, the employment of impure chloroform, which seems capable of poisoning the nervous system and producing such paralysis, at the same time developing transient or permanent albuminuria. He also believes that in some rare instances the chloroform renders the patient susceptible to microbic intoxication, with secondary paralysis from this cause.

* * *

Preventive Temporary Tamponade.—Dr. Carl Lauenstein, in *Medicine*, advocates the plugging of fistulae of the stomach, urinary bladder, gall-bladder and other hollow viscera before operating with a view to preventing infection and to making the artificial tube more easily palpable. He also closes the upper part of the rectum by plugging before proceeding to operate about the anus.

* * *

Airol in Diarrhea.—Venuti and Barbagallo (*British Medical Journal*) give the results of the administration of airol in 11 cases of diarrhea. The dose given varied from 20 cg. to 90 cg. in the 24 hours. No ill-effects were noted, even when given for several days. Good results were speedily obtained in indigestion diarrheas. Each case is briefly reported. On the whole the results were decidedly good.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

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,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, OCTOBER 9, 1897.

The Medical Examiners' Report.

Of especial interest in this number is the very extended report of the State Board of Medical Examiners of Maryland. The amount of work which devolves on these men and the responsibility can hardly be estimated, and it is not until their full reports appear that some idea of their work is given.

There are now seven medical schools in Maryland and graduates of schools in other States are constantly coming here and demanding admission to the profession of Maryland. To regulate the practice of medicine in this State and keep out undesirable physicians is in part the object of this board and their impartial work and painstaking grading shows how carefully they have guarded the people of the State against unfit graduates.

With the idea of perfect justness the examiners are selected as representing no school and the papers are simply numbered and the examiners in probably every case have no idea whose paper they are grading or from what school the candidate comes. Each branch is graded and the whole averaged and if the grade be above seventy-five the candidate is allowed to receive his certificate.

The unfortunate part of this report is the exposure of a comparatively large number of men who chose to make use of unfair means to gain their ends and it only shows how badly prepared some of these were when with all their cheating they still received a grade below seventy-five.

While there is no intention to make invidious comparisons between schools and while many might believe that examiners connected with no school were unskilled and not able to do their work fairly, there cannot help being made a comparison of the various schools represented. Of course it may be that all these schools are equally good and have equal facilities, but that some of the students were more clever than others.

There does seem to be fairness in an examination conducted by an unpartisan board which has no axes to grind and whose desire is to keep up the standard of the practice of medicine in Maryland. Such results, too, should act as an impetus and urge on those schools whose graduates did not pass well or at all, to strengthen their weak branches and keep a high standard even with a small number of students.

The continued cry of an over-crowded profession should find some response in the strictly conducted examinations of just State boards. This is not to keep worthy men out of medicine, but to raise the standard of practice and thus protect the people who have no safeguard against poor physicians. The fact that State medical examining boards are growing more careful in their work should encourage physicians who have to undergo unfair competition with wealthy hospitals and dispensaries.

Examining boards in the more enlightened States have been the means of accomplishing much good and while scattered cases may be recorded of unjust examination, or too severe punishment for unlicensed practicing, still it must be remembered that on the plea of the greatest good to the greatest number, such laws should always be upheld. Although twenty-four men from three schools were caught violating their pledges, and perhaps more broke the pledge and escaped detection, not one of these men expressed dissatisfaction at his rejection and no one of these rejected has complained of unfair treatment.

The State Board of Medical Examiners is to be congratulated on their efficient work.

* * *

Lung Surgery.

At the recent session of the Twelfth International Medical Congress in Moscow, this important sphere of surgery received considerable attention and discussion. Dr. Tuffier of Paris, referring briefly to the aid which radiography brings in the still unsatisfactory localization of surgical conditions of the lung, passed on to the consideration of the preliminary "thoracotomy" and the succeeding "pneumotomy" and "pneumectomy."

An interesting point in the determination of pleural adhesions is that after the baring of the parietal pleural layer, spots of pleural adhesion can be located by their gray appearance and the more fibrous condition of the parietal pleura. This is of enormous value, since the adhesions point the way to the focus sought. If no adhesions are present the surgeon may either sew the pleura at once or cause adhesions by iodoform gauze tampons and a paste of zinc chloride. The best way to prevent general infection of the pleural cavity is still in dispute.

When the lung tissue is reached incise the lung bodily; put in a drainage tube if there is sepsis, otherwise obliterate with a suture. If pneumothorax occurs, draw the torn lung out and sew it. Hemorrhages, which are rare, may be controlled by tampon.

Dr. Tuffier gave as results, in aseptic operations (wounds and traumatic prolapse, hernia, neoplasms, tuberculous nodes) 76 per cent. of healing; in echinococcus 90 per cent.; in septic operations (tubercular cavities, abscesses, bronchiectases, foreign bodies, gangrene, actinomycosis) 65 per cent.

Primary lung tumors have not yet been operated upon. Four out of seven cases of pneumotomy for sarcoma of the breast which had spread to the lung healed.

Seven cases of lung wound, treated by removal of blood clots from the pleural cavity, and a suture around the bleeding lung site, all recovered.

Pneumotomy for echinococcus gave 90 per cent. of healing.

Dr. Tuffier in one case sought to remove a focus of tuberculosis in its initial stage, as if it were a tumor, by the knife. He succeeded in healing; as did Lowson and Dogen, each in one case. Caverns of tubercular nature, however, are slow to scar, and give poor results. Intra-parenchymatous injections have so far been a failure. Forty-five bronchiectases with septicemia gave, after long drainage, improvement in only seven.

In the discussion Dr. Coromilas advised antisepsis of caverns, by inhalations and injections before operation. Sapicjko had invented a manometer and needle for locating hollow lung and pleural spaces. D'Antona uses coughing to bulge out the sick lung.

* * *

Bichloride in Hydrocele.

The results obtained by injection of iodine, black wash and carbolic acid (as reported not long ago, in hydrocele of the tunica vaginalis, from St. Bartholomew's Hospital) gave more than 32 per cent. of relapse, a record not by any means satisfactory. By the use of a solution of bichloride of mercury, however, Dr. Miller (*Lancet* of September 4,) claims that 15 out of 17 cases collected by or treated by him were cured on the first injection, the others requiring a second.

He first draws off the fluid aseptically and then throws in without removing the canula fifteen minims of a solution containing one grain of bichloride of mercury to an ounce of water, and leaves it inside the hydrocele sac. The amount of bichloride thus thrown in is one-thirty-second of a grain — quite a moderate dose.

He says there is very seldom any pain from this injection, and that which does occur is easily allayed by the belladonna liniment of the British Pharmacopeia applied to the scrotum. In the course of two days after the injection there is a rather discouraging reaccumulation of fluid; but on the third day this usually begins to be absorbed and healing occurs in a few days. The patient does not have to stop work. If more bichloride is used, it is apt to produce excessive scrotal inflammation and a systemic disturbance.

Dr. Miller has used this method in patients as young as three months and as old as sixty-eight years; for the long standing hydrocele with thickened walls as well as for the newly acquired. One patient fainted during the tapping, but soon rallied. In at least one case it is reported that every other method had failed to cure, but the corrosive injection was successful. The method is certainly worthy of careful trial.

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 2, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		16
Phthisis Pulmonalis		20
Measles		1
Whooping Cough	1	
Pseudo-membranous Croup and Diphtheria.	23	6
Mumps	1	
Scarlet fever	15	1
Varioloid		
Varicella		
Typhoid fever	11	7

The honorary degree of M. D. has been conferred on the Prince of Wales.

Health Commissioner McShane has a complete outfit for formaldehyde disinfection.

The death of Dr. George Ben Johnston of Alexandria, Virginia, is reported. He was 74 years old.

The President has appointed Newton C. Bates United States Navy Surgeon-General and Chief of the Bureau of Medicine and Surgery of the Navy. He succeeds Surgeon-General Tryon.

The local board of health of Liberty, Sullivan County, New York, has refused permission to Dr. Edward J. Bermingham to open a sanitarium for consumption at that place. He has appealed to the State Board of Health.

Some energetic women of Baltimore wish to coöperate with the Health Department and help keep the city clean. They will receive every assistance and encouragement from the genial health commissioner, whose admiration for the tender sex and whose gallantry are so well-known.

Dr. Robert G. Rankin, a prominent physician and citizen of Waverley, Baltimore, died at his home last month in his seventy-first year. Dr. Rankin was born in Pennsylvania and after practicing in that State and also in parts of Maryland, settled at Waverley in 1875, where he rapidly built up a large practice. He was graduated from the University of Maryland in 1850 and studied under the late Dr. Dunbar.

Mayor Strong of New York has appointed Dr. Stephen Smith Commissioner of Charities to fill a vacancy.

The Ninth Annual Meeting of the Tri-State Medical Society of Alabama, Georgia and Tennessee will be held at Nashville, October 12 to 14, 1897. Dr. W. F. Westmoreland of Atlanta is the president.

The Clinical Society of Maryland held its first meeting of the season last week. The election of officers for the ensuing year resulted as follows: President, Dr. William Green; Vice-President, Dr. R. B. Warfield; Recording Secretary, Dr. H. O. Reik; Corresponding Secretary, Dr. E. V. Milholland; Treasurer, Dr. W. J. Todd; Member of the Finance Committee, Dr. S. K. Merrick; Executive Committee, Drs. J. W. Lord, F. D. Sanger and A. D. McConachie. Special mention was made of the efficient work of Dr. Lord as Chairman of the Executive Committee, to whose industry is due the fact that the Society had last year the most attractive and fully attended meetings for many years past.

Dr. Robert B. Morison died at his home in Baltimore last week. Dr. Morison was forty-six years old and was graduated from the University of Maryland in 1874. After spending some time in Europe he began the practice of medicine in Baltimore and also lectured in the spring course at the University of Maryland. He was later connected with the dispensary of the University of Maryland and for a short time worked in the Baltimore Polyclinic. In more recent years Dr. Morison took up the study of diseases of the skin and made an exhaustive study of the subject in Vienna under Hebra and Kaposi and also in other European cities. On his return he was easily the only specialist in dermatology in Baltimore and at the opening of the Johns Hopkins Dispensary he was put in charge of the dermatological clinic, and soon established his reputation here and had a large special practice. Soon after he began to fail in strength and was obliged to give up his position and travel for his health. Dr. Morison had been an active member of the local societies and had a large number of friends who will feel his loss. He contributed largely to medical literature and his language was always ornate and classical. He also wrote for German and French special journals.

Book Reviews.

AUTOSCOPY OF THE LARYNX AND THE TRACHEA. By Alfred Kirstein, M. D., Berlin. Authorized Translation. (Altered, Enlarged and Revised by the Author). By Max Thorner, A. M., M. D., Cincinnati, Professor of Clinical Laryngology and Otology, Cincinnati College of Medicine and Surgery; Laryngologist and Aurist, Cincinnati Hospital, etc. With Twelve Illustrations. Philadelphia. The F. A. Davis Co. 1897.

The method of examining the upper air passages by direct vision and without the aid of optical appliances is set forth in this little work by the inventor. It may possess advantages over the usual reflected light, but from a perusal of the work few would be encouraged to leave a certainty for an uncertainty.

"Autoscopy," which might be a doubtful term, is defined as "the direct linear inspection, through the mouth, of the lower pharynx, the trachea and the entrance into the primary bronchia."

After a description of the instrument and the source of light, the author is rather discouraging when he implies that the simple perusal of this book and the use of an instrument will hardly bring success. The method seems to be rather painful to the patient and certainly trying to the physician, aside from the expense of the necessary outfit and the disadvantages of being so close to the patient.

The author writes with a firm conviction and fearlessly gives the disadvantages as well as the advantages of this method. The translator has done his work well, although it is in many places original.

REPRINTS, ETC., RECEIVED.

Artificial Feeding. By L. Emmett Holt, M. D.

Mother Milk as a Diet for Invalids. By Dr. Gustav Gaertner.

University Medical College, Kansas City, Missouri, 1897-1898.

Announcement of the Philadelphia Polyclinic and College for Graduates in Medicine, 1896-1897.

The *Southern Journal of Homeopathy* published at Baltimore will henceforth be called the *American Medical Monthly*.

Ueber Neue Tuberkulinpräparate. Von Geh. Med. Rath Prof. Dr. R. Koch in Berlin. Reprint from the *Deutsche Medicinische Wochenschrift*.

Current Editorial Comment.

THE BICYCLE.

Philadelphia Polyclinic.

AS A matter of fact, the bicycle has come to stay. Its abuses will be minimized as experience increases; and if it does women no other good than to teach them the evil of wearing corsets and encourage them to get rid of the useless and heavy multiplicity of skirts about their waists—nay, if it accomplishes nothing more than to abolish the train or to make the wearers of short skirts less conscious of their legs and ankles, it will have done enough good to counterbalance all the imaginary evils which our cotemporary dreads.

OUR MISTAKES.

Charlotte Medical Journal.

EVERY physician is puzzled by questions of diagnosis. Before reaching a conclusion he may have been mistaken in one or more particulars, which he is under no obligation to publish. The public is interested in his conclusion, which may have been arrived at by a succession of such necessary mistakes. On the other hand, where an error harms another, every means should be used to correct it. Between these two extremes are many cases difficult of classification. A safe plan is conservatism in reference to errors. In the majority of cases most good will be done by acting only after carefully weighing the facts.

THE COUNTRY DOCTOR.

Western Medical Review.

WHOEVER imagines the rural practitioner is necessarily an old fogy, or ignorant of the devices which the hospital-trained city resident has at his command, and acts accordingly, is more than likely to be undeceived in short order. If the country doctor seems a little behind the times in some things, the lack, if such there be, will generally be compensated for by the greater thoroughness with which his knowledge has been digested and assimilated. During the long rides over roads often devoid of anything new to attract attention, he has opportunities for thought which are unrivaled, and he turns a subject over and over, viewing its every aspect in a calm, deliberative spirit day after day, until the facts connected with and bearing upon it are classified, labeled and pigeon-holed, so to speak, accurately; carefully and intelligently put where they may be found at any moment in a condition ready for immediate use.

PROGRESS IN MEDICAL SCIENCE.

I have tried Cactina Pillets in palpitation and weakness of the heart and found them to give great relief. My patient improved very rapidly after using them.—A. C. BAXTER, M. D., Elloree, S. C.

CHEMICAL food is a mixture of phosphoric acid and phosphates, the value of which physicians seem to have lost sight of to some extent, in the past few years. The Robinson-Pettet Co. have placed upon the market a much improved form of this compound, "Robinson's Phosphoric Elixir." Its superiority consists in its uniform composition and high degree of palatability.

WE are in receipt of a little booklet published by Micajah & Co., Warren, Pa., entitled "Hints on the Treatment of Diseases of Women." This book takes up the different diseases peculiar to women and discusses each in a concise and practical manner. Much valuable material is contained therein which will be found of great assistance to the doctor. Write for a copy.

ALTURAS, CAL., September 15, 1897.

RESINOL CHEMICAL CO.

Gentlemen:—I have in my family a case of squamous eczema of twenty years' standing, and I am pleased to say that I accomplished more with one sample box of Resinol than I had in twenty years with all the treatment known to the medical profession.—A. BLONDIN, M. D., County Physician and Superintendent of Hospital.

THE following analysis was made by a Philadelphia chemist in relation to the drinking water furnished by the Hotel Dennis, Atlantic City:

PHILADELPHIA, PA., Dec. 21, 1896.

JOSEPH H. BORTON, ESQ., Hotel Dennis, Atlantic City, N. J.—*Dear Sir:* The following are the results of the analysis of water sent by you on December 17, 1896:

All figures are in parts per million:

Total solids, 140.00; chlorin, 9.4; nitrogen as nitrates, trace; nitrogen as nitrites, none; nitrogen as ammonium, 0.04; nitrogen as permanganate, 0.04. The sample is clear, colorless and odorless. This is a water of high quality, suitable for all purposes. Yours, HENRY LEFFMAN, M. D., Analytic Chemist, 715 Walnut Street.

DON E. ASHLEY, M. D., Guy's Mills, Pa., says: After the mania produced by improper use of alcoholic beverages has been controlled I know of no better compound than Celerina to restore tone to the nervous system and vigor to the whole human economy. I find it an excellent remedy for colliquative sweats, especially in convalescent cases of typhoid fever. I speak not from the experience of other physicians, not from hearsay, but from knowledge obtained from the careful observance of happy results brought about by the administration of this useful medicine.

PAPAIN AND ITS USES.—This remarkable vegetable enzyme has been in therapeutic use for some years. Through the efforts of the manufacturing chemists, Lehn & Fink, of New York, it was first made known to the medical profession of the United States. Papain is the active principle isolated from the dried milk juice of the Carica Papaya (Papaw Juice.) One part will dissolve one hundred to two hundred parts of blood fibrin. Papain possesses the peptonizing properties of Papaw Juice in a high degree of concentration, and has the power to dissolve more meat peptone or coagulated albumen than pepsin, and in a much shorter time. It should also be noted that unlike pepsin, it is equally effective in acid, neutral or alkaline solutions, and that it has therefore the digestive action of both pepsin and pancreatin. It should be further remembered that, besides its digestive action, it also prevents fermentation of food, and increases the digestive juices. One of the first uses that has been made of papain was to employ its solvent powers in the solution of false membranes of diphtheria. For this purpose it is used in a five per cent. solution, brushed or sprayed on affected parts. Papain has been very effectively employed as a remedy for tenia. For this use it comes highly endorsed by Bartholow. Papain is the remedy *par excellence* in diseases of the digestive tract. Its extensive digestive action throughout the entire digestive system and its good healthy action upon normal mucous membranes warrant its manifold application in all diseases of the stomach and bowels.—ROBERT PETER, M. D., Toledo, O.